

InterAction



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Dr. Luther Christman

Luther Christman Newest Member of ANA Hall of Fame!

Luther Christman, founder and Chairman of the Board of Directors of AAMN was recently notified that he will be inducted into the American Nurses Association's Hall of Fame in June at the Convention in Minneapolis. Dr Christman is a graduate of the Pennsylvania Hospital, School of Nursing for Men, Class of 1939. He went on to obtain degrees in nursing and in related fields and holds the PhD.

Dr Christman is best known for his integration model of nursing. He first implemented this model in Nashville while he was Dean of Vanderbilt University School of Nursing. He further refined the model when he served as Founding Dean of Rush College of Nursing in Chicago. In the Christman model the Dean of the School of Nursing also serves as Vice-President of Nursing in the associated hospital. The majority of nursing faculty holds dual roles in education and in practice.

When I interviewed Dr Christman in the early 1990's he stated that he thought he would be remembered for his integration model of nursing but thought his most significant contribution was in his implementation of primary nursing and the related areas of practice. He also has been a defining force in the promotion of education for nurses. While Dean at Rush he proposed requiring a doctorate in nursing to qualify for consideration for the role of Head Nurse. Over the years he has consistently berated the profession for failing to promote a more advanced education for nurses, often stating his belief that all nurses should be prepared at the doctoral level. Luther has never been silent or quiet even when he is creating controversy. Some members of AAMN have taken offense at his comments but he is really both a promoter of advanced education for all nurses and at the same time a supporter of each nurse gaining the education in their own time and manner. His has been an unrelenting voice for men in nursing. He took Congress to task for their failure to commission men in the nurse corps of the military. He served as an enlisted man himself and was assigned not to the medics but to an unrelated unit during World War II.

Dr Christman has received many honors over the years. The American Academy of Nursing named him a living legend in nursing. He has been honored by Sigma Theta Tau, International and numerous hospitals, schools of nursing and nursing organizations.

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You may contact AAMN with the following information

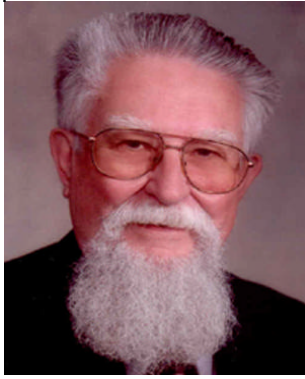
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Message from
the President
Gene Tranbarger, Ed D, RN, FAAN

I recently attended the American Nurses Association and House of Delegates meeting in Minneapolis. I was privileged to be present to see our own Dr Luther Christman and Dr Imogene King inducted into the Hall of Fame. Both individuals are indeed nursing treasures and have many accomplishments to make them worthy of this honor. I, of course, was most pleased to see men break the glass ceiling in nursing again. Perhaps it would be more correct to say that Dr Christman broke the glass again. He was credited for his integration model of education and practice which he first introduced at Vanderbilt University and then brought to full flower at Rush in Chicago. He was also identified as a founder of the American Assembly for Men in Nursing! Naturally, at various times our organization was referred to as the American association of men in nursing or the men's assembly of nursing. At any rate both Dr Christman and the AAMN were once more publicly acknowledged at a meeting of the American Nurses Association.

I also was an elected delegate from North Carolina in the ANA House of Delegates. Last year the men's bathrooms were left for men, a dramatic departure from previous meetings of ANA. This year the percentage of men serving as delegates reached 8%, the highest number of men in my memory to serve as delegates. Men are increasing in both numbers and in visibility, nationally, and AAMN deserves at least some of the credit for this change in nursing. Two men now serve on the Board of Directors and both are from North Carolina. Frank Moore has two more years remaining in his term and Ernest Grant, AAMN Member of the Year for 2003 was elected to a four year term! Way to go guys!

Finally, for those who remember the published articles stating that men are genetically unable to care and thus should be denied admission to nursing, I saw behaviors at ANA that destroy this myth. Eddie Hebert, most recently secretary of AAMN, was also present at ANA. He served as escort, valet, handyman, nurse and companion for Luther. His quiet, take charge approach guided Dr Christman to the correct place at the proper time. He saw to it that Luther had food, beverages, etc, and that all of Luther's physical needs were met. When you see Eddie or talk with him please thank him for his exceptional care of Luther. He truly role modeled what caring is all about! Thank you Eddie! You are a remarkable gentleman and a truly professional nurse.

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BYLAWS COMMITTEE THE AMERICAN ASSEMBLY FOR MEN IN NURSING PROPOSED CHANGES/AMMENDMENTS

2. Article VII, Section A. Board of Directors Membership

Currently says:

Consists of all elected officers, including Chairperson of the Board, an honorary position selected by the Board, and the Past President. Chairperson of the Board and Past President shall serve as advisors and consultants, and are voting positions.

Recommended change:

Consist of the elected Officers and Board Members, together with the Chairperson of the Board (an honorary position selected by the Board). Chairperson of the Board and immediate Past President consult with and advise the board; *The Chairman of the Board, and Immediate Past President will have voting privileges.*

3. Article VII, Section B. Duties

Recommended addition:

#6. The Board shall have the power to appoint ad hoc committees or taskforces as they may arise.

4. Article IX Committees Section B.

1. Bylaws Committee:

Currently says: The Bylaws Committee shall consist of a Chairperson and three (3) members elected at the annual meeting to serve a one-year term. The Vice President shall serve as Chairperson of the Bylaws Committee. Duties are:

Recommended change: *The Bylaws Committee shall consist of a Chairperson and three (3) members appointed by the Board to serve a one-year term.* The Vice-President shall serve as Chairperson of the Bylaws Committee. Duties are:

2. Chapters Committee:

Currently says: The Chapters Committee shall consist of a Board Member as Chairperson, and three (3) members elected at the annual meeting to serve a one-year term. Duties are:

Recommended change: The Chapters Committee shall consist of a Board Member as Chairperson and three (3) members *appointed by the Board to serve a one-year term.* Duties are:

3. Interaction Committee:

Currently says: The Interaction Committee shall consist of the Secretary as Chairperson and three (3) members elected at the annual conference to serve a one-year term.

Recommended change: The Interaction Committee shall consist of the Secretary as Chairperson and three (3) members *appointed by the Board to serve a one-year term.*

4. **Education Committee:**

Currently says: The Education Committee shall consist of a Board member as Chairperson and three (3) members elected at the annual conference to serve a one-year term.

Recommend **change:** The Education Committee shall consist of a Board member as Chairperson and three (3) members *appointed by the Board to serve a one-year term.*

5. **Article IX, Section B., Standing Committees**

1. **Nominating Committee**

Currently says (**SEE:** *Current Bylaws, Nominating Committee*)

Recommended **Changes:**

Nominating Committee: *The Nominating Committee shall consist of three (3) members elected at the annual conference, and will serve until the elections at the next annual conference. In the event that one or more of the members of the Nominating Committee become unable to serve during the term of office, the President will appoint vacancies on the committee with Board confirmation. NOTE: In order to avoid any appearance of bias, AAMN members currently serving on the board of Directors may not serve simultaneously on the Nominating Committee.*

Duties of the Nominating Committee are:

6. **Article X. Elections**

Section A.

Currently says: The Nominating committee shall prepare a slate of candidates who have consented to serve in each office and committee position.

Recommended **Changes:** *The Nominating Committee will seek diligently to provide a slate of candidates for national office during its year of service. It is recommended that a minimum of two (2) candidates for office of President-Elect, Vice President, Secretary and Treasurer, and a minimum of three (3) candidates for Members-At-Large for each of these offices due for election during that year.*

- a. In even years, the election of the Treasurer and three (3) Members-at-large.*
- b. In odd years, the election of the President-Elect, Vice-President, Secretary and three (3) Members-at Large.*
- c. By October 1st of each year, the Nominating Committee will forward to the Editor of **Interaction** a slate of candidates for national offices to be chosen that year.*
- d. Candidates for National office will submit a properly completed Consent-To-Serve form and should submit the required information such as, a recent photograph (if available), a brief (one paragraph) summary of the candidate's professional qualifications touching on both education and nursing experience, and goals for that office which they are seeking.*

CALL for NOMINATIONS

The Nominating Committee requests nominations of individuals for the offices of Treasurer, Board of Directors, at Large (3) and the Nominating Committee (3).

Individuals may nominate themselves or any member may submit one or more names for office. If you are nominating someone else it is desirable that you contact that person for their willingness to run and serve in that office. Persons willing to run for office must complete consent to serve form and provide a short biography for use by the members in voting. Nominees are strongly encouraged to attend the annual meeting.

The Nominating Committee will review the names submitted and will produce a ballot for the election at the annual meeting held in conjunction with the Conference in Tucson.

OFFICE	INCUMBENT	ELIGIBILITY TO RUN	TERM OF OFFICE
<i>Treasurer</i>	John Scott	eligible for second term	2005-2006
<i>Board of Directors Three Offices</i>			
	Susan LaRocco	eligible for second term	2005-2006
	Javey Lowe	eligible for second term	2005-2006
	Robert Woodcock	eligible for second term	2005-2006
<i>Nominating Committee (Three members)</i>			
	David Sprouse	eligible for re-election	2005
	Gary Peichota	eligible for re-election	2005
	Graham McDougal	eligible for re-election	2005



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MUGS CAN BE BOUGHT FOR \$20.00 PLUS S&H
PLEASE CONTACT THE AAMN HEADQUARTERS FOR MORE
INFORMATION



Cash in Bank	\$27,090.26
Total Income	\$3,559.23
Total Expenses	\$4,988.29
Year to date Net Income(Loss)	<u>(\$1,429.06)</u>





Keith Douglass, RN, ADN, BA AAMN 2004 Vice-President

My name is Keith Douglass. I have been a nurse for 21 years and a member of AAMN since 1989. I was elected as Vice President last year in Cleveland. Other offices that I have held over the years with this organization have been Treasure for four years and Board Member for 4 years. I have for the past ten years been working in the Emergency Room as a charge nurse/staff nurse. Prior to working in the emergency room I was a staff nurse on a Pediatric Intensive Care Unit in California. I currently reside in Houston Texas.

Terri Stumpf who was one of the hospital coordinators where I was working initially recruited me into AAMN. Terri asked me if I would be interested in joining an organization of male nurses and if I would help with their annual conference to be held that year in San Francisco. I agreed and have not regretted my decision. It was at the conference that I gained a new perspective on what men in nursing face and how we must all improve the way nurses as a whole are viewed. Over the years I have formed many friendships and contacts that have been helpful in my career. I have also had a chance to help improve the image of men in nursing and have made a small part in getting more men to become nurses.

I am striving and confident that as we move into the future AAMN will be the voice for men in nursing and we will be recognized for the work that we all do in promoting men's health and that of men in nursing. We have been stagnant for too long in this organization but have finally broken the deadlock and are rapidly moving into a new and challenging arena. We have a strong group of dedicated members and officers who will be able to take us into the future and make this an organization that we can all be proud of be a part of. We as officers and men in nursing must all step up to the plate and help recruit more men into nursing and to make nursing a profession that is both strong and viable. Nurses are the backbone of the medical community and as such we should be proud of our profession. I encourage all members to step up to the plate and help us grow and become the voice that I feel we can be in regards to men's health and as an advocate for men in nursing.



Chad O'Lynn, PhD, RN, CNRN, AAMN 2004 Secretary

I entered nursing school in 1983 for all the wrong reasons: a) I didn't know what I wanted to do with my life, b) there were lots of job openings locally for nurses, and c) I figured nursing would be easy, with days spent standing around the nurses station, drinking coffee and gossiping. Boy, was I wrong! Fortunately, during my first clinical rotation, I realized just how much work nursing was going to be, and just how rewarding nursing was going to be.

I graduated in 1986 with an associate degree and gerontology certificate from Clackamas Community College in Oregon City, OR. My dream was to work in long-term care, but found a job instead on a neurology / neurosurgery unit at a local VA Hospital. I found this type of nursing fascinating, and developed my clinical expertise in neuroscience nursing. Between 1986 and 1995, I was very active in the American Association of Neuroscience Nurses, serving on local and national boards.

I eventually got my Bachelor of Science degree in communications from Portland State University, and my Master of Science degree in nursing from Oregon Health & Science University in Portland, OR. Over the years, I have worked as a staff nurse, clinical specialist in epilepsy, adult nurse practitioner for geriatric and developmentally delayed adults, clinical specialist in stroke, and as a nurse educator. Last year, I received my PhD in Health Administration from Kennedy-Western University. Currently, I am a doctoral student, hoping to receive my PhD in nursing from Oregon Health & Science University in 2006. I have been in a faculty role at Montana State University-Bozeman College of Nursing for the past four years. I feel I have finally found my true love: nursing education.

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I came to AAMN quite by accident. I noted the organization's website in an article and logged on. I visited the chat board, and was completely fascinated by the experiences and comments made by nurses and nursing students. As a professor, I interviewed our male students and found their experiences and perspectives to be the same as those on the website. Out of curiosity, I attended the AAMN annual conference in Austin, TX, and have been hooked on AAMN since. My contacts within AAMN have been invaluable, as I pursue my research interests in masculine styles of caregiving and rural men's health.

My goal as secretary is to assist the Board in keeping an accurate record of AAMN business as the organization propels itself into an exciting future. This year, I'm serving in a coordinator-type role for the 2004 Annual Conference, to be held December 2-4, 2004 at the University of Arizona College of Nursing in Tucson. I hope everyone is making plans to attend. I would be most excited to meet all of you personally.



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Kevin Hook, RN, BSN, MA AAMN 2004 Board of Directors

WORK EXPERIENCE

Clarian Health Partners, Methodist Hospital, Indianapolis, IN Current Mt. Sinai Hospital, New York, New York

RELATED EXPERIENCE

Preceptor Training Course. Serve as preceptor for both experienced nurses and new graduates on CCU
 Ethics Internship, American Nurses Association.
 Member, Public Policy Work Group, American Association of
 Critical-Care Nurses 2001-2002
 Palliative Care Initiative in Critical Care, Co-chair, Clarian Health Partners 2003-2004
 Nurse Ethics Education, Internal Consultant, Clarian Health Partners 2003-2004

PUBLICATIONS

Online self-study module, "The Code of Ethics for Nurses with Interpretive Statements," ANA, 2003.
 "Empowered Caring and the Code of Ethics," Issues Update, American Nurses Association, Washington, DC, 2001.
 "Toward an Ethical Defense of Whistle blowing," Issues Update, American Nurses Association, Washington, DC, 2001.
 "Clinical Case Study," Issues Update, American Nurses Association, Washington, DC, 2001.

EDUCATION

Bachelor of Science in Nursing, Columbia University, New York, NY 1998
 Master of Arts in Religious Studies and Ethics, Indiana University, Bloomington, IN 1990
 Bachelor of Arts in English, University of Indianapolis, Indianapolis, IN 1978

Continued from page 9**MEMBERSHIPS**

American Association of Critical Care Nurses
American Nurses Association
Associate Member, The Hastings Center

PRESENTATIONS

"Differentiating chest pain" Medical/Surgical Nurse Conference Day, 2003
"Nursing Ethics" Magnet Steering Committee, 2004
"Strategies to Improve End of life Care in the ICU", Journal Club, 2004

In answer to the questions you put forth in your request:

I came to nursing after several years in the corporate sector, working in Human Resources at Sony Music in New York City. While having been keenly interested in healthcare for many years, I was unable to make the move into a nursing career for a variety of reasons. But probably the biggest psychological obstacle was that I knew no male nurses and found it difficult to imagine being in the "role" of the nursing student. The education at the bedside always seemed, in my mind, to be one of learning how to take orders from physicians, people I knew were no more intelligent than I was. They had just taken a different path.

Even the idea of wearing a white student uniform was grossly unappealing!

But make the jump I did and as I say to friends and others, there is no other career I'd rather hate more!

Growing into the role of the professional registered nurse has been a challenge as I relearn what it means to be a professional, with all the challenges and accountability that that really entails.

I initially came to AAMN because I was looking mostly for emotional and psychological support as I maneuvered what it meant to become an "expert" nurse (thanks to Patricia Benner) and a man in an overwhelming female profession.

AAMN has the potential, if we think big and outside the box, of helping revolutionize nursing. A balanced energy of male and female is desperately needed in nursing, as each brings a particular set of dynamics to the table. I hope my service to AAMN by being a Board member will include being a creative force as AAMN grapples with the challenges of increasing membership, and challenging some of the prevailing views of nursing to the public, the medical profession, and to nursing itself.

Could I recommend nursing to men? I could never sell a bill of goods that said that there won't be enormous challenges of entering a profession that is predominantly female and largely uninterested in challenging authority (at least at the bedside). But, the options and directions, the intellectual stimulation and the sense of service are there. It's somewhat of a minefield.....but it can be navigated and happily so!

Regards, Kevin



Chad O'Lynn, PhD, RN, CNRN

Chad O'Lynn, PhD, RN, CNRN, will be presented the 2004 Lee Cohen Member of the year award at the 2004 aamn conference.

A New Symbol for Nursing

An Op-Ed Piece

Chad O'Lynn, PhD, RN, CNRN

Recently, the library on the Montana State University-Bozeman campus had an open house to showcase much-needed renovations. Being a professor on a satellite campus 200 miles from the main campus, I hardly took notice of the renovations as the work unfolded. Just prior to the open house, our dean announced that nursing had been honored by a stained glass panel of Florence Nightingale. My curiosity was peaked, and I made a point to visit the remodeled library upon my next visit to the main campus. Indeed, the stained glass panel was striking, but I'm not convinced it was a representation of nursing. The panel hung beside panels of Shakespeare and Einstein, each panel with an abstract portrait of the individual and an inspirational quote attributed to these individuals. No reference was made on any of the panels that they represented any specific academic or professional discipline. The panels appeared to simply represent famous historical scholars. I wondered then, does an image of Florence Nightingale automatically symbolize nursing? What is or are the symbol(s) of nursing?

Symbols are all around us. Symbols represent tangible entities or thoughts in a concise and efficient fashion. Many symbols are inherently reductionist in nature, capturing the core or essence of the object they represent. The most common type of symbol, of course, is words. Language provides an abstract representation of the world and its knowledge so that they may be communicated to others. Few can deny the power of language to convey wisdom, political thought, or inspiration, as demonstrated by the stained glass panels. A historical debate within linguistics has been the circular argument of whether language shapes our thoughts, or whether our thoughts shape our language. This argument is beyond the scope of my discussion here, but as a man in nursing, I have often thought about the influence the language of nursing has on society's understanding of nursing.

Just what does the word symbol 'nurse' communicate to the public? For many, the image represented by the word symbol is that of a caring professional. However, I suspect that for most, the image represented is that of a woman. As noted in *Webster's New World Dictionary* (Agnes, 2001), the word 'nurse' comes from the Latin word *nutricuis*, which means to suckle, and from *nutrix*, generally meaning to nourish. The modern words of 'nurture' and 'nutrition' have similar derivations. Although many nurses today would agree that nursing involves nurturing and nourishing health to those who are ill, the historical and original use of the word as representing women who suckle infants with breast milk cannot be diminished. It is this historical use of the word 'nurse' that several male nursing students objected to in interviews I conducted examining the barriers faced by male nursing students (O'Lynn, 2004). These students recognized the undeniable feminine overtones of the word symbol 'nurse', and wished a new word could be substituted to better represent modern nursing. As one student noted, women have been successful in changing the words 'chairman', 'policeman', and 'mailman' to the more gender-neutral terms of 'chairperson', 'police officer', and 'mail carrier'.

Interestingly, the French and Spanish words for nurse are *infirmier/ infirmiere* and *enfermero/ enfermera* (masculine/feminine variants). These words come from the Latin word *infirmus*, meaning weak or feeble. Such a derivation is relatively stripped of its gendered connotations, as the word points to the recipients of nursing care as opposed to one type of nursing care action. I'm not sure which term would be an alternative in English to 'nurse', but I suppose an examination of other languages could provide some ideas. Some may argue that the best way to lessen the gendered nature of the word symbol 'nurse' would be to increase the number of men in nursing. However, this may not be effective in completely stripping the gendered connotations of 'nurse' as long as 'nurse' is also used as a verb referring to breast-feeding.

For many, the thought of changing the word symbol 'nurse' to something else may seem to be an impossible feat. (After all, as a profession, we cannot agree on the minimal educational requirements needed for registered nursing practice.) Although, changing a title is not without precedence. In Korea, Mo Im Kim advocated for years to change the Korean character, and thus, word, for nurse (Cho & Kashka, 1998). In Korea, words do not only influence societal perceptions, but also government benefits, as the government attaches certain word suffixes to job classifications. Prior to 1987, the Korean word for nurse was *kan ho won*, with *kan ho* meaning nurse, and *won* meaning technician-manual laborer. Kim advocated for a change to *kan ho sa*, with *sa* meaning teacher-scholar, a suffix that had been granted to physicians and

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other health professionals. During Kim's ten-year struggle to have the word changed by the Korean government, strong opposition came from physicians and hospital administrators, who felt that the suffix *sa* provided too much respect for nurses. In the end, Kim's efforts succeeded, as the Korean government and society understood the educational demands of nurses and their roles as health educators and counselors.

Words are not the only symbols we encounter. Symbols made up of simplistic graphics of objects penetrate our environments with increasing frequency, particularly as we become a more global community in which languages often collide. Non-linguistic symbols are less bound by the prescriptive definitions of word symbols found in dictionaries. Consequently, graphic symbols are more open to change, though businesses and manufacturers have attempted to standardize symbols for international consumers. Airports perhaps exemplify the use of these standardized symbols, at which large signs depicting a suitcase for the baggage claim area abound, as well as the traditional stick figures with or without a dress depicting women's and men's restrooms. Hospitals, particularly those located in culturally diverse areas, have also adopted graphic symbols on signs. Interestingly, it is still the nurse's cap (usually with a cross on the cap) that is often used to symbolize the nurse, the nurse's station, and even the nursing profession.

It's been years since I've seen a real nurse wearing a real nurse's cap, although it is still worn by nurses in some countries. Some view the cap as a nostalgic reminder of days gone by, whereas others view the cap as a symbol of the oppression women have endured for years. In fact, a female colleague of mine compares the nurse's cap to the *burka* forced onto women by the Taliban government in Afghanistan. Although nurses used the cap as a symbol of nursing in the past, I know of no nursing group that uses the cap in its logo or media images currently. The nurse's cap remains an enigma for the increasing number of men in the nursing profession. Men have never worn the nurse's cap and have difficulty with feeling included by its use as a symbol of the profession. Regardless of what one thinks about the cap, it cannot be denied that the cap remains the most recognized symbol of nursing in the eyes of the general public.

I contend that the cap continues to be used as a symbol for nursing because nursing, as a profession, has failed to provide the public with a suitable replacement. Consequently, it is non-nurses who design and promote nursing symbols in use in the public arena. Nursing has failed to follow the conventional wisdom of never letting others define who you are.

Over the years, nurses have adopted various symbols for themselves, but none have had the public exposure to overcome the dominance of the nurse's cap. Another historical symbol for nurses has been the nurse's pin, which has been revered by nurses over the years (Metules, 1998; Catanzaro, 2002). The pin has been viewed by most as a symbol of pride. (Although I suspect some of my former students view their pins as a badge of courage.) In reality, the nurse's pin is really nothing more than a school ring from the public's perspective. The pin will always serve as a tool of division, separating nurses by schools of attendance rather than unifying the profession under a single symbol.

Perhaps the nurse-generated symbol that could most replace the nurse's cap is the oil lamp. The oil lamp, usually depicted in a form characteristic of Aladdin's magic lamp, represents the vigilance and compassion typical of nurses, as well as representing the pursuit of knowledge. Few could be opposed to these symbolic representations. The lamp has been used by a number of nursing organizations over the years and has been incorporated in the current logos of the American Nurses Association, the International Council of Nurses, and even our logo of AAMN. However, the lamp as a symbol for nursing refers to Florence Nightingale, and hence the problem of its use for the nursing profession today.

Soldiers recuperating in Turkey from disease and injury incurred during the Crimean War wrote of their praises for Nightingale and her nurses, who carried oil lamps as they made patient rounds during the night. Nightingale became known as the 'lady with the lamp', and the oil lamp as a nursing symbol was established. Clearly, no nurse has had a more powerful influence over nursing of the 20th century as Nightingale, but I question whether the oil lamp and Nightingale are the appropriate symbols of nursing for the 21st century.

Recently, authors have re-examined Nightingale more critically (Dossey, 1999; Fest, 2003). From a historical perspective, one may perceive Nightingale as an early feminist, advancing the status and opportunities for certain classes of women. However, others note her strong Victorian English and religious beliefs as outdated for modern nursing. (For

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example, Nightingale felt that a wife's primary responsibility was to her husband. Therefore, only single women should be nurses [Dossey, 1999]). Nightingale did not advocate for opportunities for men in nursing. Since nursing is becoming more diverse and is clearly a global profession, Nightingale as a symbolic personification for nursing rings hollow for men and for nurses of cultures formally oppressed by the British Empire. In addition, use of the lamp and Nightingale as nursing symbols denies the long history of nursing prior to the 19th century.

If not the nurse's cap, the nurse's pin, the oil lamp or Nightingale, what then should symbolize nursing as the profession journeys into the 21st century? I propose that nurses reflect upon what is core, what is essential to nursing for the answer. Numerous authors, such as Jean Watson and Madeleine Leininger, have identified caring as the essence of nursing. Caring has been the foundation of nursing across the ages and across cultures, although caring, as a concept within nursing, has been difficult to define (Paley, 2001; Scotto, 2003; Sourial, 1997). Caring behavior is within the capabilities of all humans. What separates nurses from any other person is that nurses study and apply the knowledge of caring in order to improve the health of people. A symbol that can represent caring as the essence of nursing would transcend the confines of gender, creed, race, ethnicity, and historical dominance, and would communicate the profession more accurately to society.

In 1999, the International Council of Nurses (ICN) addressed the shortcomings of previously used symbols for nursing by launching a new and universal symbol, a white heart. The ICN chose a heart since it characterizes the "caring, knowledge, and humanity that infuse the work and spirit of nursing", and the color white since it "...brings together all colors, demonstrating nursing's acceptance of all people." (ICN, 2004). Some may feel other representations of nursing would be more suitable. However, the white heart is a symbol generated by nurses through an international nursing body representing all nurses. The profession should advocate for the adoption of this new symbol for nursing, and insist upon its usage in the media and on signage. Only then will the non-inclusive and outdated symbols fade away. Only then will the public begin to recognize the white heart as the symbol of the essence of nursing.

References

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AAMN Board Honors Dr Christman's Induction into ANA Hall of Fame

The AAMN Board of Directors has voted to create the Society of Luther Christman Fellows to honor his induction into the ANA Hall of Fame. The proceeds from this effort will be placed in the AAMN Foundation. When the Foundation funding reaches \$100,000 AAMN will sponsor scholarships for men entering nursing and/or fund small research grants on men's health or other issues of research related to men in nursing.

A form will soon be available for application to become a Luther Christman Fellow and will be placed on our website when completed. Initially the Society will be limited to 100 Fellows. It is anticipated that the initial or charter fellows will be inducted into the Society and recognized at the Luther Christman Awards Banquet in Tucson at the annual conference and meeting of AAMN.

Please join us in honoring our Co-founder, Chairman of the Board and life-long advocate for nursing, men in nursing, and enhanced client care for all Americans by becoming a Luther Christman Fellow!



Thank you to all who contributed to our survey. We will be discussing the results at a future Board of Directors meeting.

And the winner of the free convention registration for responding to the survey is:

CHARLES HALL



1 year **FREE!** AAMN membership for the recruitment of 5 full members and a 1 **FREE!** AAMN conference registration for the recruitment of 15 full new members.

If you would like information about AAMN sent to you, please contact the management office of AAMN. You would be responsible for telling the recruit to inform us who they were recruited by. We will keep track of the new members names until October 1, 2004.

AAMN 2004 Annual Conference Registration Form
"Men in Nursing: Meeting a World of Health Care Needs"
University of Arizona College of Nursing, December 2-4, 2004

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

E-mail Address: _____

Conference Fees and Registration (*includes breakfast, lunch, refreshments, and continuing education credits*)

	Early Bird (<i>Before October 1, 2004</i>)	After October 1, 2004
AAMN Member	\$250	\$300
Non-AAMN Member	\$300	\$350
Full-time Student	\$100	\$150
Resident of Mexico	\$100	\$150
Daily Registration (Friday or Saturday)	\$150	\$150
Daily Registration (Student/ resident of Mexico)	\$75	\$75

Additional Fees

Luther Christman Dinner (Friday evening, Dec. 3, 2004)	\$50	\$50
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Sub-total**Optional Fees***AAMN Annual Dues*

Students (earning first degree in nursing)	\$25
Transition (nurses in first year of practice)	\$35
Retired/ Disabled	\$40
LPN/ LVN	\$40
RN Full membership	\$80

AAMN Foundation Donation \$

Total due to AAMN

\$

Make checks or money orders payable to AAMN and send to:

AAMN
 11 Cornell Rd.
 Latham, NY 12110-1499

You may pay by Visa or Mastercard:

Card #: _____

Expiration date: _____

Signature: _____

Tucson Marriott University Park
880 East Second St.
Tucson, AZ 85719
phone: 520-629-2805
Fax: 520-903-9906

The room rate will be: \$124 per night double/ single
additional persons are \$15 per night

Reservations by November 1, 2004

The hotel is one block from the main entrance to the University of Arizona campus, and within a couple of blocks of 22 restaurants, numerous shops, and a short trolley ride away from the funky 4th Ave. shopping district.

People can access details about the hotel at
<https://marriott.com/property/propertyPage/TUSUP>



American Assembly for Men in Nursing
11 Cornell Road
Latham, NY 12110-1499

