Approved Stephen R. Cloud 3-23-83
Date

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION.

The meeting was called to order by Rep. Stephen R. Cloud, Chairperson, at

9:10 a.m./~~p.m.~~ on March 21, 1983 in room 522-S of the Capitol.

All members were present except:
Rep. Barr - Excused
Rep. Louis - Excused

Committee staff present:
Avis Swartzman - Revisor
Carolyn Rampey - Research Dept.
Russ Mills - Resesarch Dept.
Jackie Breymeyer - Secretary

Conferees appearing before the committee:

Emalene Correll - Research Dept.
Dr. Lois Scibetta, Executive Director - Board of Nursing
Lynelle King - Kansas State Nurses Association
Keith Landis - Christian Science Committee on Publications

Chairman Cloud called the meeting to order at 9:10. A few moments of silence was observed in memory of Rep. Cobb.

Rep. Hassler moved to amend the March 9 minutes in paragraph four, line three by striking the word "unrelated" and adding the words"is not related only". Rep. Walker gave a second to the motion. The motion carried. Rep. Hassler moved to approve the minutes as corrected. Rep. Walker gave a second to the motion. The motion carried.

The Chairman stated that SB 362 would be heard at this time. Emalene Correll, Research Department explained each section of the bill. She passed out a balloon containing amendments that would change, on line 366, "1985" to "1986" and line 379, "24" to "30".

Dr. Lois Scibetta, Executive Director, Board of Nursing, spoke in favor of SB 362. (See Attachment I) She stated that the amended changes were requested to give the Board more time to draft appropriate regulations.

Lynelle King, Kansas State Nurses Association, spoke in favor of the bill. She stated that there was a policy questions with regard to line 277 as this would be difficult to regulate. The Association takes a position of opposition to this policy.

Keith Landis, Christian Science Committee on Publications, passed out copies of his testimony with proposed language he would like to see inserted. (See Attachment II). This language would amend the bill by striking lines 246-249 on page 7 and inserting, "(c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;"

Each conferee responded to questions from Committee members and added their comments and suggestions.

The Chairman asked if anyone else wished to address SB 362. As there was no one else to testify on this bill, the Chairman stated that this constituted the hearing on SB 362.

The Committee turned its attention to SB 44. Avis Swartzman, Revisor gave an overview of the bill which would extend the Board of Nursing indefinitely and remove it from sunset review.

Dr. Scibetta spoke in support of SB 44, saying that there is considerable oversight of the Board through the regulatory process in the adoption of rules and regulations and budget procedure and performance audits. These audits can be done at any time by legislative request. Dr. Scibetta answered questions from Committee members. (See Attachment III)

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

SRC

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION,

room 522-S, Statehouse, at 9:10 a.m./~~p.m.~~ on March 21, 1983

Lynelle King spoke in favor or SB 44. Ms. King also spoke on the impaired nurse and a plan to assist chemically-dependent nurses. (See Attachment IV)

Dr. Scibetta added a few comments on the impaired nurse. She invited the Committee to attend the next Board meeting which will be April 27, 28 and 29. She will be sure the Committee receives an Agenda. Dr. Scibetta will also attend a Symposium on the impaired nurse in the near future.

Lynelle King added the comment that the majority of these impaired nurses are getting treatment.

The Committee will meet tomorrow at 9:00.
The meeting was adjourned at 10:08 a.m.

GUEST LIST

COMMITTEE: GOVERNMENTAL ORGANIZATION DATE: 3/21/83

NAME (PLEASE PRINT)	ADDRESS	COMPANY/ORGANIZATION
Lynelle King	Topeka	Ks State Nurses Assn.
Dr Lois R. Scibetta	503 Kansas Ave	KS St Bd Nursing
KEITH R LANDIS	TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Michele Hinds	Topeka	Legislative Intern
Nickie Stein	Topeka	KS St. Nurses' Assn.

CONFEREES

BILL NO. SB 362 & SB 44

SUBJECT Board of Nursing

DATE OF HEARING 3/21/83

SPONSOR

DATE NOTIFIED	NAME	ORGANIZATION	ADDRESS	PHONE	TESTIFY?
3/17/83	Dr. Lois Scibetta	Executive Administrator, Board of Nursing	503 KS Ave.	296-4929	Yes
3/17/83	Lynelle King	KS State Nurses Association	820 Quincy	233-8638	Yes
SB 362 3/18/83	Keith Landis	Christian Science Committee on Publications	820 Quincy	233-7483	Yes
	Emalene Emillene 362	Leg. Research			

KANSAS STATE BOARD OF NURSING

Attachment I

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Stephen Cloud, Chairman, and Members of the House Governmental Organization Committee

FROM: Dr. Lois Rich Scibetta, LRS Executive Administrator

RE: Senate Bill 362

DATE: March 21, 1983

Thank you Mister Chairman and members of the Committee. My name is Dr. Lois Rich Scibetta and I am the Executive Administrator of the State Board of Nursing. I am here today speaking in support of Senate Bill 362 as amended by the Senate Public Health and Welfare Committee.

The Bill updates the Nurse Practice Act by removing "good moral character," as a condition for licensure, as was suggested by Legislative Post Audit in the Sunset Report. The Board concurred with this recommendation.

The Bill also updates the Licensed Mental Health Technicians Act and changes the annual registration to biennial. The amended changes were requested to give the Board adequate time to draft the appropriate regulations. Implementation is planned for 1984.

The Board of Nursing supports the favorable passage of Senate Bill 362, as amended.

Thank you for your attention. I will be happy to asnwer any questions which the Committee may have.

Atch. I

0304 ~~as a mental health technician for at least one year within the~~
0305 ~~five-year period immediately preceding the date of his or her~~
0306 ~~application. The board shall accept as evidence thereof the veri-~~
0307 ~~fied written statements of three professional nurses, physicians or~~
0308 ~~psychologists, licensed to practice in the state of Kansas, who~~
0309 ~~have personal knowledge concerning the applicant's satisfactory~~
0310 ~~service as a mental health technologist in Kansas during such~~
0311 ~~prior period of time; or~~
0312 ~~(3)~~ to an applicant who has been duly licensed by examina-
0313 tion under the laws of another state, territory or foreign country if,
0314 in the opinion of the board, the requirements for licensure in such
0315 other jurisdiction equal or exceed the qualifications required to
0316 practice as a mental health technician in this state.
0317 Sec. 6. K.S.A. 65-4205 is hereby amended to read as follows:
0318 65-4205. On or before ~~the first day of September of each year~~
0319 *September 1, 1983, and on or before such date every two years*
0320 *thereafter,* the board shall mail an application for renewal of
0321 license to all licensed mental health technicians. Every mental
0322 health technician desiring to renew ~~his~~ *a* license shall *file with the*
0323 *board,* on or before ~~the 31st day of~~ December *31 of such year,* ~~file~~
0324 ~~with the board his~~ *a* renewal application together with the pre-
0325 scribed renewal fee. *Commencing with calendar year* ~~*1985,*~~ *the*
0326 *board shall require every licensee in the active practice of mental*
0327 *health technology within the state to submit with the renewal*
0328 *application evidence of satisfactory completion of a program of*
0329 *continuing education required by the board. The board by duly*
0330 *adopted rules and regulations shall establish the requirements for*
0331 *such program of continuing education.* Upon receipt of such
0332 application and fee *and, commencing with renewal applications*
0333 *received during calendar year* ~~*1985*~~ *and each calendar year*
0334 *thereafter, upon receipt of the evidence of satisfactory completion*
0335 *of the required program of continuing education,* the board shall
0336 verify the accuracy of the application and grant a renewal license
0337 which shall be effective for the ~~succeeding~~ *next two* calendar ~~year~~
0338 *years,* and such renewal license shall render the holder thereof a
0339 practitioner of mental health technology for the period stated.
0340 Any licensee who ~~shall fail~~ *fails* to secure a renewal license

On or before September 1, 1984, and on or before such date every two years thereafter, the board shall mail an application for renewal of license to all licensed mental health technicians.

1986

1986

0341 within the time specified herein may secure a renewal of such
0342 lapsed license by making verified application therefor on a form
0343 ~~to be prescribed~~ *prescribed* by the board together with the pre-
0344 scribed reinstatement fee *and, during calendar year* ~~*1985*~~ *and*
0345 *thereafter, evidence of satisfactory completion of the required*
0346 *program of continuing education.* Such application shall furnish
0347 satisfactory evidence as required by the board that ~~he~~ *the appli-*
0348 *cant* is presently competent and qualified to perform the respon-
0349 sibilities of a mental health technician, with the board to be the
0350 sole judge of the adequacy of the evidence so presented.

1986

0351 Sec. 7. K.S.A. 65-4208 is hereby amended to read as follows:
0352 65-4208. *(a)* The board shall collect in advance the fees provided
0353 for in this act, the amount of which shall be fixed by the board *by*
0354 *rules and regulations*, but not to exceed:

0355	Application for license	~~$25.00~~	*$50*
0357	Application for renewal of license	~~12.00~~	~~*24*~~
0359	Application for reinstatement	~~18.00~~	*36*
0361	Certified copy of license	~~6.00~~	*12*

30

0363 *(b) The fees established under this section on June 30, 1983,*
0364 *shall continue in effect until different fees are fixed by rules and*
0365 *regulations in accordance with subsection (a) of this section.*
0366 Sec. 8. K.S.A. 65-4209 is hereby amended to read as follows:
0367 65-4209. The board~~, by an affirmative vote of at least two-thirds~~
0368 ~~(2/3) of the membership of the board~~ shall have the power to
0369 withhold, deny, revoke~~,~~ or suspend any license to practice as a
0370 mental health technician issued or applied for in accordance with
0371 the provisions of this act or otherwise to discipline a licensee
0372 upon proof that the licensee:
0373 (a) Is guilty of fraud or deceit in procuring or attempting to
0374 procure such license;
0375 (b) is habitually intemperate or is addicted to the use of habit
0376 forming drugs;
0377 (c) is mentally incompetent;
0378 (d) is incompetent or grossly negligent in carrying out the
0379 functions of a mental health technician; or
0380 (e) has been convicted of a felony or of any misdemeanor
0381 involving moral turpitude, in which event the record of the
0382 conviction shall be conclusive evidence of such conviction. The
0383 board may inquire into the circumstances surrounding the com-

Christian Science Committee on Publication For Kansas

Attachment II

820 Quincy Suite K
Topeka, Kansas 66612

Office Phone
913/233-7483

To: House Committee on Governmental Organization

Re: Senate Bill 362

We request that Senate Bill 362 be amended by striking lines 0246-0249 on page 7 and inserting the following:

> "(c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;"

This proposed language is from the Model Nursing Practice Act prepared by the National Council of State Boards of Nursing. (Copy attached.)

The Senate Committee on Public Health and Welfare included the suggested wording in Senate Bill 247, which also contains this section of the statutes. However, that committee, in the rush to pass Senate Bill 362 before the committee deadline, did not consider adding the amendment to this bill.

The requested change is needed to make clear that the exemption in the law applies not only to Christian Science practitioners, who provide treatment by spiritual means, but also to Christian Science nurses, who provide physical care for patients having treatment by a Christian Science practitioner.

For more than 70 years, Christian Science nurses have been providing physical care to the sick and injured only on cases being treated through prayer by Christian Science practitioners.

Christian Science nurses are professionally engaged in full-time Christian Science nursing after being carefully trained in Christian Science sanatoriums and Christian Science nurses training schools. They are trained to support the prayerful, healing treatment of the Christian Science practitioner while attending to the patient's physical needs for food, cleanliness, and comfort. Their duties may include preparing meals, writing letters, or reading to the patient as well as bathing or moving the patient when necessary. Of course, the usual methods of medical care and treatment are not used on these cases. Each (monthly) edition of The Christian Science Journal contains a directory of these nurses' cards.

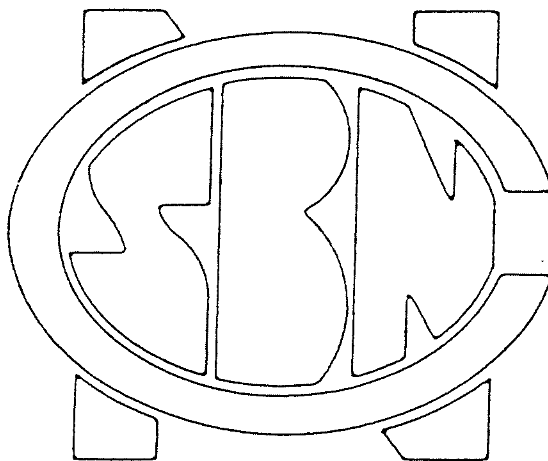
K.S.A. 65-1113 defines the activities which constitute the practice of professional and practical nursing. Because the training and practice of a Christian Science nurse are so different from that of a professional or practical nurse, we believe there is no possibility that infringement on the practice or prestige of those engaged in professional or practical nursing will result from the requested change in language.

Atch. II

Some concern was expressed in the Senate committee that others might try to use this provision to bypass the requirements of the nursing practice act. Every state has some type of provision by which Christian Science nurses are exempted from the requirements of the nursing practice act. Many states, for several years, have had exemptions using the language now requested. There never has been a case of others trying to use these provisions in any of the states.

We are concerned that Christian Science nurses, thought to be practicing in accordance with the law, will be found to be practicing outside the law if the present wording is retained. The suggested amendment should prevent such a possibility while adequately protecting the public and the practice of professional and practical nursing.

The Model Nursing Practice Act



National Council of State Boards of Nursing, Inc.
303 East Ohio Street, Suite 2010
Chicago, Illinois 60611
312/329-1282

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No provision in this Act shall be construed to prohibit:

(a) The practice of nursing that is an integral part of a program by students enrolled in approved nursing education programs leading to initial licensure, or by students enrolled in a Board approved refresher course.

Only students in programs leading to initial licensure or students enrolled in refresher courses are exempted. All other students, namely those in graduate or certification programs, should be expected to seek licensure in the jurisdiction where enrolled in the program; licensure is required to ensure that their practice meets safe minimal standards and can be a basis for continuing study.

(b) The rendering of assistance by anyone in the case of an emergency;

(c) The incidental care of the sick by members of the family, friends, domestic servants or persons primarily employed as housekeepers, provided that such care does not constitute the practice of nursing within the meaning of this Act;

It should be noted that no exemption is made for care without compensation. Standards for safe and effective care are expected to apply to all care providers regardless of whether or not it is provided free of charge.

(d) Caring for the sick in accordance with tenets or practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

(e) The rendering of nursing services on a free-for-service basis, or the reimbursement for nursing services directly to a Registered Nurse or Licensed Practical Nurse rendering such services by any governmental program, commercial insurance company, hospital or medical services plan, or any other third-party payor;

Registered Nurses and Licensed Practical Nurses may practice nursing within the scope of their respective license in a wide variety of settings, including independent practice in a nursing clinic. They also may receive compensation for their services in many ways, such as wages paid by an employer, fees charged to patients or clients, or monies obtained through third party payors. This exemption is included to clarify that such practices and methods of reimbursement are within the parameters of the legal practice of nursing.

(f) The establishment of an independent practice by one or more nurses for the purpose of rendering to patients nursing services within the scope of the license to practice nursing;

(g) The practice of any currently licensed Registered Nurse or Licensed Practical Nurse of another State who is employed by the United States government, or any bureau, division or agency thereof, while in the discharge of official duties;

States may wish to require that persons permitted by this exemption to practice without a license be required to inform the Board of their names, practice locations and jurisdictions of current licensure before commencing practice and when they leave the state.

(h) The practice of any currently licensed Registered Nurse or Licensed Practical Nurse of another State who is employed by an individual, agency or corporation located in another State and whose employment-responsibilities include transporting patients into, out of, or through this State. Such exemptions shall be limited to a period not to exceed ( ) hours for each transport;

This exemption allows for short-term nursing care by nurses in the state on a transient basis. Time limitations should be reasonable but restrictive enough to uphold the mandatory nature of the Act.

(i) The practice of any currently licensed Registered Nurse or Licensed Practical Nurse of another State who is presenting educational programs or consultative services within this State for a period not to exceed ( ) days;

(j) Auxiliary patient care services performed by nurse aides, attendants, orderlies and other auxiliary workers in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine, surgery or dentistry, or under the supervision of a Registered Nurse, provided that such care does not constitute the practice of nursing within the meaning of this Act;

(k) The practice of any other occupation or profession licensed under the laws of this State.

KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601 Attachment III
Telephone 913/296-4929

TO: The Honorable Stephen Cloud, Chairman, and Members of the House Governmental Organization Committee

FROM: Dr. Lois Rich Scibetta, LRS Executive Administrator

RE: Senate Bill 44

DATE: March 21, 1983

Thank you Mr. Chairman. My name is Dr. Lois Rich Scibetta, and I am the Executive Administrator of the State Board of Nursing. I am here today to speak in support of Senate Bill 44.

Senate Bill 44 continues the Board of Nursing, and also exempts the Board from the Sunset Law. The Board of Nursing and the Board of Healing Arts were the only two fee agency boards still covered under sunset legislation.

After considerable discussion the Board of Nursing was exempted from the Sunset Law. The Senate Governmental Organization Committee determined that the legislature had considerable legislative oversight regarding the Board of Nursing, through the regulatory process in the adoption of rules and regulations, and through the budget procedure and performance audits. The Senate Committee also noted that performance audits may be conducted at any time by legislative request. There was also discussion about the cost involved in the sunset audit review. They, therefore exempted the Board of Nursing from sunset review.

The Board of Nursing would recommend favorable passage of Senate Bill 44. Thank you. I will be happy to answer any questions which you may have.

Atch. III

CODE FOR NURSES

1 The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2 The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

3 The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.

4 The nurse assumes responsibility and accountability for individual nursing judgments and actions.

5 The nurse maintains competence in nursing.

continued on back

6 The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

7 The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

8 The nurse participates in the profession's efforts to implement and improve standards of nursing.

9 The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.

10 The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

11 The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

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American Nurses' Association
2420 Pershing
Kansas City, MO 64108
816-474-5720

Ad Hoc Committee on Crisis Intervention (KSNA)

Attachment IV

Philosophy

We, as nurses, do sincerely care about and realize our responsibilities to our peers, our patients, our profession, and to the public. The Kansas State Nurses Association believes it is the responsibility of the profession to assist colleagues to recognize personal impairment from chemical dependence or mental illness. We believe impaired nurses may need assistance from their colleagues in order to free themselves of chemical dependence or mental illness to regain their accountabilities. The Kansas State Nurses Association believes it has a responsibility to facilitate a confidential intervention program to assist impaired nurses.

Definitions

The impaired nurse is identified as one who "is not capable of delivering safe nursing care to patients/clients due to chemical dependence or mental illness'.

Chemical dependency means alcoholism, and drug dependency.

Mental illness refers to emotional instability, psychosis, and senility.

Purpose of Ad Hoc Committee on Crises Intervention

1. Establish a statewide program for locating, contacting, and offering rehabilitative help to nurses who have become professionally disabled to varying degrees because of alcoholism, other drug dependency, and mental illness.
2. Function as a peer review organization.
3. Work in liaison with the State Board of Nursing who is the formal and coercive agency with the power to deal with the disabled nurse.
4. Establish programs of education and prevention concerned with alcoholism, other drug dependence, and mental illness.

Objectives

1. Facilitate rehabilitation of licensed nurses who have been identified as impaired.
2. Provide educational programs to the health care community related to the identification of chemical dependency problems and mental illness and subsequent treatment alternatives.
3. Collaborate with Kansas State Board of Nursing in appropriate follow-up of those impaired individuals identified and not rehabilitated.

Overview

The impaired nurses' program has been established by the Kansas State Nurses' Association to assist in the rehabilitation of nurses who are impaired due to the abuse of drugs, alcohol, and mental illness. The program is a voluntary endeavor which relies on the efforts of Regional Liaison Teams (confronters). The RLT (confronters) are volunteer nurses who make contact with the impaired nurse urging them to acknowledge the problem and seek treatment. Failure of the impaired nurse to seek treatment after adequate contacts will necessitate a report of the individual to the Kansas State Board of Nursing. Determination of facts and disciplinary action will be totally the responsibility of the Board of Nursing.

Atch. IV

Principles

1. The peer assistance program is based upon concern for both the public and the impaired nurse.
2. Chemical dependency among nurses is often ignored or untreated.
3. Chemical dependency is a treatable condition and treatment by skilled personnel offers a good chance for recovery.
4. Confidentiality will be an essential component of the program.
5. Periodic contact will be determined on an individual basis.

Definitions

Chairperson - The individual appointed by the KSNA Board of Directors who heads the Ad Hoc Committee on Crisis Intervention.

Ad Hoc Committee on Crisis Intervention - Individuals appointed by the KSNA Board of Directors to develop, coordinate, implement and evaluate an assistance program for impaired nurses.

Regional Liaison Team (RLT) - composed of nurses who have been screened by the Ad Hoc Committee on Crisis Intervention Committee for capability to serve as confronters and to maintain confidentiality. The Regional Liaison Team, when notified by the Committee, confirms the problem, confronts the nurse and urges treatment. Regional Liaison Teams strategically located will be selected to serve the state (Chanute, Emporia, Topeka, Salina, Wichita, Liberal, Garden City, Phillipsburg, Hays, Colby, Great Bend, Pratt, Kansas City, Manhattan).

Records - Strict confidentiality will be maintained with the Chairperson maintaining a log of the following information:

1. Name of impaired nurse
2. Date of disclosure
3. Name of disclosure
4. Date confronted
5. Date entered treatment
6. Date re-entered job
7. Person responsible for support follow up
8. Date reported to KSBN if applicable

Methods of Implementation

Alternative I: To encourage all impaired nurses to voluntarily seek help and engage in treatment at the earliest possible time in order to retain or regain competence to practice. When the impaired nurse seeks guidance and referral through KSNA, the following sequence of events occurs:

1. The impaired nurse calls the Kansas State Nurse' Association; gives name, address and telephone number; and indicates desire for help. If the nurse will not give name and address to KSNA staff, the telephone number only is accepted and given to Chairperson.
2. The KSNA staff notifies the Chairperson (or committee member if Chairperson is not available) who then contacts the Regional Liaison Team.
3. The RLT contacts the impaired nurse, inquires about the nature of the impairment, and discusses appropriate evaluation and treatment alternatives.
4. The RLT assists the impaired nurse in the initiation of appropriate treatment contacts.
5. The impaired nurse enters treatment as arranged.
6. The RLT maintains periodic contact with the nurse until the treatment is completed and is available for follow up support.
7. The RLT keeps the Chairperson informed of progress and closure of case.

(Step 1 may be bypassed if the impaired nurse wishes to call a committee direct: the committee phone numbers will be available to nurses.)

Alternative II. To employ constructive peer coercion if a nurse refuses all offers of assistance at a time when impairment poses a threat to the delivery of competent nursing care. This alternative provides for any concerned individual to contact KSNA or a committee member when the possibility exists that a nurse might be impaired and in need of assistance. When Alternative II is used, the following sequence of events occurs:

1. The concerned person calls KSNA (or a committee member), gives own name, address and telephone number; the name and address of the nurse who may be impaired and the specific reasons for concern. Callers will be guaranteed subsequent anonymity but will be required to identify themselves in order to minimize the risk of frivolous or vindictive calls.
2. The KSNA staff notifies the Chairperson (or committee member if Chairperson is not available) who then contacts the Regional Liaison Team.
3. The RLT checks with reliable sources to determine if there is sufficient documentation that the nurse in question is impaired.
4. The RLT reports to the Chairperson that sufficient documentation exists to justify contacting the nurse thought to be impaired. (If sufficient documentation cannot be determined, the case is closed and the original discloser is notified).
5. The RLT contacts the referred nurse, explains the nature of the peer assistance program, the general circumstances leading to the visit (preserving anonymity for all individuals involved) and stresses the desirability of the nurse seeking appropriate evaluation and treatment.
6. If the nurse in question acknowledges the need for treatment, the RLT discusses appropriate evaluation and treatment alternatives.
7. The RLT assists the impaired nurse in the initiation of appropriate treatment contacts.
8. The impaired nurse enters treatment which includes time away from practice as agreed between the nurse and the RLT.
9. The RLT maintains periodic contact with the nurse until the treatment is completed and is available for follow up support.
10. The RLT keeps the Chairperson informed of progress and the closure of the case.

Alternative III: To employ involuntary peer coercion where all efforts have failed and the nurse's impairment threatens the health and safety of the public. In some cases, the nurse whose health is in question may deny any illness and refuse suggestions of evaluation or offers of treatment. Under this circumstance Alternative III is employed. This approach follows Alternative II through Step 5 where it differs as follows:

6. If the nurse in question denies any impairment or refuses assistance, the RLT reports this to the Chairperson. Similary, if the nurse in question agrees to seek professional help, but does not do so within a week, a report of this action is made to the Chairperson.
7. Immediately the Chairperson writes to the nurse in question by registerd letter urging them to seek assistance and points out the program's responsibility to report the situation to the Board of Nursing if no corrective action is taken voluntarily.
8. The RLT follows with another contact immediately after being notified by the Chairperson that the letter was received stressing the same points as the Chairperson.
9. If the nurse in question still denies impairment or declines assistance, the RLT again reports to the Chairperson. The Chairperson communicates the name of the nurse to the Board of Nursing, preserving the anonymity of the original concerned person and of specific individuals contacted by the RLT. The KSNA involvement with the nurse ends at this point. Determination of facts and disciplinary action will be totally the responsibility of the Board of Nursing.

Alternative IV: To be initiated if the impaired nurse who has admitted impairment and receives treatment but becomes involved a second time with drugs or alcohol.

1. All steps in Alternative II are followed a second time.
2. Additional stress is placed on the impaired nurse to seek a "drug free environment" for employment after the completion of therapy.

The impaired nurses' program will be implemented by using Saline county as a trial community until the committee has determined that the proposed plan is workable and adequate staff are available to care for additional communities. The Committee on Crisis Intervention will serve as the Regional Liaison Team (RLT) for the first community (Saline county) and will use other available qualified individuals as support members as needed. If there are requests to assist nurses outside of Saline county during this time, the decision to assist will be determined by consent of four committee members and dependent upon the circumstances.

The committee will facilitate the use of the Employer Assistance Program whenever possible to help the impaired nurse in their intervention.

THE KANSAS NURSE

March, 1983

Volume 58, No. 3

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The Official Publication of the Kansas State Nurses' Association

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POSTMASTER: Send address change to **KANSAS NURSE**, 820 Quincy, Topeka, Kansas 66612.

FROM THE OTHER SIDE OF THE BED

by Fred Stebbins of Topeka
whose wife Jeanne was a patient at Stormont-Vail Hospital

Jeanne and Fred Stebbins sailing.

One of the most perplexing problems a modern hospital has to face is to remember that patients are people, not numbers. Computers admit patients as numbers and from that time until dismissal technology seems to rule every step of the way.

Much as my wife Jeanne and I resented this impersonality, we resigned ourselves to it, knowing that the size of a modern hospital, the logistics of providing a bed or a room, the complicated medicines and testing and treatment allowed only one way — the numbers game.

Even most doctors seem to try to avoid much empathy with their patients — and I suppose with the case load they have, becoming involved beyond the immediate job at hand slows up their work.

Maybe so, but all of this just forces the patient farther into the numbers game.

Through all of this there is a shining light: thank God for the nursing staff!

Jeanne and I found that they were made up of people. By and large, people who in spite of modern miracle technology, block long scanners and other sophisticated Rube Goldberg machines that seem to do everything but clone, people who in spite of nearly every kind of obstacle, really do care about you and me.

A smile, a cheerful "hello," a "let's get you comfortable, honey" or an extra back rub made so much difference to Jeanne. Sometimes, busy as they were, nurses or aides would come in and chat for a few minutes. How much these little touches meant!

Jeanne was in and out of the hospital for about two and one half years before she died at home (where she wanted to be) from cancer. Several major operations, bouts with Chemotherapy and radiation all proved inadequate finally.

Her original prognosis two and a half years ago was several days to a couple of weeks. Chemotherapy lengthened this dismal future.

Yet I believe the dominant factors that stretched a few days into almost 900 were an indomitable will, the most amazing positive Faith in God I ever have witnessed, a powerfully loving family — and a group of the most competent, compassionate and caring nurses and staff possible. Just about everything she had going for her was aided and abetted by the nursing staff. Inner Faith was all important, but a smile, a caring gesture helped so much to strengthen this Faith. (emphasis added)

When you hurt, you are most sensitive to a caring, compassionate, and competent reaction by those who are there to help. This can be a nurse, an aide, even the people who clean the rooms. It seemed to be her most important medicine. It strengthened her Faith, her will to live, her pain tolerance. It said to her in an unmistakable way "we want to help and we care and we want you to get well."

As time went on one aspect that became more important was also noticeable with other patients. It was the commitment, the caring and the overall competence of the nursing staff that helped the patient through another source: family and friends. They too could not help but respond to this sincere display of friendliness and empathy — and this helped in their attitude toward their loved one in the hospital.

No numbers here, on this side of the bed. Only people: caring, competent and compassionate.

Thank God for the nursing staff! They will be the saving of the hospitals and of so many patients who, whether they know it or not, completely rely on this threadlike lifeline of people helping people, people liking people, people doing their jobs so well because they really want to.

Mr. Stebbins also sent the following letter to Ty Petty, Chaplain of Stormont-Vail Regional Medical Center:

"Dear Ty:

"Through you, I would like to direct this note of deep appreciation to the nursing staff of Stormont.

"My wife Jeanne had cancer, had several serious operations, dozens of complicated tests and in the last two and one half years made use of nearly every piece of complicated equipment your hospital has. She was in Intensive Care as well as rooms in nearly every floor and all wings of the Hospital. The team of doctors attending her were always excellent.

"But the absolute constant that helped her, and me, the most was the nursing staff. Perhaps we were not directly involved with every nurse and nurse's aide there, but we certainly were with many of them. It was this nursing care — these dedicated people — that did more for her than anything else. They at all times exhibited, and lived, what I like to call the three "C's" of nursing: concern, competence, and compassion. (emphasis added)

"Maybe through this letter, Ty, you can at least partially thank these people. There were so many, I know no other way of doing it.

"Jeanne's chemotherapy was finally ended this spring, when it was determined it would no longer help. She came home to die, with a life expectancy of a few days to a week. She passed away on May 30 — 70 days longer than expected, and I think she accomplished this through sheer will-power and the most effective faith in God I have ever been privileged to witness.

"I miss her very much, and since you knew her, you can imagine the void her death has created for me.

"She taught me so much about faith and a positive attitude and I am sure her constant cheerfulness in the hospital helped bring out the constant concern, competence and compassion all of her nurses always exhibited. Maybe, by the same token, this nursing concern, competence and compassion helped her maintain her positive attitude and Faith.

"Please tell all of these nurses how grateful I am, and I know she was too, for their loving care.

Sincerely,
Fred"

KSNA Peer Assistance Plans Presented to Board of Nursing

Rozella Sherman, Chairperson of KSNA's Crisis Intervention Committee, recently appeared before the State Board of Nursing to report on the Committee's tentative plans and philosophy. For more than two years KSNA, through the Crisis Intervention Committee, has been developing policies and plans of action for a peer assistance program. Such programs have been developed by several state nurses' associations to find, confront and assist to gain treatment for the nurse impaired by substance abuse.

Before progressing further, Rozella deemed it advisable to involve the staff and members of the State Board of Nursing. In late January she presented a written and verbal report to the SBN. Discussions will follow in the future. Since 80% of nurses disciplined by the SBN are substance abusers, the SBN has long identified the problem as a significant and difficult one. (Also, please refer to the January *Kansas Nurse* article "Chemical Dependency in the Nursing Profession.")

The following is excerpted from Rozella's written report:

Philosophy

We, as nurses, do sincerely care about and realize our responsibilities to our peers, our patients, our profession, and to the public. The Kansas State Nurses' Association believes it is the responsibility of the profession to assist colleagues to recognize personal impairment from chemical dependence or mental illness. We believe impaired nurses may need assistance from their colleagues in order to free themselves of chemical dependence or mental illness to regain their accountabilities. The Kansas State Nurses' Association believes it has a responsibility to facilitate a confidential intervention program to assist impaired nurses.

Definitions

The impaired nurse is identified as one who "is not capable of delivering safe nursing care to patients/clients due to chemical dependence or mental illness." Chemical dependency means alcoholism and drug dependency. Mental illness refers to emotional instability, psychosis, and senility.

Purpose of Ad Hoc Committee on Crisis Intervention

1. Establish a statewide program for locating, contacting, and offering rehabilitative help to nurses who have become professionally disabled to varying degrees because of alcoholism, other drug dependency, and mental illness.
2. Function as a peer review organization.
3. Work in liaison with the State Board of Nursing which is the formal and coercive agency with the power to deal with the disabled nurse.
4. Establish programs of education and prevention concerned with alcoholism, other drug dependence, and mental illness.

Objectives

1. Facilitate rehabilitation of licensed nurses who have been identified as impaired.
2. Provide educational programs to the health care community related to the identification of chemical dependency problems and mental illness and subsequent treatment alternatives.
3. Collaborate with Kansas State Board of Nursing in appropriate follow-up of those impaired individuals identified and not rehabilitated.

(Continued on Next Page)

Rozella Sherman (standing) responds to questions. Listening are l-r Dorothy Danskin, public member, and Bonnie Howard who as SBN nursing practice specialist investigates complaints against licensees.

Board of Nursing members and staff from left: Joan Olden Brake (back to camera), President Pat Diamond, Exec. Administrator Lois Scibetta, Elaine Harvey, Rita Rinkenbaugh, Pat Boos, Dorothy Danskin, Bonnie Howard.

SBN members from left: Doris Grant, Mary Louise Dunbar, Berniece Smith, JoAnn Peavler, Helen Chop, Pat Diamond.

Overview

The program is a voluntary endeavor, which relies on the efforts of Regional Liaison Teams (confronters). The RLT (confronters) are volunteer nurses who make contact with impaired nurses, urging them to acknowledge the problems and seek treatment. Failure of the impaired nurse to seek treatment after adequate contacts will necessitate reporting the individual to the Kansas State Board of Nursing. Determination of facts and disciplinary action will be totally the responsibility of the Board of Nursing.

The impaired nurses' program will be implemented by using Saline county as a pilot community until the committee has determined that the proposed plan is workable and adequate staff are available to care for additional communities. The Committee on Crisis Intervention will serve as the Regional Liaison Team (RLT) for the first community (Saline county) and will use other available qualified individuals as support members as needed.

The committee in their intervention will facilitate the use of the Employer Assistance Program whenever possible to help the impaired nurse.

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President's Message

By: Carolyn K. Vath

This month of March is in the middle of a legislative session of great importance to nurses. The session began January 10, 1983 and will probably recess near April 10, prior to coming back for the clean up session. As I write this in January, I can only project need rather than have accurate knowledge of details. For the current up-to-date information, refer to the weekly legislative newsletter and participate in the legislative committee telenet meetings. (The legislative newsletter is sent to district presidents, district legislative chairpersons, KSNA Board of Directors, and to persons who subscribe to the service. See pg. 16 of January, *Kansas Nurse* for location of telenet meetings.)

There are currently two bills in the legislative process which directly affect nursing practice — one is to continue the Kansas State Board of Nursing and the other is to legitimize the practice by nurses prepared beyond the entry level. As the session continues it is anticipated there will be modifications of these bills and the introduction of others which will impact our practice.

It is imperative that you be knowledgeable about the issues and provide your legislator with accurate information rather than emotion-laden verbiage. Your legislator can only base his/her discussions on personal knowledge. All persons who speak to legislators increase their knowledge base; let us be sure we are accurate. The KSNA legislative committee and the lobbyist will be identifying those times when a collective action is needed. I would urge you to respond to these requests. (It is also important that you be interacting with your legislator on non-nursing issues.) The requested response may not always be to ask for a specific vote but may be for an expression of appreciation for a vote of support.

I urge those of you who have not participated in this legislative process to begin to do so and to commend those of you who are so actively participating. This session's outcome will affect our practice for many years. Let us collectively work together to insure that the outcome is one that will allow nurses to provide care that is relevant to our time.

Viewpoint

Report from the Executive Director

Lynelle King

The Emperor Still Has No Clothes

"I think everyone is sick of this issue and all the flack it raised and embarrassed that it was put forward. I don't think it'll ever be introduced again," some legislators said at the end of the 1982 Legislative Session. But here it is again. The "Emperor" (or at least some governmental leaders who collectively and legitimately wield as much power as an ancient Emperor) is actively supporting a bill which would allow one institution in Kansas to use students as if they were R.N.s.

The idea still "has no clothes." It is devoid — naked — of merit. One year hasn't changed that at all. **Safety of patients is the issue.** A nursing student, even a senior nursing student, simply does not have the knowledge, ability, experience and judgement — much less the requisite testing and credentials — of a Registered Professional Nurse. Much of the students' clinical learning has not taken place yet — they'd be in charge of the lives of patients about whose condition, symptoms, and care the students had not yet learned. Students, through their organization (KANS) also agree that this would be an unsafe practice. They say "We don't want to be used" in this way. (One of our members has proposed, tongue-in-cheek, that the bill should be amended to provide that legislators and their families are required to get all their hospital care at the institution in question.)

One who stood with us last year and eloquently declared that this idea had no merit, that the Emperor had no clothes, was the late **Senator John Chandler** (R-Holton), who recently has been honored and memorialized by legislative and governmental leaders. I suppose his name and memory will be called forth to assist various proposals and somehow I feel uncomfortable doing it. But oh how we'll miss his eloquence, his credibility pitted against this proposal. He stated in public committee debate, "If the State is in the hospital business it must be on a quality, competitive standard . . . The quality of the nursing students is not in question. The Attorney General's opinion expressed the difference between the licensed and the unlicensed. A fine line must be maintained for all licensed people — doctors, dentists, everybody. The legislature sets good standards and the boards do a good job in administering them . . . I can't believe the reason for K.U. Med. Center's difficulties is due to the Attorney General's not permitting the students to work [as R.N.s]. KUMC should be the model for the state, and licensing requirements which have been established should be upheld. The Ways and Means Committee is concerned about money, not health care standards. This Committee [PH&W] should uphold the public interest in good health care!"

The Emperor calls on us to look at his clothes, saying that they'll save the state money, that they're good enough. Perhaps many in the legislature will "follow the leader" and declare that the clothes are OK — maybe even fine and beautiful. It befalls us, once again, to state as simply and clearly as possible: "The Emperor has no clothes;" the action he proposes will not "cover" the situation, but will leave the institution, patients, students and "supervising" R.N.s alike **exposed, naked.**

(Part II:)

An Historical Perspective of Continuing Education in Kansas
The 70's — Voluntary to Mandatory

by Hester I Thurston, R.N., Ed.S., Director
of C.E., University of Kansas School of Nursing

This is the conclusion of an article which began in the January, 1983 *Kansas Nurse.*

The first legislation requiring continuing education as a condition of relicensure was passed by California in 1971 and became effective in 1978 along with Kansas (Schor, 1981). Although continuing education seems to be firmly established today (at least in 12 states), it has not been without controversy. Continuing education, for too long, has been seen by the individual nurse **only** as that necessary for completing the requirements of a college degree. Such a limited view is detrimental to both the nurse and the profession for it has encouraged nurses to believe that nothing is of educational value unless college credit is attached to it. Unfortunately, nurses have collected unrelated credits which to their great disappointment have not applied to the degree sought. On the other hand, some still hold that a nurse's basic professional education ensures lifetime competency and some brag they haven't "cracked" a book since obtaining their license. There are persons in every profession who learn only what they **must,** and they have been labeled "laggards" by Cyril Houle. They are of grave concern; he claims "their ideas have hardened before their arteries" (Houle, 1970:16; Schor, 1981). He further reminds us that while continuing education will not cure all the problems of the professions, without it, no cure is possible (Houle, 1967:37).

The impact the adult education movement had on nursing is found in the professional journals that suggested the need for continued learning, both for the improvement of self and for professional competency. Through the journals, nurses have been reminded that they now are serving a more sophisticated, better educated, and more health conscious population and are engaged in a practice with a rapidly advancing technology. Moore (1972:36) noted that "the ability to perform on a manikin does not ensure effectiveness in the real situation, but lack of ability to perform on the manikin makes effectiveness in the real setting unlikely."

KSNA Launches Voluntary Plan

It is noteworthy that at the Annual KSNA Conventions in 1967 and 1968, the membership discussed a plan for continuing education programs to keep abreast of changes in nursing education and in nursing practice. As is usual with most major changes, it was not until the 1970 KSNA Convention that the recommendation presented by the Committee on Careers was made to develop a point system to recognize those nurses who engaged in voluntary continuing education. The convention body moved:

> That the KSNA Board of Directors develop and implement a system for assigning point credit for designated educational and/or professional activities of KSNA members and that such a system provide a plan for verification and recognition of continuing education of KSNA members (Thiry, 1970).

Two years later, 1972, the Committee on Careers defined the "continuing education unit" and the requirements for recognition. On August 1 of that same year (1972), the KSNA Continuing Education program was initiated. When the bylaws were revised at the 1972 KSNA Convention, the Committee on Careers was dissolved. An Ad Hoc Committee on Credentials was appointed by the Board of Directors to continue the development and implementation of the continuing education program. The first nurses to participate in the voluntary recognition point system were recognized at the 1973 KSNA Convention. It should be noted that the C.E. program was initiated as a voluntary or optional activity for KSNA members only. However, because so many non-KSNA members had expressed a real interest in this recognition system, the Credentialling Committee recommended that the Board of Directors approve the expansion of the program to include the non-KSNA members. The recommendation was approved, and non-members were permitted to participate and be recognized on a fee-for-service basis beginning August 1, 1973. Thus, this program became open to all professional nurses who wished to voluntarily participate.

During the first year of the program, all points earned were designated as Continuing Education Units, but by the beginning of the second year this was changed. Professional Recognition Points or PRP was used as a second category to identify selected activities which did not meet the definition for CEU's. The CEU as defined by the National Task Force on Continuing Education Unit means "ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction." This definition was endorsed by the American Nurses' Association and the Midwest Continuing Professional Education for Nurses (MCPEN). Professional Recognition Points (PRP) designated those activities that contributed to the development of the individual personally and professionally. The "Guidelines for Continuing Education Programs for Nurses in Kansas" developed by the Task Force on Continuing Education for Nurses in Kansas was adopted by the Credentials Committee as the criteria for evaluating programs for recognition. It is interesting to note that in order to be recognized the nurse had to earn 60

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Historical Perspective

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points within a three year period. Those who met the criteria received recognition of verification of continuing nursing excellence. Records were maintained by the KSNA office. Volunteers helped with the assessment of those seeking recognition.

Regional Efforts

Continuing education in Kansas also was impacted by another organization, the Midwest Continuing Professional Education for Nurses (MCPEN) which was formalized in 1967 for the explicit purpose of promoting continuing education efforts in an eight state region. Kansas was included in this region. An invitation was issued by the faculty continuing education committee at Saint Louis University and spearheaded by Emily Tait. Universities and colleges with NLN approved Schools of Nursing in the eight state region contiguous to Missouri and the state professional organizations were invited to send representatives. An account of that first meeting written by Emily Tait appeared in the 1971 July-August issue of the *Journal of Continuing Education in Nursing*. The primary goal of this group was to improve nursing leadership at all levels and to support and encourage training programs for the improvement of practice; however, members were encouraged to become active in other planning groups such as regional medical programs, comprehensive health planning, state legislative and educational groups, and others.

The invited continuing education representatives became a very active group and three years later (1970), MCPEN planned a new organizational format which provided for appointed representatives with voting power and the establishment of standing committees. This facilitated the development of offerings on a regional level and also advanced interstate, interuniversity, and interorganizational activities in continuing education. It became obvious that as the delivery of health care was rapidly changing, continuing nursing education had emerged as a major need in the profession. Pre-professional education, whether at the diploma, associate, baccalaureate, or graduate level, was insufficient to enable the nurse to make a full contribution to health care throughout a lifetime career.

MCPEN led a systematic effort to initiate planning for regionwide continuing nursing education. A proposal was submitted to and funded by HEW to assist MCPEN with the various activities. As a result of this impetus, state agency and university groups compiled information that could be used for statewide continuing education planning structures. MCPEN assisted KSNA with its statewide planning structure which has evolved over time to its current status.

KSNA Grant and Task Force on C.E.

The implementation phase of MCPEN ended with the leadership workshop in Nebraska, May, 1975. Additional funding for continuation of the organization was not forthcoming, so it was not sustained. It should be pointed out that MCPEN served as the forerunner of MAIN which now serves the same geographic area although the focus has changed from continuing education to that of research. As a KSNA representative to MCPEN as well as representing my own institution, I was saddened to see MCPEN fold for it had been the impetus for many statewide committees that are yet in existence. Perhaps, its goal was reached and it had served its time. Through the influence of MCPEN, continuing education in Kansas has been furthered by the formation and implementation of the Master Planning Committee on Nursing and Nurse Education of which the Task Force on Continuing Education was formulated as a subcommittee of Master Planning.

When KSNA endorsed the ANA Standards on Continuing Education in 1973, this gave direction to those providing continuing education and helped assure participants of the quality of the offerings. One year later (1974) a continuing education project director, Virginia Will, was employed by KSNA, and a proposal for continuing education was submitted to HEW and funded. This grant provided the means to implement the recommendation of the Task Force on C.E. that six regional planning groups be established with an advisory committee in each region to develop and coordinate continuing education for each area. This mechanism was well established for the forthcoming mandatory legislation that followed. Perhaps, this mechanism eased the transitional pain from voluntary continuing education established by KSNA to the current mandatory status.

A.N.A. and C.E.

On the national scene, the ANA House of Delegates voted down a motion supporting a continuing education requirement for licensure renewal, but in 1974, the House of Delegates voted that

> ANA express its strong support for establishing participation in continuing education approved by state nurses' associations as one prerequisite for continuing registration of the license to practice nursing, and that the American Nurses' Association assist state nurses' association in developing systems for implementing this requirement which will ensure maximum interstate mobility of licensed practitioners of nursing (MCPEN News, p. 4).

The intent of the motion was in support of states rights and not a mandate for all states to move ahead to establish C.E. requirements for relicensure. This motion directed ANA to provide support to those states who chose to encourage continuing education through a voluntary program. This meant that the quality of continuing education through a voluntary program. This means that the quality of continuing education was to be assured by the professional association. Furthermore, the ANA was directed to facilitate interstate transferability for credit regardless of the approach selected.

ANA, throughout its history, has demonstrated concern for the competency of licensed registered nurses. The association, along with every registered nurse, is accountable to the public for the delivery of nursing care. Changes affecting nursing practice demand constant effort by every nurse to maintain competency. Participation in continuing education is one means to meet the standards of nursing practice. To assure the public that continuing education offerings meet established educational standards, ANA, at the direction of the House of Delegates (1974), established a system of accreditation of C.E. programs in nursing. Through designated approving bodies, the association grants public recognition to continuing nursing activities that meet certain established educational standards as determined through initial and periodic evaluations. Those providers meeting the standards are accredited for a period of four years. Accreditation as a provider attests to an organization's ability to meet the established criteria for conducting a total program of continuing education in nursing. Any provider of offerings can seek ANA accreditation. In Kansas, few providers have

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Historical Perspective

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done so. As listed in the March 1982 Directory only the University of Kansas School of Nursing Division of Continuing Nursing Education and KSNA hold ANA accreditation.

Beginnings of State-Mandated C.E. in Kansas

When the Special Interim Committee on Medical Malpractice (1975) made its report to the 1976 Kansas Legislature, the committee made a number of recommendations culminating in a package of 12 bills. One of these bills, House Bill 2723, was an act requiring continuing education as a condition for continued licensure (or registration including registered professional nurses.) KSNA did not initiate the bill; however, KSNA did not abandon its preference for a voluntary continuing education program. When KSNA was asked to respond to the proposed mandatory aspect of the bill, KSNA could not speak against the bill without appearing to negate its historical involvement in continuing education.

Legislators were aware that other states and other disciplines required continuing education as a means of attaining public accountability. There was a strong feeling among the public and the legislators that no health care professional should be allowed to be continually relicensed without proof of currency in the area of practice. At the time of the proposed legislation, both KSNA and KSBN believed that a gradual phasing in of the mandatory continuing education program was feasible. The bill was revised on February 11, 1976 by the Hosue Committee on Insurance to become effective in 1978. The Hosue passed this bill by a vote of 122 to 0. The Kansas State Board of Nursing was designated as the monitoring agency and required to develop Rules and Regulations for this program. In preparation for their responsibility, they involded ad hoc committees representing concerned groups, held public hearings, and had a legislative review prior to implementation. This process allowed input from nurses, employers, and others with special concerns such as the part-time employee, the licensed but unemployed, the practitioner reentering practice, and speciality groups prior to finalizing the guidelines which became effective in September 1976.

Of course there was much confusion and misinterpretation regarding this new legislation, but over time, fears have subsided and nurses have learned to cope with this new requirement. Last month when I was reading through the evaluations from one of our programs, (Environmental Emergencies: Mother Nature Can Be a Witch, April 1-2, 1982) the participant wrote:

> The only reason I came to this program was to get my relicensure requirements. I was resistant to coming and my attitude was bad about **having** to attend. However, I have enjoyed these two days, and now, I am looking forward to other programs in the future.

This participant even indicated she would like to have spent more time on two topics and indicated more than once how useful and informative some of the content was.

Perhaps, mandatory continuing education serves some very useful purpose like opening the closed mind. We do know that for some nurses a commitment to lifelong learning appears to be a relatively new concept, even for new graduates. "In the not too distant past, students were taught with the tacit, if not stated, assumption that they were being provided everything they would need to know for their professional practice. Even today it is not unusual to hear a nurse say, "Now when I was a student, I learned . . ." The implication of course, that all knowledge stopped at that point. Unfortunately for the profession, with some practitioners this is the case. On the other hand, there have always been nurses who were continuing learners throughout their professional lives — the people Cyril Houle identifies as those with "inquiring minds." Nurses who are effective practitioners continue to learn on the job, but too often, this is incidental, rather than planned." (Cooper, 1973:5).

Implementing Mandatory C.E.

When mandatory continuing education for relicensure was instituted on July 1, 1978, graduated increments became effective with 5 contact hours requried for relicensure, fifteen in 1980, and 30 contact hours for relicensure in 1982. Relicensure occurs every two years according to one's birthday. The board hired a continuing education coordinator, Bonnie Howard, in 1976 to oversee these continuing education activities. She has been instrumental in working with regional advisory committees for dissemination of information and determining accessibility of programs and in working with the Statewide Task Force on C.E. With the reorganization of the State Board office, Bonnie has been assigned (1982) to other activities. We will miss her commitment and assistance in C.E.

In preparation for the implementation of mandatory legislation, nurses were informed individually by mail of the new requirement. To ensure availability of quality programs, workshops were held throughout the state for potential providers in 1977 from February through July. Applications for the status of approved providers of C.E. were received and processed by the State Board of Nursing. Those seeking providerships came from hospital nursing services, schools of nursing, public health departments, hospital consortia, and regional AHECS. July 1, 1977 marked the date that the first continuing education credit earned could be used to meet the mandatory relicensure requirement for nurses in Kansas. As of July 1, 1982, all nurses seeking relicensure must verify having earned 30 contact hours presented by an approved provider and submit appropriate documentation.

At a recent task force meeting, Gene Kasper, from the Kansas Board Regents' office, reported that for FY 1981, there were 77 nursing providers with a total of 548 events providing 2,286 instructional contact hours for 17,987 participants. It would appear that there are ample providers for the number of nurses needing credit for relicensure. Currently, the KSBN gives annual accreditation to providers who meet the criteria. Each year, the provider, using the guidelines for the provider application, must submit a self-study review for continued approval.

The Future

Nursing has survived the seventies when the furor over continuing education reigned. Now, for the eighties, continuing education will become an integral element of all the professions in general, but of nursing in particular; hopefully, every professional practitioner will engage in a process of continuous self-development, for obsolescence is the loss of acquired knowledge and the non-acquisition and/or non-utilization of new knowledge. It cannot be dismissed as mere stupidity, inability, or stagnancy. To be sure, some find obsolescence a tolerable condition. For many others, it is a threat of terrifying proportions. Many practitioners identify with Lewis Carroll's Red Queen: "It takes a lot of running to stay in the same place" (Hutchison, 1974).

The state of continuing education for

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NURSING IS A MINISTRY

Mary R. Hassett

MARY R. HASSETT, R.N., M.N., is an Assistant Professor of Nursing at Fort Hays State University, on leave for doctoral study at the University of Texas at Austin. She has incorporated spiritual care in the teaching of Medical-Surgical Nursing.

Nursing began as a ministry, and much of our present nursing practice had its foundation in serving God. However, as nursing technology developed, spiritual care was often all but abandoned. Today, a renewal in spiritual care by nurses is evolving. Nurses are again addressing the basic human need of spiritual goals. (1:6)

It is helpful to place our subject in its historical perspective. Nursing as a ministry can first be examined by defining "ministry" as the rendering of spiritual service. (2:476) Dolan's writing cites rich examples of ministry throughout the history of nursing. She documents that ancient Hebrew nurses were noted for their carefully planned programs of visiting the sick in their homes; these programs included physical and spiritual care. (3:15) The Ten Commandments are quoted as having served as a strong code of ethics and a motivating force in early nursing practice. The influence of Christianity was also highly important, building on the code of ethics. Dolan determined this influence as follows:

> The teachings and examples of **Jesus Christ** has a profound influence on the emergence of gifted nurse leadership as well as on the expansion of the role of nurses. The first organized group of nurses was established as a direct response to His example and challenge, for Christ stressed the need to love God and one's neighbor. (3:43)

What Jesus Christ gave was a new commandment — "love one another, even as I have loved you . . . By this all men will know that you are My disciples, if you have love for one another." (4:John 13:34-35) Many began to follow Christ, with a significant result in nursing — the freedom for both men and women to enter the profession of nursing. Men became free in terms of career choices and women received an elevation of their status in society. (3:45) Historical examples of such nurses in ministry include: Phoebe, a visiting nurse (4:Romans 16:1-2); Marcella, the first nurse educator (3:47); men in military nursing orders such as the Hospitallers of St. John; Francis of Assisi; Vincent de Paul, who introduced modern visiting nurse principles (3:91); and, of course, Florence Nightingale, originator of the nursing process.

The industrial revolution and subsequent advancement of science and technology rapidly changed nursing. Focus was placed primarily on needs of the body, and later included needs of the mind; those of the spirit were gradually overlooked. Let us look at what this gradual change has done to spiritual care.

In today's computer age, it is often difficult for nurses to recognize a spiritual need, **or** to intervene in assisting the client to meet that need. Spiritual focus frequently is lacking largely because it is not included as an integral part of many nursing curricula. This is not conducive to promoting spiritual care for clients. In this regard, Ellis makes an interesting comparison of present and past nursing practices:

> During the Victorian era spriitual matters were freely discussed in print and in speech, while sexuality was hardly recognized, let alone verbalized. However, in the last quarter of the 20th century we are experiencing quite a different situation, especially in the field of nursing. Sexuality has become a very common, if not prominent, area of content and concern for nurses while spirituality is at best treated with embarrassment, or even worse, ignored. (5:42).

Neglecting spritual needs affects the well-being of clients. If nursing truly **is** a ministry, how can nurses avoid embarrassment regarding the basic human need of spiritual goals? What can nurses do in their daily practice to address spiritual needs?

A working definition of "spiritual need" is useful. Batson and Ventis, in discussing the study of religion, point out that if religious experiences are deformed or distorted through oversimplification, the understanding achieved will suffer accordingly. (6:12) One may risk being overly restrictive if cultural and personal diversity are not addressed in a definition of spiritual need. The following definition may take such a risk, however, it is still helpful, albeit from a Christian perspective. Fish and Shelly define a spiritual need as ". . . the lack of any factor or factors necessary to establish and/or maintain a dynamic, personal relationship with God." (7:39) With this definition in mind, the nurse can use the nursing process to responsibly minister to clients. Spiritual assessment is not as strange as it might seem!

Observation. What kinds of observations can the nurse make in order to detect an unmet spiritual need? Noticing if the client has a religious preference is an excellent way to begin; I frequently see kardexes with a blank space next to the "religion" category. Observing the client's **behavior** is important. Does it look like he/she prays before meals? Does the affect imply loneliness, anger, depression or anxiety? Are there frequent complaints? Does the client mention religious topics, even if only briefly? Is fear of death expressed? How does he/she respond to visitors? The **environment** sometimes gives clues, too, such as a religious medal or rosary, a Bible or religious get-well cards.

Interpretation. Once the objective and subjective data about the client have been gathered, they must be analyzed for their meaning. Using **therapeutic interaction techniques** (9:106) may be helpful, such as reflecting ("You're scared?") or validating ("What I understand from your comment is . . . Is that right?"). **Religious values clarification** (7:64) may be useful; questions such as "Are there any religious practices which are important to you?", "Is prayer significant to you?", "How can I help you in carrying out your faith?" Questions like these are ideally implemented in response to cues from the client.

Planning. Once the nurse has assessed and identified a spiritual need, his or her responsibility is not over. Spiritual care requires careful planning, yet does not take as much time as one might think. A good time to plan goals and interventions may be during physical care-giving; the nurse is already using theapeutic touch and may choose to use this time for spiritual care planning. Appropriate kardex entries are an invaluable part of responsible planning, as well as verbal report, for continuity of care. A nursing student recently wrote this on a kardex:

PROBLEM — Anxiety related to spritual concerns

INTERVENTION — Read from Bible at HS & PRN

A referral may be included in planning for clients, e.g., a chaplain or another nurse who is more comfortable with spiritual care.

(Continued on Next Page)

Nursing is a Ministry

(Continued from Page 8)

Intervention. Meeting a client's spiritual need involves two principles, according to Fish and Shelly. (7:68) First, each client is a unique person with diverse needs. There are no "pat" answers, but the nurse can focus on the person's relationship with God. Second, in order to be able to meet the spiritual needs of others, the nurse needs to evaluate his or her **own** relationship with God.

A word about prayer as an intervention: Go ahead and use prayer. The first time I heard of nurses praying with clients was in 1975; a hospital in my area commonly allowed prayer before surgical procedures. Doctors often joined with the nurse in a short prayer before taking clients to the surgical suite. I was shocked; although I had "trained" at a Christian hospital as a student this was new to me. I have since found both prayer and Scripture reading to be valuable interventions to consider.

A small example comes to mind of Miss C., a 65 year old lady who was "on-call" for surgery one morning. I entered her room to check on the client in the other bed. Miss C., however, caught my attention . . . she was rigid, staring at the ceiling, fists clenched . . . little green cap on her head . . . alone. Miss C. and I were strangers, yet I felt it would be important to spend a few minutes with her. Students were waiting for me, but I felt I just **must** take the time. I smiled and touched her hand . . . didn't even introduce myself . . . "Going to surgery soon?" She nodded, looking as if she'd found a friend. "Kinda scared?" She shook her head "yes." I could see a Christian faith typed on her armband . . . "Would you like me to say a prayer before you go?" "Yes — do." She smiled, a little twitch on one side. I held Miss C.'s hand — "Dear Lord, help the doctors this morning and give Miss C. Your peace. Amen." "Amen." came the soft echo. There were tears in her eyes, but her face was relaxed . . . she closed her eyes. I slipped out to answer my page.

Evaluation. In keeping with the nursing process, evaluating spiritual care is crucial. The nurse may again use observation, therapeutic interaction in order to evaluate the care. In terms of measurable outcomes, however, it is often difficult to ascertain if a spiritual need has been met. The nurse may expect the client to verbalize appreciation for the reading of a Psalm, and then find him angry instead. Perhaps a different approach is indicated, or maybe the nurse has helped the client to uncover some feelings toward God.

For long-term evaluation, charting is also important. Nurses are sometimes uncomfortable with making spiritual care entries on the client's chart. Following a cataract surgery, Mrs. B., 82 years, had been complaining of mild discomfort. The nursing student assessed that Mrs. B. had been used to reading her Bible each day and was upset that she could not continue to do so. Here is a sample of the charting that evening:

TIME	REMARKS
7:30 PM	Complains of mild discomfort in joints; refuses medication. Facial expression tense. Bible reading x 5". States "That was just what I needed!"
8:00	Relaxed expression; eyes closed.

To summarize, a renewal is taking place in spiritual care by nurses. I noticed this trend evolving since 1975 and have seen some dramatic changes in clients because of conscientious spiritual care.

It is significant to note that the Third National Conference Group for Classification of Nursing Diagnosis included the title "Spirituality, matters of," and the Fourth National Conference added "Spiritual Distress." (8:2) I believe that it is time for more and more nurses to address these diagnoses and to consider taking on the role of ministry.

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ADDENDUM

Batson and Ventis, using a social-psychological approach to the study of religion, emphasize the religious **experience** of individuals, as opposed to religious **institutions** per se. — They point out that religious experiences are unique, complex and diverse, and that one need not be a member of an institutionalized religion in order to be "religious." Therefore, while the Kardex blank labeled "religion" may be left vacant, this should not lead to the assumption that that particular patient is a-religious.

In discussing **diversity** with regard to religious experience, Batson and Ventis would not limit spiritual need to one's "personal relationship with God." They state, "It need hardly be said that the religious experience of different individuals can be very different. If one considers only recognized world religions, the range of experiences is immense. Indeed, it seems impossible to identify anyone characteristic that they all have in common. For example, one might think that at least within recognized world religions all experience would involve some notion of divinity, some God or gods. But they do not. There are well-established traditions within Buddhism and Confucianism that explicitly exclude such notions." (p. 7)

The Editorial Board.

NURSING FACULTY POSITION

Labette Community College is seeking qualified applications for two nurse faculty positions, Psychiatric and Gerontological.

The faculty positions will be responsible for teaching and coordination in a Bi-Level Nursing Program. The nursing program has two extension locations that require rotation.

Requirements for this position include a M.S. in nursing or related field or a F.S.N. willing to actively seek a masters degree, and two years of work experience. Teaching experience preferred. Salary will be commensurate with education and experience.

Application closing date will be April 1, 1983, selection date will be April 10, 1983, and the starting date will be August 11, 1983. Send application, resume, credentials and transcripts to the Dean of Instruction, Labette Community College, 200 South 14th, Parsons, KS 67357.

Labette Community College

200 SOUTH FOURTEENTH STREET
PARSONS, KANSAS 67357

LABETTE COMMUNITY COLLEGE IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.

Legislative Update

Some Leaders Again Pushing Bill to Let KUMC Use Students As if RNs

The most controversial, vigorously opposed nursing bill of last year is being promoted strongly again by some legislative leaders. At presstime the bill had no number as yet. It would allow senior nursing students to practice the full professional nursing role at the University of Kansas Medical Center, under certain circumstances not yet delineated.

A top Senate leader, meeting with three KSNA representatives, stated that there are enough votes in the legislature to pass this bill. KSNA explained to him again why the bill is unnecessary, unsafe, and why it will not accomplish any significant money savings.

KSNA supports work-study programs, such as are now legal under regulations of the Board of Nursing. Several schools of nursing have developed such programs. In the properly-planned work-study program the program is as soundly developed by the faculty as are regular courses. Objectives and guidelines are set forth and there is sufficient qualified faculty supervision of the students, who are paid by the hospital (or other institution) for their services. This is quite a different situation from that proposed in the above bill, in which the type of supervision is not specified, the number of students being "supervised" by any R.N. is not delineated, there is no faculty input into the plan, no faculty supervision and no limitation on numbers and types of patients for whom the student would be responsible.

KSNA vigorously opposes this approach, as we did last year and calls on our members and all RNs and nursing students to spare no effort to defeat the bill as you did last year. Last year the Kansas Federation of Licensed Practical Nurses, the Board of Nursing and most significantly the Kansas Association of Nursing Students (KANS) also strongly opposed the bill. Among reasons for opposing this approach:

1. It takes away the distinction between licensed and unlicensed individuals, lowers the standards for those put in charge of patients, sets a bad precedent which others will be quick to take advantage of.

2. Senior students in Baccalaureate programs have had only one previous clinical year in nursing school, generally. Much of their clinical learning takes place in the final year, thus they have not studied many principles of care related to patients for whom they would be responsible under this bill. Instructors point out that even with their close supervision of senior students in the clinical areas — and with the student assigned to only one or two patients — that it is not unusual for them to make errors in judgment. They have much need for supervision and one-to-one assistance.

3. Students already are allowed to work for pay on their own time — as aides. This is legal and supported by KSNA.

4. This is not a viable solution to the fiscal problems of the State of Kansas or KUMC. There are no data (according to KSNA's conversations with legislators) which show the amount of projected savings from such use of "students." It is our contention that it will not be cost-effective and will lead to dissatisfaction of experienced RNs at the KUMC who, through this bill, would be given even greater numbers of patients for whom to be responsible (those the RN is responsible for and those under the care of the students the RN is to "supervise").

5. Continued efforts on this matter lower the standing of KUMC in the eys of the nurses of Kansas and one would imagine in the eyes of the consumers as well.

For further information on this matter and actions you can take, please contact your District Legislative Chairperson (name and addresses below) or KSNA Headquarters, (913) 233-8638:

Chairperson, Nickie Stein, 1607 College Ave., Topeka 66604.
District 1 — Genitha Clark, 135 Courtland, Topeka 66606.
District 2 — Diane Bottorff, 4154 State Line Rd., Kansas City 66103.
District 3 — Mary Cathy Brown, Box 286, Parsons 67357.
District 4 — Evelyn Mathews, 1004 Highland, Newton 67114.
District 5 — Sue Akers, 501 West 5th, Beloit 67420.
District 6 — Trudy Baker, 2641 N. Bluff, Wichita 67220.
District 7 — Florence Lee, Route 1, Box 61C, Nickerson 67561.
District 8 — Karen Ferguson, 2607 N. 7th, Garden City 67846.
District 9 — Hazel Wilhoite, 405 W. Shawnee, Paola 66071.
District 10 — Ruth King, R.R. #3, Leon 67074.
District 11 — Janice Noyes, 1531 Burlingame, Emporia 66801.
District 12 — Lu Losh, RFD #3, Concordia 66901.
District 13 — Gwen Allen, Atlasta Farm, Horton 66439.
District 13 — Patte Martin, 214 E. 14th, Horton 66429.
District 14 — Reatha Schmidt, 524 Sunrise Ave., Pratt 67124.
District 15 — Pamela Thomas, Route 2, Box 7, McDonald 67745.
District 16 — Lilyota Brungardt, R.R. 1, Gorham 67640.
District 17 — Lee Hough, 1734 W. 20th, Lawrence 66044.
District 18 — Judy Schrock, Vista Acres, Rt. 4, Manhattan 66502.
District 19 — Judy Cagle, 1104 12th St., Dodge City 67801.
District 20 — Cecilia Waggoner, P.O. Box 164, Pittsburg 66762.
District 21 — Ellen Coester, 1016 Margrave, Fort Scott 66701.

Sen. Vidricksen Proposes Exempting Nursing Board from Sunset

An amendment to SB 44 to exempt the Board of Nursing from sunset review, was suggested by Senator Ben Vidricksen (R-Salina), Chairperson of the Senate Governmental Organization Committee. The amendment was added following two hearings on the Sunset of the Board of Nursing before that Committee, the second one being held on KSNA's "Day at the Legislature," February 22.

On January 27 at the first hearing, Legislative Post-Audit staff once again gave a synopsis of their findings and recommendtions (see February *Kasas Nurse*), emphasizing their criticism of some facets of complaint handling by the SBN. Dr. Lois Scibetta, Executive Administrator of the SBN, gave the SBN's response. She had gathered data from several other states re: their number and types of complaints and mechanisms for handling. She told of the detractors in the situation in Kansas which hinder complaint handling, including lack of cooperation from the Kansas Hospital Association, legal advice given to hospitals which results in low reporting of unprofessional conduct by nurses, high turnover of the inexperienced Assistant Attorneys General who are SBN's only legal advisors. There is a large back-log of cases due to short staffing of the Assistant Attorneys General.

Other issues raised by some Senators:

- the "desirability" of combining the

(Continued on Next Page)

Board of Nursing and the Board of Healing Arts under one board, giving "equal representation" to physicians and nurses. (Editor's Note: there are about 4 times as many RNs in Kansas as M.D.s, thus equal numbers on a board would not be proportionate representation at all, in addition to other problems foreseen with such a board.)
- whether those nurses coming in from other states should be required to meet the same educational qualifications as Kansas nurses. (One Senator strongly expressed his view that nurses who graduated in other states should not be held to the same requirements as Kansas graduates.)

The House Governmental Organization Committee also held a hearing on this matter on February 11, 1983. At presstime no vote had been taken by either house.

SB 13, Re-enacting Advanced Nursing Practice Provisions

A hearing was held before the Senate Public Health and Welfare Committee February 8 and 9, 1983 on SB 13 which would re-enact in Kansas statute the role of the Advanced Registered Nurse Practitioner. This bill was subsequent to last summer's decision by a district court to invalidate the previous statute on a technicality. (See February *Kansas Nurse* for the full language of the bill.)

Upon vote of the membership at the October, 1982 Convention, KSNA supports this bill. Its language supports the concept of nursing control and delineation of nursing practice.

Actions by the Kansas Medical Society in fostering their position on this matter have included sending a letter to each of their members urging them to lobby against the bill and maintaining that KSNA had not been willing to compromise with KMS. That general theme was repeated in the President's page in the February, 1983 *Journal of the Kansas Medical Society*. At presstime they were proposing an amendment to the bill which would specify that ARNPs perform selected medical functions under protocols. KSNA also mailed a letter to each physician in KMS explaining our views and positions on advanced nursing practice and asking for their support. For further information about KSNA's position and ways you can assist, please contact your District Legislative Chairperson (listed above) or KSNA Headquarters (913) 233-8638.

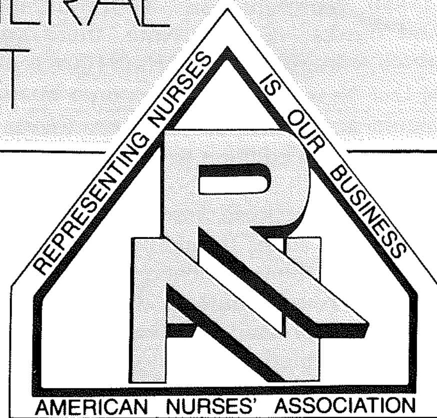
Advanced Nursing Practice Workshop

In January, a day-long workshop was sponsored by Wichita State University Departments of Nurse Clinician and Nursing regarding current legal and professional aspects of advanced nursing practice. More than 100 from across the state attended. The planning committee: Evelyn Smith, Marcella Jantz, Carla Lee, and Charlene Robinson.

Keynoter Courtney Thomas R.N., C., M.S.N., PNP, FNP, Assistant Professor, Family Nurse Practitioner Program, Metropolitan State College, Denver, and Editor of a column in *Nurse Practitioner* journal.

Panel, "Aspects of Advanced Nursing Practice: Legal and Professional." Presentors L-R: Attorney Michael Roach, Dr. Roberta Thiry re: former national joint practice commission, KSNA Lobbyist Lynelle King re: re-enactment of ARNP legislation, Dr. Lois Scibetta re: State Board of Nursing role.

ECONOMIC & GENERAL WELFARE REPORT



KSNA Asks NLRB to Order Bargaining at Concordia

On behalf of KSNA members employed at St. Joseph Hospital in Concordia, a request was filed January 27 that the NLRB overturn a recent election there and order the employer to enter into a collective bargaining agreement with the KSNA unit. Basis of the request was the unit's contention that a pattern of unfair acts by the employer interfered with the employee's rights to a free election.

A representation election had been held January 20, 1983, with the majority of the non-challenged votes being "no" votes. (47 "No," 30 "Yes"). There are strong indications that most of the non-nurses allowed to vote in the election voted "no." It was the hospital's tactics in winning the election to which the nurses objected, and which the nurses contend made it impossible for there to have been a fair, free election. KSNA's petition to NLRB alleged as follows:

"1. That during the critical period, the employer, by and through its agents and representatives, wrongfully interrogated certain employees with respect to union related activities, both individually and in groups.

"2. That during the critical period, the employer, by and through its agents and representatives, threatened certain employees with possible demotion, changing of job descriptions to delete certain positions and termination, both individually and in groups.

"3. That certain of the campaign propaganda distributed by the employer during the critical period contained information with respect to registered union member nurses losing their jobs while non-union employees were retained at various hospitals, thereby making an implied threat that union membership was and directly related to loss of jobs.

"4. That by these and other acts, the employer intentionally and maliciously interferred with the employee's right to a free election.

"WHEREFORE, Petitioners [KSNA Unit] request that the National Labor Relations Board order the employer to enter into a collective bargaining agreement or, in the alternative, grant another election and for such other and further relief as the Board may deem appropriate." (For further insights into detractors for organizing of women, see article in this issue, "Are Women Hard to Organize?" p. 17.)

NLRB Dismisses Decertification Petition Against KSNA

Apparently timed to hurt the election in Concordia, in the final week before the election a decertification petition was filed by a nurse at the Wichita Clinic. The petition was to decertify KSNA as the Wichita Clinic nurses' bargaining agent. KSNA has represented that group of nurses — at their request and majority vote — for many years.

NLRB dismissed the petition — January 24, after the Concordia election — because it was filed more than two months before the expiration of the period for which KSNA is certified to represent the unit at Wichita Clinic. Since an attorney assisted the nurse in filing the petition, she knew, or should have known, that the petition was not in order. Word about the decertification petition was disseminated by the St. Joseph Hospital in Concordia **before** KSNA was notified of the petition. Also a 3-page **anonymous** telegram from an alleged R.N. at Wichita Clinic was circulated by St. Joseph the final day before the election in Concordia.

A similar decertification petition was filed last spring by the same R.N., but the majority again voted to retain KSNA. In actuality, KSNA has for some time discussed declining to represent that unit of nurses, since a minority pay dues and thus KSNA's legal and staff costs far outweigh the dues from the unit's R.N.s.

KSNA has continued to represent them in deference to the association's long-standing support for the right of nurses to be represented by their association for collective bargaining and thus to better control their professional practice.

Deadline Nears for Mt. Carmel Social Security to End

As of March 31, 1983 Mt. Carmel Medical Center in Pittsburg will withdraw from the Social Security system and cease to pay Social Security coverage for their employees, unless they withdraw their petition before that time. Once out, an institution can never get back into the system.

For months KSNA has warned of the dangers of such pullouts, including the following undesireable effects of withdrawing from the system:

- No retirement program other than Social Security is portable from employer to employer with no loss of work credit.
- The benefits of Social Security are extremely difficult or impossible to duplicate in other ways including: tax-free status of benefits, beneficiaries realize gains of the general economy up to the time they begin receiving benefits, indexing of current benefits to the cost of living, Medicare coverage.
- Even those who are fully insured for retirement protection will lose disability protection after 5 years out of the Social Security system. It is quite possible for employees to become disabled after losing Social Security protection and before becoming covered for any type of disability benefit under a new plan.

KSNA NEWS

***Karen Ferguson,** District 8 Legislative Chair, has been elected the first President of the new League of Women Voters chapter in Garden City.

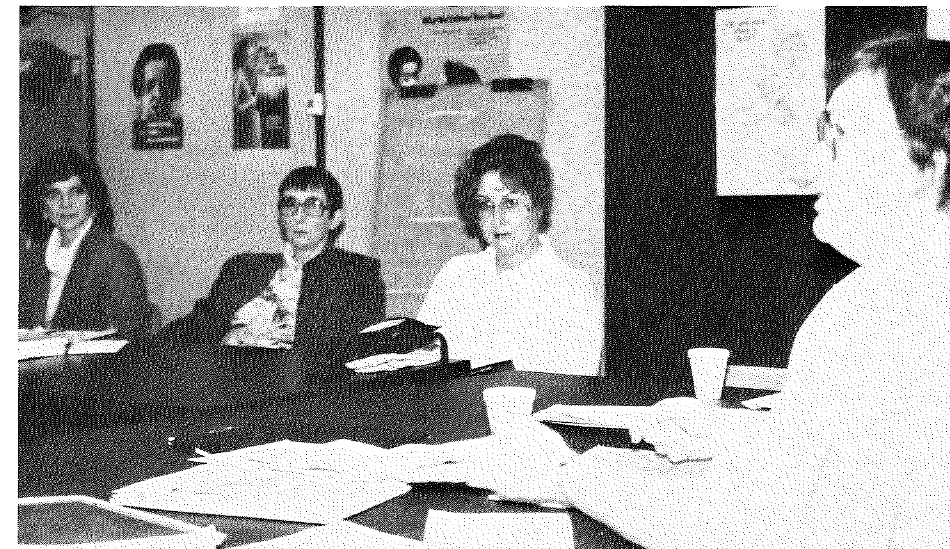
***Rose Marie Barbara,** long-time District 1 member employed at Topeka State Hospital, is the wife of the new State Corrections Secretary, Michael Barbara, who is a recent addition to Governor Carlin's cabinet.

***Libby Dayani** has followed her own advice (she is the co-author of *The Nurse Entrepreneur*) and opened a business — the "First National Nursing Service." Her ad in a recent *Kansas City Star* read, "Are you special and do you want to be treated that way? Join the staff of the First National Nursing Service that is owned and managed for nurses by nurses." Libby, a member of District 2, is the Director. She is a Nurse Practitioner, certified by ANA, and previously was on the faculty of the University of Kansas Medical Center.

*A large picture and write up of **Rep. Jessie Branson, R.N.** (D-Lawrence) graced the front page of the *United Methodist Reporter Interchange* recently. Featured was her work as co-chairperson of the Warm Hearts fund drive in Lawrence. That drive raised funds to heat residences of low income and elderly persons. The goal was $25,000 but **more than $65,000** had been raised by Christmas. The other co-chairperson was Rev. Al Bramble.

(Continued on Page 15)

Annual President's Day Draws Leadership From Around State, Despite Weather



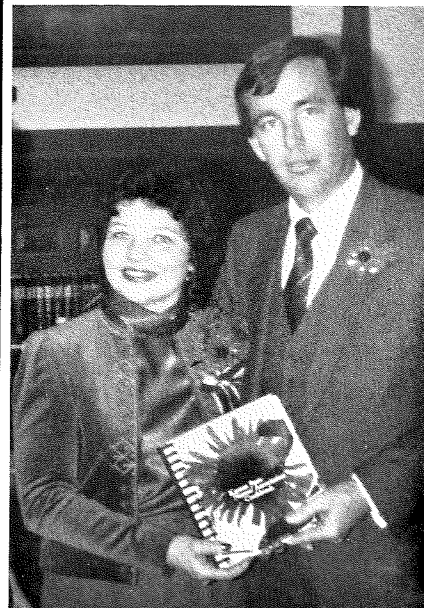
Leading the discussion was KSNA President Kay Vath (r). Others from left: District 12 President Karen Smith, Dist. 19 President Margaret Monaghan, Jeanette Peroli, Dist. 5.

Lively discussion of more effective leadership techniques, and of current KSNA happenings and issues involved all participants, including those pictured here from left: District 8 Pres. Verna Rundell, Dist. 17 Pres. Nell Sherman, Nancy Mackie, Dist. 6 Treasurer, (hidden Linda Schill), Dist. 4 Treasurer Shirley Long, Dist. 4 President Carolee Neufeld, Dist. 5 President and KSNA Board Member Connie Scheffer, Dist. 18 Legislative Chair Helen Musiak, Dist. 18 Newsletter Editor Lorraine Richards, Dist. 18 Pres. Phoebe Samelson, Dist. 12 Pres. Karen Smith.

INAUGURATION . . .

Governor and Mrs. Carlin entering rotunda, 2nd floor, for grand march, inaugural ball.

KSNA members at gala, historic inaugural dinner and ball included Naomi Nibblelink (pictured), Barbara Sabol, R.N. — new Secretary of Dept. of Health and Environment, new nurse legislator Judy Runnels, R.N. (D-Topeka) and KSNA Executive Lynelle King.



At receptions following the inaugural, Nickie Stein presented KSNA cookbooks to (L) Attorney-General and Mrs. Robert Stephan and Governor and Mrs. John Carlin. Other recipients included Lt. Governor and Mrs. Docking and new U.S. Representative and Mrs. Jim Slattery.

Nursing Faculty Positions

WASHBURN UNIVERSITY OF TOPEKA NURSING BSN

Washburn University of Topeka

Applications are invited for School of Nursing faculty positions for Fall 1983. Full-time academic year positions include:

Psychiatric-Mental Health Nursing. Tenure track.

Nursing of Children. One year replacement position (non-tenure) with possiblity of tenure track opening for 1984-85.

Integrative position in Medical-Surgical Nursing and other clinical specialty. Tenure track position.

Possible part-time openings in other clinical nursing specialties.

Minimum qualifications include Masters Degree in Nursing. Ph.D. preferred. Prior teaching experience desirable. A completed application includes resume, transcripts, and names of three references. Apply by April 15, 1983 to:

Dean Alice Young
School of Nursing
Washburn University
Topeka, Kansas 66621

Washburn University is an equal opportunity/affirmative action employer.

KSNA News

(Continued from Page 13)

•**Rep. Judy Runnels, R.N.** (D-Topeka) had a picture and write-up in the January issue of *AJN*. The news item was about R.N.s across the country who captured seats in state legislatures. The article reported that four nurses making their first political races captured seats in state legislatues. It was reported that there now are approximately 34 R.N.s serving in state legislatures. Kansas has three of that number: Judy, Jessie Branson (above), and Sen. Norma Daniels (D-Valley Center).

•School Nurses were recently recognized in Topeka on National School Nurse Day. All Shawnee County Health Department and Topeka school district nurses who serve schools in the surrounding school districts were guests at a lunch at the Topeka district's administrative center.

•Pioneer nursing leader **Avis Maree Van Lew** recently passed away in Topeka. Her passing was noted with a lengthy obituary in the *Capital-Journal* and a feature in Stormont-Vail's newsletter, *Vital Signs*. She was director of the Department of Nursing at University of Kansas Medical Center from 1944-1948, taught cadet nurses during World War II, was in the Nurse Officer Reserve Corps during the Korean War, worked for the U.S. Public Health Service and was director of nursing at Marine hospitals in Boston and Statten Island, N.Y. Besides her directorship of the KUMC, Kansas will remember her as the longterm director of Nursing Service and the School of Nursing at Stormont-Vail Hospital in Topeka where she was noted for separating the educational functions from the service functions. Previously hospital supervisors had also taught in the school of nursing. "She was a true professional," Naomi Nibbelink, past KSNA President recently remarked.

New Graduates who joined between December 16, 1982 and January 18, 1983.

Joan A. Akin, Topeka
Karen Anderson, Lawrence
Tamra J. Arb, Topeka
Elaine Ascher, Manhattan
Patricia Bauerband, Wichita
Darla Emery, Topeka
Lori Grizzard, Topeka
Dana Hannibal, Topeka
Jean L. Lane, Topeka
Tonda Sullivan, Salina

KSNA ended 1982 with highest membership in 6 years: 2,021.

"Here it takes all the running you can do to keep in the same place. If you want to get somewhere else, you must run at least twice as fast." Lewis Carroll

Districts with Highest Percent Membership Increase December 1982

District	Increase
District 4	7.1%
District 17	6.5%
District 19	4.7%
District 18	4.6%
District 1	3.9%

You Are Invited to be a Charter Member of the KSNA Century Club

The KSNA Board of Directors cordially invites all members of KSNA to become charter members of the KSNA Century Club. To join one must donate $100 or more to KSNA. The club is honorary only. Contributions are not tax deductible and the donor receives no special privileges for giving.

The aims of the Century Club are for enhancing the finances of KSNA. Donors will be given a certificate suitable for framing with the KSNA gold seal attached telling that the individual is a charter member of the KSNA Century Club.

Mail your $100 or larger donation to:
KSNA
820 Quincy
Topeka, Kansas 66612

Thanks!

Also, have you remembered KSNA in your will? Bequests to the association will be gratefully received.

CONTRIBUTIONS MADE TO KNF

District 6 Historic Home Tour Project
Naomi Nibbelink

3 in 83 **3 in 83**

Calendar

March 6	Deadline for May *Kansas Nurse*
March 16 6:30 pm-7:30 pm	Telenet — Legislative Broadcast
March 25 8:00 am-Noon	Finance Committee Meeting
March 25 12 Noon-5:00 pm	KSNA Board Retreat
March 25 5:30 pm 7:00 pm	KSNA Executive Com. Board Meeting
March 26	KSNA Board Meeting
April 6	Deadline for June *Kansas Nurse*
April 14 & 15	Clinical Sessions — Holiday Inn — Holidome, Wichita, Kansas

fort scott community college

FOR IMMEDIATE RELEASE:

ANTICIPATED NURSE EDUCATION POSITION

full-time and part-time in an articulated practical nurse/associate degree nursing education program to begin Fall, 1983. Must have a license to practice professional nursing in Kansas and have a Master's Degree, preferably in a nursing clinical speciality.

Salary commensurate with academic preparation and professional experience.

Submits vitae, credentials, and letters of recommendation to:
Caroline Helton
Director of Nursing Education
Fort Scott Community College
2108 South Horton
Fort Scott, KS 66701
PHONE — (316)223-2700, ext. 53

An Equal Opportunity/Affirmative Action Employer

Board Briefs of KSNA Board Meeting December 3 & 4, 1982

Excerpted from the Minutes of KSNA Secretary Linda Schill

• Recommended to the E&GW Council that 51% of people eligible to be in a bargaining unit belong to KSNA before KSNA begins contract negotiations. Also recommended that the 75% membership be maintained.

• Referred to the Steering Committee the drafting of a policy setting a limit on the number of sick days which an employee may accumulate.

• Decided to recommend to the convention body in 1983, if there are sufficient funds in the budget at that time, that staff be given a retroactive salary increase for the year of 1983.

• Voted that expenditures for the 1983 Day at the Legislature not exceed $200.

• Decided that the Executive Director must give prior approval before a Committee or Council schedules a teleconference.

• Interpreted the 1982 convention vote regarding CEARP to mean that we cease ANA CEARP program effective now. This does not preclude use of and reapplication for the SBN providership and other activities of the C.E. Council. KSNA Bylaws Committee will be delegated the task of adjusting the Bylaws accordingly.

• Voted to pay Mike Goodwin for his services as business agent at Concordia, at the rate of $15 per hour.

• Requested the Council on Education to complete the Entry Into Practice brochure this year.

• Heard the plans for the Day at the Legislature.

• Heard an update on the activities of the Task Force on Sunset of the Board of Nursing.

• Suggested that the Crisis Intervention Committee seek donations from various companies for the peer assistance project. Voted to grant their request for legal counsel from KSNA's law firm.

• Heard a report on the 1982 convention.

• Heard a report of the 1983 Convention Committee, including the theme, requested speakers, and plans for shortening the convention: Wednesday pm - Friday afternoon. Accepted the theme and convention program with an amendment regarding the time of the C.E. program presentation.

• Appointed an ad hoc committee to draw up criteria for "external awards" (awards given to person who are not members of KSNA.) Members of this committee are: Mary Beth Riner -Chair, Nickie Stein, Connie Dean.

• Adopted the convention registration fees schedule as submitted by the Convention Committee, November, 1982 — which are reduced from the rates of the 1982 Convention.

• Heard that Jan Bergman was appointed as KSNA's representative to the SRS "Home and Community-Based Services Advisory Council."

• In implementing the resolutions passed at the 1982 Convention KSNA will: send a letter and a copy of Resolution #1 to ANA; send a letter to all Conference Groups regarding Resolution #2; send a letter to ANA letting them know of our Resolution #3, Roberta Thiry will write an article regarding reimbursement, and will refer the issue to the Public Relations Committee for public education; Resolution #4 has already been implemented; will delegate the implementation of Resolution #5 to the Public Relations Committee; letters and copies of Resolution #6 are to be sent to KMS, KHA, Sedgwick County Medical Society and to KSNA districts for their interaction with local medical societies; to send letters to various voluntary health agencies with copies of Resolution #7; referred Resolution #8 to KNF and the Legislative Committee; an ad hoc committee will be formed, composed in part of nurse attorneys and nurses who have been witnesses in court, C.E. Council will also be asked to provide educational programs related to the topic and a letter to the Bar Association will be sent along with a copy of Resolution #9; discussed that Resolution #10 is being implemented through the legislative process.

• Heard a suggestion from Board Member Roberta Thiry that in the future when KSNA asks for Resolutions that we direct that they reflect broad intent, and be phrased to dictate policy and not action or specifics.

• Decided on the 1983 KSNA budget, calling for income in excess of expense and with a projected return of at least $1400 to reserves. (See synopsis of budget in this issue).

• Voted that if, at midyear, finances allow, that KSNA reimburse Conference Groups, Committees and Councils for travel.

• Appointed members and chairs for various KSNA Committees and other units for the 1983 year.

• The Executive Committee of the Board decided to send a letter to the ANA Board of Directors reporting recent KSNA accomplishments and how we are addressing our fiscal status.

• Voted that the Executive Director, during the legislative session, have the following as her major responsibilities: legislation, editing the *Kansas Nurse*. Board members offered to assist with office correspondence and other matters and to staff Committees and Councils of the association.

• Designated the following as Liaisons with various components:

ARNP Conference Group: Roberta Thiry, Linda Schill. **Community Health Conference Group:** Mary Beth Riner. **Medical/Surgical Conference Group:** Deane Gholson, Connie Dean. **Nursing Educators:** Connie Scheffer, Barbara Jean McClaskey. **Nursing Service Administration:** Sandy Watchous. **Gerontological Conference Group:** Virginia Douglas, Nickie Stein. **Maternal/Child Conference Group:** Jan Noyes. **Psychiatric Conference Group:** Florence Lee. **KANS:** Kathy Wilson, Pinky McAnany. **Kansas Council Youth and Children:** Marlene McClure. **Coalition on Aging:** Helen Halstead.

• Set Future Board Meeting Dates:

March 25, 1983 noon-5:30 p.m. open Board discussion; 5:30 p.m. Executive Committee of Board for supper; 7:00 p.m. KSNA Board of Directors meeting;

March 26, 1983 Continued Board meeting until finished.

June 17, 1983 Board of Directors Meeting all day and evening.

June 18, 1983 Board of Directors Meeting 8:30 a.m.-10:00 a.m. Advisory Council rest of the day.

September 10th at 10:00 a.m. -Board Meeting.

October 12, 1983 Board Meeting, day convention opens. (Continued on Page 19)

Professionals join their professional organization and participate in its concerns

ARE WOMEN "HARD TO ORGANIZE"?

Karen L. Field, Ph.D.
Assistant Professor of Anthropology
Washburn University, Topeka

The facts are well-known, and discouraging. Working women in the United States are overwhelmingly concentrated in the lower-paid, least secure sectors of our economy; on average, they earn less, receive fewer benefits, and attain less seniority than men do. In part, at least, this trend can be explained by the fact that most women are employed in occupations where the degree of employee organization — in either unions or professional associations — is low or nonexistent; they are therefore less able to lobby and negotiate effectively in their own behalfs.

There are many historical reasons for this state of affairs. One important one is the fact that, for many years, the notion that women are "hard to organize" has been part of American labor folklore and has frequently dissuaded labor organizations from making much effort to include heavily "female" occupations like nursing, office work, teaching, and retail sales in their organizing drives.

In recent years this picture has begun to change, as more and more women have begun to come together in unions, professional organizations, political action committees, and the like. The struggle to organize fellow employees is seldom easy, however, and the women involved in it must have asked themselves more than once, "Why is this so difficult? Is it true what they say about women? Are the really 'harder to organize' than men?"

Now, organizing — even under the best conditions — is by definition a long, drawn-out, and often frustrating process. We Americans acquire many skills as we grow up — everything from driving a car to choosing the best buys at the market to processing computer data — but how to unite and work effectively in our own interests is not necessarily one of them. American history, moreover, provides plenty of cases of female workers successfully organizing around common concerns; the International Ladies' Garment Workers Union and, more recently, the clerical workers' group "Nine to Five" are but two examples. Therefore, if female workers **are** "hard to organize," we know that such difficulties are not confined to women alone, and that they are by no means impossible to overcome. At the same time, recent research on sex-role socialization suggests that women may, indeed, face some unique problems when they attempt to organize, owing to the way that girls are typically raised in our culture.

Jane Morantz Connor of S.U.N.Y. — Binghampton and Lisa Serbin of Concordia University have conducted research on the ways boys and girls are dealt with by teachers in primary school classrooms. The most intriguing differences relate to the ways teachers handle disruptive behavior. When boys "act up" in class, teachers usually notice and reprimand them loudly; all classroom action stops, and all eyes are turned on the boy in question. When girls engage in analogous behavior, the teacher tends to **ignore** the incident altogether. The most effective way for girls to get the teacher's attention, according to these researchers, is for them to remain in close physical proximity to the teacher, to work quietly and obediently, to be "good" chidlren. Therefore, Connor and Serbin feel that boys tend to continue disruptive behavior because they find that it is an effective way to get attention; girls tend to "drop it out," because it is not effective for them. Given these differences, it is not surprising that males in our society are more willing to "rock the boat," to "make waves" on the job; they have learned from an early age that authority figures will sit up and take notice. Women, on the other hand, have learned that their more assertive behaviors will be discounted, and have been encouraged to cultivate passive modes of relating to authority. They may therefore be reluctant to engage in aggressive lobbying techniques or forms of protest that risk alienating the employer — not because they are innately timid, but because they have been taught that such activities, coming from women, tend to be ignored or glossed over.

Jeanne Block has been engaged in a longitudinal study of child development at the University of California-Berkeley. Her findings yield at least two important implications for organizing women workers. **First, she has found that the games boys and girls play teach them very different lessons about conflict and negotiation.** Boys' games often involve disputed points or "plays" which require a process of bargaining and compromise to resolve. Girls' games tend to be more heavily "rule-bound;" little negotiation is demanded, and when a dispute arises, their tendency is therefore to change games or simply to stop the play. These "lessons" may well carry over into adult life, equipping men to engage more easily than women in labor-management negotiations and in resolving factional disputes within their own organizations.

Secondly, Block reports that parents tend to be far less physically restrictive of their sons than of their daughters. Boys are permitted to roam the neighborhood and encounter new, unexpected situations; they therefore learn to engage in "on-the-spot" problem-solving. This, she feels, gives males a demonstrably greater sense of their own efficacy in the world. Girls, in contrast, tend to be restricted to the home, and consequently develop a reduced sense of efficacy and self-confidence. These differences are exacerbated by teachers, who, Block has found, tend to attribute a boy's success in school to his own ability and intelligence, a girl's to her "good luck" or diligence. Assuming that these differences persist into adulthood, it is not surprising that women lack confidence in their own capacities to influence events around them, and are thus hesitant to engage in lobbying efforts on their own behalfs.

A third body of research suggests that women have ambivalent attitudes toward their own success. Matina Horner, working at Harvard, conducted experiments in which she asked men and women to react to a hypothetical story about a woman who found herself at the top of her medical school class. Both males and females, but females most of all, imputed a wide range of negative consequences to this fictional woman's success — suggesting that she must be very "unfeminine," that she would lose her boyfriend or her friends, or that she would become severely depressed. Our society does, after all, frequently extract severe penalties from "successful" women; it is hardly astonishing that women should be aware of and fear those penalties. But clearly, if women are afraid that they risk loss of "feminity" or the affection of others when they succeed in their endeavors, they will not approach the difficult task of professional organization and lobbying with a terribly

(Continued on Next Page)

Are Women "Hard to Organize"?

(Continued from Page 17)

positive attitude, and will be inhibited from enjoying the fruits of their own successful efforts.

In sum, there is some evidence to indicate that the way we raise female children in our culture has negative consequences for them later on, making it particularly difficult for women to come together in action-oriented associations designed to upgrade their own professional standing. In this sense, it may be true that women are, in certain ways, "hard to organize."

But the picture is not as bleak as it might seem. We must remember that all of these traits and tendencies are the results of socialization — that is, **they are externally imposed, not part of some inborn female "nature." This means that, with time and patience, they can be "unlearned."** Also, there is at least some evidence which suggests that certain aspects of female upbringing may actually **facilitate** professional organization. Studies reported by R.M. Oetzel indicate that **women are raised to be more attuned to the needs of others and more concerned with the welfare of the group than are men.** Researchers J. Bedell and F. Sistrunk argue that, in group situations, women are more likely to cooperate with other women than with men. If these tendencies to empathize with others, care about group welfare, and cooperate with other women are nurtured and effectively channeled, they can promote the formation of solid, caring organizations in which cooperation with female co-workers for the betterment of the whole group is a pivotal focus. And that is what professional organizing is all about.

What are the implications of these findings for practical action? First of all, since it seems that most of the behaviors or qualities that "get in the way" of organizing women stem from the socialization patterns that girls experience, it is important for women's organizations to provide their members with experiences and opportunities that will help them to "unlearn" some of those patterns. If members lack confidence in their ability to influence events, it may be useful for the organization to tackle some small issues or battles that can be easily won, in order to show members that successful action is possible. If members are fearful about the negative consequences of success, it may be helpful for the organization to provide awards or other positive feedback to those who do take risks and succeed. Psychologists Donna M. Moore, writing in *Female Psychology: The Emerging Self* (ed. Sue Cox; St. Martin's Press), endorses various kinds of "assertiveness training" as potentially useful in building women's sense of efficacy and self-esteem. Among such training methods she lists values-clarification exercises, relaxation techniques to reduce anxiety, and "role-playing" in which members get a chance to rehearse assertive behaviors. In addition, organizations may find it useful to sponsor study and discussion groups aimed at understanding **how** socialization shapes behavior. Knowing the sources of our own self-defeating actions, and sharing that knowledge with others, is often the most important step in overcoming them. There are also some practical guides to organizing, social action, and lobbying which women's organizations can put to good use. The writings of Saul Alinsky and the newly published *Organizing: A Guide for Grassroots Leaders* by Si Kahn (New York: McGraw-Hill) provide "how-to" skills and candid discussions of what can go wrong — and right — in the organizing process.

Finally, it is important for women to recognize and activate the **strengths** with which their upbringing has imbued them. Empathy, cooperation, and concern for the group are all important ingredients of successful organization, and they are qualities which most women have been cultivating all their lives. When combined with a stronger sense of self-esteem, greater confidence, and a healthy drive toward successful action, they promise to make women's professional organizations a force to be reckoned with in the coming decade.

Historical Perspective

(Continued from Page 7)

nurses should move forward with the interested statewide committee on continuing education to give leadership, monitoring, and assistance to those providing quality education for nurses on an on-going basis. It is clear that some form of C.E. for nurses is the wave of the future, and as Dorothy del Bueno (1980) says, it is a question of "when and how much" rather than "if" that is paramount now.

Summary

The evolutionary process of continuing education in Kansas to its present state, some of the educational and technological forces that change the practice of nursing, and the impact of state and federal legislation that affects nursing, nursing organizations, and the nursing professional have been the focus of this discussion.

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Historical Perspective

(Continued from Page 18)

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Board Briefs

(Continued from Page 16)

At the KSNA Convention the membership voted that budgetary information be placed in the *Kansas Nurse* twice a year.

Synopsis
1983 KSNA Budget

(KSNA Fiscal year is the calendar year, i.e. January 1 to December 31)

Projected Income

Dues	$125,838.00
Interest	1,500.00
(1) KANSAS NURSE (ads & Subscriptions)	8,000.00
KSNA Convention	16,000.00
Workshops/Clinical Sessions	4,000.00
Fund Raising	16,000.00
Film	150.00
Donations/Century Club	500.00
Auction/KNF	200.00
Miscellaneous (e.g. sale of pamphlets)	2,200.00
TOTAL PROJECTED INCOME	**$174,388.00**

Projected Expenses

(1) Information to and communication with membership (especially *Kansas Nurse* and weekly mailing to District Presidents)	$ 21,500.00
Major Meetings and Continuing Education (Convention, Clinical Sessions)	16,000.00
Legislative Program (including Legislative Newsletter)	5,500.00
Economic and General Welfare Program	5,000.00
Membership Benefits and Recruitment	6,120.00
Committees, Councils, Conf. Groups, Board (meetings and activities)	3,850.00
Field Service to Districts	1,000.00
Representation to ANA and other national, regional and state groups	1,200.00
Equipment (maintenance and purchase of new)	5,600.00
Office Management (except salaries and related expenses. Includes rent, telephone, tax, supplies, etc.)	12,528.00
Consultants (legal, auditor)	5,800.00
Salaries	55,028.00
Payroll Taxes	4,137.00
Fringe Benefits (employees)	6,877.00
(2) Estimated amount which must be paid for ANA membership if KSNA membership drops 20% this year	17,600.00
Projected amount to be added to reserves	1,400.00
Cookbooks (taxes and mailing expense)	670.00
Miscellaneous expenses	2,075.00
TOTAL PROJECTED EXPENSES	**$171,885.00**
PROJECTED AMOUNT OF INCOME IN EXCESS OF PROJECTED EXPENSES	**$ 2,503.00**

(1) Projected based on membership vote to publish *Kansas Nurse* only 6 times/year, unless self-supporting. If we publish monthly this figure would be higher.

(2) Due to Bylaws change passed at 1982 ANA Convention, States (e.g. KSNA) are now the ANA members and are responsible to pay ANA dues based on $55.00 per full pay member per year through June, 1984. If KSNA membership stays at least as high (1,862) as it was July 1, 1982 when this new provision went into effect, then the dues of those members pays for the amount KSNA is responsible to pay ANA. However, if there should be a drop in membership, KSNA would still be responsible to pay the same amount of dues to ANA. The figure listed here is the amount KSNA would have to pay if KSNA lost 20% of its members during 1983. If we gain members or stay the same we would not have to pay additional funds, and this $17,600 would be available to use otherwise.

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FIFTH ANNUAL CLINICAL SESSIONS

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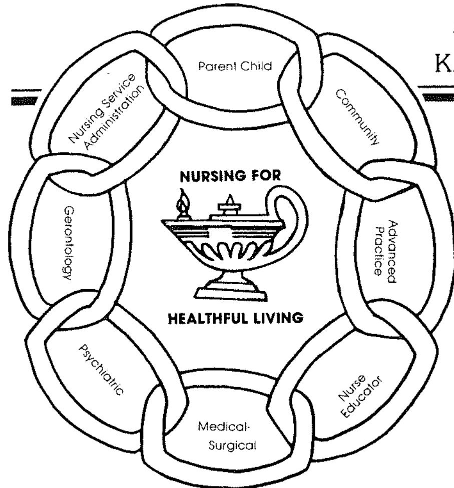

April 14-15, 1983
Holiday Inn Holidome
1000 N. Broadway
Wichita, Kansas

Each participant is responsible for his/her own lodging. Accommodations are available at the conference location: **Holiday Inn Holidome, 1000 N. Broadway, Wichita, Kansas 67214. (316) 267-6211.** Note on your request that you are attending the KSNA Clinical Sessions. The room rates are $36.00 for 1 person and $42.00 for 2 persons.

Thursday – April 14, 1983

8-9:30 A.M. **Registration**

9:30-11:30

Session a (Vieux Carre Room) — **Identification and Intervention of The Chemically Dependent Colleague.**
Sponsored by Conference on Community Nursing.
Faculty: Mary M. Helm, R.N., Nursing Coordinator, St. Johns Hospital, Salina, Ks.

Session b (Lasalle Room) — **Psychosocial Nursing Assessment**
Sponsored by Conference Group on Psychiatric Nursing.
Faculty: Marlene Schmar R.N. Coordinator for Psychiatric Services

Session c (East Room) — **Therapeutics in Humor**
Sponsored by Conference Group on Gerontology.
Faculty: Jean Leigh R.N. MSN

Session d (Reunion Room) — **Over the Counter Drugs In The Advanced Practice of Nursing.**
Faculty: Jim J. Matey, Instructor of Pharmacology, Wichita State University, Wichita, Kansas; Dr. Betty Bergerson, R.N., Prof. Graduate Nursing, Wichita State University, Wichita, Kansas.

11:30-12:30 (Poolside)
Noon Break (Luncheon included in Registration Fee)

12:45-2:35 P.M.

Session 3 (East Room) — **Quality Life Styling For A Healthier You – Prevention of Disease by Healthful Living**
Sponsored by Conference Group on Medical-Surgical Nursing.
Faculty: Sister Ann Cecille BA MA, Development Specialist.

Session f (Lasalle Room) — **Health Maintenance For the Handicapped School Age Child.**
Sponsored by Conference Group for Maternal Child Nursing.
Faculty: Donna Travis R.N. and Panel Wichita Public School Nursing, Wichita, Kansas.

2:40 - 3:00 P.M. **Health Break**

3:00 - 4:50 P.M. (Holiday Room) — **Repeat of Session a**
(Reunion Room) — **Repeat of Session d**

Friday – April 15

7:30 - 8:00 A.M. — **Registration in Lobby**

8:00 - 9:50 A.M. — **Sessions begin**

Session g (Vieux Carre Room) — **Towards High Level Wellness – A Renewed Commitment**
Sponsored by Conference Group for Educators in Nursing.
Faculty: Joan Olden Brake R.N. MN, Assistant Professor of Nursing, St. Mary of the Plains, Wichita, Kansas.

Session h (Lasalle Room) — **Developing a Wellness Program**
Sponsored by Conference Group For Nursing Service Administrators.
Faculty: Jerry Kerschen, Director of Wellness Program, Wesley Medical Center, Wichita, Kansas.

(East Room) — **Repeat of Session c**

9:50 - 10:10 A.M. — **Health Break**

10:10 - 12:00 A.M.
(Vieux Carre) **Repeat of Session b**
(LaSalle Room) — **Repeat of Session e**

12:00 - 1:30 P.M. (Poolside Area)
Luncheon and Noon Break

1:30 - 3:20 P.M. (Reunion Room)
Repeat of Session g
(LaSalle Room) — **Repeat of Session h**
(Vieux Room) — **Repeat of Session f**

3:00 P.M.
All evaluations must be turned in CE Credit distributed.

NOTE: KSNA Guidelines: Pre-registration is required by April 8, 1983. Applications after that time will be on a first come basis. Refunds are honored if cancellation comes before April 12, 1983. Make all checks payable to the Kansas State Nurses Association, 820 Quincy, Suite 520, Topeka, Kansas 66612. A $2.00 Administrative fee will be charged for cancellation.

REGISTRATION FORM *Mail to:* **KSNA** 820 Quincy, Room 520, Topeka, Kansas 66612.

Name ____________________ Soc. Sec. No. ____________

Address ______________________________________
street city state zip

Please indicate workshop preference by number and letter.

April 14, 1983

	1st choice	2nd choice
9:30-11:20	________	________
12:45-2:35	________	________
3:00-4:50	________	________

April 15, 1983

	1st choice	2nd choice
8:00-9:50	________	________
10:00-12	________	________
1:30-3:20	________	________

___KSNA Member ___Non-Member ___KANS Member ___Student

WORKSHOP FEE

	2 day	1 day	
KSNA Member	$50.00	$30.00	
Non-Member	$80.00	$45.00	(Lunch included in
KANS MEMBER		$10.00	registration fee)
Non-KANS Member		$15.00	

CONTINUING EDUCATION

Date	Title/Instructor	Sponsor/Facility	Location/Fee	Other Data	Credit
March 11-12 A Fri-Sat Seminar	Modern Concepts of Pain Control, Speaker Ronald K. Gee, R.P.T.	Barton County Community College, Great Bend, Kansas 67530; (316) 792-2701	Barton County Community College; $45 per person which includes registration and workshop materials. BCCC students $28. Pre-registration is necessary.	For centuries medicine has searched for an innocuous, non-destructive way of relieving pain that's both efficient and practical. This workshop is designed to better inform, demonstrate, evaluate and discuss the practical application of non-invasive pain control. Special emphasis will be given to post-operative, chronic, acute and athletic related pain. Each person attending will have an opportunity for "hands-on" experimental exercises to facilitate immediate application of learned skills.	15 contact hours 1 college credit
April 7-8	Perioperative Nursing: Before, During and After Surgery; Speaker Susan V.M. Kleinbeck, R.N., B.S.N., M.S.	Barton County Community College, Great Bend, Kansas 67530; (316) 792-2701	Barton County Community College; $45 per person which includes registration and workshop materials. BCCC students $28. Pre-registration is necessary.	The care of the person called patient before, during and after an operation describes the speciality of perioperative nursing. How do you respond when the preop patient asks: "Am I going to die?" What is informed consent? Does preop teaching really help? Why O.R. nurses notes? These questions will be considered during this workshop: exploring preoperative assessment and inteview, professional vs. technical components of intraoperative nursing care, and postoperative evaluation of the surgical patient with the surgical unit nurses, the operating room nurses, and the recovery room nurses who attend the session.	15 contact hours 1 college credit

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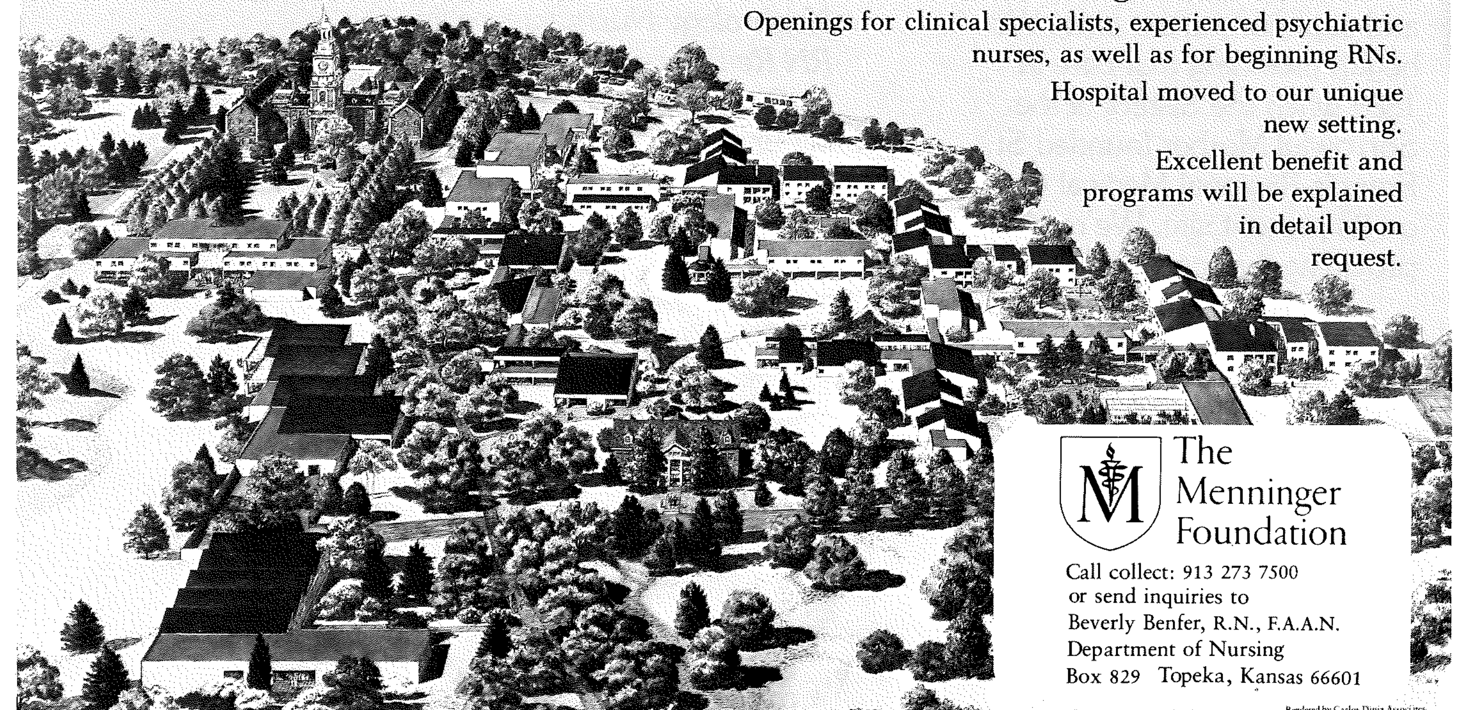

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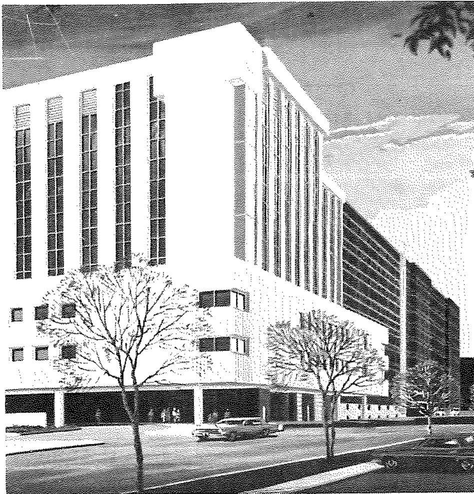

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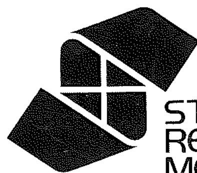

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