Among my favorite poems is Emily Dickinson’s metaphor of hope:

Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all.

The most poignant image of hope is that precious bird that defies the earthly burden of gravity to fly toward heaven, to find the lightest perch in the sorest soul, and to give the gentle assurance called hope. The errand of professional nurses is to offer hope as a part of healing. Our mission at Brigham Young University College of Nursing is “to invite the Spirit into health and healing.” I believe that to invite the Spirit is to invite hope. In his book Hunting for Hope, Scott Russell Sanders quotes Vaclav Havel, who struggled for years against communism in Czechoslovakia. “Hope is definitely not the same thing as optimism,” explained Havel. “Hope is not prognostication. It is an orientation of the spirit, an orientation of the heart; it transcends the world that is immediately experienced, and is anchored somewhere beyond its horizons” (Sanders, 1998, p. 27).

The nurse who offers comfort, relief, and healing draws from that divine and distant source, brings skills and insights into the present moment to reorient the heart toward possibilities, and instills hope for health and a better future. The stories in this issue are those of nurses offering hope. Nurses who follow the example of the Master Healer recognize that salvation and Savior come from the same root word, salus, which means health, healing, and safety. Sanders reminds that at the same time the Savior promises spiritual salvation in the future, He also offers healing and hope in the present: “Again and again He touches the blind, the lame, the humiliated . . . He feeds the hungry, reconciles enemies, restores sanity to those who are mad, demands generosity from the rich and mercy from the powerful . . . Not content to wait for eternity,” He offers love and healing and hope in the “here and now” (Sanders, 1998, p. 26).

Hope grounded in a divine source is strong and sure, yet gentle as the bird in flight. Hope is part of physical and spiritual healing. It is the gift of the skilled and compassionate nurse. Hope makes us all better human beings:

True hope is swift, and flies with swallow’s wings;  
Kings it makes gods, and meaner creatures kings.  
—Shakespeare

References:
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HOPE SEES THE INVISIBLE
FEELS THE INTANGIBLE
& ACHIEVES THE IMPOSSIBLE
—ANONYMOUS

TUCUMÁN, ARGENTINA
I like to think we support the possibility of hope—hope for the care providers who know what needs to be done but lack supplies, equipment, and time; hope for the women and their families that our care will be gentle, kind, and appropriate to their needs; hope that things can and will change for the better, little by little, step by step. For six years we have been engaged in this work—and we are seeing hope grow. The experiences we have will stay with us always.

The faculty and students of the Brigham Young University College of Nursing participate in an interchange of knowledge and skills with the staff at La Maternidad in San Miguel de Tucumán in Argentina. We also work alongside the health workers responsible for feeding the poor of the city.

Tucumán lies in northwest Argentina near the foothills of the Andes. It is the country’s smallest province, but it is also the most populous, with nearly 800,000 people in a little over 54 square miles. Despite an illustrious history as part of the Inca empire, an important outpost for Spain, and the site where Argentina’s declaration of independence from Spain was signed in 1810, Tucumán has fallen on hard times. Sugar cane, the major crop for the area, has lost value, causing Tucumán to become one of Argentina’s poorest provinces.

Many of the mothers of the 800,000 inhabitants have given birth in the public maternity hospital, Nuestra Señora de Las Mercedes, Instituto de La Maternidad, affectionately called “La Maternidad” by the local population and about 65 former and current BYU nursing students. The staff at La Maternidad hosts about 16,000 births each year.

In 2000 the BYU College of Nursing was invited to participate in an interchange with the La Maternidad nurses. The hospital has become a training ground for understanding and appreciating cultural difference and similarity, questioning assumptions about health and health care, and deciding together how best to care for women and their children during pregnancy, birth, and the postpartum and neonatal period.
La Maternidad is a very large but outdated building. When we first visited, almost everything was in need of repair. Argentina was in the midst of a severe economic crisis that reached its apex during 2001–2003. At the time there were few supplies with which to provide care. Simple things like soap for hand washing, gloves, tubing for feeding infants or intravenous therapy, and even towels were not available.

What they had were caring providers. The prestigious University of Tucumán has one of the premiere medical schools in South America and a baccalaureate nursing program similar to programs in the United States. Unfortunately, although their physicians are well educated, they are mostly residents in training. Of even more concern, most of the nurses have only a few months’ education. Those with baccalaureate preparation work as administrators. There is also a significant nurse shortage—not for lack of nurses to hire but for the health care system’s inability to pay them. As it is, nurses often go for months without being paid.

In Tucumán little technology exists. Our students hone their senses and critical thinking skills to evaluate patients. They learn from community health care workers how to assess anemia by looking at the palm of a child.
Robert D. Christensen, worked with newly implemented evidence-based feeding guidelines at Intermountain Healthcare. The guidelines focused on consistent feeding, with fewer days without feedings and more rapid feeding advancement. Kathryn worked with a cross-cultural team of Argentine and U.S. providers to put into practice a modified version of the guidelines. The preliminary results have been promising: increased weight gain, decreased days without feedings, and fewer serious bowel complications and deaths. The team has begun research to affirm these findings.

Instead of a fetal monitor, they use their hands to assess labor adequacy and a stethoscope to listen to the fetus. They are amazed to find that every mother breastfeeding and, thanks to donated breast pumps and the assistance of local volunteers, almost every infant in the neonatal intensive care unit receives mother’s milk.

BYU nursing students in Tucumán ask questions that lead to research projects: Why do the local nurses choose their career? What keeps them working in nursing? What do they find most difficult? How do the mothers feel regarding their birth experience? How do they cope with having an infant in the newborn units? The students are humbled by the answers they receive and, through reflection and discussion, gain appreciation for the people of Tucumán. Working with the local health care providers to determine research and interventions of interest, we have been able to involve students in research every year we have been there.

Together with our Argentine colleagues we seek to identify areas in which a small change in practice can make a big difference. The labor and birth unit allows only physicians, but our presence for those few weeks there has been the impetus for a larger change: shifting limited resources to provide nurses to attend laboring women. Much of our time has been spent looking at newborn care. Developmental care (interventions that decrease sound and light while providing developmental positioning and care) has been well researched. We first taught these techniques in 2001 and have continued to teach and reinforce these concepts every year.

Another issue of concern was the infants’ poor weight gain and outcomes. Certainly the providers do not have access to the resources we have in our local newborn intensive care units. Working together, we have been able to ascertain not only that there has been a problem with growth but also problems with consistency of feeding. One of our graduate nursing students, Kathryn Money, and a colleague from Intermountain Healthcare, Dr.

Everything that is done in the world is done by hope.

—Martin Luther King, Jr.
Students recently registered for a clinical section on nursing children with special needs. They provided care to children with chronic disorders such as asthma and spina bifida, as well as follow-up care for infants who have “graduated” from the newborn intensive care unit but continue to need ongoing care and support from a multidisciplinary health care team.

The diversity these students constantly experienced surprised them. They cared for families who had diverse ethnic, social, religious, and family values and beliefs. Seminar and clinical experiences helped them ponder more critically and personally the influence of diversity on their ability to provide nursing care, their level of professional nursing practice, and their personal lives.

One student expressed how her perspective about having her own children changed as a result of working with children with spina bifida and their families: “I have prayed and desired that of all the possible problems a child of mine could have, the one I didn’t want to know or have to deal with was spina bifida. After meeting these children and their families and seeing how they live and contribute to their worlds and to mine, I feel that I need to apologize. Their capabilities are unbounded and their
potential great. More important, the nursing and health care team who worked with them taught me so much about the positives of life and chronic disabilities."

Another student was able to see modern technological nursing care integrated with alternative health care strategies; yet another came to realize how modern, structured religious perspective could be woven into a traditional Native American medicine man’s healing ceremonies.

The following comments taken from one student’s reflective writing assignment are typical of how they all felt about the experience:

“It is only through valuing diversity that nurses demonstrate that they actually believe [that all people are God’s children]. The world is full of differences—different people, races, cultures, beliefs, and lifestyles. . . I value diversity more than I did before and my love for children has grown. As I worked to care for patients, I developed a love for them and their families that grew out of service. This experience [Nursing 400] will influence my life by directing my career path and making me a more capable and compassionate nurse. . . All of my clinical days spent at the medical center helped me to learn and [practice] the Healer’s art. By caring for others I have in a small way become my “brother’s keeper . . . and in my own small way reflect the life that the Savior led while He was on the earth.”

One of the greatest challenges worldwide is to help people who lack education and live in poverty. The “At-Risk Populations” section of the Global Health and Human Diversity course addresses the diversity and health care needs of the underserved population within the local area.

Each student is expected to identify a health care issue relevant to the at-risk population. Research and personal experience in the clinical setting help students recognize nursing interventions that can be implemented within their population. After identifying needed nursing interventions, students teach individuals about specific health care topics such as prenatal care, handwashing, healthy lifestyles and nutrition, stress relief, self-esteem, and physical exercise.

Humanitarian service opportunities stimulate holistic views of health care. These opportunities include, among others, volunteer service in free community health care clinics, religious services at the prison, and the Special Olympics. In addition, students sometimes complete quilts and donate them to the humanitarian effort.

The students’ reflective writings best exemplify the impact of these experiences:
“As I remember what I have learned, I will have less pride and strive harder to do the best with what I have and to help others who are less fortunate.”

“To me, the Healer’s art is more than treating a disease, more than caring for the sick. It is curing the soul. The Healer’s art combines everything from diagnosing and treating to caring and communicating. It means taking a patient and seeing past the person’s life circumstances, past what he or she is, and seeing the potential—what it is the person truly can become.”

Hearts were touched by the patience, caring, and loving manner that students exhibited in diverse situations. Their spiritual and intellectual growth was rewarding and inspiring as they overcame personal biases and fears and went forward with courage and dedication. It is a special privilege and experience to teach students as they mature in the Healer’s art.

LEARNING TO ASSESS NEEDS IN WENDOVER, NEVADA
By Beth Luthy

Students participating in the Quentin N. Burdick Interdisciplinary Team Project (a federally funded program that focuses on improving eastern Nevada residents’ quality of life through educational and community programs) recently explored the concept of human diversity in Wendover, a town straddling the border between Utah and Nevada.

In East Wendover, Utah, where there is a high poverty level, we asked the principal of the elementary school what we could do to help. He said there were so many needs that anything we did would be appreciated. The nursing students responded by conducting vision screening. Then, after assessing the financial need of the children who needed follow-up, they gave them “vision coupons” that could be exchanged for an ophthalmologist’s examination and the prescribed eyeglasses at no cost.

In West Wendover, Nevada, nursing students held prenatal classes for a small group of students at the junior high and high school. The BYU students discussed the need for proper nutrition, how to recognize true labor, and adoption opportunities, and they outlined a birth plan. They also taught after-school classes on goal setting and helped prepare the high school students for finals week.

The majority of time was spent on the Ibapah Indian Reservation working with the Goshute Indians. Interventions included writing health articles for the tribe newsletter, providing first aid and CPR training, assessing the need for supplies in the clinic and ambulance, teaching health education classes, and providing diabetes counseling for teenagers.

“I learned the most working with the Goshute Indians,” said one student. “I think this experience has taught me a lot about respect and patience. I learned that it is important to respect the way other people do things.”

LEARNING MANY ROLES IN RURAL UTAH
By Paul Blad

As students ventured into the rural Utah communities of Panguitch, Delta, Fillmore, and Mt. Pleasant, they worked in the local hospital, with local home health and hospice agencies, and with public health nurses. They quickly learned that a rural nurse does not have the luxury of calling in the IV team or the OB or OR nurses to take care of an emergency situation. The rural nurse generally transforms from the ER triage nurse to the OR circulator and then on the same shift may end up assisting with a delivery as the OB nurse and then assess the newborn as the nursery nurse!

Every student had opportunities to practice nursing skills that don’t often become available to students in a larger facility. Without exception, students came away with not only more confidence but also the feeling that their services as students were appreciated and needed. Some days in the hospitals became so busy that the staff commented they could not have survived without the assistance of the students.

Nursing students also helped in screening and immunizing elementary school children. The community of
Delta held a health fair, and three BYU students helped in several booths, including drawing blood from senior citizens and conducting diabetic screening. The students in Fillmore were able to help develop a screening tool to assist the local home health services.

Each location made special arrangements to house the BYU student nurses, and lifelong friendships ensued. A mutual appreciation seemed to be the overall theme—appreciation by members of the rural communities for the services that the BYU students brought and likewise an appreciation by the student nurses for the flexibility and skill levels that a rural nurse must acquire.

**LEARNING FROM VETERANS, A VALUABLE RESOURCE**

By Ron Ulberg and Kent Blad

Our students were given the opportunity to interact with veterans through several unique experiences. First we attended a panel of three World War II veterans. The panel was held in a city park in the rural community of Kanosh, Utah, where each of these men resides. We enjoyed lunch with our guests and had the opportunity to listen as they shared their war experiences and how those experiences changed their lives. Each of these men told stories of the challenges faced by young soldiers in the face of war. They related how those experiences have stayed with them and had lasting effects, both positive and negative, throughout their lives.

Clinical experiences included time at the VA Medical Center’s rehabilitation unit in Salt Lake City, where
True hope responds to the real world, to real life; it is an active effort.

Walter Anderson
experiences. They recorded these interviews, typed up the conversations, and presented the recorded event to the veterans the following week.

One of the students summed things up this way: “I think this experience will give me a little more pride on the 4th of July.”

LEARNING THE HEALER’S ART IN THE ALOHA SPIRIT

By Erin Maughan

In Hawaii, BYU’s College of Nursing students learned firsthand how people with Hansen’s Disease (leprosy) lived at Kalaupapa on the island of Molokai, once home to those suffering from the feared disease. Today leprosy is treatable, and people are no longer excluded from society; however, the 100 former patients remaining prefer to stay in the community because they feel more at home here. Discussing the mistreatment of people with leprosy in former times led to comparing how people with mental/physical illness are often treated today, and it was concluded that one could show charity and kindness in any situation.

The students felt such love and acceptance numerous times. In fact, they considered this attitude the most touching lesson of the entire Hawaii experience. In one instance, a native healer devoted the whole morning to teaching about traditional healing practices such as lomi lomi, herbs, and spiritual healing. The event began with a prayer welcoming the group to the island.

During a visit to the preschool Punana Leo, where only Hawaiian is taught, the children greeted them with traditional Hawaiian chants and songs, as well as flower leis and chocolate. It was amazing to see how well such young children had learned traditional Hawaiian customs and language. Three- and four-year-olds were speaking—and reading—fluent Hawaiian! The nursing students reciprocated with basic health lessons on nutrition, hand washing, and dental care.

Everywhere they went the BYU visitors were accepted as family or “cousins” and invited to native homes or beach tents. In one home a family asked the students to join them in prayer. The students were surprised and deeply touched to find that the prayer being offered was a special prayer for them and their work. This “aloha spirit” was prevalent everywhere, in both clinical and nonclinical settings, and helped students and faculty see Christlike charity, the basis of the Healer’s art, in action.
The Brigham Young University Student Nurses’ Association (BYU-SNA) is a preprofessional organization sponsored by the College of Nursing. Through involvement in BYU-SNA, nursing students associate with one another in the College of Nursing and network with nursing students locally and nationally.

In 2005 the elected SNA board established the following goals: promote professionalism in students, encourage service to school and community, prepare students spiritually and physically for nursing practice, and unite students to make growing in the profession a shared experience. SNA officers and faculty leaders work hard to achieve these goals, with excellent results.

Activities included service projects such as making hygiene kits intended for Hurricane Katrina victims, holding a blood drive, and making holiday goody bags for patients. Also, each semester students have come together for a Sunday evening fireside to pray together, sing together, and be uplifted by speakers who bring spiritual insight to the nursing profession.

One of the greatest opportunities for SNA officers and faculty advisors is attending the NSNA Convention, where students attend classes that enhance their professional nursing skills (including courses about evidence-based patient care) and participate in implementing policy that will promote the image of nursing. At the 2006–07 convention BYU-SNA officers created a poster displaying goals and achievements from the previous year that was chosen for presentation. Consequently, nursing schools across the country caught a glimpse of how BYU’s Student Nurses’ Association is having an impact on its school and community. BYU was also recognized with a Gold Award for having over 100 members of NSNA.

SNA officers and faculty leaders work hard to promote professionalism, camaraderie, and support for the university and College of Nursing environments. Positive outcomes of SNA strategies are exemplified by student members as they pursue leadership opportunities, promote a positive image of nursing, and socialize with one another through SNA activities. The resulting increase in professional awareness and College of Nursing unity is evidence of the positive effect of the organization.

Speaking from a faculty perspective, I consider it an honor to associate with the officers of the Student Nurses’ Association! It is truly a pleasure to provide faculty endorsement of the organization and observe BYU nursing students in action as they mingle with faculty, business and professional leaders, and fellow students.
Timmy, six years old, presents in the emergency center (EC) with tightening of the chest, shortness of breath, wheezing, and coughing. His lips are blue and he is having a difficult time responding to the nurse’s questions. His mother explains that he was playing outside with his friends in the yard. He returned home because he had had a hard time breathing. His mother could see his distress and brought him to the EC. The student nurse immediately places an oxygen mask on Timmy then looks to her professor for direction.

This simulated patient experience was a component of a spring 2006 diversity course that focused on children with acute, traumatic, life-threatening, or chronic illness. The student researcher assumed the role of the parent while the Nursing Learning Center director ran the scenario. The faculty mentor engaged students in discussion during and after the scenario, facilitating critical thinking and problem solving. Students were asked to evaluate how effectively they communicated with the child’s mother in gathering and evaluating assessment data, identifying and providing for health promotion needs, developing and implementing patient and parent education, and implementing nursing skills.

Recently, through a generous donation from the George S. and Dolores Doré Eccles Foundation, the College of Nursing acquired a new high-fidelity pediatric patient simulator. It simulates heartbeat, breath sounds, and vital signs that realistically change depending on the improvement or deterioration of the patient’s condition, providing hands-on nursing experiences without the stress involved with an actual patient. The College of Nursing has had an adult patient simulator since 2001. Dr. Patricia Ravert oversees the simulation scenarios and coordinates with other nursing faculty to determine content that will best augment the course theory and expected clinical practice. All nursing students are assigned several simulation experiences, and the pediatric simulator will allow them to care for children with asthma or diabetes or other health care conditions. Debbie Mills, nursing professor with a pediatric specialty, consulted regarding content and facilitated the spring student experiences. Elizabeth Laney, undergraduate nursing student, received an Office of Research and Creative Activities grant to implement the simulator into the pediatrics course and then assess student satisfaction with simulator experiences.
Roger Brooks Buxton, chair of the BYU College of Nursing Alumni Board and an outstanding nurse leader, died June 7, 2006, from complications of cancer. He believed the art of healing was centered in the head, hands, and heart—that through love people are comforted and healed. His professional, community, and church service underscored his motto “Good enough is not good enough!”

Roger graduated from BYU with a bachelor’s degree in nursing in 1979. He earned a master’s degree in nursing administration from the University of Utah in 1992 and was a candidate for the doctoral program in medical informatics. During his career he managed the medical ICU, the staffing office, the PRN pool, and a variety of special projects at Intermountain Healthcare. His spirit of service endeared him to the Utah State Board of Nursing, Utah State Board of Education, Utah State Recovery Assistance Program for Impaired Professionals, and, most recently, Brigham Young University College of Nursing Alumni Board.

Roger’s greatest sources of pride were his wife, Johanna Kendall, and their children, Melissa, Seth, Aimie, Travis, and Megan. We join them in honoring Roger as a role model, mentor, husband, father, and friend.

Paula Foil Julander, our 2005–2006 Honored Alumna, is widely recognized for her expertise with policy issues of health care, higher education, women’s issues, child sexual abuse, and child protection.

Recipient of a master of science in nursing administration from BYU as well as the Sigma Xi Certificate of Recognition for Outstanding MS Thesis in 1990, she served as executive director of the Utah Nurses Association from 1993 to 1998.

She completed a four-year term as a Utah senator for District 2 and then ran unopposed for reelection in 2002. She has served as Senate Democratic whip, on the National Conference of State Legislature Committee on Families and Children, and as chair of the board of directors for the National Organization of Women in Government.

In 2005 Paula received the prestigious Lucy Beth Rampton Award, honoring women who contribute to women’s causes. She also received the Women’s Achievement Award from the Utah Commission for Women and Families. Currently she directs the Utah League of Credit Unions’ 100% for Kids Foundation and serves on the board of Intermountain Healthcare, Urban Central Region.
A 2006 Fulbright scholar, Elaine Bond lives in Amman, Jordan, where she teaches in the newly created PhD nursing program at the University of Jordan. She assists in program administration and mentors 16 PhD candidates in their research and dissemination of findings.

It was 23 years ago that Elaine felt inspired to become a nurse, feeling that there was a special work for her to do in the Middle East. Her relationship with University of Jordan and Jordanian health care officials began when she visited the country in 2000 to help BYU nursing students gain international experience. In 2005 the students and Elaine also worked as professional role models in a Jordanian hospital. The entire experience proved to be powerful and positive for everyone involved. Elaine has since returned to Jordan several times. She humbly says, “Other than my family, the country of Jordan is the love of my life. The people are marvelous. I became a nurse to do what I am doing now.”

One may think the country of Jordan is Elaine’s only love, but she hastens to place at the top of the list her late husband, Hal, and their eight children and 23 grandchildren. Also on the list are service as stake/ward Relief Society president, 20 years as Gospel Doctrine instructor, and her career as a BYU College of Nursing associate professor.

Elaine is a member of Phi Kappa Phi National Honor Society and of Sigma Theta Tau International Honor Society for Nursing. As a Red Cross national disaster nurse, she served at Ground Zero in New York City and frequently consults on disaster relief.

What would Elaine do if she were a true “retiree”? Gardening and interior decorating! Before moving to Jordan, she lived in Riverton, Utah, where she planted every tree and flower in her yard and decorated the interior of her home from top to bottom, producing a show-piece of talent, hard work, and love.
President Spencer W. Kimball, the prophet I knew and loved as a young adult, said of Brigham Young University, “It is proposed that every professor and teacher in this institution keep subject matter bathed in the light and color of the restored gospel, and have all subject matter perfumed lightly with the spirit of the gospel. Always there would be an essence, and the student would feel the presence.” [Spencer W. Kimball, “Education for Eternity,” Preschool address to BYU Faculty and Staff, 12 September 1967, p. 11]

I felt that presence as a student. Now, having had multiple opportunities to interact with BYU as a nurse executive and hospital administrator and as an involved alumna, I understand what made my BYU nursing education different. I had the blessing of learning the “Healer’s art” in a setting where we participated in religion classes required for graduation, opened classes with prayer, and attended monthly devotional taught by those with gifts of the Spirit. Today, as a graduate of this unique institution, I feel compelled to give back. I want other nursing students to have the same opportunities I had to study nursing within the context of the restored gospel. I support the College of Nursing at Brigham Young University as time and financial means permit.

I urge all of you graduates of the BYU College of Nursing to reflect on your own education at BYU. As members of The Church of Jesus Christ of Latter-day Saints, ask how you too might give back to help the College of Nursing flourish.

Mary Ann Young, RN
Past President, BYU College of Nursing Alumni Board

We would like to welcome new Alumni Board president JoAnne Price Edwards. She graduated from the BYU College of Nursing in 1975. She worked at Utah Valley Hospital in Provo in the labor and delivery area and later as associate director of nursing for OB, GYN, and nursery. After moving to California she continued to work in labor and delivery, although, with the birthrate there being about one fifth as many births per month, it was a considerably different experience. JoAnne is married and the mother of four children. She has two grandsons and two more are expected soon. Her hobbies are gardening, humanitarian aid, reading, and collecting rare books.

Please go online to http://nursing.byu.edu. Select Development then Ways to Contribute. Your gift will make dreams come true.


BYU College of Nursing recently received accreditation from the Commission on Collegiate Nursing Education (CCNE) through 2015.

BYU College of Nursing Class of 1964