



The Oklahoma Nurse

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PRESIDENT'S MESSAGE

Chris Weigel, RN, BN, MBA, President

According to Joseph Addison, "The grand essentials to happiness in this life are something to do, something to love and something to hope for." I have been honored and proud to be President of the Oklahoma Nurses Association these last two years. The position has afforded me the opportunity to meet and network with many incredible nurses as I traveled across the state. To watch the professions of nursing continue to grow and join in the hope for a healthier community and tomorrow has brought me great happiness.



Christine Weigel

On June 16, 2010, I had the honor of representing the great state of Oklahoma as a delegate at the American Nurses Association biennial House of Delegates. You may ask yourself, so what does a delegate do? A few of the responsibilities include voting on; ANA Bylaw changes, submitted nursing resolutions, nominations for the ANA Board positions as well as participating fully in all events during the House of Delegates. The days are packed full of events, fun and opportunities for networking with fellow nurses across the nation.

The most exciting event at this year House of Delegates was a visit by President Barack Obama. He spoke to an estimated crowd of more than 1,000

nurses and guests during the opening session. During President Obama's speech, he provided all of us with a piece of history which I did not know and would like to share with you now. He stated that one of America's greatest poets, Walt Whitman, also served as a nurse during the Civil War. And the experience changed him forever. Later, he would reflect on that time, on both the heartbreak and the fulfillment he found during those years. Walt Whitman wrote these words:

I thread my way through the hospitals,
The hurt and wounded I pacify with
soothing hand,
I sit by the restless all the dark night,
Some are so young, some suffer so much,
I recall the experience sweet and sad

Our jobs are both sweet and sad and nurses do not always get the recognition that we deserve. I would like to leave you with words of recognition from President Obama that truly moved my heart. He said, "Nurses are the beating heart of our health care system." How true...

Please come and join me at the ONA Conference and House of Delegates in Tulsa on October 28 & 29, 2010. Come and meet the new ONA President Linda Fanning, CNO at Mercy Health Center.

Learn, network and enjoy some fun.

Executive Director's Report

Nurses...the Beating Heart of Health Care

Jane Nelson, CAE
ONA Executive Director

It is hard to believe that summer has come and gone. Last time I wrote we are anticipating the close of the Legislative Session, graduation, and travel to the ANA House of Delegates. It is hard to believe

that another school year is beginning and we are ramping up for the ONA Convention.

ANA House of Delegates

At the ANA House of Delegates, we dealt with a great deal of issues that had to do with patient care and advancement of nursing. Issues discussed included: Mentoring, Social Networking, Healthcare for Undocumented Immigrants, APRN signing and certifying for Home Care, Safety and Effectiveness of Reprocessed Single Use Devices, Health Literacy, and Hostility, Abuse and Bullying in the Workplace. We heard inspirational messages from current and past nursing leaders. The most exciting opportunity was to hear President Barack Obama address the House of Nursing. He called nursing... "the beating heart of healthcare." One of our delegates wrote... "The 2010 House of Delegates was all about inspirational leadership that focused on the incredible accomplishments ANA has either led or facilitated. Whether it is



Jane Nelson

was the gentle strength of Becky Patton, or the legacy the former ANA Presidents shared as they described challenges and victories for their eras, or the inspiring appearance of President Barack Obama, or one of the dozens of other participants and delegates who shared their stories and visions, this was a House of Delegates that will shine as one for the best ever." Marvel Williamson

2010 Legislative Session Update

The 2010 Legislative Session was certainly an interesting one for nurses and healthcare. There were some accomplishments but also erosion of nursing practice. One of the wins was the passage of SB1251. This bill prohibits health benefit plans from denying coverage and or refusing to issue or renew coverage based on the applicant's status as a victim of domestic abuse. It also prohibits domestic abuse from being considered a preexisting condition. SB 1251 had on opposition in the House or the Senate and was signed by the Governor. For the second year, the Legislature entertained legislation that would eliminate pain management from CRNA's practice even though it is included in the CRNA's scope of practice established by the AANA. The Anesthesiologists were able to convince legislators that pain management was the practice of medicine

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Materials Due	<i>Oklahoma Nurse</i>
<u>Date to Editor:</u>	<u>Issue Date:</u>
October 4, 2010	December 2010 Issue

- Manuscripts should be word processed and emailed to the Editor at ona@oklahomanurses.org.
- Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
- Style must conform to the Publication Manual of the APA, 4th edition, 1995.
- *The Oklahoma Nurse* reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
- *The Oklahoma Nurse* reserves the right to edit manuscripts to meet style and space limitations.
- Manuscripts may be reviewed/edited by the Editorial Staff.
- Photographs should be of clear quality and in a digital format with appropriate resolution for printing. Black & white photographs are preferred but not required. Email images with the correct name(s) and descriptions. They are not guaranteed to be run even if submitted.

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The Oklahoma Nurses Association

ONA Core Values

ONA believes that organizations are value driven and therefore has adopted the following core values:

- Code of Ethics for Nurses
- Cultural Diversity
- Health Parity
- Professional Competence
- Embrace Career Mobility and Professional Development
- Human Dignity and Ethical Care
- Professional Integrity
- Quality and Safe Patient Care
- Committed to the Public Health of the Citizens of Oklahoma

ONA Mission Statement

The ONA is a professional organization representing a community of nurses across all specialties and practice settings.

Contact the ONA

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The Arthur L. Davis Publishing Agency, Inc. proudly announces a \$1000 award to be awarded to the ONA Member who submits the 'most excellent' manuscript for publication in *The Oklahoma Nurse*. This Award is offered in celebration of the agency's 26 successful years in publishing and to affirm nursing. The award will be presented at the Awards Banquet and the manuscript printed in a future issue of *The Oklahoma Nurse*.

Manuscript Submission Guidelines:

1. The manuscript must be an original, scholarly work addressing topics of interest to readers of *The Oklahoma Nurse*. Examples of topics: Integrative literature reviews, clinical topics, evolving/emerging professional issues, and analysis of trends influencing nurses and nursing in Oklahoma.
2. Manuscripts must not exceed 15 double spaced pages and must conform to APA guidelines.
3. Manuscripts must be received in an email or diskette as Word Documents by September 1, 2010 to be considered. A cover sheet listing author (s) name, credentials, address, and work and residence telephone numbers and email address must be included. The author (s) name must not appear anywhere else on the submission.
4. The topic must be relevant to nurses/nursing in Oklahoma and provide new insights and/or a contrarian view to promote debate and discussion.
5. Ideas must be supported with sound rationale and adequate documentation.
6. If the manuscript describes a research project, quality initiative, or organizational change process, methods must be appropriate and participant confidentiality protected (as indicated).
7. The manuscript must be grammatically correct, organized, and submitted according to guidelines to be considered.

Manuscripts must be accompanied by a statement signed by each author indicating 1) the manuscript is NOT being considered for publication in any other journal; 2) the manuscript WILL NOT be submitted to another journal until notification of acceptance or rejection is received from the Oklahoma Nurses Association; and 3) willingness to sign a copyright release form upon publication of the manuscript in *The Oklahoma Nurse*.

Submit Manuscripts to the Oklahoma Nurses Association, 6414 N Santa Fe, Ste. A, Oklahoma City, OK 73119 or via email at ona@oknurses.com.

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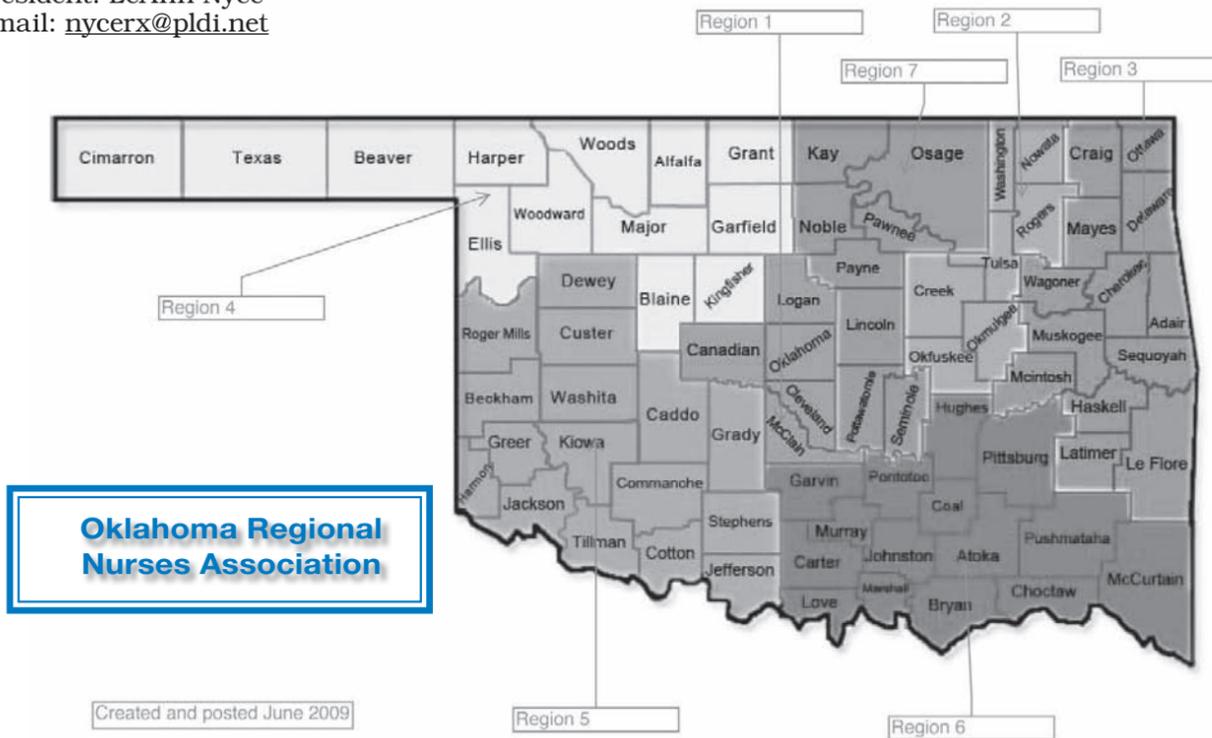
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Dr. Kopperschmidt (AKA Dr. K) has been assisting with editing papers sent to ONA for potential publication. Our intent has not been to hide her but just take advantage of her commitment to ONA and *The Oklahoma Nurse*. It seems that we should let readers know of her service. We felt that potential authors might have wondered why they were getting correspondence from Dr. K when they had submitted something to ONA. In addition, Dr. K is available to assist those of you who have an idea you would like to discuss with someone or you may want to send information to someone for critique and editing. She is available and willing to work with you.

Dr. Kopperschmidt is the Associate Professor and Director, Nursing Administration Pathway, OUHSC College of Nursing. She has a rich history of professional leadership in ONA, in education, and service. We encourage you to take advantage of her willingness to work with you. She can be reached at betty-kopperschmidt@ouhsc.edu



Mercy Radically Redefines “Tackle Box”

ONA Organizational Sponsor

Midwest—You can't catch a swordfish using a fly-fisherman's tackle box and you can't remove a gall bladder using open heart surgery tools. In the operating room, physicians and medical staff require very different medical “tackle boxes.”

By designing and building a new process for medical “toolkits” from the ground up, Mercy has streamlined manufacturing and in doing so was recently named the national Supply Chain Excellence in Healthcare award winner—the top industry award at the 2010 Integrated Delivery Network (IDN) Summit & Expo in Orlando, Florida.

“Mercy is radically redefining the way we get the tools to our medical team so they provide better patient care,” said John Black, vice president of Resource Optimization & Innovation (ROi), Mercy's supply chain division. “We've taken the guessing game out of the process and provided price transparency, medical team input and reduced the turnaround time to change out items in the pack—a critical piece for our doctors and staff.”

Creating medical toolkits, or custom packs, for operating rooms across the nation has often been a process riddled with unforeseen price hikes for supplies, long wait times to make needed changes to the kit's contents and common unauthorized substitution for tools not approved by the medical team.

About a year ago, Mercy took the program in-house. By controlling the process from beginning to end, Mercy has cut turnaround time in half for pack changes and reduced costs by 20 percent with a self-manufactured, FDA-registered customized operation. The combination of clinical integration, improved service and lower costs has increased the program in facilities already using customer packs. It has also expanded into facilities not using packs because of a lack of trust in programs controlled by traditional commercial vendors.

“We wanted a completely transparent process with no hidden costs,” said Vance Moore, Mercy ROi president. “We want our clinical team to know the price of every item and its associated assembly



cost. This program puts the control where it should be—in the hands of the frontline clinical teams. They now have complete knowledge and power of controlling component selection and cost. They also have the assurance that their product decision will remain in place until they decide changes need to be made instead of some sales rep making the decision for them. And because we've made the process more efficient and listened to our end-user—our own clinical team across four states—the program has grown 136 percent.”

Mercy's custom packs, or custom procedure trays, are assembled in Mercy's 6,000-square-foot facility in Springfield, Missouri. Besides receiving the IDN Summit award, Mercy was named among the top healthcare supply chain operations in the world earlier this year, just second overall to global giant Johnson & Johnson. Mercy serves 30 communities in a four-state area that includes Arkansas, Kansas, Missouri and Oklahoma.

Mercy—Sisters of Mercy Health System—is the eighth largest Catholic health care system in the U.S. and includes 30 hospitals and more than 1,300 integrated physicians in Arkansas, Kansas, Missouri and Oklahoma.

Does Your Community Have A Best Kept Secret? Tulsa Does

Authors: Brenda Nance MS, RN, CNE, Denise Senger MPH, BSN, RN, Jackie Lamb MS, RN; ONA Region 2

The Registered Nurse Community Volunteers, Inc. was founded in 1968 by Mary Ann Staab, Martha Owens, Dorothy VanFossen, Dorothy Marouk, Pat Keuchel, and Lois Jones. Its mission is to promote, provide and support registered nurses in their endeavor for ongoing education and the opportunity to volunteer for health care community services. Membership is composed of a diverse group of nurses whose experience ranges from new nursing graduates to retired active nurses who have a passion for serving their community. RNCV provides volunteer services to over 25 Tulsa area agencies. If you feel there isn't a place for you to volunteer, use those critical thinking skills and think again. There is such a wide variety of needs in the community that there is a niche for everyone. There will be at least one agency that will compliment your skills and likes. RNCV is a hidden treasure in the Tulsa area

community. For only a \$25 membership fee, nurses have the opportunity to network with other nursing professionals, continue their education with free programs associated with contact hours, and most importantly gain the satisfaction of knowing you are giving back to your community through service. Another jewel in the RNCV crown, not only does the organization give back to the community through volunteerism, to this date the organization has awarded close to \$100,000 in nursing scholarships. Most of this money is raised by the members at the Annual Book Review Luncheon, which this year will highlight “The Help” and will be held November 13th. This year's RNCV programs will be as follows:

- September 17th: Amplifying the Voice of Nursing through Service Leadership
- November 19th: Oklahoma Black Nurses Association/ Tulsa Free Clinics Coalition
- January 21st: Dental Health and Its Effects on Overall Health
- March 25th: Panel: Tulsa Free Clinics

For more information or those interested in membership contact RNCV at 918-743-7394 or rncvokla@gmail.com.



ONA Delegates to ANA HOD

What's New at CMSA-OK An Affiliate Organization of ONA

By Mary Freeman, RN, CCM
CMSA-OK President

The race is on and we're in the back stretch! The 17th Annual CMSA-OK Conference, *Going the Distance with Case Management: The Triple Crown—Educate, Advocate, Collaborate* is scheduled for October 6-7, 2010 at UCO's Nigh Center in Edmond. We will offer CE's/Contact Hours for RN's, CCM's, CRC, CDMS and Social Workers. Speakers include: Dr. David Chansolme, Dr. Randel Estep, Dr. Gregory Zeiders, Dr. Matthew Dumigan, Dr. Shon Cook, former judge Craig Johnston, and Dr. Robert Remindino just to name a few. The Attendee Registration Brochures will be mailed out shortly and there will be “Early Bird” and “Group” discounts available. Contact Micki Johnson, at mrjmeet@aol.com or by phone at (800) 398-2059 for exhibit, sponsorship or registration information.

Other upcoming events include a luncheon meeting on August 19th with Dr. Robert Horton presenting on *Annular Repair* at the Sportsman Club sponsored by RX Medical. On September 16th Dr. Robert Hines will be our guest speaker a dinner meeting on *Rotator Cuff Injuries*, sponsored by The Brace Place. Both of these programs will offer CE's for CCMs and Social Workers. Please join us as a partner and/or a player by contacting Randy Wallace at rwallace@facok.com.

Caring is the Expectation

V. Lynn Waters, MSN, MBA, RNC, CNA, BC
Faculty, University of Phoenix
Chief Nursing Officer

Patients choose their health care organization in terms of where they believe to be the best place to go to receive care. Caring is a fundamental value that guides this decision and provides a basis for a patient's choice. Caring in a health care organization today must be personalized and individualized care that supports a patient and their family in understanding the meaning of their visit and the reasons that hospitals are there for them. According to Blais, Hayes, Kozier, and Erb (2006), caring is not just an emotion or concern but actually connotes a personal response. Caring occurs through a personal response and is recognized by the way a patient or person is treated (Blais, Hayes & Kozier, 2006). Caring communicates concern and empathy and is present by the personalization the caregiver lends to the patient. It involves multiple communication channels and requires what Watson, Burckhardt and Brown (1979) term as "extra effort". Caring is a fundamental value that guides ethical decision making and provides a basis for action and is enhanced by technical and interpersonal competence. It is a personalized approach to understanding a patient and treating them as a person. It is imperative for an organization to recognize what caring is about and to understand and act upon it in terms of what their customers perceive.

Yukl and Lepsinger (2004) believe that leaders need timely information about the work in their organizations in terms of unit operations and performance of their employees in order to make change. Yukl and Lepsinger (2004) state that "solving operational problems involves identifying work-related issues, analyzing them in a systemic and timely manner, and acting decisively to implement solutions" (p. 58). Health care organizations are compelled to examine the care that is delivered inside their hospitals, evaluate the way it is delivered and simultaneously ensure that their customers are receiving the best possible care available to them. Health care organizations must take a look inside as well as outside their realm and evaluate if they are current in practice, safe in delivery and providing an overall great hospital experience. Health care organizations are compelled to examine not only the care delivery but to examine caring and the perceptions of patients and staff with respect to caring.

Problem Statement

If a patient does not receive the inpatient experience and care they expect from a hospital they will not return to that hospital and futuristically they will make choices for their health care based on that experience. According to J. D. Powers and Associates (2005), research clearly indicates that patient choice and patient experience drives volume in health care organizations. Critical decisions with respect to accessing and utilizing a health care organization has implications in volume, growth and

sustainability. In order to increase organizational capacity in a health care organization the leadership team must understand what drives their customers to make the choice to come to their facility and the implications that has upon their organization's growth and volume. One of the most common concerns for patients and their families surrounds the concept of care.

Patients and health care professionals define caring very differently. Health care professionals define caring in terms of listening, offering comfort, putting the patient ahead of everything else and talking to them. They believe that caring is responding to the patient's calls for assistance quickly and that most patients are demanding and want immediate attention. Patients describe caring as having their caregivers readily accessible and able to teach them what they need to know. They see their caregiver as someone who is monitoring them very closely and able to follow through with them with promises made. Patients believe that their caregivers should be sensitive to their autonomy especially while they are in the hospital and that they should receive individual recognition and response for their individual needs.

Literature Review

Bolman and Deal (2008) believe that sooner or later health care organizations are forced by both internal and external forces to examine their structure, process and perception as well as reputation in the community. Bolman and Deal (2008) discuss that at any given moment a health care organization's structure represents its best ability to align itself with what is happening inside the organization with what is happening externally. According to Yukl and Lepsinger (2004), by paying attention to information that provides reliability an organization can better understand what is important to their customers. Poor customer service directly affects what patients believe they need and want and at the same time can be volume limiting for an organization. By better understanding what is important to customers and their families an organization can act to improve processes that surround their customer's needs and wants. Caring and how care is delivered must be evaluated by health care organizations and ways to ensure that caring is evident in delivery and service is in order for the organization to sustain viability in times of turbulence and reform.

Performance Indicators/Measurements/Concerns

According to a performance study conducted by the J.D. Power and Associates in 2005, 59% of patients make hospital decisions themselves or jointly with their physicians and more than 80% say reputation for skill and quality of care is the most important criterion they use in selecting a hospital. This research study found that 77% of patients definitely will or probably will use hospital patient satisfaction ratings from a third party to aid them in future hospital selection decisions and that 60% of patients indicated that high levels of proven patient satisfaction would be one of the top three issues

influencing their hospital selection (J.D. Power and Associates National Hospital Service Performance Study, (2005).

An organization must be very clear about their performance in their delivery of care, how their patients feel about their care and if the care they receive is delivered in a caring way. There must be an objective party focusing on finding that information and reporting to the organization. The Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) report provides a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care (HCAHPS, 2009). HCAHPS is a preferred tool that is supported by the Center for Medicare Services (CMS) and is utilized nationwide to survey patients and collect data with respect to what patients perceive as good care. The goal of HCAHPS is to produce comparable data that centers on the patient's perspective of the care they received during a hospitalization and whether they believe that they received excellent quality of care (HCAHPS, 2009). This survey and the data accumulated allows an organization to obtain objective data about their performance and at the same time the ability to compare their performance with other health care organizations on domains deemed important to consumers (HCAHPS, 2009). HCAHPS is designed to motivate health care organizations to improve their quality and customer service and at the same time provide the patients with information that support their decision to choose the best place for care. The survey is based on examining specific areas of service, quality, relationships and adaptability.

The HCAHPS survey is composed of 27 items: 18 substantive items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and recommendation of hospital); four items to skip patients to appropriate questions; three items to adjust for the mix of patients across hospitals; and two items to support congressionally-mandated reports (HCAHPS: Patient perspective of care delivery, 2009).

One of the primary concerns for a patient surrounds the concept of whether the hospital they choose will care for them and their families in what they believe to be the best way possible. The benefits of caring for the patient as they believe how they should be cared for include a competitive edge, increase in volume and market share, improved patient satisfaction, higher level of employee and physician engagement and overall improved operations ((J.D. Power and Associates National Hospital Service Performance Study, (2005).

Caring is the Expectation continued on page 6

Impact of People

Bolman and Deal (2008) discuss that strong, viable organizations know that the people they hire must fit with the goals and values of the organization where they work. Maxwell (1993) finds that people are the most significant asset to an organization and that plans that leadership develops and implements are carried out by the people working for them.

Bolman and Deal (2008) state that "progressive organizations give power to employees as well as invest in their development" (p. 149). Candidates who want to work in the hospital not strong in the areas of care and compassion should not be considered for employment. Those who are already employed need to be assessed and evaluated for their ability to deliver care, and to do so in a caring manner. There needs to be education designed to ensure that the new as well as existing employee is able to recognize and understand what the patient perceives in terms of caring.

According to Yukl and Lepsinger (2004), communication with all levels of employees is necessary to ensure they know and understand what is expected and that they are committed to doing it. Sharing of information with employees is extremely important in ensuring they know what is happening in the organization, what the patients and community expect and how they perceive the care they receive by the staff. By referring to the HCAHPS survey the employees are given the same information that senior leadership receives and they in turn can have impact on making changes where needed.

Yukl and Lepsinger (2004) describe how there must be a cooperative effort with leadership and the people working inside the organization and that leaders need to look for ways to engage and empower the employees. Employees who are engaged in an organization are those who will work towards the mission and vision and be committed to the values set forth. Employees should be encouraged and at the same time expected to take initiative in meeting customer expectations and solve problems when they arise. For example, employees should be encouraged to make rounds frequently on the patients in the hospital. They should enter the patient's room, introduce themselves and proceed to take a few minutes to sit and speak to them. Staff should be rounding at least every hour on all patients and before leaving the room asking the patient if there is anything else they can do for them. Two of the most common concerns heard from patients while visiting and asking them how they feel about their stay surround what they perceive. One of the first things they comment about is the fact that everyone is busy. A patient, who perceives their caregivers to be busy, sees them as being too busy to call, request something or simply to ask questions. This alone can make the perception of care delivery not so good. It gives the patient the feeling insecurity, loneliness, not supported and overall not likely to return to the organization at a later time for care.

Pain management is one of the primary questions that HCAHPS addresses and is viewed as one of the most important issues of caring. A patient does not want to wait to receive pain medication and feels

that the staff should know what to do to resolve their pain. Tools and strategies to treat a patient's pain should be present in any health care organization. Staff should be able to articulate to the patient what they can do for managing their pain. If the patient's pain is managed the patient feels cared for and in the end the patient perceives that they received the best possible care. In turn, the patient will return for care when they need it again thus maintaining volume and perhaps growing it.

Cultural Values

Bolman and Deal (2008) believe that the "values that count are those an organization lives, regardless of what it articulates in mission statements" (p. 255). In a health care organization the values generally surround service, respect, excellence and pride. Service is the value that indicates all employee actions are in line with the mission statement. All interactions that occur with a patient and their family should promote aid and assist in the realization of that mission statement. Respect is the belief that the hospital is committed to creating an environment where there is a willingness to show consideration and appreciation of patients. This means all interactions between patients and staff must be polite expressions of consideration and caring. Excellence is the highest, finest, best available practices or results that are attainable. And pride is the satisfaction that comes from achievement and on an individual basis it is linked to one's personal sense of dignity, value, and self-respect. Bolman and Deal (2008) discuss that an organization's culture is matriculated into the employee's culture over time and is inclusive of their working values and practices.

Leadership Inventory/Strengths

Everything rises and falls on leadership (Maxwell, 1993, p. 182). According to Yukl and Lepsinger (2004), core ideology is something that is shared with the leadership team and their employees about the purpose of the organization and is accomplished through the mission and vision or in service through the values of the organization. Bolman and Deal (2008) believe that "multiframe thinking requires moving beyond narrow, mechanical approaches for understanding organizations" (p.19). Health care leaders must reframe how they think and act and at the same time lead their employees to do the same. Reframing in health care organizations establishes a foundation for providing excellent patient outcomes including delivery of care in a most effective, quality approach. Bolman and Deal (2008) discuss how turbulent, rapidly shifting situations facing organizations today require leaders of the organizations to learn "better and faster" (p.33). Khramkova (2009) believes consumers lead the way with their needs and wants.

Until recently it was: 'What technical/organization/financial/manufacturing possibilities for designing new product we have (*Technology-Driven Strategy*). Now it is: 'What else does our customer want?/How can we emphasize that with him?/What should we design to make our new brand/

product experience as interesting, amazing, exciting as possible (Khramkova, 2009).

How care is delivered must be examined closely and strategies to improve in areas of concern must be developed and implemented. There needs to be the approach as to what makes health care exciting and amazing to their consumers. Leaders in health care must embrace this concept and be assertive in their desire to make necessary changes and do what is necessary to ensure their employees are embracing the changes. Waitley (1993) believes that the best way to think about leading is to see it as a "process of freeing your employees to do the best work they can" (p. 157). In health care organizations there are multiple places for employees to do what needs to be done for excellent service. Employees are in touch with their customers each and every minute of the day while the patient is in their hospital. They have continuous opportunities to interact and deliver their services in the way that leadership encourages. Leaders who are supportive and visible give strength and encouragement to their staff.

Maxwell (1993) believes that the leader must determine if their employee is unwilling or unable to change their behavior and the leader can help make changes in their behaviors by assisting them in focusing on the value of changing. Leaders must be out on the units, rounding on patients, talking to families and communicating to staff their vision. Maxwell (1993) states "people don't care how much you see until they see how much you care" (p. 154). Leaders are encouraged to help their employees to see that they care and at the same time see that they care that the employee cares. This is something only accomplished by leaders who build and nurture relationships with their employees. In a service industry that delivers care, the leaders must obviously care as well.

Bolman and Deal (2008) discuss strategies for change and believe that the sense of urgency combined with a guiding team who has a vision is the to make things work differently and improve what they are doing is the beginning to success. Maxwell (1993) describes habits as being acquired and that change threatens habit patterns and forces staff to take time to evaluate and relearn the way they behave. Kotter (2002) (as cited by Bolman and Deal, 2008) discusses that by empowering people to remove obstacles that block change helps them to dismiss their old habits and makes room for change. Maxwell (1993) believes that leaders will have the biggest impact in terms of changing the behaviors of their employees by allowing their staff to be a part of the process of change, assist them in removing the obstacles that are blocking them from changing their behaviors.

HCAHPS Action Plan

According to Yukl and Lepsinger (2004), there are six key steps for action planning. The steps include the following:

Develop an implementation goal and project standards, identify the sequence of necessary action steps for the project, estimate the time

Caring is the Expectation continued on page 7

Caring is the Expectation continued from page 6

needed to carry out each action step and develop a schedule, determine accountability for each action step, estimate the cost and necessary resources for each action step and lastly to identify potential problems and determine how to avoid or minimize them (p. 43).

When a new employee enters into the hospital they must be oriented to the mission, vision and values that the organizations holds near and dear. Orientation provides time for new employees to gain information about what caring means and how that definition of caring blends with the values of the organization and is associated with how they deliver care. Orientation to the organization in terms of service expectations gives new employees the opportunity to be acculturated into the organization and at the same time provides them with the foundation of expectations of them as employees. The orientation plan must include the values of the organization and how those values are what speaks to the mission and vision and how that relates to caring for patients. New employees need education time spent learning the differences in perspectives of caring and how they as employees of this organization fit into service delivery and can meet those expectations. The orientation process must clarify to new employees their role in the process and how accountability and ownership interrelate to the success of customer satisfaction. During this time there should be a review the HCAHPS findings in terms of strengths and opportunities. They should become familiar with what patients are surveyed and how those survey questions lead back to the care that they deliver. The employee should become familiar with service, excellence, patient perception and what it means to demonstrate a caring attitude. By the end of their orientation the employees should be well versed on care delivery and the caring concept.

In addition to orientation to new employees, the organization needs to provide ongoing education to existing staff about caring. Staff should be given information surrounding the HCAHPS patient survey and how they are expected to perform. Staff needs a specific plan for ongoing education that includes role playing, mentoring and further skill development for service and care delivery. Staff needs ongoing reminders as to caring expectations and service excellence techniques and they must be held accountable. They need guidance as to how they can interact with a patient on a personal, individualized level. Education must include sharing of information with the patient and their family and techniques how to gain involvement and interaction with them. All employees must receive regular feedback how they are performing and what they can do better specifically in terms of care delivery, caring and attitude and response.

Enhancing Organizational Capacity/Adaptation

Yukl and Lepsinger (2004) believe that adaptation is very important when there is turbulence in the external environment. Uncertainty becomes even more discerning when there is exponential change in technology and economic turmoil which is definitely

the situation in health care today. When the organization is in turmoil many believe that taking the time to care is something that entails extra work. This misconception about caring must be identified as an obstacle and then openly discussed with staff. Strategies of caring must be explored, realized and implemented with education to staff that as to how they can support a caring environment in a way that does not take extra time. Caring behaviors such as a handshake, touch on the arm or simply a smile are good ways for staff to say they care. No one should pass a room where a call light is on without stopping to see the patient and asking how they can help. The organization must use the mission, vision and values that are stated in their hospital to plan in their approach to educating the staff and gaining the commitment and response they intend to transmit.

In order to ensure that all employees are aware of and committed to the customer service expectations education must be provided about what it means to care and how and why they as employees can embrace customer service. In addition to educating the employees the organization must provide remediation and mentoring for those employees that are identified as needing to improve their approach to patients and families. The education should include how to identify individual opportunities for improvement with patients, physicians, families, visitors and co-workers. There needs to be time spent on developing an understanding and feeling about the entire patient experience. Staff needs some practice with identifying their own feelings and attitudes as well as practicing identified caring behaviors which takes no additional time but have significant impact on patient perceptions. There needs to be commitment established with respect to specific behaviors of all staff and how they can get their work accomplished while communicating respect and concern. Excuses such as I don't have enough time, I don't get paid to be nice, these patients are out of control, we are always short staffed, I cannot deal with people who do not show me respect and I'm having a bad day need to be openly discussed and given to the staff to brainstorm strategies to eliminate. In today's turbulent times with decreased staffing these types of excuses are prevalent but health care organizations are service industries and definitely a place of caring. In order to be caring in attitude and response staff has time to be nice, show respect and they certainly have time to care.

The organization must adapt an approach to a patient-centered caring culture rather than a staff-centered approach to their work. It is wise to recognize and understand the power in communication and scripting and implement techniques to ensure staff is well-equipped to communicate effectively. According to Cahn and Abigail (2007), communication skills are the "successful performance of communicative behavior" (p. 97) and that is what a health care organization expects of its employees. Communication in health care is critical to treatment and caring for the patient and their families. If communication is not handled well, much is at stake for loss.

Conclusions/Recommendations

If a health care organization is to sustain a culture of service they must work vigorously to ensure that patients, their families and the communities they serve are aware of their efforts and able to experience those efforts in terms of the organization's commitment to service. HCAHPS is the publicly reported avenue by which health care organizations share their strengths and weaknesses. Reporting through this structure is the right thing to do for the organization and at the same time the right thing to do for their patients. Health care organizations want the things they do right to be reflected in their patient's perceptions. Health care is big business and health care organizations must focus on the type of care they are delivering and the perceptions of the patients they serve. They must stay focused on labor, supplies and growth while simultaneously on service expectations, delivery of care, outcomes, quality and overall patient perceptions.

Today health care organizations must shift their focus and their approach to new and better ways of delivering care to their patients. Health care reform is imminent and radical changes in what and how health care is provided to the consumer will change. The delivery of care must be something that leaders are readily able and willing to make the necessary changes for survival. New processes and policies must be developed and implemented to ensure the patients are cared for in the way they believe to be what they expect. Health care organizations must address care delivery with a caring approach and do so with a sense of urgency and distinct focus. This will result in patients, their families, the community and the organization to be provided with the ultimate in quality of care. In the end, the patient's choice as well as their experience will drive the volume necessary for survival to the organization that is providing the service they expect.

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Oklahoma: Rising at the Speed of Delight

by **Marvel L. Williamson, PhD, RN, CNE, ANEF,**
Dean and Professor, Kramer School of Nursing at
Oklahoma City University
ONA Member, Region 1

July 8 marked the ninth anniversary of my coming to Oklahoma to take the position of Dean of Kramer School of Nursing at Oklahoma City University. In 2001, the nursing school, as well as baccalaureate and higher nursing education throughout Oklahoma in general, seemed lost in a fog of distrust, timidity, and apathy. Some individual schools were making their mark, but many—including my own—were languishing. One sign of the problem was made clear in the US Department of Health and Human Service's National Sample Survey of Registered Nurses (2004), showing that Oklahoma ranked 49th out of the fifty states for having the fewest number of nurses with graduate degrees proportional to the number of RNs. Only one nursing school offered master's degrees, the Oklahoma University College of Nursing (OU CON), and no one offered doctorates. This dearth of educational opportunity seemed unthinkable, as state and national need for nurses with higher degrees had never been greater.

Therefore, after pulling my nursing school out of financial exigency, my next goal was to expand nursing education opportunities. We began adding programs to the only one offered at that time (the traditional four-year BSN). In 2002, we resurrected the RN-to-BSN program. In January 2004, we opened the state's first program for career changers who already held bachelor's and higher degrees in fields other than nursing: the accelerated Bachelor's-to-BSN. That same year in August we launched the state's second master's degree in nursing program, offering three degree tracks: Nursing Education, Nursing Administration, and an MSN/MBA dual degree option. More recently, but certainly not the last new program, in January 2010 Oklahoma City University also opened the state's first Part-Time BSN track, choosing to offer classes and clinicals during evenings and Saturdays.

We spent 2007-2008 conducting a PhD program feasibility study. The study revealed not one, but two primary needs in doctoral nursing education: 1) a research doctorate preparing nursing academicians, and 2) a professional practice doctorate for advanced nurse clinicians. Therefore, a Doctor of Nursing Practice (DNP) completion program was added to the plan, in support of the American Association of Colleges of Nursing proclamation that all advanced registered nurse practitioners should have the DNP by 2015. This paralleled the movement to practice doctorates already in place for pharmacists, physical therapists, and other health care professionals.

Neither the DNP nor a PhD in nursing was offered in Oklahoma at that time. The OU CON has since opened a PhD in nursing focusing on vulnerable populations, while Oklahoma City University chose to begin with a PhD in nursing education as its area of strength and to address the severe shortage of nursing faculty. In 2009 Oklahoma City University's PhD program began, followed by the state's first DNP in 2010. New master's degree programs have opened at Southern Nazarene University and Oklahoma Baptist University, with others looking into the possibility as well.

Due to the remarkable enrollment growth of Kramer School of Nursing from 72 students and 16 graduates in 2001 to 322 students and 125 graduates in Spring 2010, space has become more

than tight. Although the current building was finished quite recently in 1994, the designers did not dream that the school would grow as it has. Therefore, fundraising for new construction began in earnest in 2007. As the recession hit, and donations and grants became harder to obtain, grandiose plans for a building that would have included a conference center, a clinic, and other features was scaled back to provide the most essential needs: classrooms, nursing skills labs, seminar rooms, lounges, a computer lab, and offices. By October 2009 ground was broken. Construction began immediately and is well underway, with occupancy of the first floor expected by January 2011. The new nursing school building will be an addition to the current building, more than quadrupling the total space to 64,000 square feet.

Kramer School of Nursing has excelled in other ways as well. Graduates now far exceed national NCLEX-RN licensure exam pass rates every year, with a current five-year average of 97% passing on the first attempt. The school has been ranked by the National Council of State Boards of Nursing in the top 10% of nursing schools in the USA in two of the last three years based on NCLEX-RN success. The faculty of Kramer School of Nursing are excited. All faculty positions are filled every year, with excellent applicants turned away. Professors are involved in one or more research teams as leaders or protégés. Kramer School of Nursing prides itself on creating a collegial, supportive environment for its faculty and staff. Teaching workloads are continuously evaluated with special allowances for large class sizes, travel time to off-site classes, Graduate Faculty Status, and more. New faculty members are given a lighter teaching load during their first semester to provide adequate time for orientation. Faculty pursuing doctorates can apply for teaching release time and financial support. Special accommodations are available for faculty near and past retirement age, to keep our productive aging faculty in the workforce. The school strives to be a model for others, in that the faculty seek continuous development as scholars and teachers, and promote for themselves a culture and environment characterized by collegiality and mutual support for personal success. The type of care we want our students to give their patients and their own future students is the same ethic of true caring that we exemplify by respecting and edifying our students and each other.

This rapid change "at the speed of delight" is indeed harrowing and exhausting, but so exhilarating. Kramer School of Nursing is not alone in catching the excitement. In addition to the new graduate level programs now available in Oklahoma, new educational facilities for nursing have been added at Northern Oklahoma College, Tulsa Community College, Rose State College, and others. Even more exciting, though, is the new atmosphere of openness and cooperation flourishing throughout Oklahoma nursing. Communication across levels of nursing education led to the founding of the Institute for Oklahoma Nursing Education. Nurses banded together to establish a statewide nursing research consortium. Nurses, under the auspices of the new Oklahoma Health Care Workforce Center, found a new technology platform to facilitate clinical placement of students. Statewide summits on articulation and patient simulation are promoting cohesion and innovation. With Mercy Health Center leading the way, Oklahoma hospitals are striving toward magnet status. Schools, such as Northwest Oklahoma State University, OSU-OKC, Oklahoma City University, OU CON, and others, are offering world-class conferences featuring national experts on salient topics. Nursing in Oklahoma is casting off its lethargy. Rising at the speed of delight, we are no longer timid. We are strong. We are in charge of our futures.



Are You Looking for a Clinical Innovation Expert? OACNS, ONA Affiliate Organization

Stephanie R Moore, MS, ACNS-BC
& Carol Stewart, MS, GCNS-BC
ONA Members, Region 2

As our healthcare environment continues to evolve, the need for excellent patient care continues to be essential. Patients and healthcare environments demand innovation. Clinical Nurse Specialists (CNS) are an essential element for innovation and ensure the well-being of patients, nurses and organizations. Clinical Nurse Specialists are "licensed, registered nurses who hold a master's degree with clinical specialization preparation to function in an expanded role." (Oklahoma Nurse Practice Act, 2003, pg 5). CNS's are prepared as advanced practice nurses to address the needs of the patients, nurses and organizations (NACNS, 2004). As a clinician, the CNS can obtain prescriptive authority through the Oklahoma Board of Nursing and provide expert care within a specialized field of nursing. OACNS is the state organization for Clinical Nurse Specialists. The organization sponsors annual conferences which provide the continuing education CNS must have to meet the Oklahoma Board of Nursing's pharmacology requirement to maintain prescriptive authority. The CNS is committed to working with nurses in many venues to promote and advance nursing practice. Through innovation, the CNS is prepared as an expert clinician to provide specialized care, consultation, and education to the healthcare environment.

More information regarding the role of the CNS and educational requirements can be found on The University of Oklahoma College of Nursing website http://nursing.ouhsc.edu/Academic_Programs/Graduate/cns.html or by contacting Stephanie R Moore at Stephanie-moore@ouhsc.edu

Additional information about OACNS and pharmacology conferences can be found at www.oacns.org. Both authors are strong proponents of the role and are available to answer questions.

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Carol—University of Oklahoma College of Nursing, Faculty; Reynolds Center of Geriatric Nursing Excellence Scholar; Oklahoma Association of Clinical Nurse Specialists (OACNS) Board Member, Director-at-Large for Public Relations

2010 ONA Convention

Setting the Pace for a Healthier Oklahoma: Strategies for Action

October 27-28, 2010 at the Convention Center in Tulsa, Oklahoma

Tentative Convention Schedule

Wednesday Afternoon

Exhibit Hall Set-Up
 House of Delegates
 Convention Registration
 Afternoon Educational
 Session

EVENTS:

Oklahoma Nurses Foundation
 Oklahoma League of Nursing
 OU Alumni

Thursday

Registration
 Town Hall Breakfast
 Keynote Presentation
 Four Concurrent Sessions

Luncheon & Awards

Networking Breaks
 Exhibit Hall
 Poster Presentations
 Rush Hour Reception

Concurrent Session Tracks

Administration
 Clinical
 Education
 General
 Shifting Paradigms

(Hint: To meet the poster presenters visit the poster area during the afternoon break.)

*Luncheon is included with registration fees

Special Events Added for 2010! Prizes, Prizes, Prizes!
Nurses on the RUN-way A quirky competition for all nurses. It's fun!
 Sign-up online today!
Membership Campaign Winners Circle A trophy ceremony for the
 Region and the Individual recruiting the most members. It's also a
 challenge to take the trophy next year!



For more information visit the website at www.OklahomaNurses.org or call (405) 840-3476.

Special Events

Wednesday Night, at the Downtown DoubleTree in Tulsa
 Oklahoma Nurses Foundation:
 Fundraising Dinner Session



ONF Plenary Dinner Session with Laurence H. Altshuler, MD
 Join us for this Educational Dinner Session to support the ONF: The Oklahoma Nurses Foundation encourages research projects and other scholarly endeavors. The ONF is pleased to present the opening educational session of the 2010 Oklahoma Nurses Association Annual Convention. This year's ONF keynote speaker is Laurence H. Altshuler, MD. Having

worked and presented in many environments, Laurence is excited to join **Oklahoma Nurses** for dinner as he speaks about *Balanced Healing: Combining Modern Medicine with Safe and Effective Alternative Therapies* and patient-centered cancer care. (A light dinner will be provided, and a cash bar will be available.



Attention

All Events on Wednesday are held at the Downtown DoubleTree, Tulsa, OK

All Events and Sessions on Thursday are at the New Tulsa Convention Center

They are connected by skywalk

Convention at a Glance

Wednesday, October 27, 2010	Thursday, October 28, 2010
All Events on Wednesday are held at the <u>Downtown DoubleTree, Tulsa OK</u>	All Events and Sessions on Thursday are at <u>New Tulsa Convention Center</u>
Registration OpensNoon	Town Hall Breakfast- Current Issues and Events7:30 - 8:30 a.m.
House of Delegates 1 - 4 p.m.	Opening Plenary Session Nancy Noonan presents "Mediocrity to Mastery"8:30 - 10:15 a.m.
Exhibitor Move-in and Set-up 4 - 7 p.m.	Exhibit Hall Open 10:15 a.m.-4:30 p.m.
Oklahoma Nurses Foundation Educational Dinner Session Laurence H. Altshuler presents "Balanced Healing: Combining Modern Medicine with Safe and Effective Alternative Therapies" 5 - 7 p.m.	Poster Presentations Open 10:15 a.m.-4:30 p.m.
Oklahoma League of Nursing Reception (Lobby Side Board Room) 7:30 p.m.	Concurrent Session I: 10:30-11:30 a.m.
Meet the Board of ONA Reception Open to All 7:30 p.m.	Awards Luncheon (Exhibit Hall Closed During Lunch) 11:30 a.m.-1:00 p.m.
	Concurrent Session II 1:30-2:30 p.m.
	Meet the Presenters (Speakers and Posters) Exhibit and Networking Break 2:30-3:15 p.m.
	Concurrent Session III 3:15-4:15 p.m.
	Exhibit and Networking Break 4:15-4:30 p.m. (Exhibit Hall Closes at 4:30)
	Concurrent Session IV 4:30-5:30 p.m.
	CE Evaluation: 5:30-6:00 p.m. (Return Forms to Registration Desk)
	Networking Finale: Rush Hour Reception Nurses on the RUN-way competition (and win fabulous door prizes) 5:30-6:30 p.m. (enter your nametag to win)

Save your nametags!
 Your nametag is your ticket to WIN GREAT DOOR PRIZES at the Rush Hour Reception

Special Events

House of Delegates, Wednesday, October 27, 2010

1 p.m. – 4 p.m. at the Downtown DoubleTree, Tulsa, Oklahoma

(Connected via skywalk to the Convention Center)

This is why we call it a Convention! ONA's convention has been the designated annual meeting when regional nursing leaders "convene" in one place to determine the priorities of the organization. Please join us and strengthen the direction of the Oklahoma Nurses Association. Whether you are an observer or Delegate, please plan on attending!

(HOD packet and resolutions are online.)

Rush Hour Reception: Thursday After Session

5:30-Close in the Lobby of the Tulsa Convention Center

Back by popular demand, but much improved over last year's networking finale: Let the traffic tough things out on the highway while you watch **Nurses on the RUN-way**.

Join us for a fun reception at the end of the day. In fact, the Convention Committee claims that it is worth staying over on Thursday night to catch all of the excitement!

Let's make a night of it!

Great Give-Aways and Raffles

And more fun with your fellow nurses than you can imagine!

Isn't it time you had a night out?

Town Hall Breakfast

7:30 am @ Tulsa Convention Center

Please join us for breakfast and a newly formatted forum on hot topics in the nursing profession!

Awards Luncheon, Thursday

11:30am @ Tulsa Convention Center

This \$35 value is included in the price of your registration! Please Join us as we celebrate some of our most accomplished members. The Membership Campaign Winners will be announced and a new challenge issued!



MOVE FROM MEDIOCRITY TO MASTERY

Keynote Presentation by Nancy Noonan
Thursday, 8:30am @ Tulsa Convention Center

"In the workplace and economy today, mediocrity can't be afforded. Excellence is a requirement." — Nancy Noonan

Not only does Nancy talk about risk, she has taken her own share on stage: from tap dancing on Atlantic City's Steel Pier to modeling with the NYC Ford agency to going out for Miss Maryland (and by golly, she actually got the title!). Today Nancy takes to the stage as a professional speaker, author, workshop/retreat leader, facilitator and coach. To make sure her programs are both informative and entertaining, she draws on her playful nature, Irish heritage of natural storytellers and humorists, as well as her own experience in Improv.

Nurses—Don't forget to wear your nursing pin! It makes for a great conversation piece!



Nurses on the RUN-way

Statewide Competition
& Fundraising Event
Your Quirky Nurse Creativity is the Limit



Nurses Fashion Design

Open to all Nurses, Students, and Educators

This competition will be held during the Rush Hour Reception at the Annual ONA Convention in Tulsa, Oklahoma, on Thursday, October 28, 2010.

Information about Convention is available online at www.OklahomaNurses.org.

Register your team online

- ◆ Design materials are restricted to items in each team's immediate facility/surroundings
 - ◆ Any ONA Member can create a Team
 - ◆ You don't have to be a member to be on a Team
 - ◆ Limited to one fashion design entry per Team,
 - ◆ Registration Opens 8/1/2010
 - ◆ Register online before 10/04/2010
 - ◆ Team registration fee is \$15 per Team
- ◆ Designs must be named, described & modeled live at the competition

Examples of Designs

- ◆ Gauze Effect ◆ Sequined Scrubs ◆ Customized Evening Gown
- ◆ Accessorize with a Sheer (measuring) Hat, the Ultimate Foley Handbag,
- ◆ Patched Pants ◆ paperclip earrings ◆ (stethoscope) Necklace/Tie
(Don't be scared to be creative. It's Halloween week!)

Win by collecting the most votes

- ◆ Convention attendees buy votes for \$1 each
- ◆ No limit on the number of votes purchased
- ◆ Proceeds go to the Convention Scholarship Fund

Prize Categories

- ◆ Best overall
- ◆ Most Creative Design
- ◆ Best Coordinated

Prizes

- ◆ 1 year ONA Membership
- ◆ 2011 Convention Gift Certificate
- ◆ 2011 Convention Gift Certificate

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Phone: 405.840.8476 ∞ E-mail: ona@OklahomaNurses.org

September, October, November 2010

INVEST IN YOURSELF AND YOUR CAREER: COME TO CONVENTION!

Not Only a Distant Memory . . .

Have you noticed? We live in a day and age where there seems to be more and more to do and less time in which to do it. Our families, our patients, our bosses all want a piece of us—and as time goes by, we suddenly realize we have given ourselves away, one piece at a time. Because it happens incrementally, we often don't notice . . . until things just aren't working as well as they used to . . . until we find ourselves snapping at our co-workers and spouses and children (maybe even our patients) when we don't mean to . . . until the last time we felt calm and joy is only a *distant memory*.

Being in the healthcare world is demanding. And nurses are the ones at the front line of this world. Patients often make their strongest connections with nurses—almost a family connection. And, as we often do with family members, patients get comfortable with their nurses and consequently often ask more of their nurses than they do of their doctors.

When my brother, Bill, was eighteen years old, he was in a severe auto accident that put him into a coma for several weeks, hanging onto life by a thread. As our family held vigil at the hospital, I still remember what we received from the nurses: not just care, but also *caring*. When a code blue was called several times on my brother, the nurses not only communicated with us with words, but also with compassion and concern. As a scared 20-year-old, I relied on our nurses for even the tiniest bit of hope and optimism to help us pull through. I scanned their faces, looked into their eyes and noticed every slight change of tone of voice—all the while depending on them for clues about my brother's extremely critical condition. The **nurses** were the ones who *did* help us pull through and I am happy to say they also helped my brother pull through. For that I am forever grateful.

Finally our family could breathe again and remove ourselves from the stress and fear of our hospital situation. But as I look back, I realize that although *we* went home, those nurses went right back into the trenches with the patients and their families who came in after us. Once again they were not only skilled technicians, but also the hand holders and the hope keepers. I wondered how they, how *you*, maintain your own life balance and restore yourself as you give so much. How do you continue to make each day the best day it can be—for you and for those around you, instead of shutting down or just getting by? How do you continue to paint the best pictures possible of your life and work?

If you could use some energizing ideas and insights to help you "keep on keepin' on," I'll look for you in my audience on Thursday, October 28th at the Oklahoma Nurses Association annual convention in Tulsa. Throughout my keynote, "The Art of Mastery: *Inspiring Excellence in Work and Life*," you will have some fun, gain some strategies to revitalize, hear some good stories and feast your eyes on some breathtaking masterpieces.

Ah—what a great way to invest in yourself! Come to convention to restore your spirit and your life balance . . . so that calm and joy are *no longer just a distant memory!*

©Nancy Noonan 2010

Nancy Noonan, President of "The Art of Mastery," is an award-winning professional keynote speaker, workshop leader and author; she is the ONA Keynote Speaker at the 2010 Convention. A former teacher of nurses, she specializes in helping healthcare individuals and organizations achieve Mastery and be revitalized in their lives and work. Nancy's newest book, *Stepping Stones to Success*, co-authored with Deepak Chopra and Jack Canfield, will be available at special convention rate at the convention. You can contact Nancy at nn@nancynoonanspeaks.com, (720) 304-3597 or www.nancynoonanspeaks.com.



Nancy Noonan

Reflection and the Shadow Side of Leadership

Betty R. Kupperschmidt, EdD, RN, NEA-BC
Associate Professor, Director, Nursing
Administration Pathway, OUHSC CN.
Chair, Editorial Committee, The Oklahoma Nurse
ONA Member, Region 2

The American Organization of Nurse Executives (AONE) considers reflection an essential competency for nurse leaders. Essential tenants of reflection cited by AONE are presented in the Exhibit.

Palmer (1990) used the metaphor of shadows to make the point that leaders frequently harbor unknown beliefs (shadows) that negatively influence their leadership. Within this context, Palmer discussed spiritual gifts leaders give themselves as they reflect upon these shadows. Rather than strategies to change these behaviors, Palmer emphasizes spiritual gifts received from reflection.

Lack of positive feedback may contribute to the shadow Palmer (1990) called *insecurity about their own identity, their own worth*. Leaders with shadows of insecurity create organizations which deprive others of their identity. The spiritual gift received from reflection upon this shadow is the knowledge that who they are does not depend upon a role that can be taken away. From Palmer's perspective, identity depends upon the simple fact that in God's eyes, leaders are valued and treasured for who they are.

Palmer's (1990) second shadow is the *perception that the universe is essentially hostile to human interests and that life is fundamentally a battleground*. This shadow is evidenced by expressions such as using the big guns and do or die. The imagery is that if leaders are not fiercely competitive, they will lose. The spiritual gift received from reflection upon this shadow side of leadership is learning that there is

another way of doing business that is consensual, cooperative, and communal.

Functional atheism, the belief that the ultimate responsibility for everything rests with the leader, is the third shadow. Functional atheism may result in workaholic behavior, burnout, and strained or broken relationships. The spiritual gift leaders receive from reflection upon this shadow is learning they do not have to carry the full load.

The third shadow of leadership is *fear*, principally fear of the natural chaos of life and work. Palmer (1990) feels many people become leaders because they have a life-long devotion to eliminate all remnants

negative performance evaluations and of receiving a pink slip when risk taking results in failure. The spiritual gift leaders give themselves as they reflect upon this shadow results in acknowledgement that death is natural, not the final word, and allowing something to die allows new life to emerge.

In conclusion, Palmer (1990, p. 16) urges leaders to reflect upon these shadows. Organizations and educators must facilitate and stress the importance of reflection. Leaders may have shadows in their leadership but they do not have to create a world in which these shadows dominate.

AONE

Oklahoma Organization of Nurse Executives



of chaos. They try to organize and structure life so that the nasty stuff (dissent, innovation, challenge, and change) will not bubble up around them. In an organization, this leadership shadow gets projected outwardly as rules and procedures.

The spiritual gift leaders give themselves from reflection upon this shadow is acknowledgement that, according to spiritual tradition, God created out of chaos; chaos is the pre-condition for creativity; and leaders can survive and thrive in chaos.

The final shadow leaders can project on others involves the *denial of death*. This shadow is evidenced when projects and programs that should have been laid to rest 10 years ago are on life-support systems. This shadow produces the fear of

Exhibit

AONE Tenants of Reflection for Nurse Managers

Holding the truth—integrity is key value of leadership

Appreciation of ambiguity—learn to function in ambiguous environments

Diversity as vehicle to wholeness—appreciate all forms of diversity

Holding multiple perspectives without judgment—hold before making decisions

Discovery of potential—find potential in self and others

Quest for adventure—create learning environment for self and organization

Source: Nurse Manager Leadership Collaborative. AONE (2004). p.7

References

Nurse Manager Leadership Collaborative (2004). American Organization of Nurse Executives. Available www.AONE.org

Palmer, Parker (2004) Leading from within. Indiana Office for Campus Ministries. Indianapolis, IN.

Authors' Note: complete reference for Parker article is unavailable. A copy of the article will be emailed upon request.

Comments on the Tri-Council for Nursing's Recent Policy Statement

by Linda L. Rider, EdD, RNC

Nursing as a profession has been discussing the entry level of education for practice for many years. Currently entry into practice occurs at many levels. The Tri-Council for Nursing recently released a Policy Statement on the Educational Advancement of Nurses; the statement addresses the need for a well-educated nursing workforce to care for American now and in the future.

The Tri-Council for Nursing is a combined effort of several prestigious nursing organizations. These organizations include the: American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), American Organization of Nurse Executives, and the National League for Nursing. These nursing organizations have collaborated over the years to produce policy statements to speak with a strong voice for nursing as a profession. These statements address areas of importance for nursing practice, research, and education. This policy states, "A more highly educated nursing profession is no longer a preferred future; it is a necessary future in order to meet the nursing needs of the nation and to deliver safe and effective care." (Tri-Council for Nursing, para 3)

The Tri-Council cites three primary factors in its call for a more educated nursing workforce. They include: future workforce demands, the increasing complexity of healthcare, and the need to address the growing shortage of nursing faculty shortage. The complexity of the changing healthcare system, as well as the needs of individuals' healthcare, calls for a highly educated nursing workforce. Patients need assistance maximizing their health and navigating the healthcare system. The statement acknowledges the multiple entry points into practice that are a reality for nursing in 2010, but encourages nurses at all levels of education to continue on to higher educational levels. The Tri-Council statement outlines the needs for well-educated nurses to participate in healthcare reform to maximize the quality and safety of healthcare for patients. More nurses with graduate level education are needed for roles in both education and practice.

The final part of the Tri-Council policy statement is a call for action on all levels, from individual nurses to the federal government, to achieve the goal of increasing the educational preparation of the nursing workforce. Meeting the goals set out by the Tri-Council will require innovation and action at many levels.

Articulation between educational levels begins with recognizing and acknowledging the strengths

and challenges of all educational levels. Through honest and open discussion and collaborative action we can make the goals of the Tri-Council a reality in Oklahoma. The Institute for Oklahoma Nursing Education (IONE) is committed to valuing the contributions of all levels of nursing and to facilitating movement between these levels. Discussions are ongoing to streamline the processes of articulation between educational levels.

Oklahoma needs a well-educated nursing workforce to meet the healthcare needs of its citizens. Reaching the goals of the Tri-Council Policy statement will require support at all levels from individual nurses to government programs. If we work together, we will reach the goal.

Reference

Tri-Council for Nursing (2010, May 14) Tri-council for nursing issues new consensus policy statement on the educational advancement of registered nurses. <http://www.aacn.nche.edu/Education/pdf/TricouncilEdStatement.pdf>

Linda Rider is the IONE BSN Programs Director at Large and Chairperson of the Department of Nursing at the University of Central Oklahoma.



Signs of Humor

Humor via the Alphabet

Diane Sears, RN, MS, ONC

Attitude adjustments: What a psychiatric chiropractor specializes in. (Nurses Calendar)

Blue, whenever I feel that way, I start breathing again.

Cardiologist diet: If it tastes good, spit it out. (e-mail)

DIM—Doctor is mystified. (Nurses Calendar)

Elevator button myth: If pushed more than once it arrives faster.

Fake it until you make it. Fun and being funny is contagious. LOL, right NOW.

Gas passer: anesthesiologist (Nurses Calendar)

Healthy is merely the slowest possible rate at which one can die. (e-mail)

IN2B8U- License plate for respiratory techs. (Nurses Calendar)

Joke on the nurse. A nurse midwife went way out to the boondocks to deliver a baby. No one was home except for the laboring mother and her five-year-old child. Upon delivery, the nurse lifted the new born baby by the feet and spanked him on the bottom to get him to take his first breath. "Hit him again," the child said. "He shouldn't have crawled up there in the first place!" (e-mail)

"Keep away from people who try to belittle your ambitions. Small people always do that, but the really great make you feel that you too, can become great." (Mark Twain)

Life is sexually transmitted. L & D Posting: "Remember, the first five minutes of a human being's life are the most dangerous." Underneath, a nurse had written: "The last five are pretty risky, too." (Nurses Calendar)

Memory, I forget what comes next. Money is like manure, it's no good unless it is spread around. (e-mail)

Natural foods, I used to eat of a lot of, until I learned that most people die of natural causes. (e-mail)

Operating room: When his auto mechanic came in for an operation, Dr. Grimley couldn't help but take the opportunity to turn the tables on him. "Well Frank," said the doctor, "It's going to take at least five days for the parts to get in. As for the cost, there's no way to tell until we get in there and see exactly what the problem is." (e-mail)

Physicians, two, a psychiatrist and a proctologist, opened an office in a small town and put up a sign reading: "Dr. Smith and Dr. Jones: Hysterias and Posteriors."

The town council was not happy with the sign, so the doctors changed it to read, "Schizoids and Hemorrhoids." This was not acceptable either, so in an effort to satisfy the council they changed the sign to "Catatonics and High Colonics." No go.

Next, they tried "Manic Depressives and Anal Retentives." Thumbs down again.

Then came "Minds and Behinds." Still no good. Another attempt resulted in "Lost Souls and Butt Holes." Unacceptable again! So they tried "Analysis and Anal Cysts." Not a chance. "Nuts and Butts?" No way. "Freaks and Cheeks?" Still no go. "Loons and Moons?" Forget it. Almost at their wits' ends, the doctors finally came up with: "Dr. Smith and Dr. Jones, Odds and Ends." (e-mail)

Quit: doing drugs, smoking, drinking, and overeating. DC orders we'd like to write. (Nurses Calendar)

Rest: I wasn't going to do anything today and so far, I'm right on schedule. Rut and a grave, the only difference between is the depth. (e-mail)

Signs for the modern man and woman

I serve three meals, frozen, microwave and takeout. Housework won't kill you, but why take the chance? My house was clean last week, sorry you missed it. We're like cell phones, we like to be held and talked to, but push the wrong button and you'll surely be disconnected. My live-in has a five year car lease, a thirty year mortgage, a lifetime gym membership and fear commitment. (e-mail)

Truth: If we are here to help others, then what exactly are the others here for? (e-mail)

Uniforms. What's the ugliest one you've ever seen?

Vacant humor relief: Make faces at yourself or someone else. Talk with an accent. Raid your closets for a Halloween costume. Put on lively music. Play with your pet. Go see or call a friend.

"Would the owner of the black hearse, please move it, you are blocking the ER entrance." As stated on overheard page. (e-mail)

XY-RN—License plate for male nurse. (Nurses Calendar)

You know you're a real nurse if: You ever secretly wanted to mix crazy glue into the lube while inserting a foley on a patient that has pulled three catheters out on your shift, while restrained. You've seen more moons than the Hubble telescope. You no longer have a gag reflex. You consider a tongue depressor an eating utensil. (e-mail)

Zanily striving for humor is healthy. The humor response is primal. If you can't find it, check your pulse. You may be dead.

The Elephant in the Room: Huge Rates of Nursing and Healthcare Worker Injury—Part 1

Nearly all of us are aware of nurses with back pain—or we may suffer from it ourselves. What we may not realize is how enormous the problem is. This article is dedicated to educating nurses about the risks they and their co-workers face in performing routine patient care. We'll also give you information about what you can do to help: you *and* your co-workers.

"My name is Elizabeth White. I am an RN who graduated in 1976 from the BYU College of Nursing. In December, 2003, I was working in the Surgical ICU at Arrowhead Regional Medical Center, the San Bernardino, California county hospital. My assignment that night was a 374 lb patient who was on a ventilator and also on spinal precautions. I was able to get help to turn and bathe him only once that shift. However, because he was on spinal precautions his mattress was flat, but had to be in reverse Trendelenberg because of the vent. He slid down to the foot of the bed, of course. Only one other staff member was available to help pull him away from the foot of the bed. By the end of the shift, I was in so much pain I could hardly walk. I ended up leaving clinical nursing; nearly six (6) years later I still have pain on a daily basis."

Last year, over 71,000 nurses suffered a back injury—but these are only the injuries that can be directly traced to work. 48% of nurses complain of chronic back pain, but only 35% have reported a work related injury.¹ Many of the injuries will simply be endured by nurses and health care givers, with no recourse to any compensation. The cumulative weight lifted by a health caregiver in one typical eight hour

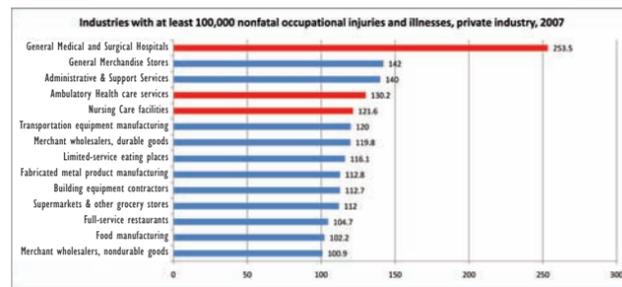
shift is 1.8 TONS.¹¹ *Back injuries are incremental and pain often presents in unrelated circumstances.*

Cost of the problem

Nurses back injuries cost an estimated \$16 billion annually in workers compensation benefits. Medical treatment, lost workdays, "light duty" and employee turnover cost the industry an additional \$10 billion.¹¹¹

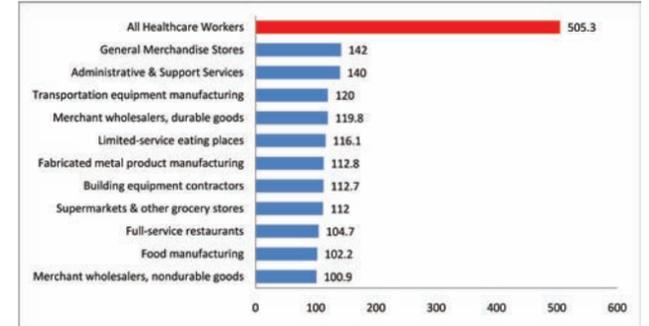
Bureau of Labor Statistics show an inexcusable situation. Fig. 1 is a 2007 Bureau of Labor Statistics chart of the industries with the highest numbers of worker injuries.^{iv} The top category: hospitals. In addition, the fourth and fifth categories are also of health care workers. In total, over 505,000 health care workers were injured. We know that a large percentage of these injuries are due to patient handling.

Fig. 1^v



It is interesting that the Bureau of Labor Statistics divided health care into three categories, when they are really of one industry. A more accurate chart would look like Fig. 2:

Fig. 2



Healthcare worker injuries were **three times** the number of any other industry. Also, the **RATES** of injury are six times the rates of construction workers and dock workers. Why are we not angry? Perhaps it is because we are used to it, and figure that it can't be any other way. After all, patients must be cared for, right?

To be continued in the next issue of the Oklahoma Nurse

Executive Director's Report continued from page 1

and very dangerous for those without the proper education to perform. The OANA fought a great fight and partnered with ONP and ONA. ONA's message was different, as we addressed this issue as an erosion of practice. Legislators were responsive to this message—so much so that the language ended up in a different bill. Oklahoma was not the only state in the nation to deal with this issue, Iowa nurses also fought this issue. This is just one of many issues that the doctors are taking on nationally. Here in Oklahoma the real losers are the patients. It is imperative that nurses work together on legislative issues. To learn more about the Legislative Session go to oklahomanurses.org and click on ONA on the Issues.

Educational Advancement of Registered Nurses

Since the passage of the Educational Advancement Resolution at the ONA House of Delegates a subgroup of the task force has been meeting. This subgroup is a small but diverse group, comprised of nurses representing all segments of nursing and all levels of nursing education. The work has been conducted by a Six Sigma facilitator as they examine and research all angles of the issue. Currently they are working on determining ways to reach out and educate nurses on this issue, message development as well as appropriate steps for disseminating the information beyond nursing.

ONA Candidates to be Elected!

This year ONA members will elect a Treasurer/Secretary, Education Director and Disaster Preparedness Director, and three members to serve on the Nominating Committee. Last year Linda Fanning, RN, MS was appointed to the position of President-Elect to serve a one-year term as President-Elect followed by a two-year term as President starting in October 2010. This appointment was affirmed by the ONA members. This year's candidates are listed below as well as on the ONA website. Balloting will be conducted online and will be available September 1-October 15. Please contact the ONA Office to request a printed ballot no later than October 6, 2008. Election results will be announced at the ONA House of Delegates, held just prior the ONA Convention, October 27, 2010.

Secretary/Treasurer

Deborah A. Wipf, RN, MS, GCNS-BC, LNCC

Current Position: Legal Nurse Consultant for a Plaintiff Law Firm in Tulsa, Oklahoma.

Statement on views on nursing and issues facing ONA: My 38 years as an RN, has lead me though many diverse experiences in the healthcare arena, to include 20 years in the United States Air Force. Being on active duty, gave me the opportunity to gain knowledge and experience in leadership, management and as chairperson and/or member of numerous committees and task forces, i.e., Quality Assurance, Infection Control, Pharmacy and Therapeutics, Disaster Preparedness, "Tiger Teams" (Total Quality Management) and nurse leadership

forums. These varied professional experiences developed my attention to detail, the necessity of accuracy and significance of completing work in a timely fashion for the position of secretary/treasurer. In my opinion, active participation in ONA places one at the forefront of up to date knowledge and insight into pertinent nursing and healthcare issues affecting all Oklahomans'. It will be my privilege to serve as ONA Secretary/Treasurer.

Education Director

Jane Hill, RN, MSN

Current Position: Instructor—University of Oklahoma College of Nursing

Statement on views on nursing and issues facing ONA:

Oklahoma's nursing education workforce strives to produce well prepared, graduate nurses who can deliver excellent care. As Oklahoma continues to experience budgetary restrictions and current programs are a capacity, nurse educators must evaluate current educational programs and practices. Innovations which utilize fewer personnel resources may be one option, but sound educational practices must be maintained. These are challenging times, but nurse educators should be able to offer critical, problem-solving initiatives. It may well be time for baby boomers to listen to the generations whose future is at stake.

Donna Urbassik, RN, BSN

Current Position: Registered Nurse at INTEGRIS Baptist Medical Center on 6E—specializing in Orthopedics, Neurology and ENT.

Statement on views on nursing and issues facing ONA:

Today's nurses have can have a strong impact on the current and future trends in health care. The need for nurses to stay current and up to date in their current practice is imperative. Nurses also must be willing to be strong patient advocates in order for them to receive the proper care. Aside from staying current on bedside practice, nurses must see and understand the importance of getting involved in their professional organization and making their voice be heard. We can start by reaching students and show them how these things can impact their profession before they graduate from college.

Disaster Preparedness Director

Janet Gallegly, RN, BSN

Statement to say about nursing and the issues facing ONA:

As we seem to have just about any kind of disaster that comes to Oklahoma, we as nurses need to prepare our own families as well as the organization in which we work. Oklahoma has one of the highest rates for disasters, so we needed to have our action plans ready and be prepared to response.

Nominating Committee (Elect 3)

- Eileen Grubbs, RN, BSN
- Betty Kupperschmidt, RN, PhD
- Brenda Nance, RN, MSN
- Jackie Lamb, RN, MSN
- Rachel Cameron, RN, BSN



**Summertime
Membership Campaign**

July 15- Sept 30, 2010

Let's see who can bring in the most new recruits!
There will be prizes and trophies for the Region and the Individual with the most Recruits: Gift Certificates for Convention Registration and a free night at the Convention Hotel...A Little Competition Is Good!!!

Visit our website: **www.oklahomanurses.org**
for Summertime Membership Campaign details.

Winners will be announced and Trophies awarded at The Convention.

ONA OKLAHOMA
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ona@oklahomanurses.org • www.oklahomanurses.org
Phone: 405-840-3476 • Fax: 405-840-3013

Mental Gymnastics

by: Crystal Jones-Gandy RN, BSN
ONA Member, Region 1

Recently, I have been thinking about the future. I have been working as an RN in the CCU for almost a year now but have felt quite unmotivated, a sense of 'blah', and I ask myself "what now?" in my time off. I have found myself wondering, "What's next?" Not that I don't enjoy my job because I really do. It's just that now that I am not studying all the time, and I do not have an immediate next goal in my life, I'm not sure where to go from here.



Crystal Jones-Gandy

Having recently gone to a family get-together, my husband of 2 years and I were asked several times when we were going to start having children. WHOA! That's all I thought. Of course, I got to thinking even more. Now that we have both graduated college and have our careers what are our future plans? What is next? When you are younger the next step seems so easily defined. 16- get your license, 18-your an adult, graduate high school then go to college, get my BSN, pass NCLEX, get job, etc. But now that everything has been accomplished it's hard to decide where to go now. There are so many options, too!

So we decided to sit down, and we made some goals. We decided to first make our lists separately. That way each of us could express life goals and desires without worrying what the other thought. Then we compared them. Thankfully, we were almost exactly right on with each other. Of the many goals we came up with, one of them was for me to go back to school to become a nurse practitioner.

Next, we prioritized our goals into what is feasible and best for now, what would be harder if we waited until later, and what will make the later goals easier to obtain by accomplishing now. Turns out, the time for NP school for me is NOW, before having children, before I lose that desire and motivation to go back, and while I currently enjoy where I am at so that emotional and financial stress is minimal. I have been looking into programs and think I have found one. It sounds very accommodating to continuing work during school, lasts 2 years, and will really get me where I want to be, which is to be an ACNP. I believe there are other goals that we can accomplish concurrently, so I think this is the best choice. I will keep you posted on what happens.

In conclusion, I would like to encourage all to do some mental gymnastics. Set some goals: personal goals, goals as a family, or goals based on just one part of life such as financial, physical, or spiritual. Setting goals can really provide many positive improvements. Writing them down and putting them on the refrigerator reminds me daily of what I am striving for and why. A 'to do' list next to it that breaks down the steps to attaining a goal at a time really helps me feel a sense of accomplishment as I put a line through each task I complete.

If you are someone who feels a bit 'blah' right now, if you are someone running around crazy and needs a sense of direction, or if you are someone who could just use a little motivation, consider sitting down and making a list for yourself. It really helps one to find a sense of direction, clarity, and motivation in life. Stretching your brain into the future is just one more aspect of mental gymnastics.



Online Registration is available at
www.OklahomaNurses.org

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Please type or print clearly. Please mail your completed application with payment to: ONA.

Last Name _____ First Name _____ Middle Initial _____

Street or PO Box Number _____

City _____ State _____ Zip _____ County _____

Last Four Digits of Social Security Number _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

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Employed at _____ as _____

Employer's Address _____

Academic Degree(s) _____ Certification(s) _____

Graduation from basic nursing program (Month/Year) ____/____/____ RN License # State _____ Date of Birth ____/____/____

Membership Categories (please choose one category)

- ANA/ONA Full Membership Dues**
Employed full or part-time **\$22.00 per month** or \$258.00 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.
- ANA/ONA Reduced Membership Dues**
Not employed RNs who are full-time students, newly-licensed graduates, or age 62+ and not earning more than Social Security allows **\$11.25 per month** or \$129 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.
- ANA/ONA Special Membership Dues**
62+ and not employed, or totally disabled **\$5.88 per month** or \$64.50 annually. Includes membership in and benefits of the American Nurses Association, Oklahoma Nurses Association and the ONA District Association.
- ONA Individual Membership Dues**
Any licensed registered nurse living and/or working in Oklahoma **\$10.92 per month** or \$125.00 annually. Includes membership in and benefits of the Oklahoma Nurses Association and the ONA District Association.
American Nurses Association Direct Membership is also available. For more information, visit www.nursingworld.org.

Communications Consent

I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Oklahoma Nurses Association (and its subsidiaries and affiliates, including its Foundation, District and Political Action Committee) via regular mail, email, telephone, and/or fax.

Signature _____ Date _____

Dues Payment Options (please choose one)

SIGNATURE REQUIRED BELOW
 Automatic Monthly Payment Options

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ONA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.
***SEE AT RIGHT**

Automatic Monthly Payment Authorization Signature

CHECKING ACCOUNT: Please enclose a check for the first month's payment, which will be drafted on or after the 15th day of each month using the account designated by the enclosed check.

CREDIT/DEBIT CARD: Please complete the credit card information at right and this credit card will be debited on or after the 1st of each month (VISA and MasterCard Only).

Annual Payment
Make check payable to ONA or fill out credit card information below.

SIGNATURE REQUIRED BELOW
 Automatic Annual Credit/Debit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize ONA/ANA to charge the credit card listed below for the annual dues on the 1st day of the month when the annual renewal is due.
***SEE AT RIGHT**

Automatic Annual Payment Authorization Signature

Charge to My Credit/Debit Card

VISA (Available for Annual or Monthly Draft Payments)

MasterCard (Available for Annual or Monthly Draft Payments)

Number _____

Exp. Date _____

Verification Code _____

Signature _____

*** By signing the Automatic Monthly Payment Authorization or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the undersigned thirty (30) days advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5.00 fee for any returned drafts or chargebacks.**

