Upcoming Events:

Nurse of the Day Program: Any day February through May A great opportunity this legislative season for members, nurse educators, and nursing students. Serve Monday-Thursday in the role of the nurse on duty at the capitol, use the opportunity to speak with legislators, and be recognized for your contribution at the State House. See the advertisement in the issue or visit www.oklahomanurses.org.

Legislative Day: March 8, 2011 ONA encourages all Nurses and Nursing Students to get involved in the legislative process by attending Nurses Day at the Capitol. The day begins with an informational session held at the National Cowboy and Western Heritage Museum followed by an opportunity to go to the Capitol and talk with legislators. See the advertisement in the issue or visit www.oklahomanurses.org.

Faith Community Nursing Basic Preparation Course Planned: The next course is scheduled the weekends of May 19, 20, 21 and June 16, 17, 18, 2011. The weekend course will be held at Our Lady of the Lake Lodge in Guthrie, Oklahoma. For more information, contact Mary Diane Steltenkamp, Director of Faith Community Nursing at Catholic Charities, 405-523-3000, or e-mail mssteltenkamp@catholiccharitiesok.org.

Call for Abstracts—Online Submissions: Submissions to present at the 2011 Annual ONA Convention in Norman, OK, must be made online and must be received by 5 pm, June 15, 2011. For more information, visit the website or call (405) 840-3476. Send an email to the editor: ona@oklahomanurses.org.

Social Networking & Students: Implications for Professional Nursing

Emma Krentz, MS, RN, CNS, CNE
Betty Kappenschmidt, EdD, RN, NEA, BC
Both are ONA Members, Region 2

Social Networking & Students continued on page 7

President’s Message

It’s spring again—a time of growth and rejuvenation. Spring is an inspiring time to me because it presents so many possibilities for the year ahead, and the future in general. And I am optimistic about what I see for the future of nursing.

In my previous message to you, I mentioned that one of the areas I want to address during my term as ONA president is nursing education, which affects our profession here in Oklahoma and beyond. Education is also one of the topics addressed in a recent report on the future of nursing, produced by the Robert Wood Johnson Foundation, working in collaboration with the Institute of Medicine. This report details eight key recommendations to advance our profession in the coming years, and it emphasizes nurse education, leadership development, empowerment, and continuous improvement. Recommendations are also outlined for removing scope-of-practice barriers, thereby allowing nurses to practice to the full extent of their education and training; expanding opportunities for nurses to lead; and establishing nurse residency programs. I am motivated and energized by these recommendations because they present opportunities to participate in advancing both the profession of nursing and our skill sets as nurses. There are over three million nurses in the world today, which makes nursing the largest body of health-care professionals in existence. Nurses are called upon every day to protect the health of this nation, and the IOM's report offers concrete suggestions for how we can move forward.

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# 2010 — 2012 ONA Strategic Plan

The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

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**ONA believes that organizations are value driven and therefore adopts the following core values:**

- Code of Ethics for Nursing
- Cultural Diversity
- Health Parity
- Professional Competence
- Career Mobility & Professional Development
- Ethical Care
- Professional Integrity
- Quality and Safe Patient Care
Introduction: The Knowing-Doing Gap

"Don't bug me!" is a short song sung by children learning the importance of hand washing to prevent getting the flu. Yet, it seems daily, one reads reports or hears stories charging that healthcare practitioners fail to wash their hands as an effective means of preventing infections in hospitalized patients. Does a knowing (hand washing is an effective means of preventing hospital acquired infections) and doing (healthcare practitioners are not consistently washing their hands) gap exist? Pfeifer and Sutton, well-known business school professors, assert that despite the availability of resources and information, organizations are not turning knowledge into action; a knowing-doing gap exists. In their book titled The Knowing-Doing Gap (2000), they discuss factors their research revealed as evidence-based factors that contribute to the perpetuation and growth of this gap. Although the book was written in 1999, their research is applicable to today's professional nurses regardless of place of employment. The purpose of this article is to discuss key points from this compelling book to heighten awareness of real or potential knowing doing gaps in nursing. The author hopes that the discussion will prompt nurses, clinicians as well as educators and leaders, to ask to what extent does a knowing doing gap exist in my area of professional practice. Why is it appropriate to consider examples that have broad application to the intended readers of this publication. Although the intent is not to expressly share strategies for closing knowing doing gaps, examples are suggested throughout the paper and the general guidelines provided by Pfeifer and Sutton are summarized in the Table.

Potential Causes of the Knowing-Doing Gap

According to Pfeifer and Sutton (2000), potential causes of the knowing-doing gap include talk substitutes for action, memory substitutes for fresh thinking, fear prevents acting on knowledge, measurement obstructs good judgment, and internal resistance to change. Each of these potential causes is discussed in the followed paragraphs with suggested strategies to turn knowing into doing, that is, knowledge into action.

Talk substitutes for action

Talk may substitute for action when there is a lack of follow through to assure decisions are implemented and goals are carried out (p. 33). Complex ideas and language are judged as more desirable than simple ideas and language. In these situations, meetings (processing) and well-prepared documents can substitute for real action (p. 33). Talk may substitute for action when nurses believe that because something has been discussed and it is in the mission statement, it must be happening. For example, Dears may 'know' facts by providing appropriate feedback to students (doing) based on extensive discussion of the importance of feedback (knowing). In some organizations, talking a lot equals doing a lot, that is, ‘talkers’ win the conversational marketplace, and employees are evaluated by how smart they sound rather than by outcomes achieved.

Fear prevents acting

Fear prevents acting on knowledge, measurement obstructs good judgment, and internal resistance to change. In their book titled The Knowing-Doing Gap (2000), they discuss factors their research revealed as evidence-based factors that contribute to the perpetuation and perpetuation of this gap. Although the book was written in 1999, their research is applicable to today's professional nurses regardless of place of employment. The purpose of this article is to discuss key points from this compelling book to heighten awareness of real or potential knowing doing gaps in nursing. The author hopes that the discussion will prompt nurses, clinicians as well as educators and leaders, to ask to what extent does a knowing doing gap exist in my area of professional practice. Why is it appropriate to consider examples that have broad application to the intended readers of this publication. Although the intent is not to expressly share strategies for closing knowing doing gaps, examples are suggested throughout the paper and the general guidelines provided by Pfeifer and Sutton are summarized in the Table.

Fear prevents action

Pfeifer and Sutton (2000) contend that fear of potential repercussions if the organization proposes to determine the cost benefit of these activities keeps many organizations from taking action. The fear of potential repercussions if the organization proposes to determine the cost benefit of these activities keeps many organizations from taking action.
and distrust of management is prevalent in many organizations. A knowing-doing gap develops when fear prevents employees from learning and taking risks because they are fearful of making mistakes. Fear and its ‘first cousin’ distrust undermine organizational performance and ability to turn knowledge into action (p. 179). For example, support personnel such as nursing assistants, may hesitate to admit they made an error because they fear they may be punished.

Pfeiffer and Sutton (2000) assert that strategies to drive out fear must start at the top. Employees must feel secure enough to act on what they know. Deans and Nurse Executives must avoid punishing employees for trying new things and delivering bad news. Open communication must be encouraged and staff at all levels must learn to trust and learn from each other (p.132-133).

Pfeiffer and Sutton’s (2000) propose an interesting model for driving out fear during difficult economic years. This model includes prediction, giving employees as much information as possible about the future of the organization and potential impact of changes upon them; understanding, giving employees detailed and sufficient information about why past actions were taken; control, giving employees as much influence as possible, letting them make as many decisions as possible; and cooperation, conveying harmony and commitment for the emotional distress and financial burdens employees face during difficult economic times (p. 136). To lessen the fear of making mistakes, faculty, clinicians, and leaders can share lessons they learned when they made mistakes.

There is a great likelihood that Pfeiffer and Sutton’s (2000) thoughts related to measurement will not be well received in healthcare; they assert that over-zealous, continuous emphasis upon measurement can lead to a knowing-doing gap.

Measurement obstructs good judgment

Pfeiffer and Sutton (2000) note that what organizations measure is presumed to be important and, thus, may excessively affect employees’ attitudes and actions. For example, most healthcare organizations consistently measure staff turnover rates. And in many organizations, the Nurse Manager is held accountable to be the Chief Retention Officer. Thus, the retention rate becomes an important component of the Nurse Manager’s performance appraisal. This author contends, although no literature supporting this contention was located, that this practice may result in professional nurses adapting the attitude that retention is the Nurse Manager’s job not mine. However, the American Nurses Association Code of Ethics (2001) makes it abundantly clear that retention is every professional nurse’s responsibility. Professional nurses are ethically responsible to participate (doing) in attaining and maintaining work environments consistent with the profession’s values. In this example, measuring retention rates and tying the results directly to Nurse Managers’ specific activities may contribute to formation and perpetuation of a knowing-doing gap. Pfeiffer and Sutton remind readers that behavior in organizations is interdependent; therefore, what individual employees (Nurse Managers) are able to accomplish or should be held accountable to accomplish is not solely under their control (2000, p.158).

To avoid excessive or misdirected focus on measurement, Nurse Leaders are encouraged to measure factors core to basic business and organizational performance and ability to turn knowledge into action (doing). Nurse Leaders must use measures focused on processes that are a means to an end; measures that provide data that effectively guide action and decision making; and measures that result from a mindful, ongoing process of learning from experience (Pfeiffer & Sutton, 2000, pp. 174-175).

Internal competition turns friends into enemies

Competition is not inherently negative; rather, competition can be healthy, producing innovation and inspiring excellence (Pfeiffer & Sutton, 2000, p.177). However, internal competition can inhibit learning and creativity. The essence of internal competition, employing a competing against one another, is comprised of mutually exclusive goal attainment, a situation in which one person’s success requires another person’s failure. Pfeiffer and Sutton’s (2000) research revealed that internal competition undermined organizational loyalty and teamwork because employees felt incentivized to avoid helping others (p.163). In addition, internal competition undermined the spread of ‘best practices’ in several organizations (p. 187).

Management practices that tend to develop internal competition and decrease teamwork include (1) forced distribution of performance evaluations; (2) recognition awards given to one nurse, such as the Nurse of the Month; (3) distribution of salaries to one group of employees, such as giving new hires (staff nurses or faculty) higher salaries than tenured staff members; and publishing rankings of unit performance (Pfeiffer & Sutton, 2000, p.179). For some employees, internal competition can inspire them to work harder. However, the authors’ research uncovered many instances in which internal competition undermined organizational viability. In healthcare organizations, teamwork is considered essential for safety, effective quality patient care. Pfeiffer and Sutton charge that acknowledging and affirming the value of teamwork is not enough. Organizations must minimize or eliminate practices that encourage internal competition and invest time and energy in developing cultures of cooperation (2000, p. 210).

Specific strategies to decrease negative results of internal competition include disciplining staff who act only in their own short term interest; using performance measures that assess and reward cooperation; and building a culture that defines individual success within the context of the unit’s success.

Conclusion

Pfeiffer and Sutton (2000) state that it is widely recognized that many organizations have gaps between what they know to do and what they do. Organizational leaders, in practice and education, frequently have the requisite knowledge and competencies (knowing) but do not use that knowledge to improve performance (doing).
recommendations will help us protect the health of the nursing profession. By pursuing higher levels of education and training, by assuming leadership roles, and by serving as full partners with physicians and other health-care providers, nurses can make a significant impact in advancing health care.

Another way to impact health care, on a local level, is through the ONA’s Nurse of the Day program whereby nurses have the opportunity to interact one-on-one with state legislators. The legislature considers many issues affecting the delivery of care and the nursing profession, and having nurses on site at the state capitol to weigh in on these important issues can make a huge difference. Our profession needs your voice and I encourage you to consider volunteering as Nurse of the Day. For more information, or to sign up, contact the ONA at (405) 840-3476.

Finally, I want to remind everyone that with the season's warming weather, now is a great time to get outdoors and get active. As nurses, we place such emphasis on providing care for others that we often neglect our own needs. Like any other professional, it is vital that we look after ourselves so that we may continue to provide superlative care for others. To that end, I encourage you to go for a walk or a run, ride a bike, join a gym or find a good yoga instructor. Take care of yourself and let’s take care of our profession. The future of nursing is ours to advance; let’s spring forward together.

Table. Guideline for closing the knowing-doing gap

| Guideline #1 | Put why before how: Philosophy and mission are important (p. 248). |
| Guideline #2 | Knowing comes from doing and teaching others (249). |
| Guideline #3 | Action and outcomes count more than elegant plans and concepts (p. 251). |
| Guideline #4 | There is no doing without mistakes and reasonable failures (p. 253). |
| Guideline #5 | Fear fosters knowing-doing gaps, so drive out fear (p. 254). |
| Guideline #6 | Fight the competition, not each other: Do not confuse competition with motivation (p. 257). |
| Guideline #7 | Measure what matters and what can close the knowing-doing gap (p. 259). |
| Guideline #8 | Build systems and practice that transform knowledge into action (p. 261). |

References

having over 130 friends,” it’s not hard to see how people can “spend over 700 billion minutes per month on Facebook” (Facebook, 2011). In this world of ever increasing ‘connectivity,’ it is crucial to remember that anything written in an electronic format, whether it is in an e-mail or posted on a social network site cannot be considered confidential or private.

So how do the social networking sites impact professionalism in nursing? Dr. McKenzie noted that according to Foulger, Ewbank, Kay, Popp, and Carter (2009), privacy and professional conduct are not yet defined in the online world. Behavioral guidelines are not in place for what constitutes protection of patient information and there is minimal case law on the topic. Dr. McKenzie stated that the cases that have gone to court revealed that there are few judges with experience with or exposure to the topic. Issues currently being addressed revolve around free speech issues, behavior during off-duty time, and posting patient information on social networking sites.

The Health Information Portability and Accountability Act (HIPAA) was introduced in 1996 to safeguard protected health information (PHI). Since 1996, new avenues of transferring information have cropped up, including Twitter, MySpace, Facebook, U-Tube, to name a few.

In the current environment where students feel the need to ‘share’ almost everything in order to stay ‘connected,’ what are the implications for faculty who stress the importance of adherence to HIPAA ‘connected,’ what are the implications for faculty who stress the importance of adherence to HIPAA?

In addition, Linder suggests being clear about your professional boundaries up front (2009). Discussing policies regarding online communication will thwart students efforts to ‘friend’ their faculty and vice versa. In addition to the above actions steps, it is crucial that faculty re-assess their current policies to assure that expectations are clearly stated related to a culture of academic integrity and that these policies address issues surrounding the potential misuse of social networking.

In anticipation of an increase in the frequency of these issues, faculty and other professional leaders must address the implications for the profession. According to Dr. McKenzie, there is much work to do and many professional issues to be considered.

1. HIPAA must be updated to reflect electronic media/social networking.
2. Social networking sites are a public forum and should not be used for private or protected health information communication.
3. Nursing is a profession. The public tends to judge professionals by their demeanor at work and values demonstrated in their personal lives (Carlswen, 2009). Will the public’s trust in nursing be eroded by the conflicts between our personal and professional roles? (Note: According to the Gallup polls, nursing continues to be one of the most trusted professions!)
4. Nursing’s professional standards must be maintained.

While issues surrounding the interplay between the world of social networking and the world of nursing may be new, the issues are very real. Nurse leaders, educators and clinicians must understand this interplay and intervene appropriately. We must establish standards that assure we maintain our integrity and professionalism, and work to assure that protected health information is protected.

3. Create greater scenario development for professional issues and role-playing.
4. Students must assume personal accountability and disciplinary actions must reflect the serious nature of these professional issues.

In addition, Linder suggests being clear about your professional boundaries up front (2009). Discussing policies regarding online communication will thwart students efforts to ‘friend’ their faculty and vice versa. In addition to the above actions steps, it is crucial that faculty re-assess their current policies to assure that expectations are clearly stated related to a culture of academic integrity and that these policies address issues surrounding the potential misuse of social networking.

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Hawn, C. (2009). Take two aspirin and tweet me in the morning: How Twitter, Facebook, and other social media are reshaping health care. Health Affairs. 28(2), 361-368.


Membership Spotlight

March, April, May 2011

Region 1

Name with Credentials/ Degree Designations: Caryl A. Prati, MS, EdD, BSN, RN
Which Region: Region 1
Position in Region: Treasurer

Why did you become a nurse? My twin sister was already fulfilling her life long dream to become a nurse. It looked like something I could do until I reached the point that I had to make a decision. I studied to become a Sister in a Catholic convent for two years after high school. To my delight and surprise, nursing has become a wonderful life long and very satisfying career!

Where did you receive your nursing degree: Los Angeles Valley College, Van Nuys, CA.

How long have you been a nurse? AA in 1964; BS in 1984; MS in 1994.

What is your specialty? Currently I am a Parish Nurse (also known as Faith Community Nurse) at St. Andrew Catholic Church, Moore, OK. I have been a Parish Nurse since November 1999, shortly after moving to OKC. Other previous clinical areas include labor and delivery, intensive care, long term care, county health department, doctors' offices, IV consultant with a DME, private business consultant and camp nurse.

What do you enjoy about nursing now? Parish Nursing combines the best of two worlds. Although it is not a clinical nursing position, Parish Community Nursing relies on the clinical expertise that an RN acquires in previous settings. Just as importantly, the FCN has the privilege of actively praying for and supporting the spirituality of every parishioner for whom she advocates. Spirituality is integral to this practice. FCNs in OKC can also participate in many different faith communities. We began the Faith Community Nursing Association of OK in 1998 to support the more than 100 nurses who have taken the basic course for this specialty.

If you could improve one thing about nursing, what would it be? That more licensed RNs would join their professional state organization. I have not always agreed with every position or policy but being a member is one way to actively participate in decisions and to become informed on professional issues. ORA has created several membership categories, reducing the yearly cost to join.

Hobbies? I am learning how to play the three octave hammer dulcimer and it's great fun. I also think about making a third one. I also play in a hand bell choir at St. Andrew. I love to work outside at home and at the church's gardens. Although I don't play organized recreational sports anymore, I still like to ride my bicycle around the neighborhood or local parks.

Region 2

Name with Credentials/ Degree Designations: Cindy Brown, RN, CNE
Which Region: 2
Position in Region: Region 2 Representative to ONA Board of Directors

Why did you become a nurse? to make a difference—a positive impact in people's lives.

Where did you receive your nursing degree: Associate Degree from Tulsa Community College, Baccalaureate in Nursing from Langston University and Masters of Science in Nursing. Administration (pathway) from the University of Oklahoma.

How long have you been a nurse? 35 years

What is your specialty? Admin, Exec, ER, Staff, Cardiac, etc Nursing Administration and Gerontology.

What do you enjoy about nursing now? I enjoy assisting RNs returning to school, facilitating their learning and learning from them, and watching them grow and make a positive difference in nursing. As a nurse educator and chair, I had two primary visions: to offer our RN-BSN Program by distance education to RNs in rural areas, and 2) to offer an online MSN-Education Program. Since these have now been accomplished, I am working on a third vision … hummm … retiring some day!

If you could improve one thing about nursing, what would it be? That all levels of nurses continue to be able to grow in their formal education to the next level. We don't know what we can't know. That we can't be so zealous about remaining so open to study your continues. Nursing and healthcare has become quite extensive, complicated, and intense … nurses are so vital to quality care. I want to work with and be cared for by highly qualified nurses in my retirement era.

Region 3

Name with Credentials/ Degree Designations: Joyce A. Van Nostrand, PhD, RN, CNE; (CNE = Certified Nurse Educator); Chair: RN-BSN & MSN-Education Programs; Chair: Department of Health Science; Northeastern State University

Which Region: 3
Position in Region: Member; Past President of Region 3

Why did you become a nurse? 1) Because I cared about people and wanted to make a difference, 2) because I didn't want to be a secretary or teacher those were the only other choices i had in those days), and because I wanted to see other places and leave home! The latter eventually became because I wanted to be a nurse. I joined the Navy via the Army Corps. It is ironic that I didn't want to be a teacher … that's what nurses do, and that's what academia is all about … ha, ha!!

Where did you receive your nursing degree: I am an old diploma nurse from Sacred Heart General Hospital School of Nursing in Eugene, Oregon. My parents could barely afford that three year program and certainly not a bachelor program. After about 12 ½ years active duty, I transferred to the US Army Reserve and returned to school on my GI Bill. After a year or so of general education hours, I went on to complete a RN-BSN program at Southern Oregon State College in Ashland, Oregon (1984) similar to the one I now chair. Then came my MSN from University of Texas at El Paso (1986), and finally my PhD from Texas Woman's University (1992). After three degrees in 10 years, I had earned a rest!

How long have you been a nurse? Am working on my 43rd year … whew!

What is your specialty? My clinical practice specialty is psychiatric mental health. I completed an administration and an education track in my master's program, and have certainly worked in both. In 2005, I was one of the first 174 nurses in the US to be awarded Certified Nurse Educator (CNE) status, which is considered to be advanced practice in nursing education.

What do you enjoy about nursing now? I enjoy assisting RNs returning to school, facilitating their learning and learning from them, and watching them grow and make a positive difference in nursing. As a nurse educator and chair, I had two primary visions: to offer our RN-BSN Program by distance education to RNs in rural areas, and 2) to offer an online MSN-Education Program. Since these have now been accomplished, I am working on a third vision … hummm … retiring some day!

If you could improve one thing about nursing, what would it be? Enhanced reimbursement for nursing education.

Hobbies! leisure time activities include spending time with family and friends, traveling, cooking, reading and adding to my collection of whimsical teapots.

Region 4

Name with Credentials/ Degree Designations: James Sims MSN RN-BC ARNP-ANP-BC NC-P
Which Region: 4
Position in Region: Region 4 Representative

Why did you become a nurse? I began my career as a nursing assistant many years ago for one simple reason—I needed a job. As time has progressed, I have continued my education and today I am a nurse practitioner. Being a nurse practitioner is to make a difference in the lives of the other people I come into each day.

Where did you receive your nursing degree: I obtained my AAS from Excelsior University, my BS from Southern Nazarene University and my MSN from Saint Louis University. I am currently enrolled in the Doctorate of Nursing Practice program at Oklahoma City University, with an anticipated graduation date of May 2012.

How long have you been a nurse? That is a loaded question. To make is simple, I have been working as an adult nurse practitioner for two years. I began my journey along this path January 30, 1990.

What is your specialty? I am certified as an adult nurse practitioner by both the American Academy of Nurse Practitioners and the American College of Nurse Practitioners. I hold an additional board certification as a gerontological nurse from the ANCC.

What do you enjoy about nursing now? The many changes looming on the horizon. The recommendations contained in the recently released Institutes of Medicine's report on improving health care for older adults. Nursing will guide us to even greater independence within the nursing field, if they are implemented appropriately.

If you could improve one thing about nursing, what would it be? Maybe to remove the requirement for physician supervision of prescriptive authority but I don't think that is possible.

Hobbies! School…taking care of the chickens and other critters…spending time with my beautiful wife.

Region 5

Name with Credentials/ Degree Designations: Flo Stuckert MS RN-BC
Which Region: Region 5
Position in Region: President 2010-2011, Region 5 Representative to ONA

Why did you become a nurse? I was influenced by my mother who was a nursing assistant and loved nursing and caring for people.

Where did you receive your nursing degree: I received a Diploma in Nursing from Mercy Hospital School of Nursing in OKC (the old Mercy on 12th St which is now an empty lot.

How long have you been a nurse? 43 years in May

What is your specialty? I love caring for the geriatric population and have my ANCC Certification in Gerontology Nursing. As the Director of Extended Care Services, all of my departments focus on the gerontological patient (home care, the surgery, skilled nursing unit, Geri-psych unit and inpatient rehab unit.)

What do you enjoy about nursing now? The role of a nurse has certainly changed in my 43 years! My first year on the floor, I remember a physician making a rude comment to an intern that nurses "were only good for their bandage scissors," as he was asking to borrow mine. I am sure that he was trying to be funny, but that memory is still fresh for me. Nurses have the ability to assure the best possible outcomes for our patients. I have been a registered nurse for 33 years. They have got to understand what is going on with their patients, advocate and speak up! Nursing has provided me the ability to create, advocate, teach, and lead, and much, much was trying to be funny, that is no longer true. I am so grateful to be able to care for patients, and that is no longer true. I am so grateful to be able to care for patients, and that is no longer true. I am so grateful to be able to care for patients, and that is no longer true. I am so grateful to be able to care for patients, and that is no longer true. I am so grateful to be able to care for patients, and that is no longer true.

If you could improve one thing about nursing, what would it be? I would say the ability to "critically think" or active problem solving. of the nurse needs to be emphasized.

Hobbies: I enjoy spending time with family and friends, traveling, cooking, reading and adding to my collection of whimsical teapots.
If you could improve one thing about nursing, what would it be? I would increase the membership in the professional nursing organization. Registered nurses comprise the single largest group of health care professionals and number almost 3 million nationwide. Fewer than 10% of nurses belong to the professional organization. It boggles the mind to think of the political power that we nurses could wield if we could up that percentage to even 50%.

Hobbies? Wood working and wood crafts; reading; model trains; gardening

Region 7
Name with credentials/ degree designations: Teri Round, MS, BSN, RN
Which Region: Region 7
Position in Region: Director Payne/Lincoln Counties

Why did you become a nurse? I thought I wanted to be a veterinarian, but after seeing my family members in the hospital, I knew I wanted to be a nurse. I went back to school in 1996 to get my Masters degree from the University of Oklahoma.

How long have you been a nurse? Almost 31 years. Whew, that seems like a long time!

What is your specialty? My specialty started out in oncology, which is my specialty now. I worked at Presbyterian hospital and worked in different administrative roles for most of my 22 years there. I am currently in administration as a Director of Med/Surg and Rehab at Stillwater Medical Center.

What do you enjoy about nursing now? The constant change and learning how to deal with it myself as well as helping others develop.

If you could improve one thing about nursing, what would it be? I wish everyone had the same appreciation of the wonderful work that they do and the difference they make every day. I think we all get so busy doing things and forget the influence we have and had on the people around us on a daily basis.

Hobbies? Being with family, exercise, gardening, and cooking!
RN Employment Patterns in Oklahoma: Examining Changes between 2006 and 2009

Steve Barker, Oklahoma Department of Commerce

Much has already been written about the expanding need for health care professionals in Oklahoma, and several efforts have been undertaken to address those needs. While evaluating those efforts individually is beyond the scope of this short article, it is clearly evident the number of RNs employed in Oklahoma has dramatically increased. Between 2006 and 2009, when Oklahoma’s population grew by 3.2%, the number of RNs employed in the state grew by a staggering 27.3%. Just as growth wasn’t even across geography, growth is not even across subareas of the health care industry. While only occupational health showed a net decline in RNs: Oklahoma, Pontotoc, and Texas counties. Those counties had net declines of -7.5%, -2.6% and -13.2% respectively, but it should be noted this data is based on addresses as they appear on license applications. As those may be home addresses, declines may be partially explained by RNs moving to suburbs in neighboring counties. Just as growth wasn’t even across geography, growth is not even across subareas of the health care industry. While only occupational health showed a net decline in RNs: Oklahoma, Pontotoc, and Texas counties. Those counties had net declines of -7.5%, -2.6% and -13.2% respectively, but it should be noted this data is based on addresses as they appear on license applications. As those may be home addresses, declines may be partially explained by RNs moving to suburbs in neighboring counties. Just as growth wasn’t even across geography, growth is not even across subareas of the health care industry. While only occupational health showed a net decline in RNs: Oklahoma, Pontotoc, and Texas counties. Those counties had net declines of -7.5%, -2.6% and -13.2% respectively, but it should be noted this data is based on addresses as they appear on license applications. As those may be home addresses, declines may be partially explained by RNs moving to suburbs in neighboring counties.

Growth was most pronounced in the areas of private practice and case management. In 2006, just 5.3% of the state’s RNs were employed in these areas. By 2009, the ratio had increased to 16.9%, fueled largely by an inflow of younger RNs.

During the years in question, Oklahoma saw a dramatic increase in the number of RNs in their 20s and 30s. In 2006, 26.9% of RNs employed in the state were under the age of 40 but by 2009 the ratio had changed to 34.4%. This isn’t to say all new RNs were young as RNs at all age levels showed an increase in numbers. But growth in the profession trended younger during the years examined here.

With such strong growth in such a short time period, some important questions remain. What longer term trends will develop now that growth in RN programs has begun to level off? Will younger RNs continue to channel so heavily into private practice and case management? And how will this growth at the RN level impact the state’s number of LPNs or nursing aides? Only time will tell. But in 2009, Oklahoma ranked 41st in the nation for the number of RNs per 100,000 people. Perhaps the larger question is this is the growth enough to meet the expanding need?

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OKLAHOMA NURSES ASSOCIATION STATE PROFILE

January 2011

AT A GLANCE
• Oklahoma will need 5,546 additional registered nurses by 2020 to meet increased demand.
• There will be an estimated 10,515 openings for RNs due to retirement and turnover in the next 10 years.
• In 2010, the average hourly wage for a RN in Oklahoma was $25.13, compared to the regional average of $28.36. Oklahoma nurses have the lowest average earnings of any state in the region.

DEMOGRAPHICS
The health care industry will feel effects from changes in the population’s age. The number of those 60-79 years old is expected to grow 24% in the next ten years. By 2020 the number of those age 40-59 will decrease by 8%, and those under age 40 and over age 80 will increase slightly.

COMPENSATION
The average wage for registered nurses in Oklahoma is $25.13. Region 1 wages are the highest at $26.46 per hour, while Region 3 wages are the lowest at $23.32. The DNA regions in the western and central part of the state have the highest wages, while those in the northeast and southeast have lower wages.
Oklahoma nurses are paid the least of any of state in the region. Compared to the six bordering states, Oklahoma’s wages of $25.13 are the lowest. Colorado’s earnings are the highest at $31.78 per hour, with Texas’s coming in second at $30.60.

### OCCUPATION GROWTH

The number of positions in Oklahoma is expected to grow by 20% in the next 10 years. Region 1 will add the most jobs, with 1986 new RN positions. Region 2 will enjoy the highest percentage increase, with growth of 25%.

There are 131 people per nurse in Oklahoma, yet this number varies widely from region to region. In Region 1, there are 97 people for every one nurse, while in Regions 3, 4, and 7, the number is near 200. By 2020 the state average will decrease to 113 people per nurse. While every region will see a smaller proportion of people per nurse, regional differences should be maintained.

### INDUSTRY MAPPING

The chart shows the industries hiring the most registered nurses, with 92% of nurses working in one of the industries listed. General medical and surgical hospitals account for over 40% of all nursing jobs.

Between 2010 and 2020, the largest growth is expected in general medical and surgical hospitals, with 2412 jobs added. The highest percentage growth should occur in psychiatric and substance abuse hospitals (66%), while physicians’ offices, temporary help services, and specialty offices will all grow by 33%.
The Oklahoma Nurses Association encourages nursing and health-related organizations to become organizational affiliates of ONA. They must first meet the basic requirements set by the ONA Board of Directors. These requirements include that the organization has a governing body comprised of a majority of registered nurses. In addition, the organizational affiliate must pay an annual fee of $500 and be approved by the ONA Board of Directors. Organizational Affiliates are also responsible for maintaining a mission and purpose harmonious with the purpose and functions of ONA.

Benefits to these organizations include: a voting seat in the ONA House of Delegates and the opportunity to make informational reports or presentations to the ONA House of Delegates within the organizations area of expertise; a column in the Oklahoma Nurse; a seat on ONA's Governmental Activities Committee, which works closely with ONA lobbyists to support nursing issues in the State Legislature; a reduced Exhibitor rate at ONA/ONA Convention for the organization; and many more.

When a specialty nurse organization joins ONA as an organization affiliate, the individual members also have individual benefits that include participation in the Nurse of Day program at the Capitol during Legislative Session and reduced registration for convention and conferences which is less than the non-member fee.

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This issue is growing and I hope to bring some attention to it here and would like to offer a reference for nursing administrators and any other readers who might be interested in learning more about some steps to address this problem in the workplace.

It is AJN, American Journal of Nursing: January 2009 - Volume 109, Issue 1 - p 52-58 doi: 10.1097/01.NAJ.000034403911651.08

The AJN article really does present the key question: “Why, in a profession founded on caring and collaboration, is bullying a problem?” It really is something to think about. Let’s make a 2011 resolution to quit “eating our young” and start nurturing them.

References:

AJN, American Journal of Nursing: January 2009 - Volume 109, Issue 1 - p 52-58 doi: 10.1097/01.NAJ.000034403911651.08


Call for Abstracts – ONA’s Annual Convention

Submissions must be made online and must be received by 5pm, June 15, 2011. For more information visit the website, or call (405) 840-3476.

200-500 words, addressing one of five concurrent session tracks:
- Administrators/Managers
- Burnout/Life Balance
- Clinical (Practice or Process)
- Educators
- Staff Nurses
- Students

Submissions must be made online using the submission form and will include: Point of Contact, Title, and Abstract, Author(s), credentials, and prior experience. Note: Authors may submit multiple proposals.

Deadline: June 15, 2011: This will be a competitive selection process

If your proposal is accepted: You will be notified no later than August 8, 2011, and asked to present on Thursday, October 27, 2011, at the Embassy Suites, Norman, Oklahoma. You will be required to complete and sign CNE credentialing forms, which are available online, before August 31, 2011. Failure to do so may cancel the offer to present, and the Committee may select another presenter.

Concurrent Session will be approximately 50 minutes in length, with 30-50 attendees. Electronics versions of all handouts need to be submitted to the ONA office by October 1, 2011. Posters will need to be in place before 9 am on Thursday 10/27/2011. You are required to staff your poster ONLY during the afternoon networking break. Suggested maximum size of posters: 36" by 48"

Compensation: Keynote Presenters will receive one complimentary registration. Concurrent Presenters: receive up to a 40% discount on two Convention registrations. Poster Presenters receive up to a 20% discount on two Convention registrations.

Support the Oklahoma Nurses Foundation with Your Donation
- Donate $100 (tax-deductible as allowed by law)
- Give individually or as a Group
- Write a Special Message to President Weigel
- See Your Name and Message in The Oklahoma Nurse
- Go to www.oklahomanurses.org and complete the form or call 405.840.3476
Resource or asset?

Some time ago I recall authors arguing: Should we refer to humans, that is, employees, as resources or assets? Both are important to organizational goal achievement. The gist of the arguments revolved around the definition of resource and asset. Resources, according to some authors, include people, equipment, and of course financial resources or money. The main concern with referring to people as resources is that we purchase, use up, and replace (or at least replenish) resources. For those who referred to RNs as human resources, it seemed a fairly short distance to the belief that a nurse is a nurse is a nurse, etc. Some authors suggested that organizations buy RNs time whereas other argued organization purchase RNs’ time + knowledge + competencies + license, etc. Assets by definition appreciate in value rather than being used up and replaced. I think you can readily see the circularity of these arguments. RNs are both resources and assets. Organizations buy not only RNs’ time, they purchase RNs’ knowledge, skills, and their legal status to practice as a professional RN in the state of Oklahoma.

Students = Resources and Assets

All across the state, baccalaureate nursing students are learning evidence based practice principles. In a recent theory course, OUCN graduate nursing administration students summarized a ‘cutting edge’ non-nursing management/business book. These 10-page summaries are real summaries (not 50 word abstracts) and thus are very informative. If one of these ‘assets’ currently works in your organization, affirm, support, and ‘use’ their knowledge to benefit your organization.

Future Resource and Asset

It is important that nurse leaders assure they are supporting both evidence-based clinical practice and evidence-based management practice. October 12-15, 2011, the biennial International Nursing Administration Research Conference (INARC) will be held in Denver, Colorado. I attended the fall 2009 Conference and it was great (Tony the Tiger Greaaaaat). Poster and podium presentations addressed problems and issues related to nursing management/administration and the networking was also great. Plan now to attend or to send several of your Managers who can bring information back to your organization. I am on the 2011 Planning Committee and will provide additional information as the program shapes up.

Resources + Assets = Great Value

In summary, let’s all be sure we regard every RN as an asset. And let’s applaud and support the RNs who are going back to school to obtain additional education. What a great value! ★

Lighting the Fire

learns assessments techniques, how to make a bed, and how to move patients to prevent complications of immobility as short pieces of nursing competencies. In the clinical area, students are expected to take these pieces from their pails and put them all together to provide safe and efficient care. How does a student learn to put these pieces together?

With the need for change as outlined in the recent Institute of Medicine report, education pedagogy must shift and shift rapidly. The student must be able to take information and incorporate it into nursing practice, which has been proven difficult. Paul outlines five stages of teaching and learning, with the last and most effective stage called “exemplary.” In this stage, the student is able to revise, reshape, and develop deepened understanding of concepts, while the teacher models insightful consideration of questions and problems.

Changes in pedagogy are occurring and in evaluation stages. For example, the Oregon Consortium for Nursing Education is facilitating student education by presenting concepts, instead of the traditional methods of presenting content using disease process as the basis of instruction.

Concept-based nursing education uses student-centered education strategies that focus on concepts instead of pieces of information. For example, the concept of oxygenation is presented to the students, often using exemplars, with all of the information related to theory, skills, and nursing practice covered at one time. Use of student-centered active learning and deductive learning activities directs the student to assimilate nursing theory, skills, and nursing practice needed to support a patient with normal and abnormal issues of oxygenation.

The use of exemplars provides students with real-life situations that must be solved, thus lighting their fires for discovery and acquisition of concepts. Skills, which traditionally have been taught one chunk at a time, such as vital signs, then later assessment, are now incorporated into activities that promote critical thinking, allowing the student to assemble information into practice. The student learns whole concepts instead of pieces of information, causing the student to organize information according to methods that the mind can readily grasp. Methods of facilitating students to revise, reshape, and develop deepened understanding of nursing concepts can enhance students’ mastery of nursing practice and light their fires about nursing. ★

Reference

In summary, let’s all be sure we regard every RN as an asset. And let’s applaud and support the RNs who are going back to school to obtain additional education. What a great value! ★
March, April, May 2011

Nurse to Nurse Trivia

Diane Sears, RN, MS, ONC

Extreme Marriage Trivia

Having met our deductibles for 2010 and being of “that” age, my husband and I decided to get routine colonoscopies, at least once in our lives. They were scheduled one day apart. The process was a breeze, with no operation. His laxative, “Movin’, movin’,” kept those colons movin’, and we made the most of it. Mine was different, “Cavite,” which sounded & tasted like a science fiction concoction. I consumed it by holding my breath, pinching my nose and gulping at warp speed, with the promise of winning an episode of ‘Fear Factor,’ if I succeeded.

Favorite collected quotes were: “I’m making my premier showing tomorrow.” “Holy Mother of tootsie rolls!” “I can see clearly now.” “OK Doc, you have your way with me but be gentle.” “We’re taking you to the FRC now, Farting Recovery Room.” “Don’t worry, you’re so cleaned out, your farts no longer smell, really.”

The Endoscopy Specialty nurses reported that their unit theme song is, “Movin’, movin’, movin’,” keep those colons movin’, “to the tune of ‘Rawhide.’” Another “truth is stranger than fiction,” untended pun. One COI recommendation is to add a Vaseline application intervention to the pre-procedure instructions for our tender holes. We were both perplexed about, “How did we get from the procedure table to this recliner?” Later, we compared our technical, anatomically colorful, colon discharge pics, sitting side by side on our familiar home couch. It flushed our marriage to a whole new level of intimacy.

Nurse Nurse

“Nurse, Nurse I think I’m suffering from déjà vu.”
“Didn’t I see you yesterday?”

“Nurse Nurse I can’t stop my hands shaking.” “Do you drink a lot?” “Not really—I spill most if it.”

“My wife’s contractions are only two minutes apart.” “Is this her first child?” “No,—this is her husband!”

“Nurse, Nurse I’ve broke my arm in two places.” “Best not to go back there again.”

Bumper Sticker Philosophy, Signs Of The Times

“Blah Blah Blah, where God divides by zero.”

I almost had a psychic girlfriend but she left me before we met.

Shin: a device for finding furniture in the dark.

When I’m not in my right mind, my left mind gets pretty crowded.

If at first you don’t succeed, thenskydiving definitely isn’t for you.

For every action, there is an equal and opposite criticism.

The severity of the itch is proportional to the reach.

A fool and his money are soon partying.

I’d kill for a Nobel Peace Prize.

Bills travel through the mail at twice the speed of check.

Movin’ movies (Nursinghumor.com)

Knocking on heaven’s door

There is a knock on the pearly gates. St. Peter looks out and a man is standing there. St. Peter is about to begin his interview when the man disappears. A moment later there’s another knock. St. Peter gets the door, sees the man, opens his mouth to speak, but the man disappears once again.

“Hey are you playing games with me?” St. Peter calls after him, annoyed. “No,” the man’s distant voice replies anxiously. “They’re trying to resuscitate me.”

(Nurse’s Calendar, 2009)

Senior Center Texting Code

I mentioned to one of our ‘regulars’ that he was texting nearly as fast as my 14-year-old son. He told me his secret was using abbreviations for everything—just like nurses do!

ATD: At The Doctor’s
BFF: Best Friend Farted
BTW: Bring The Wheelchair

Federal Program Supports Clinicians with Financial Incentives, Improves Access to Care

National Health Service Corps

The National Health Service Corps (NHSC) Loan Repayment Program is accepting applications for 2011. The NHSC offers fully trained and licensed nurse practitioners, psychiatric nurses and nurse-midwives tax-free loan repayment, in addition to their salary, in exchange for working in communities with limited access to care. There are new loan repayment options in 2011: $60,000 for two years of service and $170,000 for five years of service. There is an option to pay off all student loans with additional service.

This year’s investment in the program, which includes $290 million from the Affordable Care Act, seeks to address shortages in the primary health care workforce and translates into greater access to healthcare for those who might otherwise go without.

“Increasing access to primary care clinicians who can support the physical and mental well-being of individuals can help prevent disease and illness, and ensure everyone—regardless of where they live—has access to comprehensive, high quality care,” said HHS Secretary Kathleen Sebelius.

The Affordable Care Act also provides more flexibility in how the Corps administers the loan repayment program. In addition to monetary awards that are higher than previous years, the Corps will give members the option of working half-time to fulfill their service obligation and provide credit for some teaching hours. And for the first time, clinicians may apply to the NHSC Loan Repayment Program online, where they will find tutorials and additional information to assist in the application process.

“The health care professionals who answer this call to serve in the NHSC will join thousands of dedicated primary care clinicians who bring quality health care to underserved communities and vulnerable populations,” said HRSA Administrator Mary K. Wakefield, PhD., RN.

The National Health Service Corps was founded in 1972 to address a primary care shortage. In 38 years, the NHSC has connected over 37,000 primary health care practitioners to communities with limited access to primary care. All 10,000 plus NHSC-approved sites are located in designated Health Professional Shortage Areas (HPSAs).

Currently, there are more than 7,500 physicians, dentists, dental hygienists, nurse practitioners, physician assistants, behavioral health specialists, and other health practitioners treating more than seven million people, regardless of their ability to pay, at sites in HPSAs across the country.

By the end of FY2011 more than 10,800 clinicians will be caring for more than 11 million people, more than tripling the National Health Service Corps since 2008. By 2015, with the historic funding opportunities flexibility in offered by ARRA and the Affordable Care Act, the Corps will support more than 15,000 new primary care professionals.

To learn more about the National Health Service Corps Loan repayment program or scholarship program, visit: NHSC.hrsa.gov

Insights

Even under ideal conditions people have trouble locating their car keys in a pocket, finding their cell phone, and Pinning the Tail on the Donkey—but I’d bet everyone can find and push the snooze button from 3 feet away, in about 1.7 seconds, eyes closed, first time, every time.” (E-mail 2010)

Now that you’ve laughed, go take a nap. ★

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BYOT: Bring Your Own Teeth
CBM: Covered By Medicare
CUATSCC: See You At The Senior Center
DNW: Driving While Incontinent
FWB: Friend With Beta Blockers
FWW: Forgot Where I Was
FYI: Found Your Insulin
GCBP1: Gotta Go, Pacemaker Battery Low!
GHA: Got Heartburn Again
HBGM: Had Good Bowel Movement
IMHO: Is My Hearing-Aid On!
LMDO: Laughing My Dentures Out
LOL: Living On Lipitor
LWO: Lawrence Weik’s On
OMMR: On My Massage Recliner
OMSG: Oh My! Sorry, Gas
ROFL... Rolling On The Floor Laughing
CCG: Can’t Get Up
SGGP: Sorry, Gotta Go Poop
TTL: Talk To You Louder
WAIT: Who Am I Talking To?
WFAT: Wet The Furniture Again
WTP: Where’s The Prunes?
WVNO: Walker Wheels Need Oil
CGKL: Gotta Go, Laxative Kicking In
(Ruby R, South Carolina, Nursing jocularity.com)

Insights

Even under ideal conditions people have trouble locating their car keys in a pocket, finding their cell phone, and Pinning the Tail on the Donkey—but I’d bet everyone can find and push the snooze button from 3 feet away, in about 1.7 seconds, eyes closed, first time, every time.” (E-mail 2010)

Now that you’ve laughed, go take a nap. ★
Each year ONA receives a frequently asked question from students and nurses alike: What is it like if I serve as Nurse of the Day or if I attend the Nurses Day at the Capitol? Are they the same thing? These are two different things, but they strengthen the voice of the nurse at the Oklahoma Legislature. To help frame a picture in your mind, this year we have provided you with a former attendee’s account of her experience as she attended the Nurses Day at the Capitol and her description of serving as Nurse of the Day.

The Nurse of the Day Program allows individual nurses to take turns serving as a nurse at the capitol: you check in at the first aid station and assist the nurse on staff during the day, and you are recognized on the floor of the legislature. This gives you the chance to talk one on one with your legislators in your districts as well as sit in on committees or issues of importance.

My Experience: Serving as Nurse of the Day during 2010 Session at the Capitol

Dawn Hemphill, MS, RN served as Nurse of the Day at the State Capitol on April 8th, 2010. Hemphill of Forgan, OK, volunteered to provide services at the State Capitol’s First Aid Station, which serves Oklahoma Legislators, their staff and hundreds of visitors at the capitol each day. Accompanying Hemphill was Kathy Frantz of Balko, OK as Student Nurse of the Day. Frantz is one of Hemphill’s nursing students in the OSU-Oklahoma City distance learning program based on the Oklahoma Panhandle State University campus in Goodwell, OK.

The Nurse of the Day program is sponsored by the Oklahoma Nurses Association, which is the professional organization for registered nurses in Oklahoma.

Hemphill and Frantz were granted floor privileges and were introduced to the Houses of the Oklahoma Legislatures by Representative Gus Blackwell and Senator Bryce Marlatt and received Certificates of Appreciation for this service. It was the first time for both of the legislators to have the honor of introducing a nurse from their own district as Nurse of the Day.

The Nurses Day at the Capitol, 2011 Legislative Day is a one day event that begins with an orientation/learning session and ends with a tour to the capitol and the chance to interact with legislators. This year the event will be help on March 8, 2011, and we meet first at the National Cowboy and Western Museum.

In Review: the 2010 Nurses Day at the Capitol

On Tuesday, February 23rd the Oklahoma Nurses Association (ONA) hosted the 2010 Nurses Day at the Capitol in Oklahoma City. The theme for this year’s event was “Nurses...The Solution. The Hope!” The day began with presentations at the Cox Convention Center where attendees learned more about the legislative process and issues that affect nursing and health care in Oklahoma. A panel of agency directors discussed how the recent budget cuts have affected their facilities and the clients that they serve. One of the ONA lobbyists and other legislative experts also addressed the audience. Two of the Gubernatorial candidates, Attorney General Drew Edmondson and Lt. Governor Jari Askins, discussed their political platform and its relationship to health care as well as the role of the nurse. During the noon hour the Political Action Committee (PAC) met for lunch at County Line BBQ and heard from Representative Pat Ownbey of Ardmore who informed the audience about SB 1153 which was to be voted on that Thursday concerning Certified Registered Nurse Anesthetists’ scope of practice.

In the afternoon, nurses were encouraged to go to the State Capitol and visit with their elected officials to discuss legislation that impacts delivery of health care and is vital to the nursing profession.

Traveling to Oklahoma City for this event was Dawn Hemphill, MS, RN who has been a registered nurse for 26 years. She has worked most of those years at the Beaver County Memorial Hospital and is now an Instructor and On Site Coordinator for OSU-Oklahoma City’s nursing program on the Oklahoma Panhandle State University (OPSU) campus in Goodwell, OK. Dawn visited with Senator Bryce Marlatt and Representative Gus Blackwell in the afternoon concerning issues affecting nursing education and rural health services.

We hope that you will be part of these experiences, too. You can register online at www.oklahomanurses.org or call us at 405-840-3476.
2011 Legislative Day:
March 8th

7:30 AM
Registration Opens at The National Cowboy and Western Heritage Museum

8:30 AM
Legislative Day Program Begins

1:30 PM
Visit with Legislators at the State Capitol

Oklahoma Nurses Association
6414 North Santa Fe • Suite A • Oklahoma City, OK 73116
Email: ona@oklahomanurses.org • www.oklahomanurses.org
1-800-580-3476 • 405.840.3476 • Fax 405.840.3013
Regional Competition & Membership Campaign

Part of the ONA Strategic Plan, the Membership Team is designed to recruit new members and retain existing members. By increasing membership, ONA has a stronger voice, which increases our power to protect and advance the nursing profession.

**Starts:** January 1, 2011  
**Ends:** September 30, 2011  
**Goal:** 10% net increase in Membership

Last Year’s Winners were announced at the House of Delegates and at the Awards Luncheon during the Annual Convention. Region 3 recruited the most new members of all seven regions, and Irene Pappas was credited with the most referrals from new members. This year, it is your turn!

**Incentives:** Presented by Last Year’s Winners

- Each **Region** meeting or exceeding this goal will receive one coupon for a 50% discount on convention registration to the 2011 Convention.
- The **Region** that increases their membership the most (calculated by net percent growth) receives an additional 50% off convention coupon (yes they can be combined), gains possession of the Traveling Membership Trophy, and earns recognition at the House of Delegates and Awards Ceremony during convention.
- The **single member** with the most referrals will receive one free 2011 Convention registration, one night’s lodging during the 2011 Convention (Wednesday or Thursday at the discretion of the individual), a “Nightingale Traveling Trophy,” and recognition at the House of Delegates and Awards Ceremony during convention.

**Rules:**

- To ensure Regions or Individuals get credit for Recruitment, **send an email** to the ONA office listing the individuals recruited as new members. Renewals do not count unless they have not been a member for 6 months or more. Notify ONA by email: email@oklahomanurses.org
- The ONA office will verify new members and track them through the database system.
- New memberships will be tallied by the ONA office.
- The individual with the most confirmed referrals, with a minimum of 3 new members, will be designated as the winning Recruiter. The ONA office will track and verify this as well. *

**How the Health Care Reform Law Affects APRNs**

by Lisa Summers, DrPH, CNM

Now that the health care reform bill has been signed into law, it is a good time to review ANA’s advocacy for health system reform and take a look at how advanced practice registered nurses (APRNs) were recognized in and incorporated into the “Patient Protection and Affordable Care Act” (PPACA).

PPACA was the culmination of many years of policy and advocacy work on the part of ANA and its members. Prior to the 2008 elections, ANA published the “Patient Protection and Affordable Care Act” and its policy and advocacy work on the part of ANA and its affiliate, the American College of Nurse-Midwives, in its celebration of success in a long-fought battle for payment equity. Since the original recognition of CNMs under Medicare in 1988, CNMs were reimbursed at 65 percent of the rate paid a physician for the same services. Effective January 2011, the reimbursement rate for CNMs for covered services will be 100 percent, increasing access to midwifery care for disabled and senior women in need of reproductive health services and maternity care.

Many important details are not spelled out in the legislation, but will be left to the regulatory process, during which various agencies will be responsible for issuing rules. Some of those details, such as the formulation of the interdisciplinary team in the medical home and requirements for ordering durable medical equipment, are particularly important to APRNs.

This “rule making” is a complicated and often a long process (typically as long as 18 months), although the administration is moving forward quickly. ANA is following the process closely and will provide updates to members. Likewise, we are following the formulation of various commissions and will work to ensure that the interests of nursing are represented.

While there is much to be celebrated, not all our legislative priorities for APRNs were addressed in PPACA, notably the certification of home health practitioners (CPNs), the elimination of the medical home and requirements for ordering durable medical equipment, are particularly important to APRNs.

For more information, refer to the Health Care Reform Toolkit on www.nursingworld.org, which includes summaries and detailed coverage of PPACA, a timeline for implementation, and the key provisions related to nursing, including APRNs. If you have questions relating to ANA’s work on behalf of APRNs, contact Lisa Summers, DrPH, CNM, senior policy fellow, Department of Nursing Practice and Policy, at lisa.summers@ana.org. *

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Out with French Fries and in with Smoothie Bars

March, April, May 2011

by Nancy Corbett

Mercy Media Relations Director

Marketing and Communications

Mercy has 28 hospitals in Middle America (some of the most obese states in the nation which includes Oklahoma, Arkansas, Missouri and Kansas). Mercy facilities are making changes across the four states to make it easier for co-workers and patients to make healthier choices. Some Mercy hospitals have:

- Reduced hospital French Fry consumption by 70 percent
- Opened fresh produce markets in the hospital
- Opened fruit smoothie bars in the hospital

Mercy is also taking an in-your-face approach by providing a food scoring system in all its hospital cafeterias (one that is gaining speed in supermarkets across the nation) that doesn’t allow Americans to delude themselves that a food choice is healthy when it’s not. By using a Yale University algorithm that scores food, foods are clearly labeled from 0 to 100 points with 100 being the highest nutritional value. Recent surveys and reports reveal that Americans are delusional when it comes to healthy food choices and healthy weights. CDC numbers show that 68 percent of Americans are overweight or obese while a recent Consumer Reports survey reveals that only 11 percent of Americans consider themselves overweight or obese. Only 1 out of 10 Americans thinks their diet is unhealthy.


IOM Report

1. Remove scope-of-practice barriers.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build an infrastructure for the collection and analysis of interdisciplinary health care workforce data.

In this second brief, each of these latter recommendations are detailed and directed to related groups for implementation purposes.

Oklahoma’s Reaction. Under the leadership of Chairman Marvel Williamson, the Institute of Oklahoma Nurse Educators (IONE) met along with other state nursing leaders on December 13, 2010 at the Oklahoma Baptist University Graduate School to discuss Oklahoma’s response to this fresh document. As the discussion of the eight recommendations progressed, participants agreed on the need for assessment of the current status of each suggestion in Oklahoma’s health care community. At the compilation of this data, future plans will be suggested as next steps for Oklahoma’s nursing actions.

Summary. While some nurse historians may remember the Goldmark, Brown, and Lysaught reports as milestones in the mandates for improvement in nursing, the Future of Nursing will become the mantra for this decade. It is an exhilarating time for Oklahoma nurses as we complete our nursing inventory and plan for the days ahead based on this stirring report. Be ready to participate in these exciting transformations!

References:


Food scoring is just the beginning of Mercy’s efforts to “healthify” co-workers, patients and their families.

* High resolution downloadable photos (of health efforts across the four states including Mercy hospitals offering fruit smoothie bars, fresh produce markets in the hospital and innovative grill options which have reduced French fry consumption by 70 percent)
* Graphics of obesity rates and projection in next 10 years for Middle America (CDC and other sources)
* Graphics of food scoring (and surprises for all) diet Coke ranks much higher nutritionally than Gatorade because diet Coke has nitrates and Gatorade gets low-balled because of its high sugar content)

*Lana Bolhouse, Ph.D., R.N.
O. Mainous, pp. 355-357.
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Supportive Attitudes And Working Nursing Students
Margaret Robinson, BA
Student Recruiter/Counselor
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Regardless of how you stretch it, there are only 24 hours in the day. Most Oklahoma nurses cannot quit their job to go back to school. Nurses struggle to find that delicate balance between successful career development, meaningful educational experiences, and fulfilling family obligations. The key to a successful transition for working students can be found in a supportive attitude.

A study of RN-BSN students found that time and fear were two of the biggest barriers to pursuing advanced education (Megginson, 2008). Time commitments to employers, family, social obligations, and community volunteering created a dilemma leaving the RN feeling that time to study or attend class was a luxury. To resolve this dilemma, working nurses realize they have to either find time or make time!

An RN-BSN student at OU College of Nursing said it best: “You prioritize your opportunities while keeping your eyes on the prize.” This mother of two, and a full-time RN at a rural Oklahoma clinic, found a way to make nursing school work for her. “I had to decide which sacrifice was most beneficial to my family. It was more important to finish my BSN and increase my earning potential. There will be other soccer games to attend.” Her attitude determined her success in meeting the challenges of time.

Thomas Edison said, “Opportunity is missed by most people because it is dressed in overalls and looks like work.” For the employed nursing student, overalls are replaced with a lab coat and a student name badge. The most commonly reported fears of RN-BSN students was this fear of the work (clinical courses), the fear of returning to academia, and the fear of new technology (Megginson, 2008). The mountains of reading, the long APA-formatted papers, posting on the online discussion boards, and the required clinical hours can all be a daunting amount of work. Nursing students who desire personal development and find sources of encouragement or support systems from peers and family members can overcome these fears (McLaughlin, Moutray, & Moore, 2010).

Nurses approach advanced education with different expectations (Delaney & Piscopo, 2007). Whereas entry level RN applicants generally identify a desire to help others as their motivation to pursue nursing, for RNs who are already working as nurses, the pursuit of advanced education is generally expressed more broadly (McLaughlin, Moutray, & Moore, 2010).

Pursuit of a BSN comes from a motivation to look at the big picture rather than a perceived moral obligation (Delaney & Piscopo, 2007). Whether the RN-BSN program is online or in-class, students must approach each day with a fresh attitude and determination. Successful students will utilize their resources and take full advantage of peer study groups. Nursing faculty and administrators can offer sage wisdom and they are in unique positions to assist working students to realize that education will make nursing “not just a job but a career” (Megginson, 2008). Working nurses are in control of their attitude and only they can define how their approach will convert work into nursing opportunities!

References


“Influence cannot be bought (not easily anyway), sold, bartered, or even thrown away. It cannot be held in your hand, put up on a wall, or hidden under a barrel. Influence can be earned by effort and, most importantly, the fruits of influence can be taught and learned” (Sullivan, 2004).

Influence is the key to changing nursing and leaving a legacy in the lives of all we touch: Other nurses, clients, hospitals, and communities. Nurses have the opportunity to leave this legacy through their everyday actions. The work nurses do including the patients they have helped, colleagues they supported, students they have taught, and everything done during a nurse’s career contributes to the long-lasting tradition of nursing (Sullivan, 2004). Within each individual soul lies a unique characteristic that may support and drive one’s professional career as well as change the lives of others. Nursing is a field where one’s actions not only affect the individual, but change the legacy of nursing.

A nurse must treat the client with dignity and sensitivity in regards to the person as a whole (Watson, 2008). This sensitivity includes evaluating the dynamic changes that one may go through whether physically or emotionally. If one strives to model this approach every day, a different method of thinking takes over and the behaviors become a way of life as well as way of thinking. Clients appreciate the compassion and dignity they encounter in you as a nurse. You may influence other nurses to model the same behavior and thus affect the clients’ positive response.

Susan Kleiman (2005) describes many situations in which the stay of the person or family member in the hospital is not remembered by the disease, surgery, or tasks that were taking place, but by one nurse who made a difference in the client’s life. She described instances of a nurse sitting down to talk, changing the ‘flowers in the room, or providing a comforter— they smile. These small actions changed the perception of the life-changing event for the patients. This example demonstrates how nursing is more than a skill, technique, or science (Kleiman, 2007).

In summary, nursing is a profession that positions nurses to be an influence upon the lives of others. Nursing is a unique profession where unique individuals perform a job that not many others can do. Nurses can change someone’s life by caring for them as well as by being a skilled clinician. Each client interaction provides an opportunity for nurses to influence the lives of others. What will you contribute to nursing through your unique opportunity to influence? ★

References


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