

Caring

Headlines

May 24, 2007

Nurse Week 2007

If you're one of those people who thinks the word, 'hero,' has been thrown around so much it's lost all meaning, you should have been in O'Keeffe Auditorium on Thursday, May 10, 2007, to hear senior vice president for Patient Care, Jeanette Ives Erickson's Nurse Week presentation, "Nurses: Everyday Heroes."

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Same Day Surgical Unit staff nurses, Kristin Appel, RN (left), and Ines Jackson-Williams, RN, confer in the OR

Ives Erickson's passion for nursing and her unabashed pride in MGH nurses in particular brought the meaning of the word hero thundering back! "Make no mistake," said Ives Erickson. "Nurses are heroes. And no one leaves this room until they believe those words as much as I do."

In an auditorium packed with nurses and others from throughout the MGH community, Ives Erickson called upon MGH president, Peter Slavin, MD, to share his thoughts about nurses as heroes. Said Slavin, "You don't have to be serving in Darfur or Banda Ache to be a hero. All of us know that when it comes to health care, it's better to give than receive. But when you're on the receiving end, as some of my family members were recently, you really appreciate the invaluable contributions of nurses. I want to thank you all for the incredible care you provide to every patient who comes through our doors. You are, indeed, heroes."

Against a backdrop of slide shows featuring MGH nurses, videos spotlighting milestone accomplishments, and the music of Nickelback's "If Everyone Cared" and Bonnie Tyler's "Holding Out for a Hero," Ives Erickson made her case as to why nurses deserve hero status. What follows is an abridged version of Ives Erickson's presentation.

What is a hero? Webster's dictionary defines hero as, "a person of distinguished courage or ability; admired for brave deeds and noble qualities; a role model; the ideal."

Superman, Wonder Woman, James Bond, and Indiana Jones come to mind as some of our cultural heroes. And of course, I would include Cherry Ames (once a nurse, always a nurse).

Jarvis Green, who was a guest here last year, and sports figures around the world are considered heroes by many. Martin Luther King, Jr., John F. Kennedy, and Nelson Mandela are heroes to us all.

But sometimes the most influential heroes are people we meet and talk to every day. Think back to the people who've shared stories with you, answered questions, and encouraged your dreams.

If we can think of sports figures, politicians, statesmen, and others as heroes, why not nurses? Perhaps you're thinking of a colleague right now. But you're saying to yourself, "Certainly, Jeanette, you're not talking about me!"

Indeed, I am.

Your determination to save lives and relieve suffering makes me think of you as heroes.

As many of you know, one of my heroes is Florence Nightingale. Let me tell you why. Every day she asked herself these questions: Can we create a healthy world today? How would we proceed if we could? How can one person make a difference? Can small groups of people be more effective than individuals? Can these networks start locally and grow to become effective globally?

Nightingale shifted public opinion; she influenced local leaders, politicians, philanthropists, military leaders, social scientists, educators, journalists, and nurses around the world.

Was Florence Nightingale a hero? You bet she was.

In 1941, Sergeant James Allen Ward was awarded the Victoria Cross, Britain's highest award for gallantry, for climbing out onto the wing of a Wellington bomber at 13,000 feet to extinguish a fire in the engine. Secured by only a rope around his waist, he smothered the fire and returned to the cockpit. He was later invited for an audience with Winston Churchill. Ward was so nervous in Churchill's presence, he was unable to speak. Said Churchill, "You must feel humble and awkward in my presence."

"Yes sir," said Ward.

"Then imagine how humble and awkward I feel in yours," said Churchill.

Was Sergeant Ward a hero. You bet he was.

Florida Air flight 90 crashed into the 14th Street Bridge in Washington, DC, hitting three cars and killing four people on the ground before plunging into the river and sinking. Rescue efforts were made by local police, park rangers, and one civilian citizen who braved the icy waters to save a survivor from drowning. Four passengers and one crew member survived that crash.

Who was that brave citizen?

Lenny Skutnik. You don't know his name, but Skutnik went on to become the first 'person of note' to sit in the President's box at the State of the Union Address.

Was Lenny Skutnik a hero? You bet he was.

A while ago, Al-Qaeda operative, Ahmed Ressam, was arrested in Port Angeles, Washington, as he attempted to enter the United States with bomb-making materials and detonators. He subsequently admitted to planning to bomb the Los Angeles International Airport on December 31, 1999.

An alert border patrol agent prevented Ressam from entering the country and carrying out his plan.

Her name was Diana Dean. Was she a hero? You bet she was.

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If we can think of sports figures, politicians, statesmen, and others as heroes, why not nurses? Perhaps you're thinking of a colleague right now. But you're saying to yourself, "Certainly, Jeanette, you're not talking about me!"
Indeed, I am.

People show courage in different ways. Standing up against something that's wrong, admitting we made a mistake, resisting peer pressure, doing something risky or innovative — these are all acts of courage.

Often it's under the most extreme circumstances that our true mettle is tested. Recently, MGH pediatric nurses befriended an Iraqi nurse who came here to learn. Our nurses gave her hope, comfort, and knowledge, and today, she is building a new hospital in Iraq to care for children with cancer.

Every day, she travels great distances through dangerous territory to teach Iraqi nurses what she learned here at MGH. She is a dear colleague and hero to me.

I recently received this e-mail from Major Michael Grasso, RN.

"Hello there! I've moved to Al Asad, Iraq, where we've built a new hospital. We saw our first patients today. A five-year-old girl was shot and blasted with shrapnel. She is remarkably resilient and doing well after surgery. I'm relatively safe and glad to be busy again. Have a great day, Jeanette!"

Michael Grasso works in our Emergency Department? Is he a hero? You bet he is.

In researching these heroes, I've come to more fully understand what the word, hero, means. And when I think of nurses as heroes, I think of these eight qualities:

Courage. Also known as fortitude, courage is the state of mind that enables people to face fear, pain, danger, uncertainty and intimidation with self-possession, confidence, and resolution.

People show courage in different ways. Standing up against something that's wrong, admitting we made a mistake, resisting peer pressure, doing something risky and innovative — these are all acts of courage.

Honesty and integrity. Honesty is the act of communicating and presenting yourself truthfully. Integrity is a state of being possessed of sound moral principle, uprightness, and sincerity.

Every day, people make choices about how they're going to act. Heroes do the right thing. Heroes stand up for what they believe in. Sometimes, heroes give voice to those who can't speak for themselves.

Caring. Feeling and exhibiting concern and empathy for others is heroic.

Treating people with kindness and generosity of spirit is heroic.

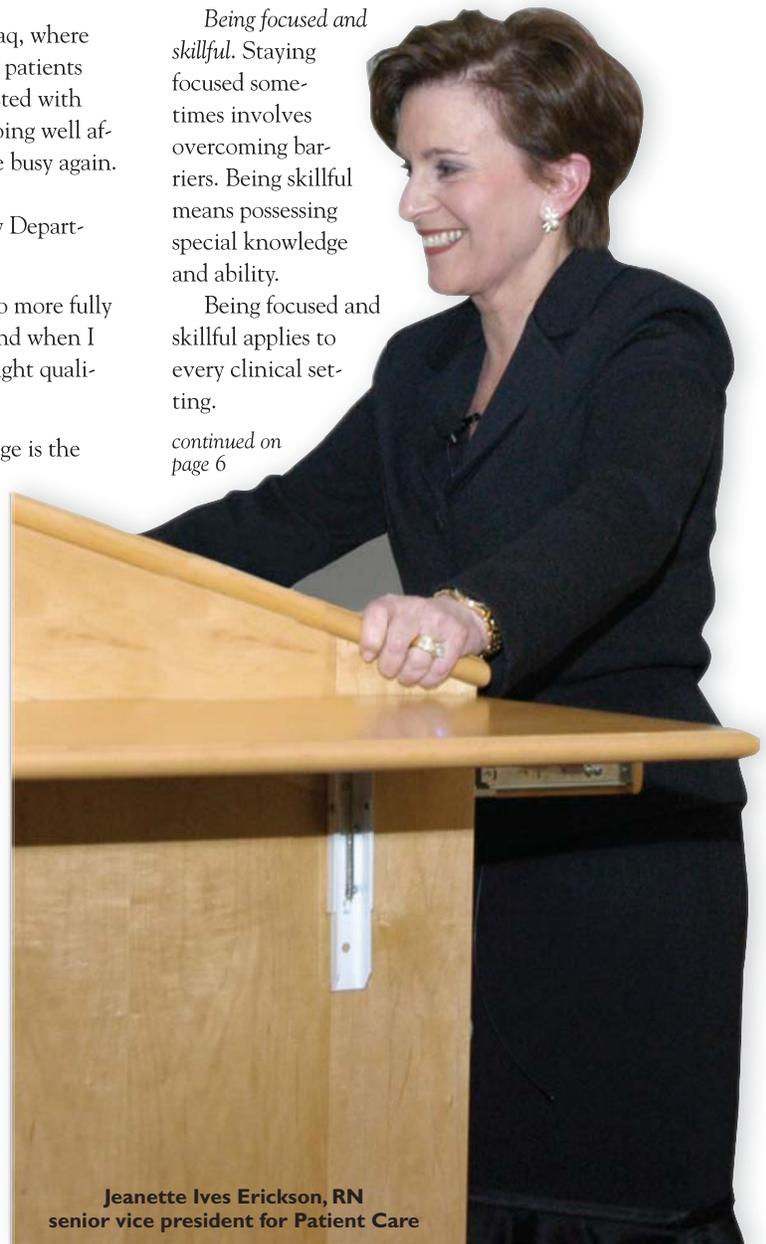
Perhaps the most underrated of all the nursing roles, caring for and proving comfort to strangers, is hero's work in my book.

Helping others. Everyone needs a helping hand now and then to lift us up when we're feeling down. A pat on the back when our confidence is shaken can give reassurance. A helping hand for our most vulnerable can turn lives around. Nurses help others all the time.

Being focused and skillful. Staying focused sometimes involves overcoming barriers. Being skillful means possessing special knowledge and ability.

Being focused and skillful applies to every clinical setting.

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Jeanette Ives Erickson, RN
senior vice president for Patient Care

Case Management Nursing

Case manager, Arme Gallanaro, RN, discusses discharge plans with patient, Antonio Bernardo, on the Ellison II Cardiac Access Unit



Nursing: a global perspective



Beverly Malone, RN, president, National League for Nursing

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eturning to MGH after a ten-year hiatus, National League for Nursing president, Beverly Malone, RN, commented on how much has changed here in, 'our city of healing.' Having worked in the United Kingdom for the

past six years, Malone has had an opportunity to broaden her perspective on nursing internationally, and she shared some of those impressions in her Nurse Week presentation, "Celebrating the Good News: Nursing Makes a Difference — a Global Perspective."

Malone observed that nurses make a difference on the global stage due to five important components of the nursing role:

- Nurse as clinician, and the important contributions they make to patient care at the bedside. It is an honor and a privilege to work with patients, families, and communities; to join with families in the healing process. Malone reminded attendees that 80% of all care provided in the world is delivered by nurses. It's important to understand how to navigate the system to provide empowered care for under-served and vulnerable populations. 'Vulnerable' comes in all shapes, sizes, and socio-economic situations.
- Nurse as educator, and the importance of committing ourselves to a regimen of life-long learning. Said Malone, "Education and care-delivery are joined at the hip. It's part of the global struggle — to share our education with developing countries." As educators and life-long learners, we should be tapping into the knowledge of more experienced and retired nurses. We need to ensure we have enough faculty and edu-

cators in our nursing schools so future nurses are not turned away at the door.

- Nurse as researcher, and the importance of documenting the care we provide and the strategies we employ to manage and improve patient care. We need to be able to point to statistics and evidence as we push nursing forward and make our case for funding and support on the national and international levels. It's our responsibility to ensure that theory becomes practice, that the knowledge we gain becomes incorporated into the care we provide. And when conducting research, we should *always* include an economic component; we need to show people how nursing makes a financial difference, too.
- Nurse as manager, but still connected to bedside care and decision-making. All nursing encompasses a managerial component. We manage patients, and families, and the healing environment. Our ability to manage the healing environment is enhanced when we listen to our patients — they inform our decision-making and determine how we can make a difference in their lives and the lives of others.
- Nurse as leader, and the impact we can make with our vision and creativity. But vision without an action plan is just an hallucination. We need to take calculated risks, secure the buy-in of interested parties, invite others to join with us, and always, make time to dream. Being a good nurse means constantly giving to others; we need to make sure we take time to rejuvenate ourselves.

Malone closed, saying, "Nurse Week is a time to reflect. Ask yourselves how you can make a difference in the lives of patients, and I guarantee, they'll make a difference in yours."

Education and care-delivery are joined at the hip. It's part of the global struggle — to share our education with developing countries.

Believing in yourself and others. One of the keys to our success is our ability to form relationships within teams and with one another. Establishing strong working relationships contributes to satisfaction and patient safety. And one of the most critical relationships is the one formed between preceptors and preceptees.

Developing ideas and innovation. Innovation is the process of implementing improvements by introducing something new — new ideas, new methods, new technology. When I think about innovation, I think of the quote by Sir Leuan Maddoc, who said, “To cherish traditions, old buildings, ancient culture and graceful lifestyles is a worthy thing; but in a world of technology, to cling to outmoded methods of manufacturing, old product lines, old markets, or old attitudes among management and workers is a prescription for suicide.” This is an apt quote for MGH, given our long and rich history of patient care, education and research.

But we cannot rest on our laurels. We must perpetually innovate to ensure that patient care and the structures that support that care continue to meet the needs of the communities we serve. That is why we’ve launched The Center for Innovations in Care Delivery.

Innovation means action. Innovation brings new things to life. We must turn our creativity into something that has impact.

Taking a journey. Heroism involves taking a ‘journey.’ And all great journeys begin with a dream.

In 1996, we embarked on the journey to create a professional practice environment that would support empowerment, autonomy, and collaborative relationships with all members of the healthcare team. We implemented many initiatives including collaborative governance, our clinical recognition program, our Culturally Competent Care curriculum, the Ethics Program, and our new Simulation Center (to name only a few). In 2003, as a result of this journey, MGH became the first Magnet hospital in Massachusetts.

When we became a Magnet hospital, fewer than 1% of US hospitals had received Magnet designation. I think we’ve earned the right to brag. In 2003, we were the first Cancer Center to receive Magnet designation; the first children’s hospital in Boston to achieve Magnet designation; the first heart hospital to receive Magnet designation (the MGH Heart Center); and the first health centers in the state to receive Magnet designation.

I recently had an opportunity to interview one of our patients, and I’d like to share some of that interview with you. Pay close attention, because this patient cap-

tures so much of what makes MGH nurses heroes.

[At this point, Ives Erickson switched to a video of her interview with Terry Francona, manager of the Boston Red Sox.]

Ives Erickson: Terry, first, I’d like to wish you a happy birthday on behalf of all MGH nurses.

Francona: Thank-you. I probably know about half of them from being a patient. They’re good people.

Ives Erickson: Every year during Nurse Week, we celebrate the contributions our nurses make to patient care, the institution, and the profession of nursing.

This year, I’m advancing the notion that, just like the Red Sox, nurses are heroes, too. Is there anything you’d like to say about this concept of nurses as heroes?

Francona: You know, it’s fun to come to the ball park and cheer for your favorite players; kids emulate their favorite players. And that’s awesome. But when you start talking about heroes, the qualities of nurses (and doctors) certainly seem to be a little more applicable.

Ives Erickson: In nursing, we talk a lot about being present to our patients. Do you have any thoughts on that?

Francona: I know in the Red Sox organization, we try to put the players first. In my experience, if you put their wishes first, things usually have a way of working out for everyone. It’s the same with nurses. They put their patients first; they put their patients ahead of themselves all the time. That’s probably why it works so well.

I was at a hospital recently on the west coast. And I’m sure it was a perfectly good hospital, but I called [Larry Ronan] and said, “Get me home!” because it wasn’t MGH. I’m so used to the great care I get here.

Ives Erickson: Is there anything you’d like to say to our nurses?

Francona: Well, I’d just like to say thank-you. What they do is awesome. I’ve experienced their care firsthand, and I’m very appreciative. I know all my players are, too. So, thank-you!

If you take one thing away from the stories I shared today, it’s that a single stone thrown in a pond produces ripples that extend farther than you can imagine.

Heroism isn’t quantifiable; there’s no way to measure the difference it makes.

We all have the power to be heroes. If we each seize the moment to make a difference, we can create the kind of movement that can change the world.

Thank-you, for your acts of kindness and heroism. I’m privileged to have 3,800 heroes in my life.

We all have the power to be heroes. If we each seize the moment to make a difference, we can create the kind of movement that can change the world.

Making 'Magnet' matter



Patricia Yoder-Wise, RN, president, American Nurses Credentialing Center

Who better to speak to us about the importance of Magnet certification than Patricia Yoder-Wise, RN, president of the American Nurses Credentialing Center, the organization that oversees Magnet certification. In her presentation, "Engaging the Masses: Making Magnet Matter," Yoder-Wise stressed the importance of making sure people understand what it means when you introduce yourself as a Magnet-hospital nurse. To really make Magnet matter, we need more than a tag line; we need to make nursing excellence meaningful. How do we do that? Through story-telling. This is what really brings nursing to life.

Nursing excellence is the hallmark of a Magnet hospital. Year after year, the Gallup survey identifies nursing as the most trusted profession in the country. Yoder-Wise believes that's because nurses are engaged, present, and deeply invested in providing the best possible care to their patients. Using a framework first presented in the 1999 best-seller, *First Break All the Rules*, and re-introduced in, *12: The Elements of Great Managing*, Yoder-Wise suggested the reason Magnet nurses are so engaged is because their organizations subscribe to the following 12 principles:

- Employees know what is expected of them in the workplace
- Employees have the materials, equipment, and resources necessary to do their jobs well
- Employees are given opportunities to do what they do best; to capitalize on their strengths, skills, and individual talents

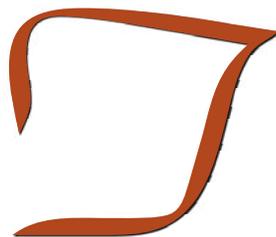
- Employees are recognized and praised for the contributions they make to the success of the organization; they feel valued and are told their contributions matter on a regular basis
- Employees have someone at work who cares about them as a person; who asks how they're doing; who's interested in their personal situation
- Employees have someone at work who encourages their professional development; who helps raise their level of performance
- Employees believe their opinion counts; their knowledge and experience are valued by decision-makers
- Employees feel connected to the mission, vision, and values of the organization
- Employees feel their co-workers are committed to doing quality work; there's a genuine, positive attitude among colleagues and a sense that everyone is doing their best to support the organization
- Employees have a best friend at work, someone they can confide in, someone who makes them want to go to work even on those days they feel like calling in sick
- Employees are future-oriented; they want the organization to progress and succeed
- Employees feel they have opportunities to learn and grow within the organization

Said Yoder-Wise, being a Magnet hospital matters because when clinicians are engaged, everybody wins. Studies show that Magnet hospitals boast enhanced staff-satisfaction, lower Medicare mortality rates, higher patient-satisfaction, and an increased financial gain for the organization. "So," said Yoder-Wise, "tell people you're a Magnet nurse, and make them understand what that means. Tell your stories."

Scientific Sessions

MGH nurses present their research

“We need to be visionary and visible in our practice. One way to make our work visible is through nursing research.”
— Dottie Jones, RN, director of The Yvonne L. Munn Center for Nursing Research



his year's Nursing Research Expo began with two informative scientific sessions spotlighting the work of two formidable nursing research teams. The first study, “Music as a

Therapeutic Intervention in the Care of Neuroscience Patients,” was presented by, Diane Carroll, RN; Marion Phipps, RN; and Anastasia Tsiantoulis, RN; the second study, “Measuring Psychological Insulin Resistance: Barriers to Insulin Use,” was presented by, Virginia Capasso, RN, and Mary Larkin, RN.

The first study sought to determine the prevalence of Psychological Insulin Resistance (PIR) in insulin-naïve patients with type 2 diabetes and attempt to identify predictors of PIR. The team employed a number of survey tools and questionnaires to collect and analyze data. The study sample included 100 people who were primarily male, over 60, Caucasian, and reported being in good health at the time of the study. None of the participants had been started on insulin therapy in the past. They were all asked about their willingness to begin insulin therapy should it become necessary, and what they thought the likelihood of their needing insulin therapy was.

Of the 100 surveyed, 33% reported they would be unwilling to start insulin therapy if prescribed. The most common reasons given included:

- It would represent personal failure
- It implies the disease is worse
- It would be too restrictive
- It would increase hypoglycemia

The team felt the study did help identify barriers to insulin therapy and suggest opportunities for educational interventions. They also concluded that identifying barriers to insulin therapy could facilitate earlier acceptance of the therapy when prescribed and decrease the effects of hypoglycemia due to psychological barriers.



Nurse researchers (back row, l-r): Diane Carroll, RN; Anastasia Tsiantoulis, RN; and Marion Phipps, RN. (Front row): Virginia Capasso, RN; and Mary Larkin, RN

Carroll, Phipps, and Tsiantoulis' study sought to determine the effect of music as an intervention on physiological and psychological responses in neuro-medical and neurosurgical patients compared to those who receive 'usual' care. They hypothesized that music plus usual care would reduce blood pressure, heart rate, respiratory rate, pain perception, and negative mood states, and increase peripheral skin temperature.

The intervention consisted of 30 minutes of music (using a CD player); music was selected by the patient from a variety of choices. Patients were pre- and post-tested for vital signs, skin temperature, pain and mood states. Both the treatment group and the usual-care group were comprised of approximately 25 patients, predominately female, in their 50s, primarily Caucasian, and a mix of neuromedical and neurosurgical diagnoses.

The team concluded that after a 30-minute music session, there was a significant reduction in systolic blood pressure, heart rate, and respirations, and a significant reduction in negative mood states (anxiety, depression, fatigue, and overall mood scores). As a result, music has been integrated into practice on White 12, and music as a therapeutic intervention is used in the presence of agitation, fear, and at the end of life.

Trauma Nursing Team



In the Trauma Rapid Assessment Care Unit (TRACU) on Ellison 7, trauma nurse practitioner, Benjamin Hollingsworth, RN, of the Trauma Nursing Team, treats patient, David Ferrone, for a complex lower-extremity injury sustained in a motorcycle accident.

Surgical Trauma Nursing

Surgical trauma nurse, Martha McAuliffe, RN, provides patient-education and post-discharge information to patient, John McGilvray, on the Ellison 7 Surgical Trauma Unit.



The 13th annual Yvonne L. Munn Nursing Research Lecture

Beck spoke
at length about
the importance
of developing
a research
program that is
knowledge-driven
and not limited
by the research
methodology.

In keeping with the style of every other Nurse Week presenter, Cheryl Beck, RN, professor, coordinator of the Honors Program, and co-coordinator of the Doctoral Program, at the University of Connecticut School of Nursing, was an ardent proponent of her subject matter, “Cultivating a Program of Research: Merging Clinical and Research Interests.” Beck spoke at length about the importance of developing a research program that is knowledge-driven and not limited by the research methodology. Said Beck, “Qualitative and quantitative research are equally important.”

Putting to rest the notion that qualitative research is somehow less valuable than quantitative research, Beck quoted renowned research evaluator, Michael Quinn Patton, saying, “Qualitative data can put the flesh on the bones of quantitative results, bringing the results to life through in-depth case elaboration.”

Supporting the idea that the cumulative production of knowledge in a particular area of research is most valuable when it is fully explored and examined, Beck recommended seeking out experts in both qualitative and quantitative research who can complement your work, bring other perspectives to your thinking, and help you explore using methods you may be unaccustomed to. Said Beck, “There is so much to be gained by opening the breadth of your research.”

Beck’s own body of research, The Postpartum Depression Research Program, is the accumulation of many studies, each triggered by knowledge gained in the studies before. She admits beginning



Cheryl Beck, RN, professor and co-coordinator of the Doctoral Program, University of Connecticut School of Nursing

with quantitative methods, but soon realized they weren’t generating the experiential data she needed to fully describe how debilitating postpartum depression is for some women. Qualitative research helps ‘tease out’ data that sometimes remains invisible in quantitative studies.

In the course of her extended research program, Beck has employed numerous methodologies and encourages others to do the same. “Don’t underestimate,” she said, “the benefits of all the different approaches to research: analytical, interventional, perceptual, thematic, investigational, phenomenological, narrative analysis, and many others.”

Beck shared details from many of her studies that helped identify the various stages of postpartum depression. These stages helped identify risk factors that can be used when caring for women throughout the peripartum experience.

Said Beck, “A research program is like a tapestry. Each study builds on previous work, adding to our cumulative knowledge. We’re creating an ever-expanding base of evidence that informs future practice and drives future studies. This is an exciting time—there is a wide range of research possibilities and opportunities.”

Cardiac Surgical Nursing

Like the song says, "It's one of those days for taking a walk outside!" Ellison 8 cardiac surgical nurse, Maria Hansen, RN, treats patient, George Te, to an afternoon 'stroll' on the Bulfinch terrace.



The Yvonne L. Munn Nursing Research Awards

On Tuesday, May 8, 2007, this year's Yvonne L. Munn Nursing Research Awards were presented to a record four nursing research teams and individuals. The first went to Donna Jenkins, RN, nursing director, and Mary Ellin Smith, RN, professional development coordinator, for their proposal, "The Transition Experiences of Entry into Practice for First- and Second-Career Nurses."

Laura Sumner, RN; Sheila Burke, RN; and Mary McAdams, RN, nurse educators, and Lin-Ti Chang, RN, staff specialist, received funding for their study, "Evaluation of Basic Arrhythmia Knowledge Retention and Clinical Application by Registered Nurses."

Kathleen Walsh, RN, case manager, was funded for her proposal, "Exemplary Presence in Emergency Nursing: a Focused Ethnography."

Teresa Vanderboom, RN, nurse coordinator, received funding for her study, "The Effects of a Music Intervention on Patients Undergoing Cerebral Angiography for the First Time using Procedural Sedation."

Susan Lee, RN, clinical nurse specialist and associate nurse scientist, was the recipient of the Yvonne L. Munn Post-Doctoral Fellowship for her study, "Conceptualization, Development, and Testing of Nurse Dose in Relation to Quality Nursing Outcomes."

Pictured at left are Dottie Jones, RN, director of The Yvonne L. Munn Center for Nursing Research, (left), with nurse researchers (l-r): Mary McAdams, RN, Laura Sumner, RN; Lin-Ti Chang, RN; and Sheila Burke, RN.



Photo by Thomas Drake

The MGH Nursing Research Fair

This year's multi-day Nursing Research Expo included a new attraction: the Nursing Research Fair, which boasted interactive poster displays, opportunities for research consultation, and educational booths and exhibits. Approximately 1,100 MGH employees and visitors took advantage of the beautiful weather to avail themselves of the fair's offerings.

Through interactions with research investigators, posters came alive. Staff were eager to hear the clinical origins of studies and learn how they're applicable to their own nursing practice.

Nurses from throughout MGH, including Patient Care Services, the MGH health centers, ambulatory practices, and as far away as the Clark House, in Westwood, came to discuss clinical issues and research questions with doctorally prepared nursing experts. The hope is that this networking opportunity will fuel

new research studies and ongoing mentorships with consultants and/or others identified through attendance at the fair. Educational booths featured internal and external resources that support nursing research, such as the Nursing Research Committee, The Yvonne L. Munn Center for Nursing Research, the Clini-

cal Research Program, the General Clinical Research Center, Sigma Theta Tau International, and the Treadwell Library. With this kind of enthusiasm, next year's Expo promises to be even bigger!



Research consultations at the Nursing Research Expo

Post-Anesthesia Care Nursing

In the Post Anesthesia Care Unit, patient, Jean Sheehan, wakes up to the smiling faces of staff nurses, Julie Finn, RN (left), and Carol McMahon, RN.



Post Anesthesia Care Unit staff nurse, Nadine, Salomon-Ais, RN, is there to greet patient, Claire Dunn, when she wakes up after surgery.

Florence Nightingale: a medical revolutionary

It was this selfless effort that earned her the moniker, 'Lady of the Lamp,' which she abhorred because it exaggerated her 'saint-like' reputation and served as a barrier to her work.

She may have taken the stage as Kathleen Duckett, RN, director of Clinical Programs for Partners Home Care, but she left as Florence Nightingale, truly, a medical revolutionary. Not only was Duckett's performance engaging and inspiring, it was packed with information about the British nursing pioneer, widely considered to be the founder of modern nursing.

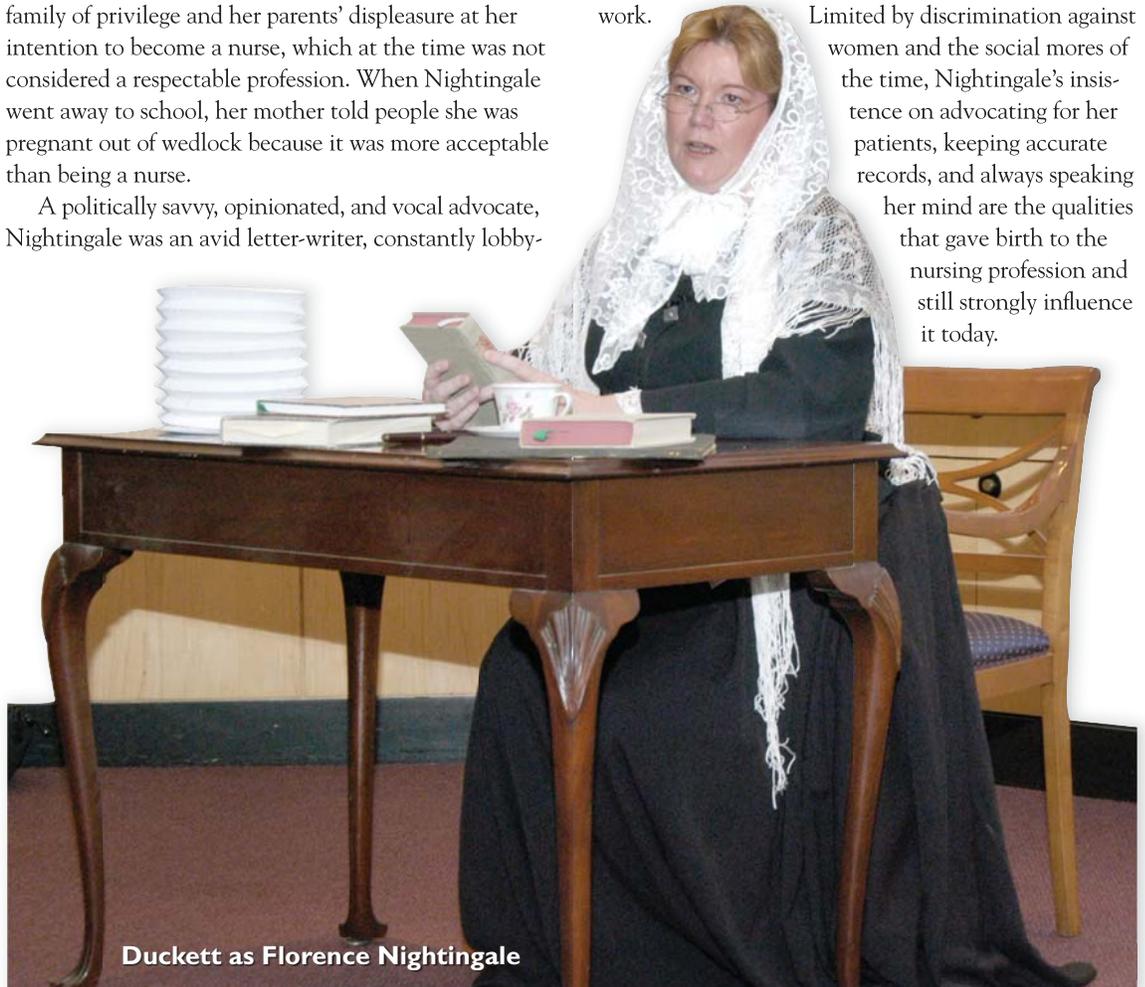
Duckett recounted Nightingale's childhood in a family of privilege and her parents' displeasure at her intention to become a nurse, which at the time was not considered a respectable profession. When Nightingale went away to school, her mother told people she was pregnant out of wedlock because it was more acceptable than being a nurse.

A politically savvy, opinionated, and vocal advocate, Nightingale was an avid letter-writer, constantly lobby-

ing the government and others for the advancement of nursing.

In perhaps her most celebrated accomplishment, caring for soldiers during the Crimean War, Nightingale led by example, bristled under the restrictions of bureaucratic regulations, and always tried to do more for the legions of soldiers suffering severe wounds and injuries, frostbite, cholera, dysentery and scurvy. It was this selfless effort that earned her the moniker, 'Lady of the Lamp,' which she abhorred because it exaggerated her 'saint-like' reputation and served as a barrier to her work.

Limited by discrimination against women and the social mores of the time, Nightingale's insistence on advocating for her patients, keeping accurate records, and always speaking her mind are the qualities that gave birth to the nursing profession and still strongly influence it today.



Duckett as Florence Nightingale

Obstetrical staff nurse, Christine Higgins, RN, sits with patient, Myriem Brown, on the Ellison 13 Post-Partum Ante-Partum Unit one day prior to Brown's delivery.



Radiology staff nurses, Joy Williams, RN (right), and Jacqueline Covino, RN, draw blood and place an IV line for patient, Genevieve Baker, in the Ellison 2 Radiology Unit



On the Bigelow 14 Vascular Unit, staff nurses, Megan Schaub, RN, (at right and below, left) and Elizabeth Botcheller, RN, take a break after helping patient, Carmela Anzalone, transfer from her bed to the chair. Botcheller, a new graduate nurse, had only worked on the unit for two weeks at the time of this photo.



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Next Publication

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Cardiac Intensive Care Nursing

Staff nurse, Donna Furlong, RN (left) precepts new nurse, Bernadette Lord, RN, as they care for patient in the Blake 8 Cardiac Intensive Care Unit. Lord is a recent graduate of the New Graduate in Critical Care Nursing Program



Keeping it in the Family



Three generations of MGH nurses are: Bulfinch Medical Group nurse practitioner, Marcy Bergeron, RN (back); Ellison 16 Medical Unit staff nurse, Jenna Delgado, RN (left); and 9-year-old, Audrey Delgado (front), who helped mom care for patients on Bring Your Child to Work Day, April 27, 2007. It's never too soon to start making a difference.

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