



The Oklahoma Nurse

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Education Summit**

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PRESIDENT'S MESSAGE

Chris Weigel, RN, BN, MBA, President

You can't feel it, touch it or treat it with antibiotics but stress is rapidly spreading through the health care environment. Many of us are not only concerned about today's stress but also worried about what the future holds. The very thing that attracted many of us into the healthcare field is causing the phenomena of stress. Yes, I am talking about the excitement of change which nurses thrive on. ONA wants to keep you informed about the changes that are taking place in the healthcare environment as well as hear what is causing you stress. We know that optimum organizations engage in a certain amount of feedback from all their members, seek to understand what their customers want/value and know that successful communication stems from the ability to listen effectively. Hence, ONA wants to listen to you, its members, at the Regional Town Hall meetings.



Chris Weigel

Who is representing me on the topic of "BSN in 10?"

What changes are you empowered to make in your community related to health care?

Where do you travel to network with other professional nurses?

When has your region discussed money contributions for membership recruitment?

How has the economy affected your practice/career?

So, what other questions are on your minds that need answers? Four out of the seven Region meetings have been scheduled so far and are listed below.

Region 2—Tulsa on September 15th at 7:00 pm

Region 3—Muskogee, Miami, McAlester, Poteau, Talihina and Choctaw on May 14th at 5:30 pm

Region 5—Duncan, Elk City, Lawton, Clinton and Weatherford on May 12th at 5:00 pm

Region 4—Enid and Woodward on May 19th at 6:00 pm and Kingfisher on June 23rd at 6:00 pm

If you are unfamiliar with the Region locations or the name of your representatives they are accessible on the ONA website www.Oklahomanurses.org. All of us have the tendency to deal with stress in the "flight or fight" response. I am asking you to deal with the stress of our ever changing economy and healthcare environment by staying informed, getting active in your professional organizations and aligning with change. Now is not the time to surrender to the stress.

Executive Director's Report

Connecting Nurses Together

*Jane Nelson, CAE
ONA Executive Director*

Nurses have really stepped up at the Capitol this year. This has made a real impact on issues in the Oklahoma legislature! Between our Nurse of the Day program and Nurses Day at the Capitol, we have had phenomenal participation. Over 800 nurses and nursing students attended Nurses Day at the Capitol, and we have had

a Nurse of the Day almost everyday. Thank you to all that have participated as Nurse of the Day or in Nurses Day at the Capitol; You have made a difference!

As part of our strategic initiative, ONA is working on several ways to connect to nurses. ONA is now on Twitter and Face Book. We hope that you will join us on both of these services. We post notices everyday on both accounts so that you can keep up with what is going on with ONA and issues facing nursing, nursing practice and activities without having to read your emails. We are always looking for ways to improve our website, so if you have any ideas or suggestions send us an email or send us a Tweet.

A more traditional way we are attempting to reach out the nursing community is through Town Hall meetings. We have several scheduled between now and September in Muskogee, Duncan Enid, Kingfisher and



Jane Nelson

Tulsa. We are looking for looking at ways to expand our list so that we reach areas that do not have an active Region.

The Town Hall meetings will provide an opportunity for discussion between ONA Board members and the nurses of that community—ONA members and non-members alike. We want to share what it means to be an ONA member, get your thoughts on ONA's structure, membership options, programming as well as on issues facing nursing such as transitioning from nursing school to practice as well as obtaining a Bachelors degree within 10 years of initial nursing licensure and how to address these issues in Oklahoma.

We are attempting to reach out to communities of nurses that would like to network together either face to face or electronically especially in areas that are part of very large geographic Regions. We will be working to establish Town Hall meetings in Elk City, Stillwater, Ponca City, Shawnee, Lawton, Clinton/Weatherford, and McAlester or any other place that at least 10 nurses would be willing to meet together as ONA members. If you would like to host or help coordinate a Town Hall meeting contact me at ona.ed@oklahomanurses.org or 405.840-3476. We will

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Executive Director's Report continued on page 3

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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.

Oklahoma Nurse Editorial Guidelines and Due Dates Submittal Information

Materials Due	Oklahoma Nurse
<u>Date to Editor:</u>	<u>Issue Date:</u>
July 3, 2009	September 2009 Issue

1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to 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.
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2. Photographs should be of clear quality. Black & white photographs are preferred but not required. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to:

Julie Clermont
Editor, The Oklahoma Nurse
6414 N. Santa Fe, Ste. A
Oklahoma City, Oklahoma 73116

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The Oklahoma Nurses Association

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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 25 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, 2008 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).
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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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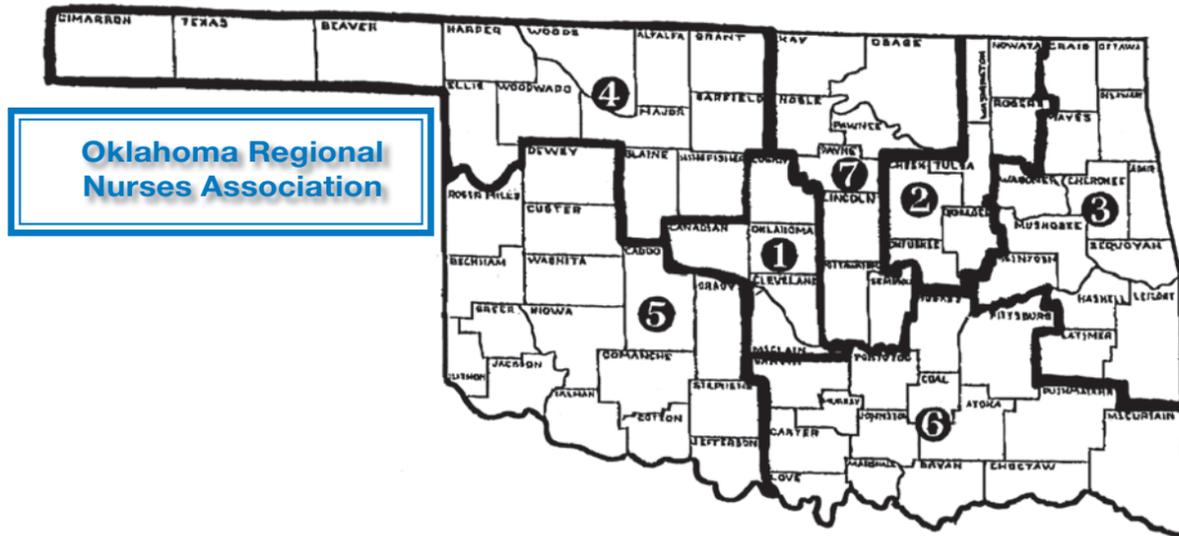
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Vacant



also be reaching out to those ONA members that we know in these communities to hold Town Hall meetings.

Today, ONA is structured geographically however, there are other ways to connect given today's technology. If you have an idea for an online group, let us know. There are a number of ways for ONA members to connect with one another; our only limitations are our imaginations.

The Oklahoma Nurses Association is directed by its membership! You are the ones that guide us and direct us to be what we are...you have to tell us what you want.

Get Connected, Get Involved, and Make a difference!

Nurses Day at the Capitol

Submitted by Crystal Jones-Gandy

Tuesday, February 24th, was the Oklahoma Nurses' Association's "Legislative Day 2009" at the State Capitol. The annual event began with an informational session at the Cox Convention Center that featured several distinguished speakers. Welcoming remarks were presented ONSA President Rachel Shupp, ONA Secretary and Treasurer Cynthia Foust, and ONSA Legislative Director Christopher Olson. Oklahoma Attorney General Drew Edmondson and Lieutenant Governor Jari Askins provided separate keynotes addressed to a record setting audience of nearly 800, which included nurses, nurse educators, nursing faculty, and other nursing advocates.

Attorney General Edmonson addressed the great successes he has had with tobacco legislation as well as current and future plans for improving the health of Oklahomans through tobacco legislation. He also addressed the plans he has for future legislation for improving end of life care for Oklahomans through improving education for nurses and other health care professionals in the topics of pain and grief management.

A panel of speakers including Senator Randy Bass, Debra Wagner, Trebor Worthen, and Sheryl McLain spoke briefly on various issues currently in the House or Senate such as the Smoke Free Oklahoma Initiative, funding for nursing faculty and education, redirection of funding for Physician Manpower Training Commission, access to colon cancer screening as a preventative measure, the Healthy Choices Act, the Hope Initiative, and the expansion of liability protection for volunteer medical responders in the case of disasters.

Lieutenant Governor Jari Askins addressed the crowd with suggestion about how we each can make a difference regarding these issues and others that are important to us through personal contact with legislators. She emphasized that contact is the most important, not only with the legislator of your residing area, but also with other legislators. Let your voice be heard. Call, write, visit, email your legislators and let them know what is important to you. She also emphasized that numbers are powerful. If something is important to you, it is probably important to others as well. Gather support and encourage your peers to let their voices be heard as well. Finally, and most importantly, BE INFORMED AND VOTE.

ONA Executive Director Jane Nelson concluded the session. She rallied enthusiasm and passion in the participants before they headed to the State Capitol.

On the way to the capitol the ONA Political Action Committee members attended a luncheon at the County Line BBQ where Senator Clark Jolley spoke regarding his work and support of the health care workforce as well as his legislative work in support of nursing education faculty.

At the State Capital, the participants visited with legislators regarding their support or opposition to the various issues discussed above. They also attended various committee meetings where they observed and this concluded the day.

As a nursing student, I was interning with ONA Project Director and MRC Education Coordinator, Loren Stein during the event. I helped set up for the morning event, advocated for student and professional nurses to join the MRC, and attended the Luncheon. I then went

to the capitol with ONA Executive Director Jane Nelson.

In my short time that I have been involved with the ONA and MRC I have come to believe that the ONA and MRC are outstanding organizations. Not excluding the many other things the ONA does, they advocate for legislation that better the health and healthcare of Oklahomans, but also better all aspects of nursing including the safety, employment, education, etc. As nurses we must remember that not only do we care and advocate for the patients that we interact directly with day to day, we also are advocates for all Oklahoma residents' health and health care as well as advocates for our own professional issues.

The ONA also one of the founding organizations for the Oklahoma Medical Reserve Corps. The MRC is an organization that responds then disasters strike here in Oklahoma and elsewhere. Its members are medical and non-medical personnel who volunteer to be deployed when needed to a disasters site. It is 100% voluntary and free. Also, as mentioned in the legislation above, its members are protected legally from liability when assisting in disaster relief. Both of these organizations impact Oklahoma in such great ways and I encourage anyone who is interested to become members.

For more information regarding the Oklahoma Nurses Association as well as the legislative issues that they are tracking or to become a member please visit the website <http://www.oklahomanurses.org>. For more information regarding the Medical Reserve Corp. and to become a volunteer please visit the website <http://www.okmrc.org>.

Diversity in Nursing: A Time for Change

by Linda S. Barren, RNC, M.S.

Secretary for the Board of Directors of the
Institute for Oklahoma Nursing Education (IONE)
and

Division Head of Health Services, Oklahoma
State University-Oklahoma City

An historic event occurred in Oklahoma nursing education when the Institute for Oklahoma Nursing Education (IONE) was formed. This organization was instrumental in bringing all levels of nursing education programs together to work on key issues involving nursing education. One of these issues is increasing diversity in nursing education. IONE took a collaborative approach to help increase diversity in nursing and a committee was designated to focus on this effort.

According to the United States Census Bureau by 2042 there will be a demographic shift in the United States population because minorities will become the majority population. Cultural diversity will continue to increase in the U.S. and by 2050 minorities will comprise 54% of the population. Hispanics, the fastest growing population in the U.S. will constitute the majority of this population increase. Although the growing majority of the workforce will be culturally diverse, this trend is not reflected in health care. If the U.S. Census Bureau projections are correct and minorities are not entering nursing in record numbers, we will not have a workforce prepared to fill the vacancies left by the retiring baby-boomers.

As a recent consumer of health care services, I was reminded of the disparity that exists among health care providers because there continues to be a disproportionate number of minorities in minimum wage occupations than there are in the role of health care provider. This observation made an impact on



me from the role of a patient and nursing educator because it highlights the need for change as we move into the future. As a young teenager, my father was hospitalized and the only diversity I found in health care was LPN's, housekeeping and cook staff. Forty years later there is more diversity in nursing but not to the extent that is needed for the predicted population growth.

According to the National League for Nursing, between 2006 and 2007, a decrease occurred in the number of diversity graduates from 24.5 % in 2006 to 23.6 percent in 2007.

This is a slight decrease but it is certainly not the trend we want for increasing diversity in nursing. How do nursing educators promote diversity in the nursing profession and retain culturally diverse nursing students? Recruitment efforts may attract culturally diverse students but it does not benefit minority students if they are recruited into nursing but are lost in a system that does not provide measures to facilitate their success. The cornerstone of my success in nursing was my Fundamentals of Nursing faculty at Oklahoma State University-Oklahoma City. They helped me develop strategies that contributed to my success in the program. I am sure this support was provided to all students but to me, as a minority student, it helped me attain my goal of becoming a registered nurse. I knew the faculty were there to help me and wanted me to succeed.

In addition to supportive faculty, culturally diverse nursing students need financial support. Additional funding should be devoted to programs that assist students in the development of study skills, learning strategies, counseling and other student support services that would facilitate their success. The first year is very important for beginning nursing students and providing them with needed resources will contribute to their success in nursing.

When we look at the lack of diversity in health care from a historical perspective, it is not difficult to determine the need for increased diversity as we move into the future. In a society that is increasingly becoming more diverse, it is quite evident that diversity is severely needed in nursing. Culturally diverse students of today are among the leaders of tomorrow and our goal as nursing educators should be to seek out potential students who have goals to become nurses, nurse educators and leaders in health care. As nursing educators and clinicians, we should work together to empower more culturally diverse students to pursue higher education and careers in nursing. Increasing diversity in health care may not be as complex as it seems. Small steps can make the difference between success and failure.

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Motivation and Decision Making

V. Lynn Waters
NorthCentral University

According to Robbins & Judge (2007), individual attitudes are complex reflections as to how an individual feels about something. Robbins & Judge (2007) infer that individuals attempt to reconcile divergent attitudes and they attempt to align those attitudes and the associated behavior so they appear rational and consistent (p. 75). It is true that a person can have a multitude of different attitudes, but work related attitudes are either positive or negative evaluations of the organization they work for, the employees they work with as well as their total work environment. Robbins & Judge (2007) discuss three attitudes surrounding the work environment that include involvement in the organization, job satisfaction and commitment to the organization. Attitudes of an employee yield customer satisfaction, job performance, turnover, and workplace deviance. Attitudes give managers warnings of potential problems in the organization as well as behavioral problems of the employees. Attitudes give a manager insight into job performance, organization outcomes, commitment to the mission and vision and overall employee engagement and satisfaction. Beatson, Lings & Gudergan (2008) cite Gonzalez & Garazo (2006) as describing staff who enjoy their jobs as being more likely to value the customers they serve as well as ensure that their customers are happy with the service they receive. According to Beatson, Lings & Gudergan (2008), if employees are satisfied with their organization and the work that they do, they are likely to develop positive attitudes and at the same time likely to become very service oriented and demonstrate those service-oriented behaviors to their customers. This in turn places significance to a strong customer service orientation and delivery of service. These employees are more likely to develop loyalty and commitment to the mission and vision for the organization they work. Beatson, Lings & Gudergan (2008) supported this thinking in a study that led them to conclude that job satisfaction had a significant and positive influence on the attitudes of staff that affected both the organization and their customers.

Robbins & Judge (2007) define personality as a summation of the ways that individuals react to and interact with others and this summation is defined in terms of personality traits that are measurable (p. 106). There are many different personality attributes that affect organization behavior. Self-esteem, locus of control, Machiavellianism, narcissism, and risk taking are but a few. It is evident that some employees are introverted while others are extroverted. Some employees have significant feelings of confidence while others are fearful and hesitant. According to Bernstein (2003), what is required of an organization is a good fit between the employee and the demands of the organization and there is a limit to how many individual personalities an organization can accommodate and still

achieve its own mission and vision. Hautala (2003) discusses that when trying to enhance leadership skills it becomes imperative for leaders of the organization to understand that their behavior is interpreted differently according to the personality of the employee. The idea that a leader may be communicating could be interpreted in multiple different ways depending on the personalities of the subordinates. By being able to understand personality differences leaders may be better able to analyze and understand the feedback they receive from their employees. Hautala (2003) implies that if leaders understand personality differences of their employees then underrating and overrating tendencies will likely diminish.

Robbins & Judge (2007) describe values as the basic convictions that contain an element of judgment, content and intensity. Robbins & Judge (2007) contend that judgment includes the emotional component, content includes the importance, and intensity specifies just how important it is to the individual. Dominant work values present in today's employees include components of many different generations. These generations are required to work side-by-side in the organization to get the job done. Robbins & Judge (2007) describe the generations in terms of their age and applies the names of Veterans, Boomers, Xers, and Nexters. Veterans are considered to be hard-working and loyal. Boomers are ambition driven, achievers, and dislike authority. Xers are much more balanced in their work life and strive to be successful team players. Nexters are confident, financially successful self and team oriented and loyal to relationships. According to Ralston, Holt, Terpstra & Cheng (2008), corporate culture

stems from the values that are inherent in the organizational members, especially those that are in leadership positions to a universal corporate culture. Ralston, et al.(2008) cite Boeker (1989) & Chatman & Jehn (1994) that "regardless of where in the world these individuals grew up or now work they have similar views and beliefs that guide their behaviors when transacting business with members from other societies, as well as with members from their own society" (p.8). Ralston, Holt, Terpstra & Cheng (2008) believe that if an organization is truly going to become a global organization then the diverse work values of the employees must be integrated into a common set of values in order to create a universal corporate culture. Yaghi (2008) describes four major organizational values that can characterize decision-making which includes emphasis on learning, balancing human and organizational interests, mutuality, and self-criticism. Yaghi (2008) finds that the values used to develop the culture within an organization tend to dominate the decision-making process. Yaghi (2008) infers that the values held by the organization's leaders shapes the processes that are used in decision-making. This in turn makes it difficult for other factors to sway executives or change the way they make decisions. Yaghi (2008) contends that what makes consensus building possible is the fact that board members share similar values, and as long as these individuals serve in management, the longer their values affect decision-making.

According to Robbins & Judge (2007), an organization's ethical climate and the ethical behavior of its employees actually shape the

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organization's culture and it is influenced by the content and strength of this behavior. Research supports that a strong culture exerts more influence on employees than a weak culture. Robbins & Judge (2007) discuss how an organization's culture represents the perceptions held by its employees. Organizational culture is concerned with how employees perceive the organization's culture and how they react to those perceptions. Managers working in a strong culture are seen as those who are able to take risks, be creative, motivated, and engaged. These managers likely pay close attention to what is working and what is not working in an organization and as a result are comfortable in making changes. Painter-Moreland (2008) finds corporate ethics as management initiatives that invariably begin with an effort to secure both the board and the leadership of the organization's commitment. Painter-Moreland (2008) infers that once the leaders of the organization become aware of the ethical concerns and risks that they face, the organization's culture will move in that direction. She believes that both ethics and culture develop from a top-down approach and that leadership is responsible for setting the tone and implementing ethics management initiatives. Painter-Moreland (2008) sees an organization as being led by the leaders and that they lead by example. She believes that the senior executives articulate the priorities and shape the way the employees work within. Painter-Moreland (2008) implies that the goal is to create an organizational environment that leadership can utilize to strengthen a very purposeful, values-driven organization. Ambrose, Arnaud & Schminke (2007) believe that employee attitudes are affected by the actual fit between the employee's moral development and the ethical work climate of their organization. Ambrose, Arnaud & Schminke (2007) contend that ethical values of an organization represent a subset of the overall value system of the individuals working for the organization. They infer that ethical values of the individual employee influences their moral reasoning of what constitutes right or wrong behavior. Ambrose, Arnaud & Schminke (2007) cite O'Reilly et al. (1991) as suggesting that the fit between a person's values and organizational values is associated with behavior and attitude. When an employee's behavior is aligned with the values of an organization they are likely working with the organization to successfully achieve the mission, vision and goals.

Robbins & Judge (2007) discuss how the organizational behavior has become such a "global discipline and its concepts reflect the many different cultural values of people in different countries" (p. 129). Hautala (2003) sees categorizing cultures as a means of assisting managers by giving them a better understanding of the pros and cons of a particular culture. By understanding cultural differences, managers are better able to recruit the most suitable applicants. This also supports the trend of an organization in recruiting and retention of employees from many diverse cultures and becoming acutely aware of cultural differences within the organization. The article titled *A Cultural Competitive Advantage* (2002) states "It is a fact

that people come from diverse social, cultural and ethnic backgrounds, with different personalities and experiences. In a work environment, these factors manifest themselves in a wide variety of ways, and over time a dominant set of norms arise which guide the way work is accomplished" (p. 10). Sackmann & Friesl (2007) believe that cultural differences of team members due to different ethnicities, gender, national culture or functions create a cultural complexity which ultimately affects the way employees share knowledge and experience and does so in either in a positive or negative way. Sackmann & Friesl (2007) find that cultural differences exist among team members and these differences have an important influence upon the way employees respond. In a simulation study conducted by Sackmann & Friesl (2007) it was suggested that sharing of knowledge among employees is contingent on the perceived cultural differences of the team members. Members whose differences were most visible restricted their communication and sharing to their original group members. Members of groups that were similar in constitution were more likely to engage in successful knowledge sharing. This is a significant finding when examining cultural differences and the impact they have upon an organization. It is extremely important that there is anticipation of possible cultural effects on both individuals and teams and this anticipation should become an integral part of all project planning. It is vital for an organization to be aware as well as understand the impact of cultural differences and prepare for those differences up front.

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Will You Be Coaching This Season?

**Carol Stewart MS, GCNS-BC and
Stephanie R. Moore MS, ACNS-BC**

It is the time of year when our recruits (new graduates) begin to appear on nursing units throughout the hospital. Traditional orientation in nursing has involved review of policy and procedure, as well as completion of the orientation checklist. An experienced nurse shows the new nurse how to perform tasks, watches the new nurse perform those skills, then initials and dates completion of successful performance. Once all the tasks are checked, orientation is complete. The only problem is that this process does very little to develop autonomy or facilitate successful integration into the team. But what if there was a new approach to orientation? What if there was a different way of playing the orientation "game"?

Clinical coaching has been described as a relationship for the purpose of building skill (Ervin, 2005). Think about one of the great football or basketball coaches of our time. Chances are that this individual is a talented teacher, focusing not only on athletic skill but guides the players to evaluate the game, teaches the players how to think

about the game and encourages the players to make appropriate decisions during the game. Clinical coaching requires that a successful coach assist the new nurse to provide evidenced-based nursing by using critical thinking skills.

The foundation of the coaching process includes four coaching behaviors; build a relationship, set realistic expectations, observe behaviors, use self-reflection (Kowalski & Casper, 2008). The coach's game equipment should include components of effective communication; committed listening and skillful questioning. Focus on the new nurse and be open-minded/ non-judgmental. Avoid barriers that can be caused by planning responses and not listening carefully, formulating judgments prematurely, or projecting our own experiences into the learner's experience. Ask questions that elicit information, feelings and reflection. Today's new graduates will be called upon to meet the practical and professional challenges that await them with insight, technical know-how and discerning moral commitment (Sullivan & Rosin, 2009). These new nurses need Coaches that are there to provide the support, motivation and guidance needed to meet the needs of patients.

Signs of Humor

The Power of RE

Diane Sears, RN, MS, ONC

I just REturned from a vacation at the beach, and I am REflecting on words like RElax, REfresh, REjuvenate. After 12 days away, I'm still having frequent dreams of being at work. The last dream memory was a unique method to expand our staffing patterns. I had instructed three elderly patients how to function as Clinical Unit Secretaries and told them, "Now, you try it." I could tell they were patients due to their gowns, wristbands and gerichairs. Mental note to self: Ask the next RETiree I see, "How many days off does it take before dreams of work are rare?" What are your plans this summer to REfill and REbalance your REgistered Nurse cup?

REgarding Physicals

I went to the doctor for my yearly physical and the nurse started with certain basics. "How much do you weigh?" she asked. "135," I said. The nurse put me on the scale. It turns out my weight is 180. The nurse asked, "Your height?" "5 foot 4," I said. The nurse checked and saw that I only measure 5'2". She then took my blood pressure and told me that it is very high. "Of course it's high!" I screamed, "When I came in here I was tall and slender! Now I'm short and fat!" She put me on Prozac. (e-mail 03/09)

REturning home from Work

A blonde was shocked to find her house ransacked and burglarized. She telephoned the police at once and reported the crime. The police dispatcher broadcast the call on the radio, and a K-9 unit, patrolling nearby, was the first to respond. As the K-9 officer approached the house with his dog on a

leash, the blonde ran out on the porch, shuddered at the sight of the cop and his dog, then sat down on the steps. Putting her face in her hands, she moaned, "I come home to find all my possessions stolen. I call the police for help, and what do they do? They send me a BLIND policeman!" (e-mail 03/09)

Old enough to REMember Hollywood Squares?

- Q. Do female frogs croak?
 A. Paul Lynde: If you hold their little heads under water long enough.
 Q. If you're going to make a parachute jump, at least how high should you be?
 A. Charley Weaver: Three days of steady drinking should do it.
 Q. True or False, a pea can last as long as 5,000 years.
 A. George Gobel: Boy, it sure seems that way sometimes.

REmarks on REality from Maxine

- I don't suffer from insanity; I enjoy every minute of it.
 I used to have a handle on life, but it broke.
 Don't take life too seriously; No one gets out alive.
 You're just jealous because the voices only talk to me.
 Earth is the insane asylum for the universe.
 I'm not a complete idiot—Some parts are missing.
 Out of my mind. Back in five minutes.
 NyQuil, the stuffy, sneezy, why-the-heck-is-the-room-spinning medicine.
 Consciousness: That annoying time between naps.
 Ever stop to think, and forget to start again?
 Being 'over the hill' is much better than being under it!

Wrinkled Was Not One of the Things I Wanted to Be When I Grew up.

I Have a Degree in Liberal Arts; Do You Want Fries With That?

A hangover is the wrath of grapes.

Ham and eggs...A day's work for a chicken, a lifetime commitment for a pig.

The trouble with life is there's no background music.

REtrospectives on health by Randy Glasbergen

"I'm going to order a broiled skinless chicken breast, but I want you to bring me lasagna and garlic bread by mistake.

If you put a crouton on your sundae instead of a cherry, it counts as a salad.

I was going to wake up early to go jogging but my toes voted against me 10 to 1.

What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?

The healthiest part of a donut is the hole. Unfortunately, you have to eat through the rest of the donut to get there."

REverberations for PMS:

Pass My Shotgun; Psychotic Mood Shift; Perpetual Munching Spree; Puffy Mid-Section; People Make me Sick; Provide Me with Sweets; Pardon My Sobbing; Pimples May Surface; Pass My Sweat Pants; Pissy Mood Syndrome; Pack My Stuff; Potential Murder Suspect. (e-mail 02/09)

Make a REcipe for fun. RESuscitate, REcuperate, REwind, REDirect, REcess, yourself. A REspite form work is RENewing, REbalancing and RETains nurses in nursing.

For me, I just want to REpeat my PTO.

The Un-Comfort Zone

Will You Freak-Out or Hunker Down?

by Robert Wilson

Sometimes motivation is forced upon us. We are thrust into the Un-comfort Zone. And, whether we sink or swim depends on how we respond to the situation. How do you react during a crisis?

Here are the stories of two men who faced a crisis late in life and how they dealt with it. One was a restaurant owner; the other a janitor. The former went into bankruptcy at an age when most people retire, and the latter was fired from a job he'd had for nearly 20 years.

The restaurant owner enjoyed a successful business in a small town at the edge of the Appalachian Mountains. It was a great location along busy U.S. Route 25. And, because he offered the best food and service around, his eatery was jammed from sunup to sundown. But it wasn't to last.

The janitor started his job at St. Peter's Church in London as a teenager. Over the years he married and raised a family and enjoyed a perfectly predictable profession with solid job security. That is until the new vicar came along.

Over the course of 26 years, he was honored by the state governor for his recipes; and was praised by famous restaurant critic, Duncan Hines, in his column Adventures in Good Eating. Then in 1956, the new super highway by-passed the little town. It's amazing the difference just a few miles can make. Two years later the restaurant was closed and the property auctioned off to pay creditors. At 64 years old, the restaurant owner was broke.

It was around the turn of the twentieth century when the new vicar, a stickler for decorum, took over St. Peter's Church. When he learned that the janitor could not read, he gave him three months in which to learn. Quite depressed by the news, the man thought it might make him feel better if he smoked a cigarette.

Unable to afford the cost of opening another restaurant closer to the highway, he reviewed his assets. All he had left was his knowledge and the delicious recipes that made his food so popular. So, he got into his car.

As he walked home, the janitor searched for a tobacco shop. There was usually one on every block, but there were none near the church. He walked block after block without finding one. By the time he reached his house he knew exactly what he was going to do.

Town by town, he drove, stopping at every restaurant along the way. He told the owners they would be more successful if they served his

secret recipes under his brand name and paid him a royalty. Two years later, in 1960, he had 400 restaurants serving his food. By 1963 he was making a profit of \$300,000 per year. And, in 1964, Colonel Harlan Sanders sold Kentucky Fried Chicken to investors for \$2 million, plus a lifetime salary of \$75,000 per year.

With his meager savings, he opened a tobacco shop near the church. It was an immediate success. His profits went to open a second, then a third and before long he had thriving tobacco shops all over London. Ten years later, he met with his banker about investing his earnings. The banker gave him some papers to sign. The man asked the banker to read the papers to him, explaining that he didn't know how. Shocked, the banker exclaimed, "You are so successful, just think where you'd be today if you could read!" Albert Edward Foreman smiled and sighed, "I'd be the janitor at St. Peter's Church." (Based on a true story by Somerset Maugham)

Did you know that in Chinese, the symbol for the word "crisis" is the same symbol used for the word "opportunity?" Two sides of the same coin. In other words, it's all in our perspective. Will you find the opportunity in your next crisis?

Robert Evans Wilson, Jr. is a motivational speaker and humorist. He works with companies that want to be more competitive and with people who want to think like innovators. For more information on Robert's programs please visit www.jumpstartyourmeeting.com.

Stroke Conference

Oklahomans Fight Back Against Stroke

Oklahoma has a big problem with stroke—but Oklahomans are fighting back in a big way. Almost 400 Oklahoma physicians, nurses, paramedics and therapists attended the Third Annual Statewide Stroke Conference to discuss and learn specific ways to treat acute stroke in community and rural area hospitals.

Oklahomans coming together to treat stroke

Pre-eminent stroke physicians from stroke centers in Iowa, Cincinnati and Boston presented information designed to help more physicians and nurses in rural areas to make their hospital “stroke-ready.” Audience members received the most current and practical information for providing emergency care which can limit or eliminate the devastating disability that can accompany stroke. Sixty-seven hospitals, clinics and rehab facilities from across Oklahoma were represented, coming to learn the most effective treatments for stroke that can be used in their own hospital, even small community hospitals with a limited number of beds.

Time Lost is Brain Lost

Oklahoma currently ranks number 3 in the United States for highest death rate from stroke, which is the leading cause of adult disability in Oklahoma, as well as the nation. During the conference, strategies for giving the clot-buster drug tPA (which can dissolve the



Stroke Conference audience

clot causing the stroke and thus limit or eliminate the damage caused by stroke) were clearly and practically shared.

Telestroke - Equal access to acute stroke care regardless of location What is telestroke?

Telestroke is a consultative modality that allows a patient with stroke symptoms to go to their local emergency department where they can undergo a remote assessment by a stroke specialist at a different location. The goal is to provide practical ways for hospitals across the state to deliver the best emergency care of stroke, including:

- Provides real-time neurological assessment of patients presenting in hospital Emergency Departments
- Rapidly evaluate and treat potential acute stroke patients
- Augment existing hospital-based neurologic coverage to help provide 24/7/365
- Promotes evidence-based emergent stroke care



Stroke Conference panel

- Improved outcomes, reduced morbidity and mortality

According to Dr. Gordon, “with training and education, community hospitals can safely administer IV-tPA and give Oklahoma citizens a greater chance of avoiding potential devastating disability from stroke.” Plans for the 2010 Statewide Stroke Conference are already underway for February 13, 2010.

“STROKE PEARLS” from conference

- Harold Adams, M.D., Director of the Department of Neurology for University of Iowa, stressed that hospitals anywhere in Oklahoma who treat stroke should be able to offer the clot-buster drug, tPA to appropriate patients as a “standard of care”.
- David Lee Gordon, M.D., FAHA, Director and Chair of Dept. of Neurology, OU Health Sciences Center, demonstrated how to perform a rapid, focused neurologic examination on stroke patients.
- J. Philip Kistler, M.D., Director Emeritus of the Stroke Service, Massachusetts General Hospital, reviewed striking imaging photos of different types of strokes, to determine best ways to treat it.
- Lee Schwamm, M.D., Director of Partners Telestroke Center at Massachusetts General Hospital, demonstrated a “real-time” assessment of a stroke patient over long-distance using telestroke capability. This links outlying hospitals with larger stroke centers to provide accurate decision to give tPA to a patient without losing valuable treatment time, avoiding more brain damage.
- Joseph Broderick, M.D., Chair of Department of Neurology at University of Cincinnati, clearly stated that “to give IV rt-PA all you need is a CT scan and someone who knows how to read it as well as a physician who knows how and in whom to use it. A neurosurgeon on call for the hospital is not required.”
- INTEGRIS James R. Daniel Stroke Center directors Charles H. Morgan, M.D. of Southwest Medical Center, and Lawrence Davis, M.D. of Baptist Medical Center, hosted the event and fielded questions about treating and transferring stroke patients by “drip and ship” in Oklahoma.

6 New MRC Units in Oklahoma



The Medical Reserve Corps mission on a national level is simple—to help communities be better prepared to deal with disaster. MRC units across the United States are forming to establish teams of local volunteer medical and public health professionals, along with community personnel, that will contribute their skills and expertise during times of community, regional, and national disasters.

In Oklahoma, there are now 19 MRC units including local units, often based within the local county health department, and specialty units, such as the Oklahoma MRC Nurses sponsored by the Oklahoma Nurses Association. MRC volunteers can assist during large-scale emergencies, such as an influenza epidemic, an act of terrorism, or a natural disaster. On a daily basis, they can be called upon to help in public health initiatives, and to offer

education and prevention services to help improve the overall health of their neighborhoods and communities. Nurses are an integral part of most MRC Units, providing leadership and a wide variety of skills.

As the interest in and demand for additional regional expansion and partnerships grows, six new MRC units now participate statewide in Oklahoma. For more information about getting involved in your community's preparedness efforts, log on to www.okmrc.org.

- Okfuskee County MRC is still in the "learning stages," according the unit leaders but already touts 35 volunteers. The county unit coordinator is Charlene Haddox, at the Okfuskee County Health Department.
- Osage County MRC recently expanded to 27 volunteers and the county unit coordinator is Marilyn Cooper, RN, who serves as the Coordinating Nurse for the Osage County Health Department.
- Hughes County MRC is spearheaded by county unit coordinator Barbara G. Maxwell at the Hughes County Health Department.
- Seminole County MRC has recruited about 20 volunteers from throughout the county. Robin Harris is the county unit coordinator. She's dedicated ten years to working with the Seminole County Health Department.
- Pottawatomie County MRC reports that interest continues to soar and activities expand with their new unit. Cindy Rieger, RN, MS, CNS is the MRC county unit coordinator at the Pottawatomie County Health Department.

- Carter County MRC has held their first meeting and is lead by the county unit coordinator, Cindy Baker, ARNP at the Carter County health Department.

In Oklahoma, nurses have always been willing to help during times of disasters. The goal of the Oklahoma MRC Nurses is to develop a corps of volunteer professional nurses willing and prepared to respond to a disaster. The objectives include recruiting nurses, developing the standards for training and credentialing nurses for a disaster, and establishing community-based partners with whom the volunteers will work. Oklahoma MRC Nurses works closely with the other MRC units across Oklahoma to help coordinate recruiting, training and deployment of volunteers when needed. All currently licensed registered nurses, licensed practical nurses, and nursing students are encouraged to volunteer, including part-time, retired, and full-time employed nurses. For more information about the Oklahoma Nurses Association go to www.oklahomanurses.org.

ONA Convention 2009—The Excitement Builds!

If you liked the 2008 ONA Convention, you're going to LOVE the 2009 Convention. Even if you did not go to the 2008 Convention, you are still going to LOVE 2009!

Now you might be wondering "why are we having another Centennial Convention?" The answer: "Because We Can!" The first organized meeting of the Oklahoma Nurses Association occurred in 1908, however the organization did not receive its official charter in 1909. So we get to celebrate for two years!

So how is 2009 different from 2008? Although the basic theme is the same "100 Years of Caring," the 2008 Convention looked more to our historical roots by "Standing On The Shoulders of Giants. The 2009 Convention will be looking forward to the next 100 years by "Using Momentum to Build the Future!"

After reviewing data from the last five conventions, the convention planning committee noted that the attendance for the Friday sessions were extremely small. For all practical purposes, the convention had become a one and one-half day convention. Also, the House of Delegates session had not met on Friday for a number of years.

Based on this data, the planning committee decided to eliminate the Friday session altogether. The House of Delegates is changed to one session on Wednesday afternoon. The total amount of time now allocated of the House of Delegates is actually more than was allocated in the past for the two days of sessions.

To maximize Thursday of the Convention, there are now five tracks for the breakouts: Administrator, Burnout/Life Balance, Clinical, Educators, and



Students with an exciting keynote speaker in the morning! Although we have always had a tract system for the concurrent session, they were never very well identified. The student tracts may not generate CEUs, but all the other tracts will. These tracts will now be identified in the brochures and literature about the convention. There will be three to five possible presentations to choose from for each one of the concurrent sessions.

The new schedule also allows for increased social networking opportunities which are always an important element in conventions. The various non-session activities increase the opportunities for

interactions among the members. For those unable to spend Thursday night at the Embassy Suites Norman, please plan to stay late on Thursday, while the rush hour traffic dwindles, you're invited to a closing reception, a fun time to catch up with everyone!

Finally, the convention is being held at the brand new Embassy Suites in Norman, OK. The Board held their annual retreat there in January 2009, and I can testify from personal experience that the facilities are top notch! They have spacious and numerous meeting halls, great rooms and are located in the heart of the shopping areas in Norman.



2009 ONA Convention: October 28-29 Using Momentum to Build the Future!

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
Awards Luncheon*
Networking Break
Exhibit Hall
Poster Presentations
Rush Hour Reception

Concurrent Session Tracks

Administrators/Managers
Burnout/Life Balance
Clinical (Practice or Process)
Educators
Students

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

*Luncheon is included with registration fees



Featuring Keynote Speaker: Connie Merritt, RN, PHN

Dubbed "The Lion Tamer" for improving relationships at work and home. From her twenty-plus years professional speaking, she knows how to add value, fun and excitement to your meeting. Her programs draw upon her experience as a nurse, author, speaker, coach, rehabilitation equestrienne, wife, sales star, volunteer, fundraiser, actress, recuperating overachiever and recovering superwoman.

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



2009 ONA Convention: Using Momentum to Build the Future!

Guidelines for Abstracts—Online Submissions

These guidelines are also available **online** at www.OklahomaNurses.org.

Call for Proposals

200-500 words, addressing one of five concurrent session tracks:

- Administrators/Managers
- Burnout/Life Balance
- Clinical (Practice or Process)
- Educators
- Students

Submissions may be made online and must include:

- Abstract, Title and Cover Sheet in electronic format
- Point of Contact
- Author(s) and credentials
- Note: Authors may submit multiple proposals. This will be a **competitive** selection process.
- **Deadline: June 30, 2009**

If your proposal is accepted

- You will be notified no later than **August 1, 2009**, and asked to present on Thursday, **October 29, 2009**, at the Embassy Suites Norman in Norman, Oklahoma.
- You will be required to complete and sign CNE credentialing forms, which are available online, before **August 31, 2009**.
- You should be prepared to engage the 20-50 attendees expected for each concurrent session.
- You will be required to submit electronics versions of all handouts to the ONA office by **October 1, 2009**.
- You will receive up to **two complimentary** Convention registrations.

Call for Posters

100-300 words, addressing one of five concurrent session tracks:

- Administrators/Managers
- Burnout/Life Balance
- Clinical (Practice or Process)
- Educators
- Students

Submissions must include:

- Abstract, Title and Cover Sheet in electronic format
- Point of Contact
- Author(s) and credentials
- Note: Authors may submit multiple proposals. This will be a **competitive** selection process.
- **Deadline: June 30, 2009**

If your proposal is accepted

- You will be notified no later than **August 1, 2009**, and asked to present on Thursday, **October 29, 2009**, at the Embassy Suites Norman in Norman, Oklahoma.
- You will be required to complete and sign CNE credentialing forms, which are available online, before **August 31, 2009**.
- Posters will need to be in place before 10:30am .
- You are required to staff your poster **ONLY** during the afternoon networking break.
- Suggested maximum size of posters: 36" by 48"
- You will receive up to a **25% discount** on two Convention registrations.

Submissions may be made online and must be received by 4pm, June 30, 2009. For more information visit the website, or call (405) 840-3476.



2009 ONA Convention: Using Momentum to Build the Future!

Exhibitor Invitation: October 29, 2009, Embassy Suites, Norman, OK

More information, booth reservation, and contract application are available online at www.OklahomaNurses.org

Full Booth (approximately 8' wide by 10' deep)

Booth Prices:

- Prior to July 31, 2009 \$450.00
- Prior to September 18, 2009 \$500.00
- After September 18, 2009 \$550.00

Exhibit Information:

- Embassy Suites, Norman, Oklahoma
- Move in times:
Wednesday, 5:00 p.m.-7:00 p.m.;
Thursday 7:00 a.m.-10:00 a.m.

Exhibit Hours

- Thursday 10:00 a.m.-4:30 p.m.

Rental Fee Includes:

- Back drape & booth dividers
- 1 Skirted table, electricity available
- 2 Folding chairs
- 1 Vendor Identification sign with booth number
- Vendor packet
- 2 Convention Registrations

Table Top (no backing, no floor-model pop-ups)

Table Top Prices:

- Prior to July 31, 2009 \$275.00
- Prior to September 18, 2009 \$300.00
- After September 18, 2009 \$325.00

Exhibit Information:

- Embassy Suites, Norman, Oklahoma
- Move in times:
Wednesday, 4:00 p.m.-7:00 p.m.;
Thursday 7:00 a.m.-10:00 a.m.

Exhibit Hours

- Thursday 10:00 a.m.-4:30 p.m.

Rental Fee Includes:

- 1 Skirted table, electricity available
- 1 Folding chair
- 1 Vendor Identification sign with booth number
- Vendor packet
- 1 Convention Registration

**PLEASE NOTE THE FOLLOWING: ONA reserves the right to change these approximate values.
Some Convention Sponsorship levels include an exhibit booth and/or discounts to be applied toward the fee.
Loyalty Discounts will be given to returning vendors (\$50 Off).
Reservations may be made online. For more information visit the website, or call (405) 840-3476**

Exhibitors and Sponsors



Oklahoma Participates in National Nursing Education Capacity Summit

All-Country Summit Sparks Innovative Solutions to Oklahoma Nursing Shortage

BALTIMORE, MD—The nation is facing an unprecedented nursing shortage that raises costs and threatens the health care of hundreds of millions of Americans, including nearly 78 million aging baby boomers. By 2012, Oklahoma is expected to have a shortage of more than 3,000 nurses if current trends continue.

While the nursing shortage persists, there is also a dire shortage of nurse faculty according to the most recent survey done by the Oklahoma State Regents for Higher Education. Only 68 percent of qualified baccalaureate applicants were admitted into programs at local public colleges and universities, while only 43 percent of qualified associate applicants were admitted. In addition, Oklahoma's post secondary nursing education programs reported a shortage of 17 faculty members, with another 37 registered nurse faculty planning to retire within the next five years. With qualified students being turned away from nursing schools every year, the lack of funds to hire enough faculty to teach the number of student applicants has become a challenge.

To help combat the problem locally, the Oklahoma Health Care Workforce Center (OHCWC) continues to obtain funding to address these projected health care shortages. This year, OHCWC's top priority for Oklahoma's 2009 legislative session will be securing funds to increase health care educational pipeline through the introduction of SB 310 by Sen. Susan Paddock. The objective will be to expand the number of qualified faculty to teach nursing and allied health programs, and to support the increased use of innovative education and training methods.

Working on the issue nationally, the Center to Champion Nursing in America, a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, in collaboration with the U.S. Department of Health and Human Services' Health Resources and Services Administration and the U.S. Department of Labor on February 4-5, 2009 hosted the 2009 Nursing Education Capacity Summit. The meeting brought together multi-stakeholder teams from across the U.S., including Oklahoma, to create solutions to the nursing shortage.

Oklahoma sent a team to this all-country summit in Baltimore including:



Carole Kenner



Sheryl McLain



Gayle McNish



Kammie Monarch



Christine Weigel

- Carole Kenner, DNS, RNC-NIC, FAAN, dean and professor at the University of Oklahoma College of Nursing and chair of the Institute for Oklahoma Nursing Education;
- Sheryl McLain, MS, executive director of the Oklahoma Health Care Workforce Center;
- Gayle A. McNish, RN, Ed.D, MS, deputy director for regulatory services of the Oklahoma Board of Nursing;
- Kammie Monarch, RN, MS, JD, chief nursing officer of the Oklahoma Health Care Workforce Center; and
- Christine Weigel, RN, BSN, MBA, chief operating officer/CNO of McBride Clinic Orthopedic Hospital, president of the Oklahoma Nurses Association and past president of the Oklahoma Organization of Nurse Executives.

Summit participants identified and developed approaches to improving nursing education capacity—with the ultimate goal of reversing the growing nursing shortage that could leave Oklahoma and the nation without enough nurses. They shared best practices and focused on four key areas: strategic partnerships and resource alignment; policy and regulation; increasing faculty capacity and diversity; and redesigning educational curricula.

At the summit, Oklahoma team members shared lessons learned from Oklahoma's capacity expanding endeavors. Those included:

- Extensive and sincere willingness to collaborate among stakeholders; and
- Having structures in place to facilitate coordinated implementation of capacity expanding strategies and tactics.

In addition, Oklahoma team members suggested that capacity expansion-related next steps include:

- Convening a statewide nursing summit to create a plan to move nursing forward in Oklahoma;
- Implementing:

- a statewide clinical placement system; and
- strategies to increase the consumer and other stakeholder involvement
- Encouraging the implementation of clinical educational models designed to increase capacity and efficiency in nursing and allied health programs statewide; and
- Coordinating and sharing data, data collection strategies and data analysis activities.

"We know having enough qualified nurses is critical to delivering high quality, cost effective health care, especially as Boomers age and experience more complex health conditions," said Susan Reinhard, senior vice President of the AARP Public Policy Institute and chief strategist for the Center to Champion Nursing in America. "Like their colleagues, Oklahoma will benefit from the successes of other states that have already implemented programs to reverse this shortage."

The summit was held during an important time as America's leaders are making health care reform a priority. According to a post-election poll commissioned by the Center to Champion Nursing in America, nearly 90 percent of Americans agree that making sure there are enough nurses to monitor patient conditions,

coordinate care and educate patients should be a part of the effort to improve the quality of health care. Americans say nurses play an important role in reducing health care costs in the areas of patient safety, preventing medical errors, care coordination and providing primary and preventive care.

"Nurses are a vital part of our health care system and this first-ever all-country summit proved that by focusing on solutions, rather than simply pointing out the problems, we can make a difference," said RWJF senior nursing adviser Susan Hassmiller. "This summit sparked innovative ideas for these state teams and produced some of the answers states need to take back with them to reduce the shortage on the state and national level."



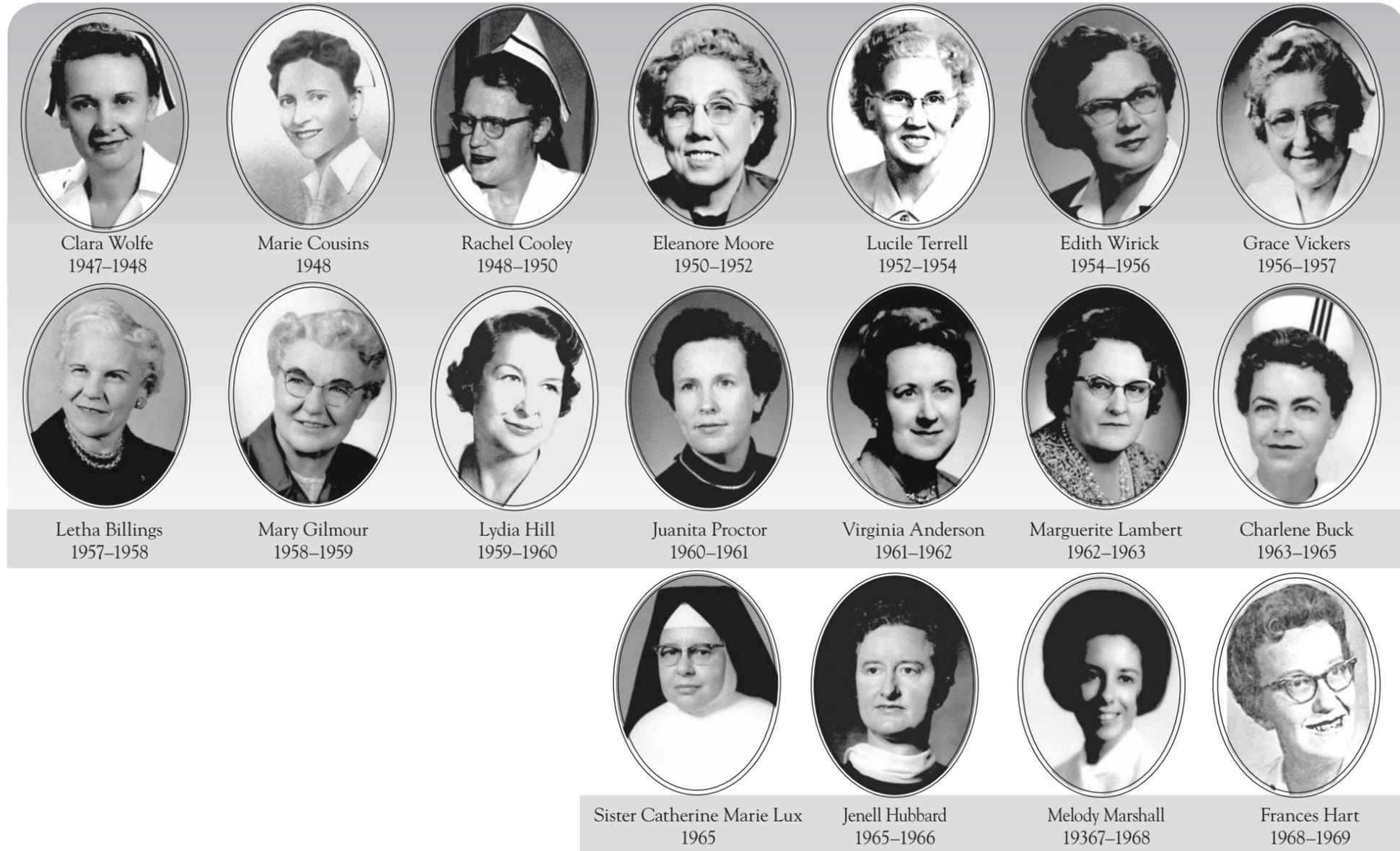


ONA's History In Review

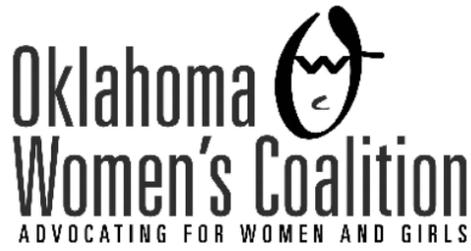
1948-1968

Here is the second in our Centennial series. The photographs of ONA Past Presidents featured were to the Oklahoma Nurses Association by the Past Presidents Club and were maintained during its existence. The materials presented here were collected as a result of the efforts of the Centennial Committee: Evelyn Acheson, Sheryl Buckner, Lucille Cox, Terry Cox, Claudine

Dickey, Clare Delaney, Eileen Stephens, Karen Tomajan, Joyce VanNostrand, Francene Weatherby, Chris Weigel, Deborah Wipf, and Lisa Watkins. Special thanks to UCO Nursing Students: Krystal Bills, Brandi Bybee, Kathleen Dalke and Ashton Semsch.



- 1950 ONSA begins plans for a state-wide student nurses association and hosts the 1st meeting of the Oklahoma State Student Nurses Association in ONSA Annual Convention. Collaboration on joint conference in 1952.
 - 1952 ANA Resolution a 40 hour work week adopted and Valley View Hospital in Ardmore is the first hospital in Oklahoma to initiate the 40 hour work week
 - 1953 The Nurse Practice Act was enacted by the state legislature changing the Oklahoma State Board of Nurse Examiners to the Oklahoma Board of Nurse Registration and Nursing Education signed by Gov. Johnston Murray. Oklahoma currently has 5,515 RNs 2,794 LPNs
 - 1959 Legislature provides funds to the Department of Vocational Education for the practical nurse training program
 - 1960 60 ONA Members travel to Miami Beach, Florida to attend the ANA convention, where Mary C. Mink received the Mary Mahoney Award for her work in opening nursing opportunities to minorities.
 - 1961 Commemorative nursing stamp introduced by the US Post Office
 - 1962 OHA, Oklahoma Medical Association and ONSA joined together to discuss patient care. The finding of this committee was that these issues were best solved within each hospital. Each hospital was asked to establish a committee comprised of administration, nursing service and medical staff to discuss policies, establish plans and programs so that the hospital could provide the best possible patient care to the community it serves.
 - 1964 Nurse Training Act of 1964 signed by President Lyndon B. Johnson providing funds to increase numbers of better prepared nursing students
 - 1965 OSNA and State Medical Association develop statement concerning dependent nursing function
 - 1967 Nurse of the Day program established. OSNA accepts the invitation from the Oklahoma Academy of General Practice of the Oklahoma Medical Association
 - 1968 First Oklahoma Nurse-Physician Conference theme: *Nurse-Physician Collaboration Towards Improved Patient Care*
- President Kennedy signs Manpower Development and Training Act of 1962.
- Nurse Practice Act amended to require those practicing as a nurse to be licensed. Currently 8,155 RN and 4,412 LPN licensed in the state. Average salary for RNs entering the profession was \$6,500
- Advisory Council to the Board of Nurse Registration and Nursing Education established comprised of representatives from the Hospital Association, State Medical Association, Osteopathic Association, Nursing Home Association, Dental Assoc, Oklahoma Association of LPN, Am Association of University Professors and Oklahoma State Nurses Association.



New Women's Coalition to Advocate for Women, Girls

OKLAHOMA CITY—The newly formed Oklahoma Women's Coalition (OWC) was formally launched Wednesday, February 18 at a news conference at the State Capitol.

Lt. Governor Jari Askins and Corporation Commissioner Dana Murphy participated, and both emphasized the importance of a bipartisan effort to improve the future of Oklahoma women and girls.

According to Dr. Jean Warner, OWC Chair, Oklahoma is the third worst state in the nation for women and girls. "We are number 1 in incarcerated women and child abuse; number 4 in the divorce rate and number 6 in teen births," stated Warner. "This is not OK with Oklahomans."

"The state is coming up short when it comes to creating an environment that influences women and girls to achieve their full potential," Warner said, adding the OWC will work with the Legislature, state agencies and other organizations to create favorable outcomes to improve the situation.

The Coalition will advocate and disseminate valuable information on six areas of focus: Education, Healthcare, Incarceration, Violence, Aging, and Work and Families. The OWC currently has 15 member organizations that represent over 85,000 Oklahoma women and girls. ONA is proud to be a founding member organization.

VA Strives to Help with Nursing Shortage

*By Susan Park, RN, M.Ed.
Nursing Instructor, Oklahoma City
VA Medical Center*

The Veterans Affairs system has developed a program to assist with alleviation of the nursing shortage called the Veterans Affairs Nursing Academy (VANA) This program is designed to provide an increased number of available faculty which in turn will allow universities to increase the number of students enrolled in their program. There is the hope, also, that it will provide the VA with valuable recruitment and retention opportunities. A pilot program of this grant was started in 2007. Four VA medical centers in partnership with a local college of nursing were chosen. In 2008, an additional six facilities were chosen. Oklahoma City VA Medical Center (OKCVAMC) and the Oklahoma University College of Nursing (OUCON) were fortunate to be included. This grant provides the facilities with approximately two million dollars to hire faculty, obtain materials and promote nursing for a four year period of time.

The title for the program in Oklahoma City is "Transition to Professional Practice." The program is separated into four phases. Phase I incorporates the Junior year for the students. OUCON was able to increase their enrollment by 20 students to a total of 116 students for the Fall 2008 semester. The OKCVAMC hired three staff that functions as adjunct faculty with OUCON. OUCON was able to hire two additional staff for clinical experiences.

The VA staff is the primary clinical instructors for 20 students. These students are members of a group titled the "VA Cohort." This group will complete the majority of their clinical rotations at the VA. The only rotations they will obtain outside of VA is maternal/child.

Phase II consists of a summer Nurse Extern Program. This program is more structured than any the OKCVAMC has offered in the past. It will consist of 400 hours of clinical and didactic experiences that

is designed to assist the student increased experience in information learned during the junior year and an introduction to some information that will be offered in the senior year. The students selected for this program are hired by the VA and will receive a salary that is 80% of an entry level Registered Nurse (RN). They will also be offered the opportunity to remain with the VA following the program in an intermittent status.

Phase III consists of experiences for the Senior year. All clinical experiences will be provided at the OKCVAMC. They will have experiences in Mental Health, Critical Care, Community Healthcare and Leadership. The VA will be hiring an additional three staff. Two for clinical instruction and one to coordinate the facilities Evidence Based Practice program and developing Phase IV of the VANA program.

Phase IV has a post-graduation focus. It is a Residency Program for new graduates. This program will last a year where individuals selected will receive a structured, detailed orientation that includes classes and preceptor guided experience. Additional didactic and simulation opportunities will also be provided to assist in their integration into the profession.

To date, there have more positive outcomes than negative. Students were reluctant and frankly did not want to participate in the VA Cohort initially. Since then, they have overwhelmingly praised the experiences they have received and other students have expressed an interest in coming to the VA for clinical rotations. In addition, the instructors have proven to be great ambassadors for the VA and there has been a good response to the call for hiring of the instructors for Phase III.

Finally, there have been several lessons learned already. First is communication to the nursing staff. They have been an invaluable asset in the current success of the program. Second was orientation of the instructors so they know how to handle all aspects of the academic side, such as grading care plans. Finally, the realization that not every new program is going to be perfect the first time around and that everyone involved needs to be flexible and make changes to improve the program.

Both the OKCVAMC and the OUCON is excited about this program. An additional 20 to 24 students will be added in the Fall 2009 semester and the original cohort will be moving on to Phase III. It will be exciting to see how this will all turn out in the end. Hopefully, at the end of four years we will have an additional 80 to 100 nurses entering the profession that might not have had the opportunity otherwise.

Evidence-Based Strategies to Address Nurse Manager Engagement

Tyler Tims, BSN, RN
Graduate Nursing Student:
OUCN Administration Pathway

Engagement is currently a widely discussed topic in nursing. Exploring the concept provides opportunity for those unfamiliar with it to gain knowledge of what it entails and how engagement affects our work environments. In nursing, engagement suggests that the nurse is physically, mentally, and emotionally “engaged” in their work. They feel a sense of ownership, loyalty, and dedication to create a safe environment for patients and an effective and efficient working environment. Engagements a primary, critical component of patient safety and quality of care.

So how do we determine if our Nurse Leaders/Managers are engaged in their work? A recent study done by Mackoff and Triolo (2008) begins to answer this question. They interviewed 30 nurse managers utilizing the Nurse Manager Engagement Questionnaire (NMEQ) tool. The NMEQ, shaped in an appreciative inquiry format, measures positive attributes and emphasizes experiences and long-term values in individuals and organizations that are associated with nurse manager engagement.

The study does an excellent job of identifying the characteristics of an engaged Nurse Leader and the organizational factors that contribute to engaged staff and leadership. The characteristics are summarized in the following outline.

Identified Behaviors of Engaged Nurse Managers

1. Mission-Driven
 - Motivated and driven by a sense of meaningful mission and context
 - Orientation to purpose and intention
 - Ability to focus on end results while managing day-to-day operations
 - Keeping in mind the “big picture” to explore scientific issues
2. Generativity
 - The capacity to find joy and satisfaction in caring for and contributing to the next generation
 - Finding gratification in the development of others
 - Creating a legacy in one’s own image
 - Maintaining continuity and linking generations
 - Granting opportunities for autonomy and freedom
3. Ardor
 - Warmth, animation, excitement
 - Excitement about staff, colleagues, and leadership
 - Dedication to patient care
 - Commitment to the organization
4. Identification
 - Identify with the work of others
 - Savoring the managers part in the staff success’s
 - Maintain clear line of sight that connects you to the care of the patient at bedside
 - Create atmosphere where staff can provide superb patient care
5. Boundary Clarity
 - “Not taking it personal” is general theme
 - Capacity to build strong relationships with others while maintaining sense of self
 - Cultivate strong internal boundaries
 - Create emotional insulation restoring boundaries through disengagement
 - Model and display appropriate boundaries
6. Reflection
 - Ability to examine experience
 - Provides opportunity for course correction and continuation

- Observe yourself and note the effect of your behavior on others
 - Scan for clues about self and others in the workplace
7. Self-Regulation
 - Using restraint to keep emotions in check
 - Suspend judgment
 - Conserve energy
 - Learn to choose “battles” and choose the ones you can win
 8. Attunement
 - Regard of the individual and appreciation of their contribution to the organization
 - Capacity to understand diverse perspectives
 - “Standing in their shoes”
 - Set aside assumptions until entire story is heard from both sides
 9. Change Agility
 - Leadership behaviors and attitudes that drive and seek model change
 - Challenge the process
 - Welcome and initiate change
 - Seek change through new learning
 10. Affirmative Framework
 - Ability to be resilient
 - Utilize optimistic explanatory style
 - Generate positive explanations
 - Model resilient behavior for staff

Organizational Factors that Contribute to Engaged Nurse Managers

1. Learning culture
 - Organizational support of learning and providing/accessing resources
 - Access and sponsorship of continuing education
 - Opportunities to grow outside of your unit
 - Accessibility of those “in the know”
2. Culture of Regard
 - Offering esteem and recognition of nursing’s importance
 - Empowering nursing practice
 - Facilitate goal achievement
3. Culture of Excellence
 - Communicate expectations of excellence in care and practice
 - Cultivate pride and personal investment in the organization’s reputation, results, research, and continued growth
4. Culture of Meaning
 - “Meaningfulness” on the job is highly associated with engagement
 - Create mission clarity and perception of organizational values
 - Foster alignment between individual and organization values and contributions
5. Generative Culture
 - Commitment to caring and contributing to future generations
 - Encourage visible mentorship of Nurse Managers
 - Provide exemplars to serve as role models
 - Offer available and approachable senior leadership

The study established the need for the engaged nurse manager to ‘maintain line of sight’ between patient care, managerial duties, and the organization mission. This proved to be a significant and

previously under documented aspect of long-term nurse manager engagement. The managers spoke about their loss of ability to see their impact on direct patient care. Nurse Administrators should assure that job descriptions clearly define the need for the nurse managers to stay engaged in their unit and to be aware of Nurse Managers, time allocation so they are not removed from their first priority duties.

Of the ten factors reported to be characteristics of an engaged nurse manager, some are dispositional and some are teachable (can be learned and practiced). The study recommends that teachable factors be prominent in nurse leader training curriculum. The curriculum could include case-study simulations, role-playing scenarios, and self-assessment to practice the factors identified as teachable from the article.

In conclusion, similar studies have suggested that nursing engagement directly effects numerous activities involved in nursing day-to-day duties such as medication errors, pay-for-performance scale systems, incident prevention, and overall quality of care. The findings of this study suggest that organizations that focus on a culture of engagement can establish a wealth of future leaders, and can reduce the number of managerial vacancies in their organizations. Organizations who invest in nurse manager engagement have the potential to see increased staff satisfaction through managerial engagement that promotes retention and helps to develop the next generation of nursing leaders.

Acknowledgement

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It's Never Too Late for Education

Lynn B. Clutter, PhDc, RN, CNS, CNE

My mother in law passed away several years ago. We miss her. She was a Registered Nurse and an Oklahoma Nurses Association member until her dying day. I want to set forth her life as an example. She has been an inspiration for learning to those in her family and hopefully to you now. If you or one you know has a desire to pursue further education, I hope that my mother in law will be an inspiration. Perhaps this is the time to go for it!



Ginger Clutter

For Ginger Clutter, it was never too late to learn. She valued education for herself and others. Indeed she had a long history of learning. After graduating from high school, she earned her Bachelors and Masters degree from the University of Illinois, Urbana. While there, she had a graduate teaching assistantship from 1946 to 1951 in the Department of Spanish and Italian. During that time she continued learning. In my opinion, a good teacher is a good learner. She was a good learner and did well in school.

She completed all the coursework for her PhD, so she liked to say she was an "ABD," that is, "all but dissertation." In 1945, she had married, in 1950 their first of four children was born, and in 1951 my father in law received his master's degree. This launched what she called, "the nomad life of a Petroleum Geologist." The point I'd like to make about these family transitions is that education often involves change. Flexibility is needed. Plans change. Family transitions are often at the root of educational changes. Although Ginger decided to stop her PhD work, her education was life long. Her education did, however, change from foreground to background.

Education was not the "end all" for Ginger Clutter. It is nice to know that when life moved a different direction, she embraced the change. Education should enhance one's life. The process may sometimes be complex, but the end result can be wonderful. Ginger Clutter knew the balance of when to study and when to stop.

Living in Billings, MT, Ginger taught Spanish at Rocky Mountain College. In 1965, the family—now of six—moved to Tripoli, Libya. There Ginger taught English to Libyan oil company employees at the Language Training Center. Moving again in 1974,

the family transferred to London, England where Ginger worked at the American School in London. In the United States, Tripoli, and London. Ginger was academically involved and also taught her children the value of education. Returning to the United States and Tulsa, Oklahoma in 1979, Ginger lived near her nurse-daughter, Wendy Clutter Van Matre, ARNP, MS, CEN and her nurse-daughter-in-law, me.

Several years prior to the dawning of her sixth decade marked her status as a student nurse in at Tulsa Junior College (currently Tulsa Community College). Ginger not only became a Registered Nurse, but enjoyed a decade of RN service with the American Red Cross. She started nursing on night shift in NICU because she wanted to work with babies. She also worked at Methodist Manor for several years in support of their church. What a wonder! To have a late-life career and enjoy years of work is something of great value. Her investment in further education as an RN was well rewarded. It was satisfying and fulfilling for her in many ways.

But employment was not all. For twenty years, Ginger Clutter was active in service and leadership with the Registered Nurse Community Volunteers. The purpose of Registered Nurse Community Volunteers (RNCV) is to promote and support health care, to assist community nurses through education, and to facilitate professional volunteer opportunities (Volunteer Central of Greater Tulsa website). Working as an RN Community Volunteer, Ginger worked weekly for twenty years, primarily with Project Get Together Clinic. She also gave flu shots for the City-County Health Department. She shared in student scholarship award ceremonies and in RNCV leadership. She was instrumental in getting their scholarship program to cover advanced education for nurses—they now offer scholarships to those in masters and doctoral level programs. Even now, members of the organization remember Ginger's faithful service.

Ginger Clutter was one to inspire others to do well in formal and informal programs of education. I remember being in the throws of despair when writing my master's thesis. My mother-in-law stepped in with editing assistance, practical help, and encouragement. She championed other's academic successes.

It was never too late for Ginger to learn, to teach, to encourage learning. Her own education in nursing carried her through her latter years. Erikson lists "generativity versus stagnation" as the seventh stage in his psychosocial theory of development.

The individual's task is to contribute to family, community, and world. It is the phase around 25-65 years of age when productive involvement aides in the succeeding generations. Ginger Clutter was certainly generative! Stage eight, "integrity versus despair" is the final phase focused on reflecting back over one's life. Integrity is the review of life with a sense of having few regrets, and a general sense of satisfaction. My thought is that my mother-in-law was generative well into her eighth stage. Her sense of satisfaction came with continued generativity! She finished life well. Her later education helped in the pleasant unfolding of life transitions. We can learn from her.

It is never too late to be a learner. If you are reading this, you likely are already a nurse. It is not too late for you to be a learner. It may be that reading this article triggers a thought of someone else who has voiced a dream of further education. It may be that Ginger Clutter's "latter life learning" will spark a fresh vision for you. I have been inspired myself and am pleased to say that 2009 marks the completion of my PhD in nursing...at the age of fifty-three. I look forward to fruitful contribution to the profession for hopefully decades.

Adult learning is a wonderful thing. I was not a student in early undergraduate education. I only started appreciating self-directed learning as I became an adult. As I became aware of my own learning styles I improved and overcame obstacles that were very present in my earlier years. The hunger for growth can enliven and strengthen individuals, families, and in turn communities. We see it in the example of Ginger.

Learning these days is not just for those who read well. Technology has advanced to offer strength for those with other learning styles such as auditory, visual, or kinesthetic modes (learning by doing). Nursing education embraces the use of all styles of learning. Multimedia venues are used in virtually all programs. Besides that, a "seasoned person" knows that one can learn at a comfortable pace and in an environment of choice. Again I say, it is never too late for education. Enjoy your learning. It will boost your life contribution.

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