

InterAction



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Message from the President

Jim Raper, DSN, CRNP, JD, Esq

Although I love my work as a nurse and I'm always glad I became a nurse, some mornings when I'm on the way to the clinic I feel like its just "time to make the donuts..." As many of you may know, over the last 12 years my professional career and scholarship have centered at the University of Alabama at Birmingham (UAB) on the provision of professional nursing care to adult patients with HIV disease. As a nurse practitioner I've provided care to more than 1,000 patients and currently provide care to more than 350. I entered the HIV practice arena at a time when the death rates were staggering and HIV/AIDS was the leading cause of death in persons 25-40 years of age. It was on 15 July 1993 when my late partner of 11 years died of complications related to AIDS. Since that time advances in multidisciplinary research have translated into an increased understanding of the pathogenesis of HIV and a variety of improved therapeutic interventions leading to decreased death rates, increased life expectancy and improved quality of life for many HIV infected patients. Fortunately, through international initiatives such as The President's Emergency Plan for AIDS Relief (PEPFAR) there is a mounting momentum for hope in Africa, the Caribbean and elsewhere.

While strides in treatment have been great; owing to drug toxicities, development of viral resistance, non-adherence, co-morbidities, drug/alcohol abuse, mental illness, delayed entry into care and lack of access to healthcare, some patients do not do as well as most and some die. Adaptively dealing with death and dying is a necessary dimension of my work. And, generally speaking, I've done a good job in accepting and managing the grief. However, on 18 July 2005 I was overcome with a sense of what I call "sympathetic loss" when a female HIV/oncology colleague shared her patient's life story, his death and her grief. He died of nonresponsive HIV-related myelodysplastic syndrome. For many years, prior to becoming ill, the patient was a nurse in the newborn nursery. His life had provided him with first hand experiential knowledge of what it means to be (and receive care from) a caring, competent and compassionate nurse.

A few years ago both the patient and my colleague attended "Alabama Heartsong," a spiritual retreat for persons living with HIV/AIDS, for professionals who work in the field and caregivers. It was during the retreat that the patient shared a written copy of his version of "The Starfish Thrower" by Loren Eiseley, 1907-1977. My

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You may contact AAMN with the following information

11 Cornell Rd

Latham, NY 12110

AAMN@NYSNA.ORG

[HTTP://AAMN.ORG](http://AAMN.ORG)

518-782-9400 ext 236

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colleague kept the writing and read it to me as we took time to share a “moment” in remembrance and celebration of his life. The story’s message is of particular importance to nurses and serves as a reminder, in large part for why many of us enter Nursing. I hope it rekindles your spirit the same way it rekindles mine.

“The Starfish Thrower”

While walking along a beach, an elderly gentleman saw someone in the distance leaning down, picking something up and throwing it into the ocean. As he got closer, he noticed that the figure was that of a young man, picking up starfish one by one and tossing each one gently back into the water. He came closer still and called out, “Good morning! May I ask what it is that you are doing?” The young man paused, looked up, and replied “Throwing starfish into the ocean.” The old man smiled, and said, “I must ask, then, why are you throwing starfish into the ocean?” To this, the young man replied, “The sun is up and the tide is going out. If I don’t throw them in, they’ll die.” Upon hearing this, the elderly observer commented, “But, young man, do you not realize that there are miles and miles of beach and there are starfish all along every mile? You can’t possibly make a difference!” The young man listened politely. Then he bent down, picked up another starfish, threw it back into the ocean past the breaking waves and said, “It made a difference for that one.”

Just days later, in mid July, the National Institute of Allergy and Infectious Diseases (NIAID), part of the NIH, announced funding to establish the Center for HIV/AIDS Vaccine Immunology (CHAVI). The consortium may receive more than \$300 million over seven years, \$15 million of which is designated for its first year. CHAVI’s mission is to address key immunological roadblocks to HIV vaccine development and to design, develop and test novel HIV vaccine candidates. Researchers from Duke, Harvard, UAB and Oxford University will be responsible for the overall scientific work conducted by CHAVI as the enterprise of HIV vaccine development expands to a high-quality cooperative and collaborative research system. I love being a nurse in an era when anything is possible and hope you do to. Let me hear from you.

Nursing Education Innovator dies at 91 **Rozella May Schlotfeldt, PhD, RN, FAAN**

Rozella May Schlotfeldt, PhD, RN, FAAN, Dean Emerita, Professor Emerita, and Honorary Alumna of the Frances Payne Bolton School of Nursing at Case Western Reserve University, died July 23, 2005, at Judson Retirement Community in Cleveland. She was 91.

Dr Schlotfeldt was innovative in nursing education in the United States. She envisioned the nursing doctorate (ND) degree at Case Western Reserve and also developed a system of joint faculty appointments similar to the integration model pioneered by Dr Christman.

PROPOSED BYLAW CHANGES 2005

Article X, Section B #4

Currently says: *“The InterAction Committee shall consist of the Secretary as Chairperson and three (3) members appointed by the Board to serve a one year term. Its duty is to publish in the name of the Assembly a quarterly newsletter which includes Assembly and chapter information, articles of interest, and any other information as designated by the Bylaws Committee, by the Board, or members after review by this Committee.”*

Proposed change: **The Communication Committee shall consist of two (2) Board members, one of whom must be the Secretary who shall serve as the Chairperson, and three (3) members appointed by the Board to serve a one-year term. The duties of the committee are:**

- a. **To publish in the name of the Assembly a quarterly newsletter titled the InterAction, which will include Assembly and chapter information, articles of interest, and any other information as designated by the Bylaws Committee, the Board, or the membership after review of this Committee.**
- b. **To oversee the production and on-going implementation of the Assembly’s website.**
- c. **To ensure that information on the Assembly’s website is accurate and current.**
- d. **To implement procedures to have Board participation in and answers to questions and issues raised in the Assembly’s website discussion forum.**
- e. **To maintain an electronic and hardcopy file of all Assembly communications, minutes, actions, and presentations for deposition in an archive.**

Article X, Section B #5

Currently says: *“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. The Education Committee’s duty is to review abstracts or posters submitted for presentation at the annual conference and to receive, review, and present summary reports about educational offerings annually to the Board and at the annual conference.*

Proposed Change: *The Education Committee shall consist of two (2) Board Members, one of whom shall serve as chairperson, and three (3) members appointed by the Board to serve a one-year term. The duties of the committee are:*

- a. **To secure a location and date for the annual conference.**
- b. **To develop the theme and objectives for the annual conference.**
- c. **To issue a call for abstracts for presentations and/or posters for the annual conferences**
- d. **To receive, review, and approve abstracts for presentations and or/posters for the annual conference.**
- e. **To serve as the Assembly’s coordinators or liaisons to coordinators for the production of the annual conference.**
- f. **To provide a summary of all educational offerings, including the annual conference, for publication in the InterAction.**

Article VIII, Section B (Duties of the Board of Directors).

Proposed change: Add

g. The Immediate Past President and the Chairperson of the Board will serve as advisors to the Officers of the Board of Directors, and shall retain voting rights on all issues before the Board of Directors.



Gene's Gems 7/05

The dog days of summer are upon us. Heat and humidity rule vast stretches of the US. Soon another school year will begin and before you turn around twice the annual conference of AAMN will be here.

Dr Demetrius Porche and Dr Chad O'Lynn are hard at work developing the conference schedule, making the arrangements for the many events and other details that in time will produce another stellar conference in New Orleans in early November. Remember we are meeting a month earlier than usual so its time to send in your registration and make the hotel reservations. Do not let this year's conference in the "Big Easy" happen without your

attendance and full participation.

I imagine most of you have seen the numerous campaigns underway in different parts of the country to increase recruitment of men and ethnic minorities into nursing. This nursing shortage is more severe than the many that preceded it for a couple of reasons. First, there is the reality that there are limited clinical facilities to accommodate increases in student enrollment. Boards of Nursing and other regulatory bodies are grappling with how to assure the desired clinical competence of students and permit use of simulation rather than actual clinical experience. Another dilemma is the aging faculty in nursing schools. The average age of doctorally prepared nursing faculty is reported by different studies as 59 to as high as 62. Faculty vacancies are not as easily filled as they once were and competition for the qualified nurses from both the clinical agencies and the schools of nursing is fierce. The Johnson & Johnson campaign has been in place now for several years. The Oregon initiative has also been ongoing now for a number of years. Oklahoma has released a calendar seeking to highlight men in nursing and increase recruitment of more men into nursing. More emphasis has been placed on minority recruitment than I have seen in my 45 years as a professional nurse. Surely this is good news for men, ethnic minorities, nursing and health care!

However, I have had several experiences recently that give me pause for concern. I serve on the By-laws Committee of the American Nurses Association. At this years convention the restrooms were untouched and men had unrestricted use of all of the men's restrooms. Again I give Barbara Blackeney credit for this. Prior to her election as president of the ANA men had to search for a bathroom since most were relabeled as reserved for women. Just when I thought things had improved in the acceptance of men by the female majority I realized it was not yet true. After a few hours of preparation for the By-Laws Committee's presentation to the House of Delegates the following day, the Chair of the committee announced to the committee that "In the morning we will all appear in our proper colors and with full makeup on." Can you imagine the discussion that would occur if a man had told a group of men and one woman that they should be sure to shave and come in suit and tie? I recently attended a meeting in Nashville. One of the organizers of the meeting sent an email to participants suggesting that summer in Nashville was very uncomfortable at times and that "we should leave our pantyhose at home"! I will say in her defense that she suggested that this comment was not meant to apply to me. I also heard rumblings at this same meeting that suggested the Johnson & Johnson Campaign was an irritant to some because of the emphasis on recruiting men to nursing. Perhaps I am just being overly critical or super sensitive. I simply offer these examples to indicate that men in nursing must still help educate our colleagues when they act in a chauvinistic way. I also want to use this as a way of suggesting that we continue our efforts at welcoming everyone to our conference. I hope no one attends an AAMN meeting and leaves feeling they were unwanted or unwelcome there. When we get in serious discussions about nursing's future or its past, let us argue fact and not criticize groups be they female or any other divisive characteristic that isolate us from one another. We must always be ready to debate different points of view but do it in a respectful way. Incivility is far too rampant today in our government, on the interstate, on the air waves and must not be allowed to negatively affect our organization or our conferences. Once again I believe the AAMN shows nursing how to welcome diverse people, how to honor our differences and how to grow wise in mutual growth and respect! I am so proud to be a member of this organization. I hope you are too!

Call for Nominations

Last Call for Nominations

The following officers will be elected at the annual Business meeting in November in New Orleans:

Office*	Term of Office
President-elect	Five years
Vice-President	Two years
Secretary	Two years
Board of Directors (3)	Two years

* Please refer to the By-laws for duties of office.

AAMN CONFERENCE

November 4-5, 2005

LSU Health Sciences Center School of Nursing
New Orleans, LA

Let's Head on Down to The Big Easy!

Chad O'Lynn, 2005 Conference Chair

The AAMN Board of Directors warmly invites everyone to join them in New Orleans for the 31st Annual Conference, November 4-5, 2005. This year's theme, *Men in Nursing: Leading Men to Healthier Lives*, will focus our discussions on the vital role men nurses play in empowering men in promoting their own health. The Louisiana State University (LSU) Health Sciences School of Nursing will serve as host for this year's conference.

The Board is excited and honored to have Dr. Edward Thompson start the conference with his keynote address. Dr. Thompson is a professor of sociology at Holy Cross College in Worcester, MA. He also serves as the college's Gerontology Studies Program. Dr. Thompson has long been interested in issues of gender and family life, and has published extensively on men and masculinity, men's caregiving, and men's spirituality. Dr. Thompson has focused his research on the lives of older men and the social contexts that influence their lives. He serves as the organizer of the men's issues interest group for the Gerontological Society of America. His edited books include *Older Men's Lives* and *Men as Caregivers*, published in 1994 and 2002 respectively.

On Friday evening, November 4th, AAMN will host the annual Luther Christman Awards Banquet. The banquet affords attendees the opportunity to network with colleagues and honor awardees while enjoying a fine meal. This year, additional charter members of the Society of Luther Christman Fellows will be inducted. This year's banquet menu includes crawfish fettucine, Creole mustard glazed brisket, and red beans and rice with smoked sausage and pickled pork...a real taste of New Orleans! Dinner seats are limited, so everyone is encouraged to purchase a banquet ticket as soon as possible.

This year's conference hotel is the Ambassador Hotel, an elegantly remodeled historic warehouse in New Orleans' Arts District. The hotel is conveniently located within walking distance to the French Quarter and the waterfront, home of New Orleans' famous shopping, arts, dining, and nightlife. The hotel is close to the conference proceedings at the LSU Health Sciences complex. For your convenience, free shuttle services will be provided between the hotel and the conference proceedings. The Ambassador is generously offering conference attendees a rate of \$139 per night, single or double, but you must make your reservation no later than Sept. 15, 2005. Reservations can be made by calling the hotel direct at 1-800-455-3417, or for your convenience, online at www.ambassadorhotelneworleans.com. Please inform the hotel that you are attending the AAMN conference in order to take advantage of the reduced rates. The website also contains a virtual tour of the hotel for your viewing pleasure.

Details about the conference, including registration forms, are available on AAMN's website, www.aamn.org. Registration for AAMN members is only \$275 if received by Sept. 15, 2005, and \$325 if received thereafter. This fee is quite a bargain, as it includes continuing education credits, shuttle services to the hotel, and a continental breakfast and full lunch for both Friday and Saturday. Reduced fees for students and for daily registrations are available. Simply download the registration form from the website and mail it with your payment to the AAMN address printed on the form.

Although the conference proceedings are limited to Friday and Saturday, AAMN encourages you to come early and stay after the conference has concluded to take advantage of many of the sights, smells, and entertainment that only New Orleans can offer. To learn more about the excitement of New Orleans, visit the city's official tourism website at www.neworleansonline.com. So come on down to the Big Easy and "*Laissez les bon temps roulez!*"

Accepted Abstracts for the 2005 Conference

Lisa Schulmeister, RN, MN, CS, OCN@
 282 Orchard Road
 River Ridge, LA 70123-2648
 Phone (504) 739-9462
 Fax (504) 738-2087
 E-mail: LisaSchulmeister@hotmail.com

Breast Cancer in Men

Men often are not aware that they are at risk for developing breast cancer and few healthcare providers include information about male breast cancer prevention and detection in educational programs and clinical practice. The American Cancer Society estimates that 1,690 men will be diagnosed with breast cancer in 2005 and most of these men will be diagnosed with later stage (stages II-IV) disease. A diagnosis of breast cancer is embarrassing and stigmatizing for men, and many men refer to it as “cancer of the chest” instead. Risk factors include older age, family history (20% of men diagnosed with breast cancer have one or more close female relatives who have or had breast cancer), a history of radiation exposure, and presence of liver disease. Symptoms of male breast cancer may include a breast lump, swelling, dimpling, nipple retraction, redness or scaling of the nipple, and nipple discharge. Although most of the breast changes observed in men are due to benign conditions such as gynecomastia, all male breast abnormalities need to be clinically evaluated. If sufficient breast tissue is present, mammography may be performed, but more commonly, breast ultrasound and tissue biopsy are used to evaluate male breast abnormalities. The types of breast cancer diagnosed in men are similar to those found in women, and the most common type is infiltrating ductal carcinoma. Treatment of breast cancer in men depends on the type and stage of disease, and generally includes surgery followed by radiation therapy, chemotherapy, and/or hormonal therapy. Over 80% of male breast cancers have estrogen receptors and respond to antiestrogen agents. Survival rates for men with breast cancer are similar to those for women with the disease; however, most women are diagnosed with early stage breast cancer while most men are diagnosed with later stage disease. Healthcare providers, particularly men who are nurses working in clinical practice, teaching in schools of nursing, or providing community-based lay education, can improve men’s health care and reduce male breast cancer mortality by increasing awareness of breast cancer in men and promoting its early detection.

Susan A. LaRocco PhD, RN, MBA

Associate Professor
 Curry College
 1071 Blue Hill Avenue
 Milton MA 02186
slarocco0603@curry.edu
 Office: 617-333-3137

Walt Whitman: Civil War Nurse

Contribution to the Literature:

Walt Whitman’s life as a nurse during the Civil War is largely ignored in the nursing literature. His service to wounded and dying soldiers, as well as his poetry about the horrors of war, deserves recognition.

Key Concepts: men in nursing; nursing history – Civil War

Synopsis:

The Civil War (1861-1865) resulted in more than 600,000 casualties. Many of these men died a horrible death, lacking the basics such as clean dressings, adequate food and even minimal pain relief. Thousands more were wounded and survived, in part because of the care provided by recovering soldiers and the untrained volunteer nurses. Walt Whitman was one of these nurses.

In early 1863 Whitman was appointed to the U.S. Christian Commission, a voluntary organization that focused on physical and spiritual service to the wounded. Employed at this time as a part time clerk in the Army’s Paymaster Office, he used his free time to care for wounded men in the tent hospitals springing up throughout Washington, DC. In addition to physical care, he demonstrates his concern for the psychosocial wellbeing of his patients by writing letters home and listening to the frightened young men. These experiences are shared in his letters, his notebooks and his poetry, in a section of *Leaves of Grass* (1865) entitled Drum Taps. Whitman’s understanding of nursing presence is evidenced by his comment “I found it was the simple matter of personal presence, and emanating ordinary good cheer and magnetism, that I succeeded...more than by medical nursing, or delicacies, or gifts of money, or anything else.” However, “The Dresser” describes in detail the physical care that he administered.

Bearing the bandages, water and sponge,
 Straight and swift to my wounded I go,
 Where they lie on the ground after the battle brought in...

From the stump of the arm, the amputated hand,
 I undo the clotted lint, remove the slough, wash off the matter and blood...

Conclusion:

Men nurses have a proud history that is neglected by nursing historians. The poems and notebooks of Walt Whitman deserve more in-depth scrutiny to document the contributions of a man who is well known for his poetry and little known for his role as a nurse.

Robert Hanks, RNC, B.S.N., M.S.N., FNP-C
 Instructor
 UTMB School of Nursing
 Baccalaureate Program
 3.1038 Allied Health Sciences/Nursing Building
 301 University Boulevard, Campus Mail Route 1029
 Galveston, TX 77555-1029
 Phone: (409) 772-8308
 Pager: (409) 643-3271, (713) 549-8959
 Email: rghanks@utmb.edu

The Sphere of Nursing Advocacy Model

The concept of nursing advocacy, first put forth by Florence Nightingale, remains an important and vital concept to nursing practice today. Nightingale (1970) viewed nursing advocacy as necessary to the physical and emotional well-being of patients (Pfetscher, 2002), yet in contemporary times, despite work done by Curtin (1986), Gadow (1980; 1989), and Kohnke (1982), there is little agreement about how the concept is defined, practiced, taught, and measured. To address the need for a better understanding of nursing advocacy, an in-depth analysis of common themes found among three case studies from the author's acute care experiences was performed. Emergent from this analysis is *The Sphere of Nursing Advocacy (SNA)* model that depicts nurses as providing a semi-permeable protective barrier between the client's internal and external environments allowing the client to act on his or her own behalf when capable and prompting the nurse to act on the client's behalf when the client is vulnerable. The nurse consistently provides a sphere of protection for the client at all times. The sphere of advocacy is both permeable and protective whereby clients and nurses can act alone or in collaboration. The SNA model needs further development and refinement. It may be used to guide research or it can provide the basis for instruction on the subject of nursing advocacy. The SNA model can also be utilized by practicing nurses to reinforce the concept of nursing advocacy in practice in various levels of nursing practice. Further refinement and research on the SNA model is needed.

EJ ARRIES (RN, B.CUR, M.CUR, M.PHIL, Ph.D)
MEN IN NURSING: AN ETHICAL APPROACH TO SEXUAL DIFFERENCE
SCHOOL OF NURSING
UNIVERSITY OF JOHANNESBURG
JOHANNESBURG, SOUTH AFRICA
 +27 (0)11 489 2707 (W)
 +27 (0)11 4892257 (Fax)
 E-mail : ea@edcur.rau.ac.za

MEN IN NURSING: AN ETHICAL APPROACH TO SEXUAL DIFFERENCE

INTRODUCTION

The literature on gender issues in nursing focuses predominantly on the following: reasons why men choose nursing, recruitment of men to nursing, tokenism and male advantage; issues of masculinity-femininity and the treatment and roles of men in nursing (Meadus, 2000; Evans, 1997; MacKintosh, 1997; Callister, et al, 2000; Holiday & Praker, 1997; Brown & Nolan, 2000). The right of men in nursing to freely imagine their own identity and destiny are not addressed. I am of the opinion that men's rights in nursing are human rights. For the sake of their health, men in nursing have the right to freely imagine and re-imagine their identity, including their sexual identity. However, certain discourses about sexual difference in the imaginary domain of nursing and society threaten this right of men. As a consequence, men in nursing face gender discrimination and bias, which constitute an unethical act. If we consider ethics to revolve around three central concepts: "Self", "Good", and the "Other" (Rossouw & Van Vuuren, 2004), then men (self) in nursing (the other) should be allowed to freely imagine their identity in order to promote their health (the Good).

KEY CONCEPTS:

Ethics

Ethics concerns itself with what is good or right in human interaction (Rossouw & van Vuuren, 2004).

Health

Health is defined as the dynamic interactive process between the internal imaginary domain (body, mind and spirit) of men and the external imaginary domain (physical, social, spiritual) of nursing which reflect the former's relative health status and contributes or interferes with his promotion of health.

Imaginary domain

The imaginary domain refers to the intimate space in which men in nursing are free to create their own identity, without being coerced (Cornell, 1995).

SYNOPSIS

I argue that historically, and even today, the discourse of nursing as a single-sex dominated profession is sexually charged. Nursing has been established predominantly by women and with the feminization of the nursing profession in the late 20th century by Florence Nightingale (Holiday & Parker, 1997), the imaginary domain of men in nursing has been threatened. This situation has been further perpetuated by powerful discourses and discursive practices which are seen as regimens of truth about masculinity and femininity in both nursing and society (Meadus, 2000; Rose, 2001; McNay, 1994; Foucault, 1980). As a consequence, the right of men in nursing to freely imagine their identity is suppressed, which negatively impact on their health.

CONCLUSION

As a possible solution I propose an ethical approach to sexual difference in nursing which involves the achievement of individual freedom concerning sexual identity by means of social consensus (Cornell, 1995). Within this approach I argue for the equal evaluation of men in nursing through upholding certain pre-conditions for individuation viz. the protection of the bodily integrity and identity of men in nursing, provision of equal access to symbols in nursing, thus, protecting their imaginary domain.

Ronald Herald RN, MSN
 P. O. Box 748
 Stanton, KY. 40380
 H: 606-663-9786
 W: 502-564-4990 ex. 3719
 Email: ronherald@msn.com

A Public Health “Toolkit” For Promoting Men’s Health

Males are dying, on average, six years earlier than their female counterparts. According to the Centers for Disease Control and Prevention (CDC), from 1920 to 2003 women’s life expectancy rose from 44 to 79.8 years while men rose from 43 to 74.4 years. White women have the highest life expectancy, (80.2 years); followed by black women (75.5 years), white men (75 years), and black men (68.6 years). “Men in all socioeconomic levels are doing poorly in terms of health,” writes David R Williams, PhD, MPH, with the Institute for Social Research at the University of Michigan, Ann Arbor.

Males have higher death rates than women for the 15 leading causes of death except Alzheimer’s disease. Male’s death rates are at least twice as high for accidents, murder, suicide, and liver disorders. Males are slightly more likely to get high blood pressure or cancer, and twice as likely to live in poverty. While 17% of white males are uninsured, 28% of black males and almost half of Hispanic males have no insurance. Also, females are twice as likely as males to visit a doctor each year. When males do see a doctor, the visits are shorter and are less likely to include advice on lifestyle changes that promote better health.

Work environment also takes its toll; males tend to work in more dangerous jobs than women, and males represent 90% of job fatalities. Stressors and negative emotional states created by poor working conditions can lead to poor sleep patterns, decreased physical activity, substance abuse, and overeating all of which negatively impact male’s health.

In American culture, males are expected to be strong and silent, especially when it comes to their health. This leads to apathy among males and healthcare providers. Traditionally public health has been the safety net for uninsured and underserved women and child, the result being one-half of the population, the male half, is not receiving the healthcare they are entitled to. In order to change attitudes concerning male health a Kentucky Public Health Leadership Institute (KPHLI) group has developed a package of materials for use by public health departments.

The package includes a 60 second Public Service Announcement (PSA) video for distribution to local television stations, a 15 second and a 30 second audio PSA for distribution to local radio stations and a printed press release for local newspapers. Also included in the package is a CD containing an educational PowerPoint presentation, a local health department (LHD) self-assessment tool, and a brochure of recommended male health screenings.

Objectives:

1. Recognize the disparities that exist between males and females in accessing public health
2. Describe ways public health can use the media to promote men’s health.
3. Identify actions public health can take to make itself more “male friendly.”

Russell E. Tranbarger, Ed D, RN, FAAN
 PO Box 729
 Robersonville, NC 27871
 252-795-4075
 nursegene@earthlink.net

The Alexian Brothers Hospital, School of Nursing for Men: a leader in the preparation of men in nursing

In the United States from 1888 to 1969 schools of nursing for men existed. The schools were designed to prepare men as professional nurses, especially to serve male patients in psychiatry and urology. Some schools existed in hospitals that operated a separate school for women while others were uniquely for men only. As many as a dozen schools for men may have existed at some time during this period and additional schools of nursing created a separate section within the existing female school for their men students. Little is known about the schools for men in nursing literature nor does the history of nursing do more than acknowledge their existence.

The Alexian Brothers, a Catholic, Religious Congregation for men, operated two schools of nursing for men, one in St. Louis and another in Chicago. The school of nursing in Chicago had two unique characteristics; it was the only school for men in a general hospital and it was the largest school of nursing for men in America.

Men once provided half of the individuals serving as nurses in this country. With the dominance of the Nightingale model of nursing education the numbers of men in nursing fell to less than one %. A Century later men have increased to about six % of the professional nursing population. The schools of nursing for men provided a foundation for men to demonstrate that men could be effective nurses and that nursing profited from the presence of both men and women in the profession.

This presentation will document significant information about the history of men in nursing, will describe briefly the history of the Congregation of Alexian Brothers and describe selected facts about the preparation of men for the profession of nursing and the contributions of a few of the graduates of this program.

Tim Wren
 LSUHSC School of Nursing
 1900 Gravier Street
 New Orleans, Louisiana 70112
 504-568-5187
 email:twren@lshsc.edu

Hospitaller Leadership Or Everything I learned About Leadership I Learned from a Crusader

Leadership characteristics have been discussed as long as there have been bosses and workers. What is it about certain leaders that sets them apart? What is it about certain organizations that seem to have the gift of leadership as the organization moves through the years? Why are some better leaders than others? Answers to these questions may be found in an analysis of the Knights Hospitallers, a monastic knightly order leadership styles.

An historical review of the Hospitallers early years can reveal some remarkable insights into leadership and management styles that men today may find effective. By looking at this topic in a manner similar to the "Everything I learned from" style of books a selection of leadership topics will be covered lightheartedly. Topics to be covered will include: a) Pass the bandage but keep your sword sharp, b) Never leave home without your chain mail suit, c) Know your enemy, d) Do not march beyond your supply train, e) Do not forget what brought you here and f) Change can be for good if you control it.

The ability of modern male nursing leaders to seek insight from those who have come before is something that can benefit all healthcare. An old saying that many have heard goes something like this "if we forget the past we will be condemned to relive the past." By taking a thoughtful and somewhat humorous look at the Knight Hospitaller of the 11th century, we can gain from the past and apply battle tested leadership/management concepts to the 21st century

Scharalda G. Jeanfreau, DNS, MN, FNP-BC, CDE
 Louisiana State University Health Sciences Center
 School of Nursing
 1900 Gravier St.
 New Orleans, Louisiana 70012
 (504) 568-4140 Cell (504) 908-1782
 sjeanf@lsuhsc.edu

Psychosocial Influences on Self-management of Type 2 Diabetes

Title: Psychosocial Influences on Self-management of Type 2 Diabetes

Problem/Research Question: The receipt of the diagnosis of type 2 diabetes is generally considered to be a life-altering event. Effective self-management remains the key to living with diabetes in spite of strong emotional and psychosocial components attached to some needed lifestyle changes. Consequently, some individuals are able to manage the numerous behavioral changes, but many are unable to fully manage the changes. This grounded theory study was conducted in order to identify the processes people experience transitions toward self-management. Although six research questions guided the full study, this presentation will address the following three questions: (1) What takes place professionally, socially, emotionally or mentally, and educationally during these transitions that affects self-management? (2) What internal and external factors facilitate and/or hinder the transition processes? (3) What is the influence of the developing diabetic self on adherence?

Theoretical Framework: Consistent with qualitative grounded theory tradition, this investigation was conducted within the symbolic interactionism framework.

Methods/Design: Qualitative grounded theory methods were used in this study. The sample included 11 adults (seven females and four males) who had type 2 diabetes. Although the study involved multiple data sources, semi-structured interviews were the main sources of data. A synthesis of constant comparison and within and cross case analyses, along with time, metaphor, and narrative analyses was used in data analysis.

Findings: The Development of the Diabetic Self Theory emerged as a result of the Developing the Diabetic Self process which depicts the diagnostic event, transitions, transition resolution, and self-management and results in the coming together of the Diabetic Self. Emotional responses, spirituality, temporality, and life context influence self-management. The following conclusions related to self-management were made: (1) the diagnosis of type 2 diabetes, within the context of the person's life at the time of the diagnosis impacts a person's life; (2) people with type 2 diabetes undergo multiple transitions that must be processed and resolved; (3) another self – the Diabetic Self – develops; (4) people who have diabetes benefit from having contact with other people who also have diabetes; (5) the context of the person's life impacts self-management for as long as the person lives; and (6) people who have diabetes have mixed feelings regarding the extent to which they can, or will, make lifestyle changes. Recommendations for nursing practice include: (a) consider diabetes and self-management within the context of the person's life, (b) realize the importance of the diabetic person's need to have contact with other people who also have diabetes, (c) consider temporality when providing self-management education, (e) recognize the need for patients to grieve perceived losses, (f) make efforts to learn about the day-to-day diabetes-related issues, and (g) consider that a person's Diabetic Self may not be developed adequately to make independent self-management decisions.

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