Dear Reader,

As BYU College of Nursing celebrates its 60th anniversary, changes taking place in health care—especially the nursing profession—are momentous.

In 2010 the Institute of Medicine of the National Academies (IOM) published its landmark report “The Future of Nursing: Leading Change, Advancing Health” (http://more.byu.edu/nursingfuture). This intensive two-year effort has set an aggressive agenda for our nursing profession this next decade.

I encourage you to read it carefully. Four key messages come from this cutting-edge document.

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

The Courage to Embrace Change

What will you do? Will you get your advanced degree? Will you risk taking a leadership position to actively lead nursing in the many changes and challenges facing health care?

The Robert Wood Johnson Foundation has joined with AARP and IOM in a nationwide effort to actively advance the recommendations through a project called The Future of Nursing Campaign for Action.

In Utah a group called Utah Action Coalition for Health (UACH) joined 10 other states to promote the IOM agenda. A collaborative grant was written for the second round of strategic planning to build coalitions with nursing, healthcare organizations, and community constituents. HealthInsight and the Utah Organization of Nurse Leaders, (including their Academic Leadership Committee of deans and directors of Utah nursing programs) joined with the local AARP to form UACH.

This Utah team has chosen to focus on two major areas. The first goal is to increase the number of baccalaureate-prepared nurses and the proportion of BS to AD graduates to 80:20 by 2020. The second goal is to increase the preparation and inclusion of nurse leaders in significant health care positions. For those of you residing outside Utah, be aware that all states are engaging in the effort to advance the recommendations from the IOM. Certainly the deans and directors of nursing programs around the nation are carefully considering how they can participate in those recommendations that apply to education.

Dean’s Message

Beth Vaughan Cole
Dean, BYU College of Nursing

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Beth Vaughan Cole
Dean, BYU College of Nursing

Climbing the Ladder

Caryn Beamson (’90), emeritus professor of the College of Nursing, helps young Navajo students and discovers a hidden beauty and remarkable culture on the dry mesa.

A Song of Peace

During a full four weeks of outreach and learning, 10 nursing students journey to Finland, the peaceful land of 200,000 lakes and deep green forests, with an added visit to historic St. Petersburg.

Touching the “Untouchables”

Crossing the earth, twelve nursing students serve castaways afflicted with an ancient disease and find joy connecting with the children of those exiles.

Learning the Healer’s Art

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Learning the Healer’s Art is published by the College of Nursing, Brigham Young University. Copyright ©2011 by Brigham Young University. All rights reserved.
While serving at foot-washing stations, nursing students learned to heal not only the body but also the soul.

Photo by Cheryl Corbett
A WOMAN LEADS NURSING PROFESSOR CHERYL SKOUSEN CORBETT (’89) THROUGH THE DUSTY ROADS OF A LEPROSY COLONY IN SOUTH SOUTHERN INDIA.

With gestures being the only means of communication, Corbett follows the woman to a small house near—a and no doubt made from elements of— a garbage dump. The woman motions to Corbett to enter her home. Inside is a man with freshly wrapped wounds. With palms together below her chin, the woman bows her head. “Nandri. Nandri,” she says. (Thank you.)

During a three-week stay, Corbett, along with Professor Karen Miller Lundberg (’79) and twelve nursing students, helped score leprosy-afflicted people, fulfilling degree requirements as part of the Global Health and Human Diversity course. The students worked in leprosy clinics, and they also provided immunizations and care for children whose parents were afflicted with leprosy.

Leprosy is an ancient deforming disease that is poorly understood. Also known as Hansen’s disease, leprosy is a bacterial skin disease that over time destroys the distal nerve endings close to the skin, causing decay of fingers and toes. Given enough time, leprosy will continue to spread, leaving some without hands, feet, and even parts of arms and legs. Contrary to earlier beliefs, leprosy is curable through a six-month regimen of medication. However, in India, getting treatment is a challenge, and the disease still carries a heavy stigma. People afflicted with this disease must leave their families and live apart from society in leprosy colonies.

Laura M. Barker’s (’12) first assignment was at the foot-washing station. The first man who came up to her was missing the better part of his lower leg. “It made me nervous, but I didn’t want to show it,” she says. “I just didn’t feel that love that I normally feel when giving nursing care.” When she began to gingerly wash his leg, her professor’s words came to her mind: “These are people, just like you and me. Look at you in the eye and show them that you care.” Barker looked up into the man’s chocolate-brown eyes. “I saw into his soul, and it was so refined,” she says. “I could feel what he had endured in his life and the amazing person it had molded him into.” Her attitude changed. “I was so humbled in that moment and so grateful that I could be there to provide this service to this man who was so far superior to me. It put things in perspective.”

The students stayed in a section that housed a boarding school for children of leprosy heritage. In most cases, these children’s parents or grandparents had leprosy, but sometimes the children themselves had leprosy. The school also educates the children. Because most of these families beg to survive, sending their children—who earn the most through begging—to school is truly a sacrifice of love. Students unexpectedly bonded with the children while giving lice-screening care. Children helped the nursing volunteers to rub in the ointments and lotions and wrap turbans around heads, so the clinic felt like a specialized hair salon for kids. “We were really able to connect with the children. They loved being able to get that treatment,” says Krystal Bodily (’12). Though they came from challenging, diverse backgrounds, the children at the boarding school were happy and running around. Leprosy had become a blessing in their lives because they were able to attend boarding school, an opportunity not given to many children of their caste.

The people living in the colonies are part of the dalit, the Sanskrit word for the lowest class in India—the untouchables. Literally translated, it means “ground,” “suppressed,” “crushed,” or “broken to pieces.” Though the term is becoming less acceptable in India, tradition still has emotion of the room: “It was challenging to understand each other’s language, yet through music we were able to converse spirit to spirit.”

As the students left, Bodily walked up to one of the most enthusiastic of the listening patients. He had no fingers and was almost blind from cataracts in his eyes. She took his hand to thank him. He took her hands with his palms and caressed them and smiled widely. “I was overcome as I was looking down at his hands,” she says. “My heart was so full. I could see how much it meant to him to have someone reach out and touch him, someone who had been told he was an ‘untouchable’ all his life.” I hope he felt how much it meant to me for him to hold my hands in return.” Mahatma Ghandi, the great reformer and father of India, spoke of the untouchables as harijan, children of God. While working within a different culture and among people with mismatched bodies, the students learned to see as Ghandi saw and to care for harijan, as the Healer would. “These people have physical diseases, but each is still a person and has a family. Each has a story,” says Barker. “You are there to help heal them as complete persons—to heal their souls. Be there for them. Listen to them. Offer them comfort.”
MY HUSBAND, LEE, AND I began our LDS mission service in February 2010 on the Navajo Indian Reservation. Leaving Utah behind, we entered the more arid landscape of Arizona. Funny, I always imagined Arizona as a busy, bustling snowbird/retirement place where people played golf all week long or stayed in their swimming pools on days too hot for golf. That’s not the Arizona we drove into. No golf here. No swimming pools. No snowbirds. No retirement communities. Desert, desert, desert. Not until we got settled in and had time to do some looking would we discover the beauty hidden all around us.

Chinle, Arizona, sits quietly on US Highway 191, where big rig trucks rumble along all day; going north or south, scarcely noticing the...
OUR NAVAO STUDENTS COME INTO OUR LIVES, AND WE WORK SIDE BY SIDE WITH THEM UNTIL WE FEEL OUR HEARTS BEATING AS ONE.

Angel and Amy practice using the mechanical lift during a lab session. ABOVE RIGHT: CNA students pose for a picture with Annie, the lab mannequin.

We tell them that we are serving a mission for our Church, that we receive no pay, and that we love being here with these wonderful students. The students' families are so supportive. These parents and grandparents love their children, and we love them. As we all take lots of pictures of the students with their families and with us, we can't help shedding tears because we know we won't have much further contact with them.

It is so hard to say goodbye to all of our students. We live and breathe with them. We go home from school late at night and fall into our beds, just to wake up early and start all over again for three long days each week. Then suddenly, they are gone, and we are left to turn out the lights and lock the doors and go home. I'm reminded of a saying I heard years ago: A child is someone who passes through your life and then disappears into an adult. Our Navajo students come into our lives, and we work side by side with them until we feel our hearts beating as one. Then these Navajo sons and daughters slip away, taking a piece of our hearts with them but leaving a piece of their hearts with us forever.

A century and a half ago, Navajo-Chief Manuelito gave this wise and oft-quoted advice:

My grandchild, the whites have many things . . . we Navajos need. But we cannot get them. It is as though the whites were in a grassy canyon and there they have wagons, plows, and plenty of food. We Navajos are up on a dry mesa. We can hear them talking but we cannot get to them. My grandchild, education is the ladder. Tell our people to take it. [http://more.byu.edu/Navajo]

Well, Chief Manuelito, these students are taking that ladder. You can be proud of them, for they are seeking "learning, even by study and also by faith" (D&C 88:118), giving themselves and their children the promise of a better life. We are blessed to have been part of the learning interaction for 74 of your bright-eyed granddaughters and grandsons. 

quiet, little sand-colored community. Horses and cows meander along the highway and side streets, munching on pretty much anything green. A fenced compound on the east side of the highway encloses public schools, a community center, and a small but impressive sports arena. To the north lies the small business district composed of a grocery store, a laundromat, a post office, a bank, a couple of store fronts for small colleges, and a handful of fast-food places.

We were warmly welcomed by the other senior couples and the young elders, and Lee was quickly recruited by the Chinle Stake president to set up, organize, and equip a family history center.

And Angel and Amy practice...
A monument honoring Finnish composer Jean Sibelius is tucked away in a peaceful park in Helsinki, Finland. As a young missionary in 1962, I remember admiring the beauty and simplicity of the 600-plus hollow steel pipes, arranged in wavelike fashion, that honor the man whose music awakened the Finnish national conscience. I was soon to return to America to start nursing school at BYU, and my thoughts were focused on the peace and solitude the Finnish people enjoy and how I might share that serenity with the important people in my life.

I have since returned to Finland several times to recapture some of the “spirit of Finland” and introduce her to a few of my family members. Yet I never expected to be standing under that same monument 31 years later, listening to 10 BYU nursing students and faculty member Leslie Miles peacefully, reverently singing “Be Still My Soul” to the music of Sibelius’s Finlandia.

What an experience to be in that very park, feeling the power of the music that awakened a nation and gave it an identity!

The 10 students traveling to Finland and Russia represented Brigham Young University well. After a few days in Finland’s capital, Helsinki, and a day trip to Tallinn, Estonia, we arrived in Savonlinna, located in the beautiful Saimaa lake region in eastern Finland. For two weeks we lived with a Finnish Latter-day Saint, Leena Kosmo, in her large, iconic home, affectionately known as the Sininen Talo or “Blue House.”

SHE INTRODUCED THE STUDENTS TO THE FINNISH SOUL, its view of the world, its food, and—through Sister Kosmo’s physician eyes—its attitudes on health care. As a devout Latter-day Saint in a small town of a small country, she also taught them about perseverance. Living with her in the Blue House in Savonlinna is best described through the words of one of the students, Brittany Newman:

I am living inside the fairy tale I once wished for as a little girl. The big Blue House would not be so special if it were not for the caretaker inside. It is her love and kindness that makes the walls glisten and the windows shine. It is her laughter and singing that leave a sweet melody in the air.

It is her compassion that whispers, “You are welcome here.”

The Blue House cannot stand alone, but together with the caretaker it is a place of love and beauty, a place I am lucky enough to call home, a place where comfort is given, love is in abundance, and a little girl’s wishes come true.

“Every day Leslie Miles, Sister Kosmo, and I ensured that each student arrived to their right clinical placement site. It was enjoyable to send the students off to school each day with a lunch in hand. Each evening they reported on their activities and what they had learned. The BYU students presented to students and faculty at Savonlinna’s local college and later to students and faculty in Russia. Each student’s presentation was equal to or better than the many professional presentations I have seen in my career.”

After clinical each evening, the students discussed their observations on culture and attitudes toward health care. The students’ top two observations were the country’s commitment to preventative care and the high level of involvement nurses have with their patients. The students also learned a lot about themselves. Lex Hokanson commented:

“There I was in a room on the other side of the world, feeding a patient ice cream, and I had no way to talk to him. He didn’t care of him the best I knew how. I made a commitment then and there that no matter who I was taking care of I would treat them like my own family.”

IT WAS A BITTERSWEET DAY when we boarded the train that took us east to Russia. Each of us had grown to love Sister Kosmo and Savonlinna. Miles summed up our feelings:

“Time passes, and the predictable train pulls into the station to pick up its changed passengers. Perched high on the hill, on the balcony of the Blue House, . . . the train station . . . Dr. Leena Kosmo’s home, the Blue House, was the setting for a traditional Finnish wedding dress.”

As we crossed the border from Russia to Finland, the spirit of Finland—with its calmness and peace—touched each of us; it genuinely felt like home. As we exited the train in Helsinki, I marveled about how happy each student was, evidenced by their smiles, laughs, comments, and impromptu singing. I will never get over the smiles from the people on the platform to the train station as they watched these happy students. Jean Sibelius would have been proud.

Curtis Newman is a health care administrator for the University of Utah Health Care System in Salt Lake City, where he specializes in medical risk management, ambulatory clinic operations, electronic medical records implementation, and utilization. He is a nurse volunteer in the United States and in disaster areas around the world.
Past, present, and future come together as the College of Nursing celebrates the 60th anniversary of nursing education at Brigham Young University.

The College Celebrates a Legacy of 60 Years and Looks Forward to the Future.

Save the Date:
APRIL 6, 2012
8 a.m.–8 p.m.

The Healer’s Art: Transforming the Future of Nursing

Past, present, and future come together as the College of Nursing celebrates the 60th anniversary of nursing education at Brigham Young University.

In April alumni and friends will join with the college to celebrate a rich heritage steeped in faith, vision, and healing and to reflect on the hope of the future. A day-long conference will feature inspiring speakers, a panel, music, and a time to reconnect with the college and university.

To Register for the Conference, call 877.221.6717, visit ce.byu.edu/cw/nursing, or complete and mail the attached form.
Mean Oxygen Saturation in Well Neonates at Altitudes between 4,498 and 8,150 feet

Patricia Ravert, PhD, RN, CNE, ANEF, FAAN, Brigham Young University
Tracie Line, MSN, RN, NNP-BC
Jane K. Dickinson, PhD, RN, CDE, Yampa Valley Medical Center, Steamboat Springs, Colorado

Nurse clinicians frequently make decisions to initiate, adjust, and discontinue newborn supplemental oxygen based on clinical assessments that include pulse oximetry measurements. Pulse oximetry is a noninvasive measurement done by briefly placing a small sensor on the infant’s hand, wrist, or foot. Although not routine for all infants, efforts are underway to recommend the use of pulse oximetry, combined with clinical examination of newborns, to screen for possible critical congenital heart defects.

In studies of healthy neonates at sea level, oxygen saturations were found to be about 97 percent. However, as altitude increases the barometric pressure decreases, resulting in a decrease in the oxygen saturation level. In adults a rise in elevation from sea level to 5,280 feet can result in a decrease from 96 to as low as 92 percent (an arbitrary number with no clinical basis). Reference values of oxygen saturation for healthy infants were needed to avoid hypoxia and risks associated with hyperoxia from excess supplemental oxygen. In addition the American Academy of Pediatrics and the American Heart Association are currently evaluating the use of pulse oximetry measurements to screen all neonates who are more than 24 hours old (but before discharge) for critical congenital cardiac defects.

In this study, the mean normal oxygen saturation levels for well neonates born at higher altitudes were lower than the levels of those born at 4,498 feet. Neonates born at or above 6,800 feet may exhibit “normal” oxygen saturation levels between 91–96 percent rather than the expected 97 percent found at sea level. If routine oxygen saturation screening for detection of critical congenital heart defects is implemented, the results of this study will provide clinicians the mean values specific for high altitudes and prevent unnecessary interventions when pulse oximetry reading results are lower than the expected 97 percent.

The altitudes at data collection sites for this study ranged from 4,498 to 8,150 feet. Two of the Colorado sites have level II special-care nurseries. Neonates with a variety of health problems (many with a respiratory component) are cared for in these facilities. Prior to this study, oxygen saturation readings were only obtained on infants if there was a question of respiratory distress or when an infant was admitted to the special-care nursery. However, the oxygen saturation values on well neonates in room air at these altitudes were unknown. Many infants were being discharged on supplemental oxygen from one of these nurseries for room-air saturations less than 92 percent. How often oxygen based on clinical assessments is used to recommend the use of pulse oximetry measurement done by briefly placing a small sensor on the infant’s hand, wrist, or foot. Although not routine for all infants, efforts are underway to recommend the use of pulse oximetry, combined with clinical examination of newborns, to screen for possible critical congenital heart defects.

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Nurse Turnover: Analyzing a Challenge of Luis Vernaza Hospital in Guayaquil, Ecuador

Sheri Palmer, RN, DNP, CEN

For nine years BYU nursing students have practiced nursing skills in Ecuador as part of the Global Health and Human Diversity course. During our annual visits we observed Ecuadorian nurses’ concern for the welfare of their patients. These nurses are intelligent, good decision makers, and know how to think and work “outside the box” as they make do with what they have. I admire them and view them as role models for myself and the privileged nurses who work in the United States.

We also observed the sacrifices Ecuadorian nurses make. They often bring their own soap from home to bathe their patients. For sharps containers they reuse plastic soda bottles. Sometimes it is necessary for them to transfer the available oxygen tubing between patients who need it most. Despite all these sacrifices, they still give more, many of them working multiple full-time jobs because of the low pay they receive as nurses. Nursing turnover is a significant challenge at the Luis Vernaza Hospital in Guayaquil, Ecuador.

For my doctoral studies research I focused on this turnover among the licensed staff nurses—those nurses I have come to so admire—at the Luis Vernaza Hospital.

With the help of an Ecuadorian translator, in October 2010 I distributed a survey adapted from the “Nursing Work Index” scale developed by Aiken and Patrician (2000). Eighty-eight surveys were collected from various areas and from different shifts. Data were analyzed according to nine factors affecting nurse satisfaction and turnover, which included (starting from highest factor contributing to nurse turnover):

- not satisfied with pay
- insufficient nurses to provide excellent care
- public does not appreciate the value of nursing
- not enough opportunity to advance in work
- lack of supervisors to collaborate with and help nurses
- lack of autonomy to make clinical decisions
- not valued as part of the health care team
- inflexibility in schedule
- lack of teamwork between physicians and nurses

I shared the results with the nursing administration at the Luis Vernaza Hospital, recommending increasing nurses’ pay according to merit and longevity and implementing nursing career ladders. Also, a public media campaign showcasing the value of nursing would be beneficial, as would implementing clinical protocols and guidelines to enhance nurse autonomy and decision making.

This information should encourage the administration to explore policy changes, benefits, and pay, improved quality and safety in patient care at the Luis Vernaza Hospital will be the ultimate benefit from increased nurse retention.

I plan to publish and present nationally and internationally the results from this research to help improve nurse satisfaction and retention worldwide.

Nurse Managers: Vision and Leadership

Katreena Merrill, PhD, RN

Though hospitals have a culture that promotes patient safety, many errors result from failure of the system at many levels. For the nurse, patient safety begins with the nurse manager, whose transformational leadership style can establish a climate where nurses feel free to share new ideas, admit when they make an error, and strive to improve care for patients. Despite the need for such nursing leaders who do establish vision and create an evidence-based environment that fosters patient safety, many hospitals have increased the responsibilities of nurse managers, sometimes compromising leadership at the bedside. This study investigated the effects of nursing leadership on patient-safety culture and patient outcomes in hospitals.

In the nine hospitals and 41 nursing units studied, nurses reported a moderate to high safety climate. Units with nurse managers who have a transformational leadership style scored even higher in patient safety. Laissez-faire leaders, whose leadership was passive or absent, negatively affected the work environment and patient safety. Units with nurse managers who have a transformational leadership style scored even higher in patient safety. Laissez-faire leaders, whose leadership was passive or absent, negatively affected the work environment and patient safety.

Most leaders, even good ones, exhibit different types of leadership styles depending on the situation. A transformational leader may exhibit laissez-faire tendencies when saddled with too many responsibilities, so it is important not to overwhelm those nurse managers and decrease their visionary influence. The study’s findings suggest efforts to promote transformational leadership in nurse managers and minimize laissez-faire leadership may impact patient-safety climate in hospitals, though future research on nurse manager span of control is needed. Other important factors of patient-safety issues, including the number of nurses and the skill level, were found to be significant contributors to patient falls and hospital acquired pressure injuries. Inadequate numbers of registered nurses per patient day contributed to 38 percent of patient falls and 34 percent of health care-acquired pressure injuries. In contrast, the number of staff and the skill level did not contribute to medication errors and catheter-associated urinary tract infections.
Faculty Spotlight: Sabrina Jarvis

Living in the Moment

By Rachel Scroggins

IN JUNE 2011 SABRINA Jarvis, DNP, FNP-BC, ACNP-BC, FAANP, became a fellow in the American Academy of Nurse Practitioners. This prestigious honor comes to those who have significant career achievements.

Never one to stop learning, Professor Jarvis’s educational path reflects her celebrated dedication and hard work. In 1976 she graduated with an associate degree in nursing. Then in 1985 came a bachelor’s degree in nursing from Grandview College in Des Moines, Iowa.

In 1990 she received her nursing master’s degree from BYU, where she was honored as a valedictorian. And in 2009 she completed her doctor of nursing practice from the University of Utah.

Contemplating her life’s guiding principles, Jarvis said, “People always worry too much about the future and the past and miss a lot right in the present moment. I learned this concept at a very young age when my mother became ill and eventually died from metastatic breast cancer,” Jarvis said. After her mother was bedridden, they would have spiritual bedside talks where she learned the importance of inner peace and balance—especially with God’s assistance—when life is uncertain and chaotic.

“My mother was truly courageous for more than 35 years Jarvis has worked as a nurse in many settings, including nursing critical care unit. She enjoys the challenges of caring for critically ill patients and working as nurse to veterans as a certified family and acute-care nurse practitioner. A national consultant and course coordinator for the Society of Critical Care Medicine’s Fundamentals of Critical Care Support course, she is also an American Heart Association advanced cardiopulmonary life support faculty provider and routinely teaches critical care topics at the national and regional level.

In 2006 Jarvis received the Utah Nurse Practitioner State Award for Excellence in Education and the Utah Nurse Practitioner State Award for Excellence in Clinical Practice in 2007. Jarvis loves being at BYU and has always felt at home here—as a student or professor. “I am blessed to work with bright young students who enrich my life and teach me a thing or two every day,” Jarvis said. “I love the philosophy of the university, the students, and the wonderful spiritual environment. It is a privilege to work at the College of Nursing and alongside such amazing colleagues and faculty members. The students are nurtured in this spiritual environment to be responsible and caring adults with an excellent education in nursing. They are the future leaders in the complex and rapidly growing nursing profession.”

In her spare time Jarvis enjoys reading on her Kindle, playing the Indian flute, remodeling her house, and spending time with her adopted grandchildren. Her latest hobby is caring for her salt-water aquarium that contains soft coral and an assortment of fish.

Sabrina Jarvis

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“My mother was truly courageous
IN CELEBRATION OF HOMECOMING 2010, College of Nursing students, faculty, staff, and alumni had the opportunity to reminisce with Laura Poe, MS, RN (’88) as she shared her “Top 10” life lessons learned throughout her illustrious career.

Poe served as a bureau manager and of the Utah Division of Occupational Licensing (DOPL) and executive administrator of the State of Utah Board of Nursing. She has been a licensed nurse for over 29 years. She championed the cause of interstate nursing compacts, and through her leadership Utah was the first state to pass the RN and APRN interstate compacts, allowing participating states to recognize each other's licenses. This compact eliminated the need for nurses to obtain and renew duplicate licenses for individual states, simplified governmental processes, and increased patient access to safe nursing care by allowing qualified nurses to practice in multiple states.

With humor and humility, Poe shared the following lessons learned.

NUMBER 10: Be alert and look for opportunities.

After hearing of a pilot program that allowed high school students to attend Salt Lake Community College and take prenursing requirements, Poe enrolled. She did not plan to continue with a career in nursing until she had a surgical procedure. As she waited, scared and alone in the hospital, she thought, “Wouldn’t it be great to help one person who is feeling what I’m feeling?” She continued her nursing course work and ultimately became involved in politics and lobbying for the nursing association. Her work in the nursing profession became a vehicle to make a difference in the lives of many people.

NUMBER 9:

Try not to interfere with God’s plan for you and realize that sometimes He answers “No.”

After serving for two years on the board of directors for the National Council of State Boards of Nursing, Poe lost her reelection bid. Initially, she was devastated but soon realized that God had a different plan for her at that time. She was needed at home.

NUMBER 8:

Don’t make excuses.

She learned a valuable lesson from a nursing instructor who taught her that, when making excuses, any saying will do. This instructor had them just say “fried chicken” if they were late to class, because one excuse was as good as another.

NUMBER 7:

Remember the Three Ps—Power, Politics, and Professionalism.

If you want to influence others, you must find good mentors who will teach you, starting small and building slowly. Dress and act professionally and be involved at a grassroots level.

NUMBER 6:

There’s no place like home.

Throughout her career Poe has traveled to many exotic places, yet, she concludes, home is still the best place to be.

NUMBER 5:

It does not matter what degree or status a person has obtained; she is a child of God. So don’t be intimidated.

Poe was asked to speak to the fellows of the American Academy of Nursing. With a MS degree she was the least educated of the people there and was afraid they would ask questions she couldn’t answer. Sure enough, they did! But they made her feel important by singing “Happy Birthday” to her. They valued her as a child of God, and she valued them in the same light.

NUMBER 4:

Laugh and the world laughs with you. Cry and they’ll probably medicate you! Choose to find humor in your difficult situations.

NUMBER 3:

Just because something has been done for a hundred years one way doesn’t mean it can’t be done another way.

When Poe came to the Utah DOPL, they were still doing things the same way they had been done in 1923. Since that time licenses regulation has been significantly changed for the better.

NUMBER 2:

It takes a very strong person to be a nurse. Be sure to take care of yourself with all of the demands placed upon you.

NUMBER 1:

Figure out your priorities and don’t forget them.

Sometimes we focus so much on our careers that we fail to keep family priorities straight.

Poe concluded, “We need you as nurse leaders. I wish you success and hope you enjoy your career as nurses as much as I’ve enjoyed mine.”

The College of Nursing is in my will. I hope it’s in yours.

Verna Brimhall Nelson has fond memories of her experience at BYU College of Nursing. “Attending the college was one of the best choices I ever made,” she said. “My education has resulted in experiences and friendships that have truly enriched my life.”

Today, more than half a century after graduating with the class of 1958, Verna is serving on the College of Nursing Alumni Board and is helping plan next year’s 60th-anniversary celebration. She also met recently with LDS Philanthropies BYU to place the College of Nursing in her will as a beneficiary.

“As part of the legacy I leave, I hope to give the privilege of attending the college to others,” Verna explained. Verna’s gift qualifies her for membership in the Jesse and Amanda Knight Society, which recognizes donors who remember BYU through deferred gifts. To include the College of Nursing in your estate planning—and to hear more about Knights Society benefits—contact Jennifer Lloyd Amott at 801-422-9219 or jennifer_lloyd@byu.edu.
**All in the Family**

The Nunnery Family’s Nursing Legacy and the Scholarships That Launched Them

By Emily V. Covey, RN (‘08), and Jennifer Lloyd Amott, Associate Director of Major Gifts

WITH A FOCUS ON PROVIDING the most advanced technology in nursing education and on giving BYU nursing students opportunities to work with underserved populations abroad and domestically, our students don’t just master medical knowledge, they also gain a spirit of love for their patients. Many, with the education made possible through financial support, have gone on to serve well in their homes, communities, and work places.

One great example is the Nunnery family of nurses. Brothers Joshua and Jacob Nunnery graduated from the College of Nursing, and both married Jeannette Clark Nunnery (‘04), Joshua’s wife, used her education as the first RN at Friday’s Kids Respite in Orem, Utah, where she cared for children with special needs on Friday nights, giving parents an opportunity to do things that were otherwise difficult. Now the mother of four children, Jeannette says, “My education from BYU College of Nursing influences my life every day as a mom, especially since we have a daughter with cerebral palsy. My position as a registered nurse at Friday’s Kids added to my experiences in nursing school, and together they prepared me for the unique service opportunities that I experience daily in my home and in the community.”

Jeanette’s mother, Nanette Crawford (‘06), who was able to complete his nursing degree with help through a scholarship, plans to do soon, says Joshua A. Nunnery (‘08). “The College of Nursing provided an education that gave me an edge in the nursing profession. I feel that because of my education at BYU, I have been better prepared for the many aspects of this career, which has enabled me to be a better nurse. I have become more aware that our instructors at BYU make significant sacrifices to ensure that we have the best education possible.”

Jacob’s wife, Laurel Rainsdon Nunnery (‘04), is also grateful for her BYU education. And, like Joshua Nunnery and Nanette Crawford, many students gain this education because of scholarship support they receive from alumni and friends. If you are interested in funding other scholarships or research opportunities, please contact Jennifer Lloyd Amott at jennifer_lloyd@byu.edu or call her at 801-422-9219.

The Nunnery family’s legacy is an example of the great service that can be rendered at home and work because of a BYU nursing education. And, like Joshua Nunnery and Nanette Crawford, many students gain this education because of scholarship support they receive from alumni and friends. If you are interested in funding other scholarships or research opportunities, please contact Jennifer Lloyd Amott at jennifer_lloyd@byu.edu or call her at 801-422-9219.

“Alumni Updates”

**Margaret Jacobs Shumway** (58) and her husband, Bruce, have served three LDS couple missions: Nicaragua Manaua, Iowa Des Moines, and Cambodia Phnom Penh.

From the sixties: BYU College of Nursing faculty retirees include Lynn C. Callister (‘64), Rae Jeanne Y. Mimmott (‘65), JoAnn Z. Abegglen (‘67), Judith A. Berry (‘69), Lora Jean Campbell (‘69), and Catherine R. Coverson (‘69).

Mae Dilts Reay (‘68) teaches nursing in the LPN program at the College of the Rockies, Fernie, British Columbia. She works part-time in Eureka, Montana, as director of care in a nursing home.

Doris K. Jackman (‘76) has been an oncology certified nurse for 20 years. She currently practices at the Florence R. Wheeler Cancer Center at Mercy Hospital in Bakersfield, California. Her daughter, Robyn J. Carlson, graduated from BYU College of Nursing in 2002.

Deborah McFarland Schroeder (‘77) is a triage nurse in the OB/GYN clinic at the Naval Hospital, Camp Pendleton, California. In her 35-year nursing career, she has also practiced in oncology and labor and delivery.

Siblings Leon P. Randall (‘78), Lynn T. Randall (‘83), and Lou Ann R. Chow (‘78) live in separate states but enjoy reuniting during service missions for Children’s Surgery International, a nonprofit that provides medical services to children in underprivileged areas. At the beginning of 2011 they completed a 10-day service mission to Liberia.

Heidi Yurong (‘83) is employed by Kaiser Permanente in Stockton, California. As an FNP she manages patients with a variety of dermatology conditions. In 1990 she earned a master’s degree as a clinical nurse specialist in critical care from the University of California, San Francisco.

Melinda E. Jennings (‘87) is a part-time school nurse in Fayetteville, Georgia, where she oversees the health of 608 elementary school children.

Lori Eining (‘88) is currently assistant nurse manager at Alta View Women’s Center, Sandy, Utah.

Wayne Watson (‘94) is assistant vice president of electronic clinical information at Intermountain Healthcare in Salt Lake City.

Cory Kartchner (‘05) was recently honored at Primary Children’s Medical Center in Salt Lake City as the Pediatric ICU Nurse Practitioner of the Year. He also runs code simulations at their Sim Lab.

Julia Bills (‘07) recently earned a DNP from the University of Utah.

**IN MEMORIAM**

Barbara Joan Rollison Pitcher (‘72)

Florence LaDene Hawkins Coucher (‘67, ‘73)

Virginia Rudeout Bruse (‘77)

Rebecca Irene Knight Coward (‘77, ‘82)

Anita Gutierrez Morgan (‘84, ‘88)

Susan Leslie Palmer Gehltinghorst (‘89)
Message from Alumni Board Chair

Of Soldiers and Wars—and Nursing

By Jane Callahan Costs, RN (’78) Chair, Nursing Alumni Board

Adapted from her welcome remarks to new graduates, College of Nursing Convocation, April 2011

NURSES DO HARD THINGS. Clara Barton, the celebrated nurse and founder of the American Red Cross, said, referring to the Civil War, “This conflict is one thing I’ve been waiting for. I’m well

As nurses we have an unusual opportunity in this world of technology and evidence-based practice to touch others both physically and spiritually.

and strong and young—young enough to go to the front. If I can’t be a soldier, I’ll help soldiers.”

Referring to these soldiers, she said, “What could I do but go with them, or stand for my country? The patriot blood of my father was warm in my veins.

Florence Nightingale, a peer in Victorian England, was a brilliant statistician and scholar. The Crimean War drew her as a personal mission. She put to use her keen intellect and understanding of human nature to become the founder of modern nursing. She said of her calling, “I think one’s feelings waste themselves in words; they ought to be distilled into actions which bring results.”

As nurses we have an unusual opportunity in this world of technology and evidence-based practice to touch others both physically and spiritually. Our patients feel our spirit as we nurse them with care and compassion. Florence Nightingale said, “Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, if it is to be made an art, it requires as exclusive a devotion, as hard a preparation.

as any painter’s or sculptor’s work; for the what is having to do with dead canvas or cold marble compared with having to do with the living body—the temple of God’s spirit? It is one of the fine arts; I had almost said the finest of the fine arts.”

Our nursing alumni are immensely capable. You approach the workforce with the intellectual rigor and its resultant competence coupled with the spiritual warmth of this university in your veins. As Florence Nightingale exhorted Dutilly your feelings into actions, which bring results. As you serve, do not forget the roots of this your launching ground—Brigham Young University. You are seen as bea-

cos to the university and the College of Nursing. In various parts of the world, the patients you serve and their families will say, as you practice the Healer’s art, “What is different in this practice of nursing?” You have the power to change lives.

We now have BYU College of Nursing alumni chapter chairs in the Northwest, California, the Midwest, and the Mid-Atlantic regions. The purpose of alumni chapters is to cultivate the “Spirit of the Y” linking students, alumni, and friends of BYU College of Nursing. We seek to connect the past with the future through scholarship, networking, service, tradition, and alumni-oriented events. In addition, these seasoned alumni promote the profession through mentoring, collaboration, and personal example. We are all stronger when we stand together.}

References:

Clara Barton quotes from http://thinkexist.com/quotes/Clara_Barton/

Florence Nightingale quotes from http://thinkexist.com/quotes/Florence_Nightingale/

and from http://www.finequotes.com


How Annual Giving donations are nursing his education

Jonathan Rohwer wouldn’t be in the College of Nursing without a scholarship.

He explains, “My parents valued education but couldn’t provide any financial assistance. The scholarship I received came as a blessing from heaven to comfort me and my family in times of financial worries and to make possible my dream of being the first from my family to graduate from college.

I thank all of the generous donors for their kindness. They have been an answer to my prayers.”

After graduation Jonathan plans to work in an intensive care unit and eventually become a primary care provider in a small rural community in central or eastern Utah.

We invite you to consider a generous donation through BYU Annual Giving that will help nurse another student through our college. And please remember to direct your gift to the College of Nursing.

To discuss helping the college with a special gift, contact Jennifer Lloyd Amott at 801-422-9219 or jennifer_lloyd@byu.edu.