



April 2013



The most demanding patients may be the best teachers, says one RN. Her story on pages 4-5.

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Welcome

Welcome to the April 2013 issue of *Always a Nurse*! This issue shares exciting new initiatives from the Honor Society of Nursing, Sigma Theta Tau International (STTI), as well as articles focusing on networking, financial tips, book reviews, and much more!

To view past issues of *Always a Nurse*, visit STTI's Membership webpage at www.nursingsociety.org/Membership

and click on "Always a Nurse." As always, we would love your feedback or article ideas for future issues. Please email suggestions to alwaysanurse@stti.org.

If you have any questions regarding *Always a Nurse*, contact Janell Jackson via email at janell@stti.org or call 888.634.7575 (U.S./Canada toll-free) or +1.317.634.8171 (International).

Inside the Society

Here we grow again

STTI has added two chapters to its ranks this spring:

- Phi Chi Chapter at the University of Houston-Victoria, Victoria, Texas, USA
- Phi Psi Chapter at Appalachian State University, Boone, N.C., USA

STTI started in 1922, with six nursing students at the Indiana University Training School for Nurses. Over 90 years later the organization has increased to 125,000 active members in over 90 countries and territories with 487 chapters. As the organization continues to grow, don't forget to share your story and your nursing

legacy with other STTI members on The Circle or volunteer to mentor area nursing students.

Join us at upcoming events

24th International Nursing Research Congress

22-26 July 2013

Prague, Czech Republic



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Inside the Society

(Continued from page 1)

This is STTI's international forum where attendees can exchange evidence-based practices and solutions among nurse researchers, clinicians, educators, policy makers, and administrators.

*42nd Biennial Convention
16-20 November 2013
Indianapolis, Ind., USA*

This is the premier event where STTI conducts all of its organizational business; elects and installs its board for the coming biennium; and hosts an international audience who attend clinically based, research-based, and leadership-based programs and presentations.



Visit www.nursingsociety.org/STTIEvents for more information or to register.

CELEBRATING 90 YEARS

1922-2012

90 and still going!

In 2012 and 2013, STTI members will celebrate through a variety of activities that are based on President Suzanne Prevost's call to action: Give Back to Move Forward.

There are several ways that you can join the celebration, including sharing your nursing passion with others, displaying your STTI pride, or participating with your local chapter in events or community service projects.

The celebration will conclude at the 42nd Biennial Convention in Indianapolis, Ind., USA, 16-20 November 2013. Visit the 90th anniversary webpage, www.nursingsociety.org/anniversary, for regular updates, or share your story on The Circle at <http://thecircle.nursingsociety.org>.

Share your time

Volunteering to assist with disaster relief, administrative support, cleanup, or rebuilding does not have to include heavy labor and lifting. You could help with coordination efforts, administrative tasks, medical support, or food distribution.

There are several volunteer resources on the Internet that provide information about positions in a variety of areas, including VolunteerMatch.org and Red-Cross.org. The VolunteerMatch website relies on the power of community, relationships, and partnerships to fulfill area needs. Volunteers can view and select from a variety of opportunities virtually. You can select from available positions by the cause you want to support, by suitability for a specific age group, and by the type of opportunity.

The American Red Cross exists to provide compassionate care to those in need. Its network of generous donors, volunteers, and employees share a mission of preventing and relieving suffering here at home and around the world through disaster relief, supporting America's military families, supplying lifesaving blood, and providing health and safety services and international services. The Red Cross website includes how to prepare for disaster volunteering, overall disaster preparedness information, information and registration for classes, and Internet resources.

Share your volunteer story or plans in The Circle, <http://thecircle.nursingsociety.org>, by clicking on the Global Member Forum from the "Discussions" tab.

Celebrate Nurses Week by honoring a special nurse

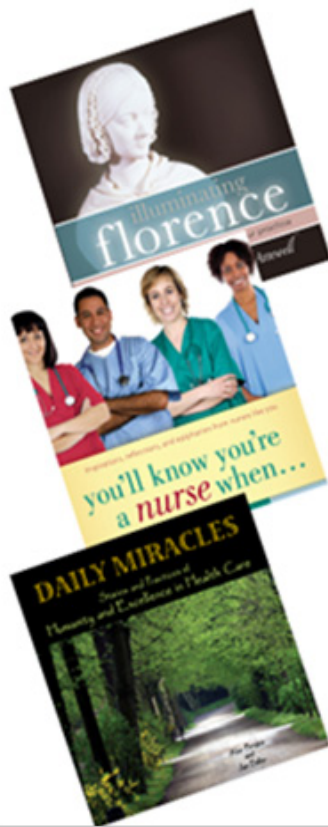
Is there someone who supported you in your nursing career? Celebrate 90 years of nursing and Nurses Week by making a gift in honor of someone special. Your help is needed to fund research and leadership education grants, membership subsidies and emerging initiatives like the Maternal-Child Health Nurse Leadership Academy Pilot in South Africa. Just this year, only 18 out of 130 small research grant applicants and 13 out of 100 members seeking a research congress leadership education grant were supported.

The STTI Foundation for Nursing has set a goal to increase grants by 100 percent by 2020. So celebrate someone special, honor 90 years of nursing and help meet the needs of nurses today and tomorrow with your US \$90 donation on or before 6 May. Your name will be added to the 90th Anniversary Donor wall.

To make your donation, contact the Foundation at +1.888.634.7575 or online at www.nursingsociety.org/Foundation/MakeaGift.

Celebrate Nurses Week 2013

Nurses Week is set for 6-12 May 2013. Celebrate yourself and other nurses with this fantastic offer!



This Nurses Week, we're celebrating you!



And to show you our appreciation,
now through 15 May 2013

Use the code:
LOVENURSES13

at your checkout and we'll take US \$15 off of your
purchase of US \$60 or more! Or, we'll take US \$30 off
your purchase of US \$120 or more!

Shop STTI Books



*What is on your reading list for this summer?
Send a review to alwaysanurse@stti.org, to share with other readers.*

RNL Article: “The patient I can never forget”

By May C.M. Ying, MSN, RN

Every nurse has a story—often more than one—that encourages him or her to keep going when the path becomes difficult. “The Lamplight Narratives,” inspired by the candle-lit Turkish lantern that illuminated an uncertain pathway for Florence Nightingale as she cared for suffering soldiers during the Crimean War, are published in Reflections on Nursing Leadership to inspire others who have also chosen the noble profession of nursing.

I had just returned to work after being off for the weekend when I was suddenly startled by “Get out of my room!” Moments later, when the charge nurse asked me to switch patients with the nurse who had been assigned to that room, I knew I would be dealing with an angry patient.

I never argue or bargain about my assignments, because I know every patient, whether “easy” or “difficult,” needs to be taken care of. I also know there’s no absolutely fair way to assign nurses to patients and that I need to be a team player, but I sure wasn’t happy about this particular assignment!

The SBAR report revealed the following:

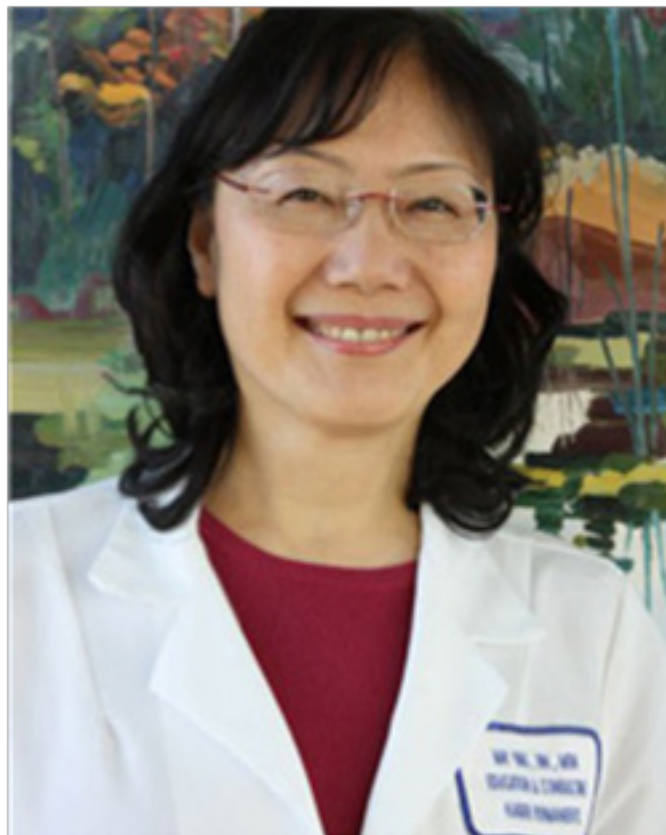
Situation: Middle-aged male; status post rectal surgery due to cancer.

Background: Cancer metastasized from stomach; positive for HIV and hepatitis C; has been off IV fluids; still on IV antibiotics; dressing change every 3 to 4 hours and PRN for drainage.

Assessment: Within normal limits in most areas, except for pain at 10/10 on the pain scale, if not medicated in time. Rectal wound draining moderate to large amount of light yellow or serosanguineous drainage with foul smell that requires frequent PRN dressing change. Psychosocially, can be very demanding and even rude at times; call light on frequently.

Recommendation: Other than following orders and providing care, medicate for pain as religiously as possible. Change dressing when asked, and good luck!

When I entered the room from which the loud outburst had come, I did so cautiously, praying the



the patient would be calm. He was.

After changing the dressing, doing a whole bed change and tidying up the room, I asked him to please call me for pain medication a little earlier to make sure that, in case I was busy helping one of my seven other patients, the pain wouldn’t become unbearable before I was able to respond. I also told him not to hesitate when he felt the dressing was wet and needed changing, and I would do my best to come as soon as possible. He said, “OK.” Did he need anything else? “No,” he responded.

Changing the dressing was very time-consuming. It was large, and the foul odor was really strong. He wanted to stand during the procedure. It was more comfortable that way. Because of the amount of drainage, he did press the call button rather often. Although he complained about the noise outside his room, he wanted his door left open. He was very specific about how much it should be open, an inch this way, then an inch that way.

(Continued on page 5)

It had been “one of those days,” but as I clocked out, staying for a while to complete my charting, I was glad the patient wasn’t angry anymore and that he appeared much calmer. And I had noticed that his calls for dressing changes seemed to have decreased as the day went on.

Day 2

When I returned the next day, I thought I would have a break from my difficult assignment, because that’s what the charge nurse had told me the day before. Typically, they try to rotate assignments when a patient’s care is more complex. It was not to be. I was still assigned to that patient, the charge nurse informed me. Why? Because the patient had requested it!

“I’m glad you’re back!” he informed me when I walked into his room that morning. I still remember the subtle smile on his face. I also remember that, although his care was still time-consuming, especially when it came to the dressing changes, that day did go by much easier.

Day 3

When I returned on Day 3, the charge nurse told me that, because our census was not high, she was assigning me fewer patients, but then added, “Please, please take that patient again!” Of course, I accepted the assignment, but I took strength from the thought that I would be off work the next day.

It is what I remember from that day, though, that has stayed with me until now. It was after yet another dressing change that my “demanding patient” quietly confided: “May, it is really too much to bear. I know it’s a lot of work for you guys, too. Trust me, I wouldn’t want to live a life like this at all, if not for my wife and kids.”

As I helped him get comfortable in bed, I noticed the tears in his eyes. “I really appreciate your help!” he said. And this I remember very clearly, “Thank you so much, May!” That almost brought tears to *my* eyes! I *never* would have expected that from this patient.

And I had been almost shocked when he mentioned

his wife and kids! “Wife and children?” I thought. “With the diagnoses he has of these potentially lethal infectious diseases?”

But that afternoon, a lady with two children came to visit my patient, and he called me in to introduce me to them. His wife was beautiful, and his daughter (about 13) and son (about 8) were both so cute and well-mannered!

Thank you!

One more totally unexpected happening made this patient unforgettable. The following Christmas, when I checked my mailbox on the unit, I found a card with a return address I didn’t recognize. Inside was a beautiful picture of my patient’s family, along with a thank-you note. I was so touched, and it instantly brought tears to my eyes!

We all know we need to do our very best to provide our patients the best possible care, regardless of diagnosis, disease stage or psychosocial status, and, of course, even if he or she is demanding or difficult. I’ve always thought of myself not only as a caring, gentle and competent nurse, but also as an open-minded nurse who accepts my patients without discrimination or being judgmental.

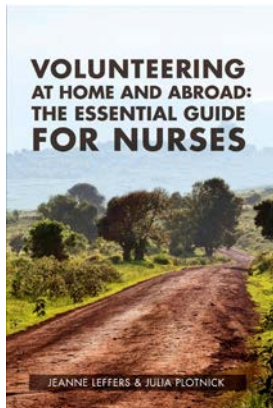
But this experience has taught me that there is always room for improvement. It made me realize that, because of limited life experiences or professional background, I am capable of prejudging someone or jumping to conclusions. When patients are difficult and demanding, it may have a lot to do with their physical and psychosocial situations because, when the body suffers, the mind reacts accordingly.

As nurses, we all have had some experience with demanding or difficult patients and, as a result, we often want to avoid them. But this, my most unforgettable patient, has positively impacted my nursing career, leaving me with a valuable and deep imprint of important lessons learned. **RNL**
www.reflectionsonnursingleadership.org

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BookMarks

Have you read this new book from STTI?



Volunteering at Home and Abroad: The Essential Guide for Nurses
A how-to book to navigate volunteering and truly help in times of disaster.

by Jeanne Leffers, PhD, RN and Julia Plotnick, MPH, RN, FAAN

Without a doubt, most nurses go into nursing because they want to improve the lives of others, be it in their own communities or halfway around the world. Many would volunteer all the time if they could, and few can watch televised reporting of natural disasters without feeling compelled to call their local Red Cross to find out how they can help. But volunteering in everyday conditions or in times of disaster takes more planning than a quick phone call, as Jeanne Leffers, PhD, RN and Julia Plotnick, MPH, RN, FAAN, the authors of *Volunteering at Home and Abroad*, well know.

“Nurses who rush to the scene of a natural disaster can actually cause more harm than good if they don’t work through a volunteer coordinating agency such as the Red Cross. If you get there without the logistical support of a volunteer agency, you can actually contribute to drain on essential resources like food, water, and shelter; cause additional traffic congestion; and cause coordinators to have to stop their work and figure out what to do with you,” says Plotnick, former chief nurse and assistant surgeon general of the U.S. Public Health Service and longtime global volunteer.

Volunteering abroad in developing countries or areas recovering from war can be even more complicated, and that’s what drove Leffers and Plotnick to write their book — the only book on the market specifically aimed at nurse volunteering — so that nurses can be effective volunteers and world citizens.

From identifying and selecting the volunteer opportunity, to organizing personally and professionally for the trip, to acclimating to the experience and new surroundings, and even how to re-enter society, the practical tips in this book are helpful for both the novice and the experienced volunteer.

Leffers, a nurse educator with more than 25 years of experience, is a faculty member for the University of Massachusetts Dartmouth. Her extensive volunteer work extends from the U.S. to the Dominican Republic, Guatemala, Honduras, Uganda, and Haiti. Plotnick, who served 23 years in the U.S. Public Health Service, routinely traveled abroad through Eastern Europe and Africa on disaster-relief missions. She currently serves as chair of the Health Volunteers Overseas board of directors.

Ordering information

Volunteering at Home and Abroad: The Essential Guide for Nurses, by Jeanne Leffers, PhD, RN and Julia Plotnick, MPH, RN, FAAN; published by the Honor Society of Nursing, Sigma Theta Tau International; ISBN: 9781-930538986; price: US \$24.95; trade paperback, 256 pages; trim size 6 x 9; available at www.nursingknowledge.org/STTIbooks. Published 8/30/2012, Vol. 37, No. 3. Active STTI members receive a 10% discount on this and all STTI-published books.

What have you read recently? Share your review! Send submissions to alwaysanurse@stti.org.



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