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2. Speakers Bureau: ANA will develop a training program for nurses to become advocates and speakers on environmental health issues.
3. Begin an educational campaign targeted to nurses regarding the use and dangers of chlorinated compounds in the health care industry.
4. An Environmentally Preferable Purchasing (EPP) independent study module will be developed and disseminated for frontline nurse leaders to be involved in purchasing decision in health care settings.

For more information and opportunities to get involved contact your State Nurses Association or Specialty Nurses Association.

MARK YOUR CALENDAR!

Join Us in
NEW ORLEANS
November 13-16, 2003
NSNA 21st Annual MidYear Conference
Hyatt Regency, New Orleans

National Spirit of Nursing Winner Amanda Hoffman

Amanda Hoffman a senior at the Mississippi University for Women in Columbus, Mississippi is the 2003 winner of the esteemed "Spirit of Nursing" award. This award is given each year at the National Student Nurses' Association annual convention, it is sponsored by the United States Army Recruiting Command. The "Spirit of Nursing" award is given to a student who demonstrates outstanding achievement and commitment to the nursing profession.

Dr. Linda Cox, Director, Baccalaureate Nursing Program, Mississippi University for Women had this to say about Amanda, "It is only rarely that a teacher has the privilege of working with a student who possesses both the art and the science of a profession. Amanda is that student. Her heart is in nursing; this is evident in all she does. Her academic potential is unchallenged. She is a natural leader and demonstrates this daily in her interaction with her classmates and her patients."

Information about the award is mailed to schools in late fall, or can be obtained from local Army Nurse Corps recruiting stations. Selection is made from school winners in March.

A Communications Service to Nursing School Deans, Administrators, and Faculty

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EDITOR: JUDITH A. TYLER, MA, RN

Engage in Life: Be a Nurse; Be a Leader!

Fran Roberts, PhD, RN

In 2002 at NSNA's 50th Anniversary Convention Celebration and Alumni Reunion held in Philadelphia the Nursing Leadership Lecture Program was inaugurated. This year we presented the second in a series of lectures sponsored by the RWJ Executive Nurse Fellows Program.

Most of you have not had the chance to attend the NSNA 51st Annual Convention in Phoenix, Arizona where students and faculty have heard some outstanding speakers and shared lasting experiences with their colleagues. We would like to share one session with you. This session was presented by Fran Roberts, PHD, RN. Dr. Roberts is the Vice President of Professional Services for the Arizona Hospital and Healthcare Association in Phoenix Arizona and a Robert Wood Johnson Nurse Fellow, 2000 cohort.



Fran Roberts

What an honor this is, presenting this topic to our nation's and probably the world's, future nursing leaders. I am humbled to be in your company and feel great excitement and promise, just being in the same room with all of you! I am also honored to have been selected to present the second annual nursing leadership lecture, on behalf of the Robert Wood Johnson Executive Nurse Fellows Program (RWJ). This lecture was established and funded by the first cohort of this outstanding leadership program. I am now completing my final year in the RWJ Fellows Program and represent the third class to experience a truly unique leadership journey. Please keep this program tucked in the back of your minds for future reference. Don't assume you need to be of my ripe age to apply!

And that leads me to what I want to talk to you about this afternoon. We're going to be exploring the whole idea and experience of leadership from Patricia Benner's work on nursing levels of expertise...from novice to expert. And we're going to spend some time talking about you as a leader and some very sound practices for embarking on your own personal and professional leadership journey. Lastly, we'll learn how to apply what we learn from our patients, their families, and communities to advance our world as a whole. And in the process of doing this, transform our own personal lives to the highest levels of meaning and accomplishment.

We've been very fortunate in the state of Arizona to benefit from the support of the Robert Wood Johnson Foundation for a wide range of different grants. Arizona was the recipient of RWJ's Colleagues in Caring (CIC) grant, a nursing workforce development project that spanned six years time, from 1996 to 2002. Leadership of the Colleagues grant in Arizona felt very strongly that the efforts, benefits, and outcomes of this project should endure for years past the life of the grant itself and established "legacy programs" to guarantee this objective. And while the grant was housed at and administered by the Arizona Hospital and Healthcare Association, CIC leadership determined that these legacy programs should continue in a range of different organizations and institutions. Simply speaking, certain places and people are better structured for and suited to assume responsibility and leadership for certain projects and programs.

One such legacy program envisioned within the second Arizona Colleagues in Caring proposal (the grant was actually awarded in two separate funding cycles, both competitive processes) was the Arizona Nursing Leadership Institute. The intention of this Institute was to create a model and operational structure to provide leadership training, education, and other support (including mentoring relationships) to all levels of nurses and nursing practice. Matching funds to support the development of this legacy program were contributed by the Arizona Nurse Executives. These leaders had the foresight in 1999 to recognize that a key solution to the then emerging nursing shortage was to invest in developing nurse leaders...from nurses at the bedside, to managers, to faculty, to researchers, and to those at the executive levels of health care delivery.

Using Benner's model of novice to expert, the Arizona Nursing Leadership program strives to develop nursing leadership competencies to assist nurses in performing their jobs in a better way. And it only follows that when we feel good about the work we do, the more committed to our jobs and roles we are. What a great retention strategy! And a much more sound investment than simply offering sign on bonuses and salary increases.

While I should not assume that you are all at the novice level of nursing expertise in your roles as students or new graduates, it is more than likely a pretty good guess. Let's think about this model, created in Arizona, and apply it to your nursing practice. What competencies should you be focusing on as new nurses? The six competencies used within Arizona's model include conceptual, technical, interpersonal, commercial, political, and governance. I would add another competence, used within the RWJ Executive Nurse Fellows Program, and that is self-knowledge.

We know that as you prepare to leave the role of student and assume the position, possibly as staff nurse, that you

have great concern about your technical competence. The very last thing you want is to not be prepared or competent to perform a certain task or procedure. The thought of patient harm or risk is unthinkable, correct? And looking naïve is not the most ego enhancing of experiences. So certainly, technical competence is high on the list for you, your new employer, and most definitely, for your patients. Would you believe that this is the easy one?

You will be involved for your entire professional nursing career with developing and enhancing your technical competence. With the moment to moment changes we are up against related to technological advances, adapting to new drugs, regimens, procedures, and equipment is and will continue to be a fact of life for all of us. The good news is that we're all in this together and must view this as a partnership effort...helping each other stay current and competent. And that pertains to the entire patient care team, including physicians, nurses, pharmacists, therapists, and patients themselves. You will see even greater involvement by the patient in both the oversight and administration of technology in their care.

We've just cited another critical competence for the new nurse and that is interpersonal communication. This includes patient to nurse interactions, nurse to nurse, nurse to other health care team members and a myriad of other dialogues, interactions, conversations, and forms of communications that make up our daily lives. Sounds easier than technological competence, right? Actually, it is much more difficult because this is a relational competence. You don't have total control over how this unfolds...different from performing a skill or task. Your lead role as a new nurse in interpersonal competence is relaying information to and about a patient and serving in the role as their prime advocate. This will be your stance, for your entire nursing career.

Have you ever thought about your stance before? The dictionary defines stance as a way of standing, especially the way one positions one's feet in certain sports. In the context of nurse leader, however, a stance is the way we present our deepest commitments and values related to the care of our patients. Our stance as nurses and leaders manifests itself in expressions and behaviors that reflect knowledgeable concern for others...in our words, actions, and gestures. Do not confuse this stance with self-righteous grand-standing. Your stance as a nurse, serving in a leadership role on behalf of your patients, is your inner posture displayed externally. It has much more to do with you than just how you look and act. Think about your stance. It will serve in a critical role as you develop as a nurse leader.

We've covered technical and interpersonal competence, as it relates to our roles as nurses and leaders. The final competence I want to discuss with you is self-knowledge. As I challenge you to develop your stance in relation to others, I will also share with you that in order to do this, you must spend most of your time focused on self-knowledge. How can you know where you stand in relation to others if you do not know where you stand as yourself? This is the most important competence that we face as individuals, all through our lives. It is the competence that I have spent the most time on, while in the RWJ Leadership Program.

During my time in this program, both of my parents died. For my entire life, since the moment of my birth, I have been

a daughter. Your role as a son or daughter is the first role of your life...before being wife, father, nurse, or friend. The loss of my role as daughter altered my self-perception, or self-knowledge. This required me to not only grieve, but adapt my self-perception in relation to the fact that I was no longer daughter. I thought a lot about what I valued most about that role and realized that it was the care giving aspect that was most important to me. As a nurse executive, I no longer provide direct care to patients. But I certainly provided direct care to Mom and Dad.

I spent much time thinking about what I learned from my parents, especially in the last years of their lives, as they coped with multiple chronic illnesses and conditions. The most profound experiences that I had with them was listening to their reflections about their lives: their memories, celebrations, and regrets. And it then occurred to me that it is the same experience that I've had with many, many patients and people over my nursing career...this comfort level that people seem to have with nurses, sharing their most intimate thoughts at the end of their lives.

Though this self-exploration, I have come to believe that two issues require further research as it relates to nursing practice and leadership. So I have constructed a research project focused on understanding the qualitative themes that people express about their lives, at the end of their lives. And further, to test my belief that people experience a "natural intimacy" with nurses, and tend to share and open up in a much more comfortable manner with nurses.

I am doing this as a nurse and as a leader. And in many ways, even though I'm an experienced researcher, I also feel a bit of a novice. It's been a long time since I've worked with patients in beds, facing the end of their lives. But because I've spent a significant amount of time thinking about this, motivated by my own loss of my parents, I feel grounded in my self-awareness and knowledge.

Our lives are our own paintings...our own canvases to reflect our beliefs, changes, and passions. Experiencing our lives to the fullest extent is how we gain meaning over some of the most difficult situations. And we certainly experience many of these in the course of our nursing careers. This is the way that we as individuals can change the world we live in and help the rest of humanity understand the significance of caring and love in our lives.

Viktor Frankl was a gifted and brilliant psychiatrist who survived the atrocities of life in Auschwitz, during World War II. His writings have a profound effect on my life as a nurse, leader and person. In his book, *Man's Search for Meaning* (1959), he tells the story of an insight he developed in the midst of a brutal situation he experienced in Auschwitz:

"...as we stumbled on for miles, slipping on icy spots, supporting each other, dragging one another up and onward, nothing was said. We both knew: each of us was thinking of our wives. A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers...that love is the ultimate and the highest goal to which man can aspire. The salvation of man is through love and in love. In a position of utter desolation, when man cannot express himself in positive action, when only his achievement may consist in enduring his sufferings in the right way...an honorable way...can he achieve fulfillment. Love goes very far beyond the physical

person. It finds meaning in his spiritual being, his inner self. Whether or not he is actually present, whether or not he is still alive at all, ceases somehow to be of importance."

That is our ultimate challenge as persons, nurses and leaders. To find meaning and love in the most disturbing and harrowing of experiences. This is our continual learning over our lifetimes. We learn from our own experiences and from those of our patients and colleagues. I would actually postulate that this is the **one** competency to attain, and all others will fall into place. I close with the following poem by an unknown author titled "Risks":

*To laugh is to risk appearing the fool.
To weep is to risk appearing sentimental.
To reach out for another is to risk involvement.
To expose feelings is to risk exposing your true self.
To place your ideas, your dreams, before a crowd is to risk their loss.
To love is to risk being loved in return.
To live is to risk dying.
To hope is to risk despair.
To try is to risk failure.
But risks must be taken, because the greatest hazard in life is to risk nothing.
The person who risks nothing, does nothing, has nothing and is nothing.
They may avoid suffering, and sorrow, but they cannot learn, feel, change, grow, love and live.
Chained by their attitudes, they are a slave, they have forfeited their freedom.
Only a person who risks is free.*

So go forth and risk, learn, challenge, and mostly, love. My best and love to you.

References

- Unknown, Modern Healthcare, January 13, 2003. Risks. Publisher's Letter by Charles S. Lauer, "Engaging Life: Words from an earlier time still resonate as the new year dawns."
Frankl, Viktor E., Man's Search for Meaning, 1959, Beacon Press, Boston.

Marilyn Bagwell Leadership Development Fund

The Foundation of the National Student Nurses' Association (FNSNA) is pleased to announce the Marilyn Bagwell Leadership Development grant program. Once endowed, the fund will provide grants (up to \$1,000) to schools of nursing to support student involvement in the state and National Student Nurses' Association (NSNA). Grants will also be available to help schools establish an NSNA chapter. For example, the grant can be used to support travel expenses for students to attend state or national conventions.

Dr. Bagwell, Professor Emeritus, Arizona State University Tempe, strongly believes that the nursing profession needs

well-prepared leaders to take on the challenges that face the profession of nursing and health care. Dr. Bagwell invites every nursing program to consider collecting contributions from nursing faculty to total \$200 (per school). Individuals and organizations may also contribute to the fund. Contributions to the FNSNA are tax deductible.

All schools and organizations are recognized for their collective contribution in NSNA publications (i.e. *Imprint*) as well as at the FNSNA Awards Ceremony on April 24, 2003 in Phoenix, Arizona.

For information, contact Dr. Diane Mancino, FNSNA Executive Director, at 718-210-0705 Ext. 103 or via e-mail (diane@nsna.org).

Thank you to the schools that have already contributed: University of Louisville School of Nursing, Louisville, KY; University of Texas at Arlington, School of Nursing, Arlington, TX; Mississippi University for Women, Division of Nursing, Columbus, MS.

Environmental Health, Contaminated Air, Food, and Water: Nursing Practice Issues

Contamination of the environment is a major contributor to health problems. Environmental contaminants are ingested through the air we breathe, the water we drink, and food we eat. Nursing has historically looked to control of the environment as basic nursing practice. The health care industry is a major contributor to pollution. Can nurses facilitate the health care industry's putting "our own house in order?"

The American Nurses Association (ANA) through the American Nurses Foundation (ANF) was awarded a 2 year grant from the Beldon Fund Foundation to develop nurses as environmental leaders. The project is called **RN No Harm**. Through this work, ANA seeks to expand and continue to develop the nursing profession's advocacy for environmental health and safety. ANA's 1997 Report to the House of Delegates, "Reduction of Health Care Production of Toxic Pollution" is a basis for this work.

The **RN No Harm** seeks to activate nurses as environmental health advocates. ANA views nurses as potentially powerful voices for the environment. Activating nurses will ensure a broad dissemination and seeding of knowledge of the human and environmental health hazards generated by the health care industry and will promote changes in the industry. State and specialty nurses associations, especially members of the Health Care Without Harm (HCWH) campaign and those located in key states have been invited to work with this project. The first train the trainer session was held in Florida, March 9-11, 2003. Nursing leaders representing CMA's, NSNA, and other associations attended.

The components of the **RN No Harm** project are:

1. Outreach within state nurses associations, organizational affiliates, and other nursing organizational members of HCWH. The goal is for nursing organizations to become environmental health advocates.

*Once you have finished with this newsletter,
please pass it along to share with a colleague or friend.*