2010 ONA Convention
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PRESIDENT’S MESSAGE

Chris Weigel, RN, BN, MBA, President

According to Joseph Addison, “The great 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.

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 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 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 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

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..."
Oklahoma Nurse Editorial Guidelines and Due Dates

Submittal Information

Materials Due: Oklahoma Nurse
Date to Editor: Issue Date
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.
• 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.

Julie Clermont
Editor, The Oklahoma Nurse
6414 N. Santa Fe, Ste. A
Oklahoma City, Oklahoma 73116
E-mail all narrative to ona@oklahomanurses.com

Contact the ONA
Phone: 405.840.3476
Toll Free: 1.800.580.3476
E-mail: ona@oklahomanurses.org
Web site: www.oklahomanurses.org
Mail 6414 N. Santa Fe, Ste. A
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ONU 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.

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6414 N. Santa Fe, Ste. A
Oklahoma City, OK 73116
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September, October, November 2010

Arthur L. Davis Publishing: Excellence in Publication Award
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. Manuscripts 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.

Disastrous Manuscripts to the Oklahoma Nurses Association, 6414 N. Santa Fe, Ste. A, Oklahoma City, OK 73139 or via email at ona@oknurses.com.
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Vacant

Dr. Kupperschmidt (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. Kupperschmidt 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-kupperschmidt@ouhsc.edu.
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 the 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 Marcoul, Pat Kneubel, 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 16th. 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 31st: 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.

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. Randall Estep, Dr. Gregory Zeiders, Dr. Matthew Dumigan, Dr. Shon Cook, former judge Craig Johnston, and Dr. Gregory Zeiders, Dr. Matthew Dumigan, Dr. David Chansolme, Dr. Randel Estep, including: Dr. David Chansolme, Dr. Randel Estep, Dr. Gregory Zeiders, Dr. Matthew Dumigan, Dr. Shon Cook, former judge Craig Johnston, and Dr. Robert Hines will be our guest speaker a dinner Club sponsored by RX Medical. On September 16th meeting on August 19th with Dr. Robert Horton aol.com or by phone at (800) 398-2059 for exhibit, and there will be “Early Bird” and “Group” discounts available. Contact Micki Johnson, at mjrprggest@ 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 Annuar 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 CCM’s 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, CNAA, 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 Iwbon (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) 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 (2008), 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 personnel, quality 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 in the Expectation continued on page 6
want to wait to receive pain medication and feels most important issues of caring. A patient does not support and overall not likely to return to the organization at a later time for care.

is busy, sees them as being too busy to call, request 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 an ongoing effort with the 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, see what their needs are and 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 ask 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. 258). 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. 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 organization to make changes in their behaviors by assisting them and encouraging to their staff.

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. 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/
needed to carry out each action step and develop a schedule, determine accountability for each action step, estimate the cost and resources needed 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 organization 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 are 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 relate 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 scores and what they need to do to perform well. The organization 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 to ensure staff is well-equipped to care.

Enhancing Organizational Capacity/Adaptation

Yukl and Lepsinger (2004) state 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, etc., need to be stopped. The employees need to understand that 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 prevalent 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 Cohn 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.

References


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 1st 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 nursing education opportunities. We began adding with higher degrees had never been greater. This dearth of educational opportunity seemed

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. The Oklahoma Board of Nursing has made 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-WW, 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.

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

OACNS, ONA Affiliate Organization

Stephanie R Moore, MS, ACNS-BC & Carol Stewart, MS, GCNS-BC

As our healthcare environment continues to evolve, the need for excellent patient care continues to be essential. Changes in 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). CNSs 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.

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.

References:


Oklahoma Nurse Practice Act, Oklahoma Board of Nursing (2003).

Author Affiliation:

Oklahoma—University of Oklahoma College of Nursing, Director for Clinical Nurse Specialist Program: Oklahoma Association of Clinical Nurse Specialists (OACNS) Board Member. Director-at-Large for Continuing Education Committee

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

Are You Looking for a Clinical Innovation Expert?

OACNS, ONA Affiliate Organization

Stephanie R Moore, MS, ACNS-BC & Carol Stewart, MS, GCNS-BC

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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.)

* Lunacon is included with registration fees

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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!

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

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### Convention at a Glance

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<tr>
<th><strong>Wednesday, October 27, 2010</strong></th>
<th><strong>Thursday, October 28, 2010</strong></th>
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<tbody>
<tr>
<td>All Events on Wednesday are held at the Downtown DoubleTree, Tulsa, OK</td>
<td>All Events and Sessions on Thursday are at the New Tulsa Convention Center</td>
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<tr>
<td>Registration Opens</td>
<td>Town Hall Breakfast - Current Issues and Events</td>
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<tr>
<td>.... Noon</td>
<td>.... 7:30 - 8:30 a.m.</td>
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<tr>
<td>House of Delegates</td>
<td>Opening Plenary Session</td>
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<tr>
<td>.... 1 - 4 p.m.</td>
<td>Nancy Noonan presents “Mediocrity to Mastery”</td>
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<tr>
<td>Exhibitor Move-in and Set-up</td>
<td>.... 8:30 - 10:15 a.m.</td>
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<td>.... 4 – 7 p.m.</td>
<td>Exhibit Hall</td>
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<tr>
<td>Oklahoma Nurses Foundation Educational Dinner Session</td>
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<tr>
<td>Laurence H. Altshuler presents “Balanced Healing: Combining Modern Medicine with Safe and Effective Alternative Therapies”</td>
<td>Poster Presentations</td>
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<tr>
<td>.... 5 – 7 p.m.</td>
<td>Open 10:15 a.m.–4:30 p.m.</td>
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<tr>
<td>Oklahoma League of Nursing Reception (Lobby Side Board Room)</td>
<td>Concurrent Session I:</td>
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<td>.... 7:30 p.m.</td>
<td>10:30–11:30 a.m.</td>
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<tr>
<td>Meet the Board of ONA Reception Open to All</td>
<td>Awards Luncheon (Exhibit Hall Closed During Lunch)</td>
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<tr>
<td>.... 7:30 p.m.</td>
<td>11:30 a.m.–1:00 p.m.</td>
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**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

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**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!
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!
Reflection and the Shadow Side of Leadership

Betty R. Kupperschmidt, EdD, RN, NEA-BC
Associate Professor, Director, Nursing
The University of Oklahoma Health Sciences Center
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 sited 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 the favor of others 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 roles of leaders are essentially hostile to human interests and that life is fundamentally a battleground. This shadow is evidenced by expressions such as using the language of war or death. 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 no longer a preferred future; it is a necessary future in which leaders must embrace the unknown. Insecurity about their own identity, their own worth is not a preferred future; it is a necessary future in which leaders must embrace the unknown. Leaders may have shadows in their leadership but they do not have to create a world in which these shadows dominate.

The final part of the Tri-Council policy statement articulates between educational levels begins. The Institute for Oklahoma Nursing Education’s (IONE) recent policy statement will require support at all levels from 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.

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 Organization of Nurse Executives (AONE), 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 and educators 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 associate 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

Linda Rider is the IONE BSN Programs Director at Leadership Development of Nursing at the University of Central Oklahoma.
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)

**IN2BSU—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 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.

“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.
Nearlly 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 also give you information about what you can do to help you and your co-workers.

My name is Dona Urbassik, RN, BSN. 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 the San Ramon Regional Medical Center in San Ramon, California county hospital. My assignment that night was a 374 lb patient who was on a ventilator and also on spinal precautions. Eventually the nurse who got him to the OR turned and bathed him only once that shift. However, because he was on spinal precautions his mattress was flat, but had to be in reverse Trendelenburg 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 having 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. 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. Back injuries are incremental and pain often presents in unrelated circumstances.

Cost of the problem

Nurses back injuries cost an estimated $86 billion annually in workers compensation benefits. Medical treatment, lost workdays, “light duty” and employee turnover cost the industry an additional $80 billion.iii Bureau of Labor Statistics show an inexcusable situation. Fig. 1 is a 2007 Bureau of Labor Statistics chart of the industries with the highest number of work injuries. 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.

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
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.

Oklahoma Nurses Association
6414 North Santa Fe, Suite A • Oklahoma City, OK 73116
ona@oklahomanurses.org • www.oklahomanurses.org
Phone: 405-840-3476 • Fax: 405-840-3013
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 left 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.

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; get your license, be an adult graduate high school then go to college, get my ISN, 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. 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, clarity, and motivation in life. Stretching your brain into the future is just one more aspect of mental gymnastics.

Crystal Jones-Gandy

Photograph of Crystal Jones-Gandy