REFERENCES


A WAY OF KNOWING, BEING, VALUING AND LIVING WITH COMPASSION ENERGY: A UNITARY SCIENCE AND NURSING AS CARING PERSPECTIVE

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ABSTRACT

The purpose of this paper is to explore the concept of compassion energy between the nurse and patient for its relevance to the concept of compassion fatigue. It is proposed that melding the conceptually congruent tenets of the Science of Unitary Human Beings (SUHB) and Nursing as Caring (NAC) provide a meaningful theoretical conduit through which to reconceptualize the view of compassion fatigue as mutual with and capable of transforming into compassion energy through immersion in theoretical conceptualization. By creating such a middle range level of discourse to enable the application of compassion energy, compassion energy is conceptualized as the intention, wholeness, uniqueness and patterning of individuals as a transformation of compassion, promoting health and well-being through positive mutual change.

Key Words: Compassion energy, compassion fatigue, caring, Rogers Science of Unitary Human Beings, Nursing as Caring

INTRODUCTION

The workplace challenges that nurses face today can have immediate and long term negative consequences for the nurse and the patient. The nurse desires to answer the call from the patient with compassion in the midst of a complex and rapidly changing health care system. Nurses experience fatigue within the taxing physical and emotional constancy of caregiving. Changes in the current healthcare delivery system have led the nursing profession toward increased emphasis on promotion of self-care, health and well-being for both the nurse and the patient. Dossey and colleagues remind us that it is difficult to be a healing presence with others if one’s own vessel is empty (Dossey, Keegan & Guzzetta, 2005). When we give of ourselves to others at a time when we need to replenish our own sense of vigor, the quality of that relationship may deplete rather than nourish either participant (Dunn, 2005).

The purpose of this paper is to propose the use of the concept of compassion energy between the nurse and the patient as a response to the concept of compassion fatigue. The paper will draw a link between Rogerian
Science of Unitary Human Beings (SUHB) (Rogers, 1970) and Nursing as Caring (NAC) (Boynkin & Schoenofer, 2001) theories through the lens of compassion energy, a concept that may emerge during the nurses’ presence with the patient. Chinn & Kramer (1991) described the process of creating a useful conceptual meaning as a way of creating a useful meaning rather than assigning a definition. SUHB and NAC theories provide a creative synthesis among a theoretical idea, direct observation and personal experience to build a conceptual framework called compassion energy (Boykin & Schoenofer, 2001; Chinn & Kramer, 1991; Dunn, 2007; Rogers, 1970).

Compassion Fatigue connotes negative outcomes leading to burnout that occurs within the caregiving experience. It is postulated that when the nurse experiences burnout or compassion fatigue, the ability to nurse is lost and all that remains is the ability to perform essential technical tasks. There is also substantial societal risk that when nurses develop compassion fatigue related to practice issues and the workplace environment, they are more likely to leave nursing practice, which contributes further to the already serious nursing shortage (Dunn, 2009). Therefore, with Rogerian thinking, nurses’ caregiver stress, burden and compassion fatigue are viewed as mutual processes which limit the individual caregiver’s ability to nurture, and contribute to a reduction in the profession’s numbers.

**COMPASSION FATIGUE**

Compassion fatigue has emerged conceptually as a natural consequence of caring for others who are in pain, suffering or traumatized (Figley, 1995; Joinson, 1992). As constant caregivers, nurses are at increased risk for denying their own physical, social, emotional and spiritual needs. The nurse may be emotionally traumatized or suffer through her or his own efforts to empathize and be compassionate with others. This experience can lead to diminished self-care and extreme self-sacrifice in the process of caring for the patient. The nurse in this situation becomes at risk for compassion fatigue (Dunn, 2005).

Joinson (1992) was the first to use the term compassion fatigue while studying burnout in nurses working in emergency departments. Joinson (1992) described the experience of compassion fatigue as being vertically ill, which she defined as functioning as a nurse, but not attending to one’s own emotional needs. The nurse may also lose the ability to nurture. Nurses at risk for compassion fatigue are empathetic, caring individuals, but they may absorb the traumatic stress of those they help. The duration of the experience may also become a factor, as well as exposure to the extreme situations of death, dying or other destructive processes (Figley, 1995; Joinson, 1992).

Figley (1995) described compassion fatigue as a natural consequence of behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other. It is conceptualized as the stress that results from helping or wanting to help a traumatized or suffering person. The nurse who
is unable to be present with the traumatized or suffering person may exhibit avoidance behavior (Dunn, 2009; Johnston, 2007).

In other situations the nurse may encounter patterns of oppression and powerlessness, leading to despair and isolation. This situation can lead to patterns of ineffective communication, resulting in unhealthy patterning outcomes. The mind, body, spirit and emotions exist as an undivided whole. Newman (1994, 2008), posits that this is where we can find meaning in the whole person to identify underlying patterns. Once the nurse identifies patterns towards compassion fatigue, she or he could potentially be empowered to make changes in care and self care strategies, or come to recognize signals when stress occurs. It is postulated that the nurse can then transform her or his consciousness to a higher level and reduce her or his mutual participation in the patterning of compassion fatigue (Newman, 1994).

**COMPASSION ENERGY**

Johnston (2007) poses that there is an inclination for nurses to protect themselves from the devastation of suffering encountered during their mutual participation in the lives of those for whom they care. This immunity, so to speak, is achieved by patterning from a distance even though this may seem incongruent with our mutual human-environmental field. There is a need to strengthen the capacity of compassion to remain fully present to individuals and their families during times of suffering (Johnston, 2007).

To understand compassion energy capacity, a review of compassion is necessary. Fox (1979) describes “What Compassion is Not - an emphasis that gradually leads to a fuller unveiling of What Compassion Might Mean” from a spiritual context (p. 2). Within Fox’s perspective, the pattern of compassion is the interdependence of human beings, in which all are a part of and inseparable from one another and all involved in one another. Fox is concerned that compassion is being exiled through our western worldview, and states that compassion may be viewed as pity when in truth it should be viewed as celebration (p. 2). According to Fox, celebration is a letting go of ego and the difficulties of entering into the others’ suffering, making it possible to experience a relief of the others’ suffering. Within this view, the compassionate nurse seeks to know and understand their interconnectedness with the patient, and in this moment of mutuality the nurse is able to recognize and alleviate her or his suffering (Dunn, 2009; Fox, 1979; Roach, 2002).

Roach (2002) defines compassion as

“a way of living born out of an awareness of one’s relationship to all living creatures. It engenders a response of participation in the experience of another’s sensitivity to the pain and brokenness of the other and a quality of presence that allows one to share with and make room for the other” (p. 89).
Roach addresses Fox’s concern for compassion being exiled by stating that compassion involves a simple, unpretentious presence with each other. Roach asserts that as a society we have developed sophisticated techniques to acquire compassion; yet compassion is a gift and cannot be acquired by advanced skills and techniques (Dunn, 2009; Fox, 1979; Roach, 2002).

SYNTHESIS WITHIN THE THEORIES OF NURSING AS CARING AND SUHB

Chinn & Kramer (1991) offer the process of creating conceptual meaning as a tool to create a useful meaning rather than to prescribe a definition. This author has developed the concept of compassion energy and has explored it within the theories of Nursing as Caring (NAC) and Science of Unitary Human Beings (SUHB) (Dunn, 2009). NAC is enhancing personhood through knowingly participating in nurturing relationships with caring others in the moment (Boykin & Schoenhofer, 2001). Once the nurse answers the call of the other with compassion and intent to alleviate suffering or celebrate joy, a mutual processing of energy occurs (Dunn, 2009). This energy transforms the nurse and the other to a higher level of consciousness, where compassion fatigue does not exist (Dunn, 2009; Newman, 1994; Rogers, 1970).

NURSING AS CARING

Compassion energy is regenerating of nurses’ capacity to foster interconnectedness when the nurse answers the call with the intent to nurse (Dunn, 2009). NAC explores compassion as an attribute of the nurse that enhances well-being by transforming experiences with the outcome of well-being for both the nurse and the nursed in the context of the nursing situation (Boykin & Schoenhofer, 2001).

Within this worldview, all persons are caring and personhood is a process of living grounded in caring (Boykin & Schoenhofer, 2001, p. 1). Persons are viewed as complete and continuously growing, fully caring and unfolding caring possibilities, moment to moment (Boykin & Schoenhofer, 2001, p. 4). The nurse is being with the patient by answering the call with compassionate caring. The nurse enters into the world of the other person with the intention of knowing the other as caring person (Boykin & Schoenhofer, 2001, p. 5). The nature of nursing is a reciprocal relationship characterized by its grounding in person as caring, and as persons connected in oneness in caring with others and the universe. Thus, the theoretical framework for compassion energy honors freedom, creativity, and interconnectedness (Boykin & Schoenhofer, 2001; Rogers, 1970).

ROGERS SCIENCE OF UNITARY HUMAN BEING

Rogers’ (1970) asserts that when one person interacts with another there is an integration of energy fields; each becomes the other’s environment. Nurses caring for the patient experience this energy and their patterning is enhanced. Compassionate caring can create the energy to fill the empty vessel to enjoy the mutual process pattern manifestation of the person-environment interaction as a positively charged concept which this author calls compassion energy. Watson
(1999) describes caring acts as an intentional consciousness that is energetic and has the possibility to potentiate healing and wholeness. The phenomenon of energy is dynamic, “all things are viewed as forming an intricate whole and change emerges from the whole” (Todaro-Franceschi, 1999, p. 30). Energy is transforming and manifests itself uniquely in self-care, health, wellbeing and healing.

Compassion energy has been conceptualized through the theories of NAC and SUHB. Smith (1999) analyzed caring concepts from the literature and synthesized caring concepts within the theoretical perspective of Rogers’ Science of Unitary Human Beings using a caring concept clarification process. Smith identified the synthesis of five constitutive meanings of caring in the Science of Unitary Human Beings: manifesting intention, attuning to dynamic flow, appreciating pattern, experiencing the infinite, and inviting creative emergence.

One generally considers a person to be compassionate if that person appreciates the suffering of the other and attempts to create change in alleviating that suffering, as it is integral. Thus, compassion manifests as a cognitive, emotional and motivational force. In dynamic flow with self through intention with the other, a compassionate human energy connectedness is manifested. SUHB and NAC theories provide a potential focus of mutuality for creative synthesis of pattern within a theoretical idea, direct observation and personal experience to build a conceptual framework called compassion energy.

The Palette for Compassion Energy Model (Dunn, 2008) depicted above represents how nurses’ compassion energy artfully makes use of her or his aesthetic painter’s palette to experience the interconnectedness of patterning, living, valuing, uniqueness, being, wholeness, intention and knowing to energize the patterning to all living persons (Dunn, 2008). Thereby, one gains a higher degree of harmony within the mind, body, spirit and emotion which generates self-knowledge, self-reverence, self-healing and self-care processes for both the nurse and the patient (Watson, 1999).

The experience of processing energy when the nurse answers the call is a source of vitality, liveliness, responsibility and passion (Pembroke, 2006). A number of qualities are associated with energetic care such as humility, attentiveness, compassion and tenderness. A giving of self for others is clearly a fundamental concept in the ethic of care (Pembroke, 2006). By alternating rhythms, moving back and forth in the dance of relating, shifting perspectives and patterns of responsiveness, the nurse has the capacity to self generate vigor and find meaning and experience in compassionate caring. The value of underpinning the practice of nursing with compassion gives meaning to answering the nursing calls with the vigor of compassion energy (Boykin & Schoenhofer, 2001; Dunn, 2008; Johnston, 2007; Mayeroff, 1971; Newman, 1994; Rogers, 1970).
**IMPLICATIONS FOR PRACTICE AND RESEARCH**

The purpose of nursing as a social process is to provide knowledgeable compassionate service, where persons have the creative potential to experience patterns in life and human freedom to maximize their potential in optimal health and well-being (Rogers, 1970). Nursing science explains and further discovers life processes and knowledge of persons. The nature of nursing praxis is for enlightenment moment to moment, and is reflective. Nurses need to understand compassion in the discipline and practice of nursing in terms of well-being and health promotion of both the nurse and nursed.

Compassion is the lived experience of the nurse with the nursed within the mutual energy of interconnectedness. It is in the encounter of the nurse/person with the patient/person that an opportunity of mutuality occurs in which the nurse has the capacity to reshape patterns while becoming energized. The art of nursing occurs when nurses reflectively experience the feeling and the energy of compassion with colleagues and the patients to regenerate the nurses’ capacity to foster interconnectedness (Dunn, 2008). Viewed within this perspective of boundaryless mutuality, compassion becomes a key attribute for the call of the nurse.
Researchers continue to collect and analyze data regarding the evolving concept, compassion energy. This paper intends to add to the body of nursing knowledge to develop modalities, actions and resources for nursing practice to enhance nurses personal well-being, health and relationship with self and others. A future implication for formal and informal caregivers is to explore compassion energy patterning of human behavior, whereby energy is experienced and patterns reshaped to enhance quality of life for caregivers and care-recipients (Lu & Wykle, 2007).

**CONCLUSION**

The Science of Unitary Human Beings and Nursing as Caring provide a meaningful conduit through which to reformulate compassion fatigue into compassion energy through immersion in theoretical conceptualization. By creating a middle range level of discourse to enable the application of compassion energy, compassion energy is conceptualized as the intention, wholeness, uniqueness and patterning of individuals as a transformation of compassion, promoting health and well-being in mutually positive patterning. Data continues to be collected and analyzed based on the evolving compassion energy concept. But continued strenuous focus on the negative concept of compassion fatigue seems to this researcher to be less fruitful than transforming this traditionally negative view into a positive view. The positive model has the potential to expand from formal to informal caregivers and care recipient encounters, intentionally regenerating interconnectedness and transforming compassionate practice to a higher level of consciousness.

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SUSTAINING MOM’S EXPRESSION OF HER IDENTITY USING THE WELL-BEING PICTURE SCALE

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INTRODUCTION:

This short article represents the author’s view of the utility of the Well-being Picture Scale (WPS) for an older adult. Background information will be provided on one family’s unique experience, and then application of the scale’s use will be delineated.

Key Words: Well-being Picture Scale, Science of Unitary Human Beings

I had the very good fortune of meeting Dr. Sarah Gueldner in the fall of 2006. I was compelled to stop by and introduce myself to this new CWRU visiting professor whose office displayed a poster of Martha Rogers wearing a silly cap. In Sarah’s office also hung a sign announcing, “Old People Are Cool.” I discovered a treasure in Dr. Sarah Gueldner. She is a marvelous storyteller, a compassionate listener, and a humble genius. At the time of our first meeting I shared my concerns about caring for my mother. Mom had recently moved in with my youngest brother’s family near my home. There were nine of us and 30 grandchildren. At the age of 89, Mom had decided that she could no longer safely live alone in our family’s childhood home because of fading vision, poor balance, and difficulty “figuring things out.” Sarah gave me a copy of her Well-being Picture Scale (Gueldner, et al, 2005) and suggested that I use it with my mother. I would like to share my experience of rediscovering my mother’s identity through the use of Dr. Gueldner picture scale. First, I’d like to give you some background on my mother and her appreciative family.

My parents were “empty nesters” for over 20 years (although their nine children and many grandchildren visited the “nest” often). During that time my parents lived very independently together. Each one’s strengths made up for the other one’s weaknesses. Following my father’s diagnosis of terminal cancer, my four brothers, four sisters and I had held family meetings every few months. We put home services into place as they became necessary such as house cleaning and “Meals on Wheels.” Each of the seven in-town siblings chose a day of the week to cover for Mom and Dad’s needs such as driving to appointments, stopping in with dinner, or cutting the grass. The grandchildren developed a love for helping out with little chores like shoveling a path to the mailbox in the winter. Each member of the family made small sacrifices to accomplish our goals of (1) respecting our parents’ wishes, (2) assuring their well-being and safety, and (3)
maintaining a close-knit, happy family according to the example that Mom and Dad had shown us. A delicate yet wonderfully strong balance evolved.

Shortly before his death, Dad gave each of his children “final orders;” one of them was delivered to my youngest brother, Chris, just an hour before his last breath. Chris softly whispered to our semiconscious father, “Don’t worry about Mom; we’ll take good care of her for you.” Dad opened one eye and looked directly at Chris and replied, “You’d better!” His mandate was clear and unforgettable. Dad’s death changed the alignment dramatically but balance was restored over the next couple of years.

Mom had made it very clear that she wanted to stay in her house as long as possible. She graciously accepted her family’s help. Her short term memory was slipping away and her judgment was sometimes impaired. One late summer day about five years after my father’s death, Mom decided that the comfortable and familiar house was no longer suited for her. Her final struggle seemed trivial; however, it was the last thing she wanted to overcome by herself. She had tried to plug her coffee maker into the socket for 3 hours but for some reason she wasn’t able to get her morning coffee brewed. She called me in utter frustration. Her words on the phone were clear and directive. “I need to get out of this house as soon as possible.” We helped her with change of address notes to all her old friends including her “lunch bunch” (college girlfriends), church choir, Seniors Against Crime, Bible study, and the St. Paul’s Women’s Guild. Her last phone call on Algonquin Road was from our pastor. She declined to speak directly to him because she was “afraid that she couldn’t follow the conversation.” “Some parts of my mind are a big blank.” She was aware of the dementia. One of us stayed with her the last few nights in her home of 54 years.

Aside from the day that Dad died, that October day when my oldest sister, Mary Lou, and I drove Mom from Algonquin Road to Chris’s house was the saddest day of my life. We still had each other but the loss we were experiencing was so profound. The three of us waited at my house until we got the okay that Mom’s bedroom furniture and belongings had been set up for her. Mom looked puzzled as Mary Lou and I unsuccessfully tried to hold back our tears. We prayed with her because she seemed proud that she still remembered all the words to a long litany of comforting prayers.

Mom taught me many, many prayers that next year. She prayed for each of her 9 children and their spouses and her grandchildren. Eventually the names faded from her memory but never the prayer verses. She recited them each night before we put her to bed. She usually fell asleep when Chris would read the prayer to St. Joseph and St. Patrick. Another source of comfort and familiarity for Mom was sitting among her family members. She smiled contently while the conversations sailed around her. When asked if she needed anything she often replied, “I just like to be with my family.”

Mom had occasional lucid moments, which were remarkable. These were the pearls that we savored and shared by phone or email with our siblings. For example, one afternoon I was discussing a vacation. I asked Mom if she wished
that she and Dad had traveled more when they were younger. She responded quickly, “Are you asking me if I have any regrets? Why would I have any regrets? I always did the best I could.” She was an optimist. One spring afternoon I was commenting on a gorgeous flowering azalea shrub beside us. I pointed off to the scenic view beyond her wheelchair. Then I asked her what she thought was the most beautiful. Her response was, “The most beautiful thing is a mother holding her baby.” Her role as mother still defined her being and who she was.

Another important aspect of my mother’s identity was her formal education. She had attended college on an academic scholarship. She graduated from Notre Dame College (South Euclid, OH) in 1938 at age 20. She proudly reminded me that their motto at the time was “When you educate a woman, you educate a family.” She hoped for each of her children to be well-educated. She remained as involved as possible with her children’s and grandchildren’s learning. At age 90 she enjoyed helping Leland with her eighth grade vocabulary homework.

I felt a bit helpless as I witnessed my mother’s energy level decline. I couldn’t judge if she was miserable or not with her current situation. One warm Thursday evening in May, I visited with Mom in her bedroom at Chris’s house. She had spent the day at an adult day care facility. She commented to me shaking her head, “All the folks there are way out of it.” I inquired how she was doing with all these changes. Her reply was the same as usual, a hesitant smile followed by, “I’m fine for an 89-year-old woman.” This brings me back to Sarah Gueldner’s Well-being Picture Scale. I asked Mom if she’d like to use a picture scale to help me understand how she felt. I explained that a visiting professor at Case Western Reserve University had developed it and had requested some feedback on it. Mom perked up and said “I’d love to help with anything I can, especially something for school.” She fussed with her reading machine that magnified the pictures to six times. She looked more energized than I had seen in weeks. She was able to feel useful again. Below are her responses to the WPS.

Application of the Well-being Picture Scale:

1. Eyes

She chose the box nearest to the wide-open eyes. I was surprised considering her impaired vision from macular degeneration. She said, “I prefer to watch people with their eyes open.” “With my eyesight I need to keep watching what’s around me and where I am all the time.” “I don’t care for the people [at the adult day care] who just close their eyes.”
2. Shoes

Mom looked back and forth several times at the two options shoes. She remarked, “Oh, from one end of the spectrum to the other.” Then much to my amazement she decided “Put me down for the play shoes.”

3. Butterfly vs. turtle

She instructed me to mark the center square between the two pictures. She said, “I like the butterfly. It’s a cheerful subject.”

4. Candles

Pointing to the left she said, “This one is all used up.” She chose the middle square. About the lit candle she smiled and commented, “I like to feel like that. I wish I felt that way especially at this time of day.”

5. Faucet

She chuckled about the dripping faucet image. She said, “Well, I feel a little depressed about the way my body is now. What’s the word they use now? I guess I’m disabled or something.” “I should have done something about this before.” She may have been referring to her bladder surgery which was not fully successful.

6. Puzzle pieces

This item of disjointed pieces seemed to confuse her. She asked, “Is that piece supposed to be a boy or something?” “I can’t put this one together. I should know what this is.” I reassured her that it wasn’t a test. Then she pointed to the separate pieces and hesitantly concluded, “This one is more likely.” In looking at the disjointed puzzle, there does seem to be an image of a person. She struggled to make sense of this item, which may have been a manifestation of her dementia.

7. Pencils

She smiled because she understood what the pictures were. “I can tell that this one is sharp. That one has less lead left in it. I like that sharp one; it’s distinguishable.”

8. Sun

She focused on the shining sun image. She asked me why there were clouds in one of the pictures. I encouraged her to give her
own explanation. She had difficulty with this concept but then said, “Pick this [pointing to the left cloudy sky.] I like the clouds because the sun is coming out from the top of them.” Her response may have been a reflection of the mixture of clouds and sunshine in her life at that point.

9. Balloons

Her choice for this item was vague. She had difficulty focusing on the task so I didn’t pressure her. She pointed to the fully-blown balloons focusing on the one that was separate from the group and said, “I don’t like those fully-blown balloons.” This brought to mind her comment early in her dementia when she told me, “If I get mean, remember that is not me.” She wanted to be amiable and remain close to others, especially her family. She did not want to be excluded from the family group.

10. Lion vs. mouse

Mom put her hand over the mouse as if she didn’t want to even consider this choice. She smiled at the lion. I asked her to talk about what she liked about the lion. Knowing that she had often been a leader in her clubs and a mother of nine children I wanted to know how she reconciled that with her current dependent role. She pointed to the middle box. “That lion is way out of it as far as how I feel now. You can’t expect too much for an 89-year-old.”

I was amazed with her responses and exuberant that she could express herself so well. We hugged and held each other. She knew I was happy. I knew that she was doing well. I told her that I thought I understood her better and that she was the same great person she had always been. When I attempted to explain the concept of preserving identity she added, “My family does that for me.”

That evening I called my brothers and sisters with the good news. I told them there was no need to worry about Mom because she was still her same wonderful self. I now appreciate the wisdom of Martha Roger’s concept of the “irreducible human being.” This human being was more than a collection of her characteristics but an individual with her own unique identity which never failed. Her spirit/energy field was transmitted on through her children and others who had the joy of living along side her. My mother died in May 2008 at the age of 90 while living in a nursing home. Recalling the evening that I administered the Well-being Picture Scale with my mother is a precious memory for me. Incidentally, there was a butterfly hovering over Dad’s gravestone during Mom’s graveside service. We were comforted by this symbol which Mom had identified on the WPS as a “cheerful subject.”
In conclusion, this article demonstrates the utility of the Well-Being Picture Scale, and conveys meaning that one older adult was able to share. It also conveys how a provider could help in sustaining the expression of one’s identity throughout the lifespan and begs further research on the clinical utility of the Well-Being Picture Scale.

REFERENCES
As editor of the Practice Column, it is my pleasure to share the work of Lisa Blumenschein, nurse manager of an intermediate care facility for seniors, and nurse practitioner student. In this column, Rogers’ SUHB is analyzed in regard to nursing practice, and application to advanced nursing practice is presented. A personal practice scenario is examined through the theoretical lens of the SUHB.

It is also my pleasure to share with you an interview with Valerie Lincoln, PhD, RN, AHN-BC of Woodwinds Campus, HealthEast Care System on Holistic Nursing Praxis in an acute care environment.

I think you will find these two columns insightful and thought provoking. I invite you to send or email manuscripts for consideration for inclusion in this column to me.
ANALYSIS AND APPLICATION OF ROGERS’ SCIENCE OF UNITARY HUMAN BEINGS

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This paper will critique Martha Rogers’s conceptual model referred to as the Science of Unitary Human Beings (SUHB). Rogers was a pioneer in the development of nursing’s unique body of knowledge. The SUHB will be examined by looking at the scope, metaparadigms, major concepts, and value for practice. Application to advanced nursing practice and a personal practice scenario will be presented and examined through the theoretical lens of the SUHB.

ROGERS’ SCIENCE OF UNITARY HUMAN BEINGS

Martha Rogers was a renowned theorist who developed the SUHB. Rogers was one of the first to identify human beings as the central phenomenon of interest to nursing (Newman, as cited in Fawcett, 2003). The SUHB is unique in that the phenomenon of central interest is what is “known” as opposed to what is done in practice (Rogers, as cited in Fawcett, 1995). Rogers was an innovative nurse theorist who inspired a new generation of theorists who are committed to carrying on her work.

In regards to the scope of the theory, there is disagreement among some academics as to how to classify the SUHB. In considering Rogers’ views, there has been some debate as to whether the SUHB is a philosophy, model or theory. Fawcett (1993) differentiates between a theory and a model stating that a theory is less abstract than a model. She further states that a theory’s concepts are operationally defined and less abstract than the concepts of a model. Rogers rejected the labels of philosophy, model and theory and referred to the SUHB as a conceptual framework or system, however she apparently did not clearly indicate in her writing as to her rationale (Biley, 2002).

Fawcett (1993) recognizes that conceptual models have also been called "conceptual frameworks, conceptual systems, paradigms, and disciplinary matrices" (p.12) suggesting that SUHB is accurately called a model of nursing or nursing model. Fawcett further states that SUHB a conceptual model rather than a grand theory because the concepts and propositions are more abstract and general than grand theories or middle-range theories (J. Fawcett, personal conversation, November 24, 2006). Further, conceptual models provide guidance for theory development and Gunther (2002) identifies the purpose of Rogers’ work as “articulating a body of distinctive knowledge” (p.234), therefore reinforcing Fawcett’s interpretation of SUHB being a conceptual model.
Different theories have emerged from Rogers’ conceptual model because it provides a framework that stimulates and directs research and theory development for nursing science (Gunther, 2002; J. Fawcett, personal communication, November 24, 2006). Margaret Newman’s Theory of Health as Expanding Consciousness and Parse’s Human Becoming are examples of grand theories derived from Rogers’ conceptual model. The Theory of Perceived Dissonance and the Theory of Interactive Rhythms are examples of middle-range theories derived from Rogers’ conceptual model (Gunther, 2002). In addition to the development of grand theories, Rogerian researchers themselves have developed their own theories based on Rogers’ science such as Barrett’s Theory of Power where power is related to “participating knowingly in change” (Phillips, 2000, p.199).

The SUHB contains content that addresses the four metaparadigm concepts of human beings, environment, health, and nursing. By definition, all nursing conceptual models contain content about the four nursing metaparadigm concepts (J. Fawcett, personal communication, November 24, 2006). The emphasis of the SUHB is on the integrality of human environment field phenomena (Gunther, 2002). The concept of person is of a unitary human being, patterned, open, and pandimensional energy field. The concept of environment is a patterned, pandimensional energy field where health is seen as an expression of the life process and the goal of nursing is to facilitate well being through intentional mutual patterning including environmental patterning to promote helicy, integrality and resonancy (Fawcett, 1993).

The concepts of the SUHB are energy fields, openness, pattern, pandimensionality, and homeodynamics (resonancy, helicy, integrality). Energy fields are the “fundamental unit” for both the living and nonliving and are two types, human and environmental (Barrett, 2000; Eschiti, 2004; Gunther, 2002; Levin, 2006). These fields can not be divided or reduced and because there is no separation between the identified fields, they are considered as energy fields as opposed to having energy fields (Rogers, as cited in Eschiti, 2004). Rogers (1992) makes it explicit that humans are more than the sum of their parts and can not be understood by only having knowledge of their parts.

Rogers disagreed with the idea that dissecting something is the only way to attain knowledge or understanding it. For example, by dissecting a cat in a biology lab, we learn only how the individual parts work but there is much more to a cat than its individual parts. What we did not see was the cat’s agility, its precision in estimating distance, its grace in movement and how it purrs. We did not look at the cat in the context of its whole self/living/life (V. Eschiti, personal communication, November 23, 2006).

Lastly, energy fields possess the qualities of infinity, unification and constant mutual change. Openness refers to the diversity of the energy fields and the freedom to knowingly participate in change. Pattern is that which distinguishes a particular energy field but is not directly observable. Having said this, the manifestations that emerge from the mutual process of human beings
and their environments are observable (Barrett, 2000). Pandimensionality refers to a way of viewing reality where both time and space are conceptualized as nonlinear (Rogers cited in Barrett, 2000).

The principles of homeodynamics describe change within the SUHB. Phillips (as cited in Barrett, 2000) describes Rogers’ principles of helicy as being the nature of change, integrality as being the process for change to take place, and resonancy as being how change takes place. The principles of homeodynamics and the manifestations of field patterning can be used to study concepts and experiences of people. The term “pattern profiles” is used as a way to understand the unitary nature of people and their environments (Phillips, 2000).

In terms of methodology, early basic research focused on one concept within Roger’s science such as the human energy field. Through time and experience, Rogerian research has become more sophisticated where dual concepts such as hemodynamics and manifestations of field patterns are used to study people’s experiences (Phillips, 2000). Rogers insists that research in nursing needs to look at unitary human beings as integral with their environment. Thus the intention of research should examine and understand phenomena and design patterning activities that will promote healing (Gunther, 2002).

One of the challenges of Rogerian research is choosing the correct methodology to “examine the person and the environment as health related phenomena” (Gunther, 2002, p.234). The methodology must be able to recognize the “unitary nature of the phenomena of interest” and “propose evidence of patterned mutual change among variables” (Gunther, 2002, p. 234). Both qualitative and quantitative approaches have been used to achieve this however there is disagreement amongst researchers as to the appropriateness of both. Rogers (1992) states that both qualitative and quantitative methods are appropriate, whereas, Gunther suggests that quantitative experiments and quasiquantitative designs are not appropriate, as their intent is to evaluate cause and effect relationships. Gunther further states that descriptive, explanatory designs are appropriate for investigating the complex nature of the variables of the SUHB.

What is agreed upon is that there must be ontological and epistemological congruence between the model and the approach and this needs to be reflected in the research question (Gunther, 2002). Several mid range theories have developed specific research methodologies based on the Rogerian model to recognize human-environmental phenomena, such as Cowlings’ process of unitary pattern appreciation.

According to Phillips (2000), Rogerian researchers and theorists have made great progress in terms of the developing methodologies and instruments specifically for Rogerian science. Some examples of this are Butchers’ unitary field pattern portrait research method, Carboni’s pandimensional unitary process inquiry and Cowlings unitary pattern appreciation case study method (Phillips, 2000). Many Rogerian instruments have been developed to measure human-
environment field phenomena. Prior to these developments, Rogerian researchers were depending on methodologies and instruments from other sciences.

The value for practice is significant as Rogers’ work expanded the understanding of the healing processes that can happen with interacting with energy fields (Eschiti, 2004). Acceptance of the value of energy fields is evidenced by the fact that energy patterning nursing interventions now have an approved NANDA nursing diagnosis of Disturbed Energy Field (Leddy, 2004).

Healing is tied to emotions which are pattern manifestations, and being present and in the moment and connecting with another person's energy field is healing. Energy fields change and can bring about healing (S. Hardin, personal communication, November 23, 2006). When a connection occurs, one can feel a shift in the pattern manifestations (Gunter, 2002). I have experienced this shift both as a nurse and as a client. For instance, when I was a client receiving an amniocentesis, I was feeling anxious and fragile in anticipation. Prior to the doctor inserting the needle, the nurse held my foot and spoke to me. There was a shift in my pattern manifestation as my anxiety decreased, my anticipation of the pain decreased and procedure went well. Fawcett (1995) describes the focus of SUHB based nursing practice as creative use of nursing knowledge with the purpose of health promotion for individuals of various ages and diverse medical conditions.

Upon initial inquiry into Rogerian Science, one may find it complicated and abstract however it really is not that complicated. Gunter (2002) states, “with only three principles, a few major concepts and five assumptions, Rogers has explained the nature of man and life process” (p.236).

SUHB AND ADVANCED NURSING PRACTICE

In this section, I will discuss the usefulness of the SUHB as related to advanced nursing practice (ANP). The position statement on ANP from the College of Registered Nurses of British Columbia, (CNRBC), which has adapted elements of the Canadian Nurses Association’s position, defines ANP as an umbrella term that is defined by assumptions that practice has flexible boundaries with the emphasis on advanced nursing knowledge as opposed performing additional functions (CNRBC, 2005).

Rogers (as cited in Barrett, 1998) describes nursing practice as “the creative and imaginative use of nursing knowledge” (p.136). The nurse working within the capacity of ANP could address this idea within all four domains of practice: clinical, education, research or administration (CRNBC, 2005). Rogers strongly believed that basic and applied research was necessary for the continuation of nursing’s unique body of knowledge (Rogers, 1992). Research is an important component of ANP by developing and testing new knowledge and also the transmission of this knowledge (Rogers, 1992). The use of the broad principle of SUHB through ANP with its increased boundaries and nursing knowledge allows for many possibilities.
Lastly, Rogers’ SUHB provides the framework for nurses to be positive change agents in today’s challenging health care system. It gives nurses a way of knowing nursing and new ways to perceive and care for clients. This knowledge could be considered a gift in the face of adversity within health care today with budget cuts and a nursing shortage all of which are challenges to providing quality client care.

The SUHB provides a theoretical basis, which informs practice for the delivery of nursing care. Theory is a set of concepts and relationships that are known to work in a certain fashion and are the scientific basis for practice. Rogers has been a dominant figure in the development of contemporary nursing theory and has contributed to the development of nursing’s unique body of knowledge. Rogers’ work is viewed by some as controversial, but the SUHB has served to guide practice and education for the nursing profession.

PERSONAL PRACTICE SCENARIO

Early in my career, I had an interesting experience. I had just taken a course on Therapeutic Touch (TT) and was working on an extended care ward. There was a man who had poorly controlled chronic pain. The man requested more analgesic, but he already received all the medication to relieve his pain that was ordered. I told him that I couldn’t give him anything else but that I had been learning a technique that may help his pain. I was uneasy offering to do TT for this gentleman, as it was an unconventional intervention, especially for someone of his generation. To my surprise, he said he was willing to try anything.

I began to do the TT treatment first by holding his feet and imagining roots growing down towards the earth. I followed by working the whole body and then focused on the area over his legs where the pain was originating. Within a relatively short time, I could feel the difference in his energy as the pain subsided. I looked up at the man and he was asleep. I was completely surprised and I quietly left the room.

This man requested that I “do that thing” regularly and each subsequent time that I would do the TT for this man, the interval between starting TT and him falling asleep was getting shorter and shorter to where he would fall asleep. This was the first time that I intentionally and purposefully experienced working with energy fields. No one in the hospital was familiar with TT and this generated much discussion. Unfortunately, not all of the discussion was positive as one of my colleagues with a strong Christian background equated what I was doing to the supernatural. This nurse complained to our manager stating that I had no right to do to be dealing with spirits.

Viewing this practical situation from a Rogerian lens, TT is an integrative therapy that works with energy systems to clear blockages and restore balance. Rogers specifically lists TT as being consistent with human beings as energy fields and it is well-researched and documented to be effective in a number of situations (Eschiti, 2004). By offering this holistic intervention, I intentionally and purposefully used my focused awareness and that of the client’s to promote harmony and diversity in the energy field for his maximum well being.
It is important to note that I did not cause the effect of the decreased pain as it is not the practitioner who heals the client, but the client heals himself/herself by resonating with the energy frequency (Leddy, 2004). I participated but it was the client who was the major participant in the interaction (Rogers cited in Gunther, 2002). The client’s acceptance of my offer of TT demonstrated what Roger’s (cited in Fawcett, 1995) referred to as the client’s ability to “participate knowingly in the process of change” (p. 380). This example demonstrates acknowledgement of the client, myself, and the environment as an energy field which is open and in constant change. The energy field has patterns that are not observable but the manifestation of field patterning is the observable event more specifically, the pain. Rogers (1992) postulates that the observable event emerges out of the mutual process of the human-environmental field.

If you consider Rogers’ views that energy fields are the fundamental unit for both the living and the nonliving and that these fields cannot be divided or reduced as there is not separation between the identified fields, then the negative dissonance from my peer affected the whole energy field of the living and nonliving. For example, had that coworker been receptive and used her energy to expand this intervention, one can only imagine how the energy of the whole hospital environment could have changed with 50 nurses providing TT. Looking at the hospital as an energy field with the living and nonliving one can start to examine the established dissonance within the energy field that disturbs the resonance of the healing environment such as a coworker’s negativity to an obvious beneficial intervention with proven and observable efficacy. One can imagine that had there been a different reaction from my coworkers, the energy of the whole hospital could have evolved. This is similar to the analogy of the expanding ripples of a pebble thrown in a pond.

Conclusion

In this paper, the SUHB was examined in regards to nursing practice. Application to advanced nursing practice was presented and a personal practice scenario was examined through the theoretical lens of the SUHB. The SUHB was shown to be a valuable theoretical basis which informs practice for the delivery of nursing care.

REFERENCES


HOLISTIC NURSING PRAXIS:
INTERVIEW WITH VALERIE LINCOLN, PHD, RN, AHN-BC

VAL LINCOLN, PHD, RN, AHN-BC
Clinical Lead - Integrative Services
Woodwinds Campus, HealthEast Care System

As Clinical Lead of Integrative Services at Woodwinds Hospital, Dr. Val Lincoln has successfully led the integration of holistic nursing practice in this 86 bed community-based hospital in Woodbury, Minnesota, a suburb of the Twin Cities.

What prepared you to integrate a Holistic Nursing Model in an acute care environment?

For nearly all of my 35 years of nursing practice, I have been involved in acute care inpatient nursing. In the mid eighties and early nineties, I discovered the works of Rogers, Newman, Watson, Parse and other nursing scholars. Then I received an unsolicited copy of the Journal of Holistic Nursing. In it was a copy of the Position Statement on Social Justice and Nursing and the Environment. I joined the Society of Rogerian Scholars, Inc. and became a life long learner of Rogerian Nursing Science.

I found that my evolution as a nursing leader within the context of High Risk Obstetrics and Neonatal Intensive Care became a strong foundation as I explored the newest sub-specialty in Holistic Nursing. I eventually became one of the first certified nurses in Holistic Nursing in the country and an instructor in the Certification Program. In that capacity, I was further drawn to nursing theory and the deep work of Rogerian Nursing Science. Eventually, I completed my doctoral dissertation on the concept of ecospirituality based upon a Rogerian philosophy and cosmology.

I am passionate about contributing to the promotion of a healing environment and the practice of holistic nursing especially in an acute care hospital environment. Too many nurses have left this often chaotic demanding work environment and too many of us will need the best that high technology and high touch can provide. It was an opportunity of a life time to weave the tapestry
together of holistic nursing, healing environment and holistic nursing theory and practice.

What were some of the first steps, strategies and tactics that you employed?

The first step was the articulation of a clear vision supported by guiding principles. Secondly, nurses were carefully selected who had both strong clinical skills as well as an openness to practice nursing from a holistic perspective. Each RN completed the American Holistic Nurses’ Association (AHNA) assessment tool to help us understand their learning needs. Staff then attended several inservices on a variety of holistic topics. In the first year, we altered this topic based educational process and developed an integrated tapestry of a two day Holistic Nursing class. The foundation of these educational seminars are solidly built on Rogerian ontological postulates and principles.

After a year, we facilitated a survey of all RN’s to identify the barriers to their practice. From that assessment we formulated a Holistic Nursing Practice Council (HPC) with the express intent to identify strategies and tactics to integrate a holistic nursing model based on holistic theory and evidence based care. We established an overarching goal of “Caring Well for Self and Soul” as our template under which we create all continuing education activities. The specific educational activities are living examples of the breadth of understanding of Rogerian Science. For example the postulate of “energy” is manifest in the clinical use of energy based healing arts therapies. The postulate of “interconnection” is manifest in a seminar of therapeutic use of intention and intuition.

Two manifestations of this knowing is evident in both our Pause for Prayer Initiative and the Prayer Shawl Initiative: From our Hearts, thru our Hands. When a patient, family member, volunteer or staff has been identified, we can initiate a Pause for Prayer “code”. We have very minimal overhead paging. When we hear the “gentle chimes” on the overhead, our communal group acknowledges this by taking the moment to get grounded, set the intention for strength and comfort, take a deep cleansing breath and send out a ripple of compassion. For those on a beeper, no matter what building they are in, they can also choose to participate. The Prayer Shawl Initiative is a monthly group of individuals who subscribe to “setting an intention of peace, comfort and healing” while they create shawls to be given to staff, volunteers, patients and their families in need.

What does your curriculum present that is in alignment with Rogerian Science?

I try to lead from the consciousness of how to be a bridge from the academic to the practical. In that journey, I attempt to “bridge the language barriers” often associated with Rogerian philosophy from the colloquial perspective. I use easy to relate daily examples to make the concepts accessible to the entire spectrum of our nurses. To many, nursing theory is a new concept.
To younger professionals they “had a little of it, but never practiced in a hospital” with a strong theoretical foundation in their professional practice model.

I briefly review holistic principles incorporating language that is familiar to the staff given our holistic nursing model (HNM) of care. The first presentation “Pillars” briefly reviews: quantum science, interconnection, pandimensionality, energy fields, integrality, pattern, process, co-evolution, and relationship. Given my personal passion, the curriculum is grounded in Rogerian Science. Additionally I review the contributions of other nursing scholars such as Newman, Watson, and Nightingale under the rubric of Nursing Theory, Research and Ways of Knowing.

The Woodwinds’ HNM is in alignment with the ideas about praxis as submitted by Butcher (2006). Praxis is a unitary pattern-based practice of a nexus of Rogerian cosmology, philosophy, and science to inform nursing practice and research (Butcher, 2006). Further, praxis involves recognizing that persons are irreducible energy fields and focuses on enabling clients to create a new and alternate reality based on making new choices and actions (Butcher, 2006). The Woodwinds’ HNM praxis emanates from the inter-relationship of practice, research, and education.

What Healing Art Therapies do your holistic nurses employ?

The nurses employ a wide variety of mutual patterning therapies in our Holistic Nursing Praxis. Butcher (2006) reviewed many holistic, non-invasive modalities. The Healing Art Therapies that are incorporated into care at Woodwinds includes: energy based healing techniques such as Healing Touch, Therapeutic Touch, Reiki and acupressure, the use of essential oils, guided imagery, healing music and massage. I introduce the staff to a simple mnemonic of the FOUR A’s: “Awareness, Access, Appreciation and Action”. The infinite, integral nature and co-extensive nature of a nursing assessment begins first with embracing the consciousness of deep awareness, following the development of skills in energy assessment and appreciation utilizing multi-sentient skills. This is followed by the action a nurse takes to accurately use this information to coparticipate with the patient in their healing process.

Figure 1: Mentoring Through Hand Massage
This is closely linked to what I call the “ABC’s of Woodwinds”. We focus first on healing ourselves due to our deep understanding of mutual patterning and process. We first must become Aware before we can Attend to our own healing. This is followed by Balance and Being. Before we can access a place of being, we must seek and allow more balance in our own self. This is followed by Compassion & Consciousness. Our goal is to allow the flow of compassion. This dynamic, innovative pattern of embracing a consciousness of service allows the mutual process of unfolding potential; in self, for other and for the cosmos. This nursing model has contributed immensely to RN staff professional satisfaction and engagement. We have one of the highest RN engagement scores in the country according to Gallup.

SRS NEWS

MESSAGE FROM THE PRESIDENT
CULTIVATING THE FUTURE OF SRS
MARLAINE C. SMITH

I’m not a very organizationally oriented person. Don’t get me wrong, I appreciated the importance of certain professional organizations, but I never got very involved. I paid my dues, came to meetings and admired the work that the others did to keep things going. Imagine my surprise at finding myself at the helm of the Society of Rogerian Scholars! I guess I’ve come to realize that it is time for those of us in the mature phase of our careers to provide the leadership that is so important for those organizations we value and for the discipline of nursing.

Like many of the nursing organizations that I value, SRS is struggling to remain vibrant and relevant within a discipline and profession in which philosophical and theoretical thinking seems less valued than it used to be. So it is more important than ever for those of us who share this value to join together to cultivate the future growth of SRS and unitary perspectives. How can we do this? Many of us are teachers. Each day we interface with students who want to develop a meaningful practice in nursing. Many are entering nursing after a baccalaureate degree in another discipline or a career in another field. They selected nursing because they want to make a difference in people’s lives. Because they know how disciplines work, they appreciate the ideas of theory-guided practice. They really understand that the knowledge of the discipline should be visible in its practice, and many are surprised at the level of knowledgeable practice that is expected of them. Once the glitter of mastering the technology and the challenges of multitasking in a chaotic healthcare environment wear off, they ask the question, “Is this all there is?” And if the answer is “yes” they leave. Some go to another practice environment; some go on to graduate school, and sadly, some leave nursing. According to the National League for Nursing and Pricewaterhouse Coopers’ HRI Analysis, after two years, 50% of new nurses leave their first job. I firmly believe that learning about nursing as a professional discipline, a science, with theories that guide the knowledgeable practice of nursing toward the better of humankind is what many of these young people are seeking. Introduce your students to the ideas in unitary science. Have them read about them and dialogue with them. Invite students to join SRS and attend a conference with you. We need your leadership and the curiosity and commitment of our young scholars to move SRS forward.

Another way to cultivate the future growth of SRS is through strategic planning. We are beginning strategic planning guided by an appreciative inquiry process. The process guided by a 4-D Model (Discover, Dream, Design and Destiny). In the first phase, Discover, we will be interviewing some members about their present perceptions and future visions for SRS. We hope to bring what we’ve discovered through these interviews to the Dream phase at our Conference, October 23-25, at Florida Atlantic University in Boca Raton. Join us there as we dream the future for SRS!
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The Martha E. Rogers Scholars Fund offers periodic scholarship awards. The following are the recipients of the SRS Martha E. Rogers Scholars Fund 2009 Scholarship award.

<table>
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<td>Life patterning of women experiencing midlife transition</td>
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GOLDEN SLINKY AWARDS PRESENTED TO VISIONS CO-EDITORS SONYA HARDIN AND MARTHA BRAMLETT

At the Society of Rogerian Scholars 20th Anniversary Celebration on October 11, 2008, Visions Co-Editors, Sonya Hardin, RN, PhD, and Martha Bramlett, RN, PhD, were honored by President Marlaine Smith with the Golden Slinky Award. Hardin is a University of North Carolina-Charlotte, Assistant Professor; Bramlett is a retired Associate Professor from University of South Carolina. For the past 6 years, the Co-Editors have served with distinction in publishing Visions, The Journal for Rogerian Nursing Science; this Journal is a peer reviewed publication of the Society of Rogerian Scholars, and a membership benefit. It is indexed in CINAHL (Cumulative Index to Nursing and Allied Health Literature) and its content addresses aspects of Rogers’ Science of Unitary Human Beings. The Celebration was held during the SRS 2008 Annual Conference at Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio. Co-editors, Hardin and Bramlett established online access to the Journal at the Society of Rogerian Scholars website in 2007.

Previously, Golden Slinky awards were presented to six distinguished nurse scholars who have made significant contributions to the advancement of Rogers’ Science of Unitary Human Beings, and to the Society. In 1996, Mary Madrid, RN, PhD and Violet Malinski, RN, PhD; in 1998, Frances Biley, RN, PhD, and Rosemarie Parse, RN, PhD; and in 2000, W. Richard Cowling, RN, PhD, and Sheila Cheema, RN, PhD, received the award.

The Golden Slinky Award was instituted to honor Martha E. Rogers, the creator of the Science of Unitary Human Beings, for her contributions to nursing and society. The criteria for the award are: scholarly contributions to unitary nursing science; creative endeavors that enrich unitary nursing science and human betterment; advocacy for social justice for all people; and contributions to the development, planning of and participation in Rogerian conferences (Cheema, 2000).

References


On January 31, 2009 the Society of Rogerian Scholars lost a good friend as Joanne King Griffin, RN, PhD, made the transition into the great universal field. While we no longer enjoy her physical presence, she continues to influence us through the experiences many of us shared with her and through cherished memories. Following is the obituary published in NYU Nursing as well as a collection of memorials written by some of those who knew her well.

In Memoriam:
Joanne King Griffin

Former NYU nursing professor Joanne Griffin, PhD '75, MA '60 died on January 31, 2009 after a long battle with cancer. After receiving a BA in nursing at The College of Mount St. Vincent, Dr. Griffin practiced nursing in Hempstead, New York and San Francisco, and then returned to New York City to complete her masters and doctoral degrees in nursing at NYU. She was a member of the NYU nursing faculty for 40 years until her retirement in 2006. A member of the Society of Rogerian Scholars and Sigma Theta Tau, Dr. Griffin was a founding faculty member of CUNY's Bronx Community College Nursing Department, where she met her husband, Gerald Joseph Griffin. They built rich personal and professional lives together until Gerry's death in March 1989. They had four daughters, Mary Hope, Jerilyn "Cinder", Maura, and Jennie. Dr. Griffin also served as the International Student Coordinator in the Steinhardt Office of Student Affairs for several years prior to her retirement.

Many family members, friends and colleagues gathered for Dr. Griffin’s funeral mass held February 7th at St. Joseph’s Church in Greenwich Village. She was remembered as an extraordinary nurse educator, scholar, loving family member and friend. As alumna Teddy Sirota wrote in an on-line guestbook entry, “Joanne’s work will always live through the nurses whose lives she touched and shaped so holistically and magnificently.”

We mourn the loss of this member of our extended community who gave so much to so many.

Reflections on the life of Joanne King Griffin

Joanne Griffin was not a quiet, submissive woman. She had a strong voice in expressing her beliefs, and sometimes no voice at all when she wanted to ignore an inane comment that required no response. Listen, and you will hear and experience the resonance of her clarion voice. Perceive her ardent advocacy for the rights of people, especially the underdog and the downtrodden, including students and faculty members. See the people whose feathers she ruffled and whose wings she clipped to curtail their unwanted, even unethical behavior.

The voices of her children and their families attest to her unconditional love, even at times her tough love for them. She was concerned with their needs and how she could meet them. Her concern for peers and friends was enviable, and I was a recipient of this concern, both as a colleague and friend. Joanne was a lover of good food and restaurants. A coterie of us wondered what new restaurant and food she would suggest for our ongoing haunt of food establishments. Sometimes the restaurants were those she had taken her daughters or those suggested by them. Joanne relished lobster and lobster rolls and knew the best places in New York City to get them. Joanne had a full life according to her standards.

Joanne did not always bow to the dictates of Rogers and her Science of Unitary Human Beings. She sought new ways to look at Rogers' science. This was especially noted in the design and selection of speakers for the Regerian conferences. She frequently questioned Rogers about her science and did not hesitate to offer Rogers her own ideas. Frequently, this led to lively discussions.

I'm sure Joanne and Martha are having a wonderful, hilarious time wherever they may be. Joanne, peace and love. We do experience your spirit.

John R. Phillips, RN, PhD, Professor (Retired), New York University, College of Nursing, New York

I first met Joanne in the 1970's from afar. I would see her on Sunday mornings in St. Joseph’s Church in Greenwich Village. I watched as she, Jerry, and their four daughters waited in line for Communion. I knew she was faculty at the NYU, Division of Nursing, but as a new doctoral student, I hadn't met her. I became friends with Joanne through our mutual participation on the Rogerian Conference Planning Committees over the years. The 9th Rogerian Conference, held in June, of 2004, could not have happened if it had not been for Joanne. She arranged for the space, the food, the media, and so many other necessary tasks. However, it was the way she did it that I so admired; she was upbeat and enthusiastic, direct, open, and supportive of the committee and presenters.

Joanne seemed to roll with the punches no matter what life brought her. She was a trouper, as they say. She stayed true to her principles and beliefs, no matter who her audience or their beliefs. Her God and her family came first, and she was a loyal friend through thick and thin. NYU, the Division of Nursing, and
the students meant so much to her; does not the 40 years of her career that she
gave them make a statement? But then, giving was second nature to Joanne.
She touched and changed many peoples’ lives in small or significant ways, mine
included. She was a role model for putting first things first and living with
courage. Yes, the world is a different and more meaningful place since Joanne
King Griffin passed through and made her mark. We will not forget her, and
perhaps she remembers us, as love is not bound by time or space.

Thank you, Joanne.

Elizabeth Ann Manhart Barrett, RN-BC; PhD; FAAN, Professor Emerita of
Nursing, Hunter College of the City University of New York, Health Patterning
Therapist, Private Practice, New York

Dr. Joanne King Griffin was a wife and mother, professor and friend: She
was my first NYU professor, in a summer course in the M.A. program in nursing.
A woman close to my own age, a seasoned, nursing faculty member, wife of
Gerald Griffin, who was a retired nursing faculty member, and mother of four
teen-aged daughters.

Joanne’s advocacy course was lively and thought-provoking. My
classmates were from different countries and backgrounds, all younger than me.
Joanne had remarkable awareness of her students, individually and as a group.
She was skilled at learning about us as individuals, and at creating common
purpose through group projects.

After one class, Joanne casually asked if I knew the director of the Board
of Nursing in Maine. I had worked with her on Entry into Practice, and Joanne
knew her well through her role on the NY Board of Nursing! That was the first of a
series of connections, continuing and growing in respect and friendship
throughout my graduate studies.

Snapshots of the Joanne I came to know as both professor and friend
scroll through my memory:

- Being her guest at a West Village bakery, where she introduced me
to cannoli…
- Going to Mass with the Griffins: Jerry and Joanne, and their
daughters…
- Joanne and Jerry and their “girls” delivering meals from St.
  Joseph’s Church to the neighborhood…
- Joanne as networker …arranging for me to meet Dr. Ruth Bell, a
  post-polio paraplegic who lived on Roosevelt Island and served on
  the NYBON…
- Joanne’s faculty friendships with Dee Krieger, and Joan Hoexter,
  and John Phillips and Pat
- Hurley—and many more people I knew less well…
- Joanne and Joan Hoexter visiting me in Maine; Joan back from a
  walk before breakfast, while
Joanne slept in. Sharing a big pot of lobsters on the back deck... stories and laughter....
Joanne’s generosity sharing her time, and space in her Bleeker St. apartment...
Joanne’s intellect, clarity and focus when she critiqued my dissertation drafts....
Joanne’s guidance in preparing for orals—and her “nerves” as I began the defense....
Her personal and professional passion for both the science and the art of nursing
Her unflagging pride in her daughters: who they were becoming, and what they were doing...
Her deep spiritual beliefs, which guided her throughout her life…
Her courage in the last days; making choices, with her daughters seeing that her wishes were carried out...
Hospice, the music ministry, going back home....
Teaching advocacy by her example, and demonstrating the power of knowing participation in change, as she made her transition from one life to the next.

Joanne, Thank you for being in my life (our lives!). We miss you!

Dorothy Woods Smith, PhD, RN, AHN-BC, QTTT; Associate Professor Emerita, University Southern Maine, Portland, ME

I first met Joanne in the mid to late 1980s as a graduate student at New York University Division of Nursing. During that period, Joanne experienced the loss of her beloved husband. Her devotion and grief were evident in those days, and, through her disclosure, sharing, and lived experience, I learned many lessons. In those years, I was not married but had, just a few short years before, experienced the loss of my mother and so I empathized with her regarding her loss. Throughout her grief and bereavement, Joanne taught the lessons of love, survivorship, and the connection of students and teachers around universal human issues within the academic environment.

During doctoral study, I had the opportunity to work with Joanne and her friend and colleague, Margo Ely, as a teaching assistant in the Qualitative Field Study course. Joanne loved this work. She was wonderful to watch in her work as a teacher. Joanne was adept at crafting an important lesson at the precise teachable moment; supportive, yet, demanding; elegant and thorough at the same time. After the class we would always go out to dinner to debrief and plan strategies. While we didn’t always come up with answers at that point in the evening, we always had fun!

In yet another circle and context, I had an opportunity to learn about and from Joanne and experience her collegiality when we served together on the Planning Committee for the Rogerian conferences. I experienced first-hand her...
expertise, collaboration, and contributions at Committee meetings, small group
work, dialog, and the conferences. Joanne was outspoken about her points of
view and contributed much to the process and outcome of the conferences and
dialogs. She was always supportive and encouraging of students’ involvement. At
the last conference held at NYU in 2004, we worked closely right down to the last
day of the conference. She worked hard and was a great colleague.

Throughout my doctoral study and through my years in the “All but
Dissertation” category, Joanne, while not a member of my committee, was
supportive and encouraging of me and my work. She always seemed to say the
right thing at the right time and nudged me just enough when I needed it. I am
grateful for her presence in my life in the past, present, and future moments. So,
for me, Joanne will be ever present, despite the loss of her physical presence.

Arlene T. Farren, RN, PhD, Assistant Professor and Deputy Chair, Department
of Nursing, College of Staten Island/CUNY

Although we often did talk, sometimes for hours, there was often no need
to. From my perspective at least (and I’d like to think it was a perspective that
was shared by her), my relationship with Joanne was one of those special ones;
it was simply enough just to be together. And when we did get around to talking,
there was always that glint in her eye, a sharp sense of humour, and discussions
about Rogerian science (but of course!), NYU, and (but of course!) her precious
daughters and grandchildren. But we first met perhaps 20 years ago. There she
would be, behind the registration desk or elsewhere in the hub of things at the
latest Rogerian event, organising, directing, overseeing. Caring, presencing. And
jet-lagged I, slightly bemused and lost by the transition into everything-
Manhattan, would be met with a welcoming wide grin and a hug... “There you are
Joanne...!”.

With her walking stick in her hand, we walked (quite rapidly I seem to
remember) from her apartment in Silver Towers through the muggy late afternoon
heat of early summer to LaGuardia Place. I was keen to try out a restaurant I had
spotted. We sat, and smiled and laughed and ate, and talked about Rogerian
science (but of course!), NYU, and (but of course!) her precious daughters and
grandchildren....

The Atlantic divide is a very big one, and we were able to meet only very
infrequently. But the internet and email helped and we were able to communicate
regularly. And then one day I had an email from Joanne telling me that she was
really quite ill. Over the next few months we communicated more, and sometimes
by telephone. And towards the end, it was I that did all of the talking, Joanne just
smiled. And even on the telephone, just a few hours before she passed away,
when I wasn’t talking, it was simply enough just to be together...

Francis C Biley, RN, PhD, Associate Professor, Bournemouth University, UK;
Adjunct Professor, Seton Hall University, New Jersey.
BYLAWS OF
SOCIETY OF ROGERIAN SCHOLARS, INC.

Adopted March, 1995
Revised January, 1996

Proposed Amendments June, 2008

ARTICLE I
OFFICES

The principal office of the Corporation shall be located at such place in the City of New York, State of New York as the Board of Directors may from time to time determine. The Corporation may also have other offices, at such other places both within and without the State of New York as the Board of Directors may from time to time determine or the business of the Corporation may require.

ARTICLE II
MEMBERS

Section 1. Membership. In accordance with the provisions of Section 601 (a) of the New York Not-for-Profit Corporation Law, the Corporation has members who shall be persons eligible to be elected or appointed from time to time as Directors of the Corporation and who shall be considered to be the members of the Corporation for the purposes of any statutory provision or rule of law relating to members of a non-stock not-for-profit corporation.

Add...A member of the Society of Rogerian Scholars in good standing shall have paid current annual dues by the published due date. Honorary members of the Society shall be designated by the Board of Directors, and may include, for example, Founders and Past Presidents of the Society of Rogerian Scholars.

Section 2. Meetings. A meeting of the membership shall be held annually for the election of directors, announcement of ballot results, and the transaction of such other business as may properly come before the membership.

Section 3. Notice. In accordance with Section 605 of the New York Not-for-Profit Law, notice of meeting shall be by first class mail or by telephone, facsimile, electronic mail or hand delivery and shall be given not less than ten nor more than fifty days before the date of the meeting. Notice of meeting need not be given to any member who submits a signed waiver of notice whether before or after the meeting.
ARTICLE III
BOARD OF DIRECTORS

Section 1. Powers and Number. The Board of Directors shall have general power to control and manage the affairs and property of the Corporation in accordance with the purposes and limitations set forth in the Certificate of Incorporation. The number of Directors that shall constitute the Board shall be not less than three nor more than eighteen, including the ex-officio officers. Within the specified limits, the number of Directors shall be determined by the Board of Directors.

Section 2. Election and Term.

(a) Elections shall take place by mail ballot prior to each annual meeting of the membership. Officers of the Corporation elected by the members shall serve as ex-officio directors. Such ex-officio directors shall have full voting rights.

(b) In conjunction with the first annual meeting of the membership held after the adoption of these By-Laws, the membership shall elect three directors for a term of two years (Class I).

In conjunction with annual meetings of the membership [thereafter,] Class I Officers and Directors shall be elected in odd years, and Class II Officers and Directors shall be elected in even years. For a term of two years in odd years, the Vice-President and Treasurer [and President-Elect] shall be elected ex-officio Directors in Class I; also, three Directors shall be elected.

For a term of two years in even years, the President, Secretary, and Chairperson of the Nomination Committee shall be elected ex-officio Directors in Class II; also, three Directors shall be elected.

The Officers and Directors shall be elected by a majority vote of the membership. Each Director shall serve until the expiration of such Director’s term and until the earliest of the election or appointment and qualification of such Director’s successor or until such Director’s death, resignation, or removal. At the expiration of any term of two years, a Director may be reelected.
Section 3. Vacancies and Newly Created Directorships. Newly created Directorships resulting from an increase in the authorized number of Directors and vacancies occurring in the Board of Directors for any cause, including any such vacancy occurring by reason of the removal of any director from office with or without cause, may be filled by the vote of a majority of the directors then in office, although less than a quorum, or by sole remaining Director. Each Director shall serve until the next annual meeting and until the earliest of such Director’s successor being elected or appointed and qualified or until the earliest of such Director’s death, resignation or removal. New directorships will be apportioned between the Classes as to make both Classes as nearly equal in number as possible.

Section 4. Removal. A director may be removed with or without cause by a majority vote of the membership. Provided there is a quorum of not less than a majority of all Directors present, a Director may be removed for cause by the vote of two thirds of the Board of Directors present at the meeting at which such action taken.

Section 5. Resignation. Any director may resign from office at any time by delivering a resignation in writing to the President. The resignation shall take effect at any time specified therein, and unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. If an ex-officio Director resigns from the Board of Directors, he or she shall be deemed to have resigned as an office of the Corporation pursuant to Article V, Section 4.

Section 6. Meetings. Regular or special meetings of the Board of Directors shall be held at such time and places as may from time to time be fixed by the Board of Directors or as may be specified in a notice of meeting. Special meetings of the Board of Directors may be held at any time upon the call of the President or any director upon written demand of not less than a majority of the entire Board.

Section 7. Notice of Meetings. Notice need not be given of regular meetings of the Board if the time and place of such meetings are fixed by the Board of Directors. Notice of each special meeting of the Board of Directors must be given to each director not less than two days before such meeting. Notice may be in writing and sent by mail, addressed to such Director at his or her address as it appears on the records of the Corporation. Such notice shall be deemed to have been given when it is deposited in the Unites States mail. Notice may also be by telephone or sent by facsimile transmission, telegraph, telex, courier service, (add…electronic mail), or hand delivery. Notice of a special meeting(s) need not be given to a Director who submits a signed waiver of notice before or at the meeting’s commencement.
Section 8. Place and Time of Meeting. Meetings of the Board of Directors shall be held at the location, within or without the State of New York, which is fixed by the Board of Directors or, in the case of a special meeting, by the person or persons calling the special meeting.

Section 9. Quorum. At each meeting of the Board a majority of the Directors of the entire Board of Directors shall constitute a quorum for the transaction of business. If a quorum is not present at any meeting of the Board of Directors, a majority of the Directors present may adjourn the meeting, from time to time, without notice other than announcement at the meeting, until such a quorum is present.

Section 10. Manner of Acting and Conflicts Policy. The vote of a majority of the Directors present at any meeting at which there is a quorum shall be the act the Board of Directors. In connection with all actions taken by the Board of Directors with respect to any contract or transaction between the Corporation and one or more of its Directors or officers or between the Corporation and any other corporation, firm, association, or other entity in which one or more of the Directors or officers of the Corporation are Directors or officers or have a substantial financial interest, affiliation, or other significant relationship, each such interested Director or officer of the Corporation shall:

(a) disclose to the Board of Directors the material facts as to such Director’s or officer’s interest in such contract or transaction and as to any such common directorships, offices, or substantial financial interest, affiliation, or other significant relationship, which disclosure shall be duly recorded in minutes or resolutions relating to such actions, and

(b) abstain from voting on such contract or transaction.

Interested Directors may be counted in determining the presence of a quorum at a meeting of the Board of Directors that authorizes such contract or transaction.

Section 11. Organization. At each meeting of the Board of Directors, the President, or, in the President’s absence, the Vice President or a person chosen by the Directors, present shall act as president. The Secretary shall act as secretary of each meeting of the Board of Directors. In the absence of the Secretary, the president of the meeting shall appoint a secretary of the meeting.

Section 12. Committees of Directors. The Board of Directors may by resolution adopted by a majority of the entire Board, designate one or more standing, special or other committees, including without limitation an
executive committee, to have and exercise such power and authority as the Board of Directors shall specify and as permitted by law. Each standing or special committee shall consist of three or more Directors. The members of special committees shall be appointed by the President, with the consent of the Board of Directors. In the absence or disqualification of a member of a standing committee, the member or members thereof present at any meeting and not disqualified from voting, whether or not such persons constitute a quorum may unanimously appoint another Director to act at the meeting in place of any such absent or disqualified member.

Committees other than standing or special committees shall be committees of the Corporation and shall be known as “other committees.” “Other committees” shall be created by the Board of Directors of (by) the members. Two such “other committees” shall be the Nominating Committee and the Publication Committee. Members of the Nominating Committee, the Publication Committee and (by) other committees may be elected by the membership in the same manner as officers of the Corporation and shall be elected by the membership as such. The Chairperson of the Nomination Committee shall be elected in even years and shall be a Class II Director. Two members of the Nomination Committee shall be elected in odd years, and two members of the Nomination Committee shall be elected in even years. The Publication Committee shall be an “other committee,” and the chairperson and members shall be appointed by the Board.

At each meeting of a committee, a majority of members on the committee shall be present to constitute a quorum. The vote of a majority of the members of a committee present at any meeting at which there is a quorum shall be the act of the committee.

Section 13. Meeting by Conference Telephone. Any one or more members of the Board of Directors or any committee thereof may participate in a meeting of the Board of Directors or such committee by means of a conference telephone or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

Section 14. Action Without a Meeting. Any action required or permitted to be taken by the Board of Directors or any committee thereof may be taken without a meeting if all members of the Board of Directors or such committee consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the members of the Board of Directors or such committee shall be filed with
the minutes of the proceedings of the Board of Directors or such committee.

Section 15. Compensation of Directors. The Corporation shall not pay any compensation to Directors for services rendered to the Corporation, except that Directors may be reimbursed for expenses incurred in the performance of their duties to the Corporation.

ARTICLE IV

ADVISORY BOARD

The Board of Directors, by resolution adopted by a majority of the entire Board, may designate an Advisory Board. Such Advisory Board shall consist of person(s) who are interested in the purposes and principles of the Corporation. The Advisory Board and each member thereof shall serve at the pleasure of the Board of Directors. Any vacancy in the Advisory Board may be filled and any member of the Advisory Board shall advise the Board of Directors as to any matters that are put before it by the Board of Directors concerning the Corporation. The Advisory Board shall not have or purport to exercise any powers of the Board of Directors nor shall it have the power to authorize the seal of the Corporation to be affixed to any papers that may require it.

ARTICLE V

OFFICERS

Section 1. Officers. The officers of the Corporation may consist of a President, [Delete,,a President-elect,] a Vice-President, a Secretary, a Treasurer, a Chairperson of the Nominating Committee, and such other officers with such titles as the Board of Directors shall determine, all of whom shall be elected by and serve at the pleasure of the membership of the Corporation.

Section 2. Election, Term of Office, and Qualifications. The officers of the Corporation shall be elected pursuant to Article III, Section 2 of these By-Laws by a majority vote of the membership at the annual meeting of the membership, and each officer shall hold office until the expiration of such officers term of two years or until the earlier of such officers successor being chosen and qualified or until such officer’s death, resignation, or removal. [Delete…The President-elect shall serve a term of one year, upon completion of which, the president-elect shall assume the position of the president.] One person may hold, and perform the duties of more than one office, provided that the offices of President and Secretary may not be held by the same person. All officers shall be ex-officio members of the Board of Directors and shall be subject to the supervision and direction of (to) the entire Board.
Section 3. Removal. Any officer elected or appointed by the Board of Directors may be removed by the vote of a majority of the Board of Directors may be removed by the vote of a majority of the Board of Directors, either with or without cause, at any meeting of the Board at which a majority of the Directors is present.

Section 4. Resignations. Any officer may resign at any time by giving written notice to the President. The resignation shall take effect at the time specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. An officer who is an ex-officio Director and who resign as an officer shall also be deemed to have resigned as a Director pursuant to Article III, Section 5(b) of these By-Laws.

Section 5. Vacancies. A vacancy in any office arising from any cause shall be filled for the unexpired portion of the term in the manner prescribed in these By-Laws for regular election to such office.

Section 6. President. The President shall preside at all meetings of the Board of Directors. The President shall have and exercise general charge and supervision of the affairs of the Corporation and shall do and perform such other duties as the Board of Directors may assign to the President.

[Delete....] Section 7. President-Elect. The President-elect shall assume the Presidency at the end of the term of office. The President-elect shall communicate to the public the purposes of the Society and shall assume other duties as assigned.]

Section 7 (8). Vice President. At the request of the President or in the event of the President’s absence or disability, the Vice President shall perform the duties and possess and receive perform such other duties as the Board of Directors may assign to the Vice President.

Section 8 (9). Secretary. The Secretary shall:

(a) record and keep the minutes of all meetings of the Board of Directors in books to be kept for that purpose;
(b) see that all notices and reports are duly given or filed in accordance with these By-Laws or as required by law;
(c) be custodian of the records (other than financial) and have charge of the (d) seal of the Corporation and see that it is used upon all papers or documents whose execution on behalf of the Corporation under its seal is required by law or duly authorized in accordance with these By-Laws; and
(d) in general, perform all duties incident to the office of Secretary and such other duties as the President or by the Board of Directors may from time to time assign to the Secretary.
Section 9 (10). **Treasurer.** The Treasurer shall:

(a) *(e)* have charge and custody of, and be responsible for, all funds and securities of the Corporation and deposit all such funds in the name of the Corporation in such depositories as shall be designated by the Board of Directors;

(b) *(f)* exhibit at all reasonable times the Corporation’s books of account and records to any of the Directors of the Corporation upon application during business hours at the office of the Corporation which such books are kept;

(c) *(g)* render a statement of the condition of the finances of the Corporation at the annual meeting of the board of Directors as provided in Section 519 of the Not-for-Profit Corporation Law;

(d) *(h)* receive, and give receipt for, moneys due and payable to the Corporation from any source whatever and subject to the direction of the Board of Directors, authorize the disbursement of moneys of the Corporation;

(e) *(i)* in general, perform all the duties incident to the office of Treasurer, and such other duties as the President of the Board of Directors may from time to time assign to the Treasurer; and

(f) *(j)* if required by the Board of Directors, give such security for the faithful performance of the Treasurer’s duties as the Board of Directors may require.

Section 10 (11). **Chairperson of the Nomination Committee.** The Chairperson of the Nomination *(ng)* shall supervise the nomination for elections of officers and directors and shall work with other members of the Nomination *(ng)* Committee to ensure the integrity of the nomination process.

ARTICLE VI

STAFF

Section 1. **Executive Director.** The Board of Directors may employ an Executive Director who shall be charged with the administrative and executive management of the affairs of the Corporation and such other powers and the performance of such other duties as the Board of Directors may delegate.

Section 2. **Additional Personnel.** From time to time, the Board of Directors may employ such other staff personnel with such titles as the Board of directors shall determine according to available administrative funds *(fin) and needs of the Corporation.*
Section 3. Compensation. The Board of Directors may from time to time establish the rate of compensation and benefits for the Executive Director and staff personnel of the Corporation.

ARTICLE VII
EXECUTION OF INSTRUMENTS

Section 1. Contracts and Instruments. The Board of Directors, subject to the provision of Article III, Section 1, may authorize any officer or officers or agent or agents of the Corporation to enter into any contract or to execute and deliver any instrument in the name of and on behalf of the Corporation. Such authority may be general or may be confined to specific instances.

Section 2. Deposits. Funds of the Corporation may be deposited from time to time to the credit of the Corporation with the depositories that are selected by the Board of Directors.

Section 3. Orders for the Payment of Money and Endorsements for Deposit.

(a) All checks, drafts or other orders for the payment of money, notes, or acceptances issued in the name of the Corporation shall be signed by the officer or officers or agent or agents of the Corporation authorized, and in the manner determined, from time to time by resolution of the Board of Directors.

(b) Endorsements for deposit to the credit of the Corporation in any of its authorized depositories may be made without countersignature, by any officer of the corporation or may be made by hand-stamped impression in the name of the Corporation, unless otherwise provided by resolution of the Board of Directors.

Section 4. Sale or Transfer of Securities. Stock certificates, notes, bonds, or other securities held or owned by the Corporation may be sold, transferred, or otherwise disposed of when endorsed for transfer by the officer or officers or agent or agents of the Corporation authorized, and in the manner determined from time to time by resolution to the Board of Directors.

ARTICLE VIII
INDEMNIFICATION

The Corporation shall indemnify to the fullest extent permitted by law, including the advancement of costs and expenses, all current or former officers, Directors, employees, and other persons permitted by law to be indemnified.
ARTICLE IX

GRANTS AND OTHER EXPENDITURES FOR
THE ADVANCEMENT OF CHARITABLE PURPOSES

Section 1. Authorization. Grants, gifts, contributions, or other distributions for the advancement of the charitable purposes of the Corporation shall be made only if specifically authorized by the Board of Directors.

Section 2. Discretion Retained by the Board of Directors. The Board of Directors shall at all times maintain complete control and discretion over the distribution of moneys received by the Corporation, and shall not enter into any agreement with any person or organization that would in any way limit such control or discretion. The Board of Directors shall not represent to any person from whom it solicits or receives gifts, grants, or bequests, or contributions that any moneys received will be distributed other than at the discretion of the Board. The Board of Directors may solicit or receive gifts, grants, bequests, or contributions for a specific project that it has reviewed and approved as in furtherance of the purposes of the Corporation as stated in the Certificate of Incorporation. The Board of Directors may, in its absolute discretion, refuse any conditional or restricted gift, grant, bequests or contribution and return to the donor any such contribution actually received.

Section 3. Procedures for Description. The Board of directors shall adopt procedures from time to time for grants, gifts, contributions, or other distributions by the Corporation. Such procedures shall not be inconsistent with Federal tax law or the Non-for-Profit Corporation Law and shall further the charitable purposes of the Corporation.

ARTICLE X

GENERAL PROVISIONS

Section 1. Fiscal Year. The fiscal year of the Corporation shall be fixed by the Board of Directors.

Section 2. Seal. The Corporate seal shall have inscribed theron the name of the corporation the year of the organization and the words “Not-for-Profit Corporation of New York.” The seal may be used by causing it or a facsimile therof to be impressed or affixed or in any manner produced.

Section 3. Books and Records. The Corporation shall keep correct and complete books and records of accounts or the activities and transaction of the Corporation, including a minute book, which shall contain a copy of the Certificate on Incorporation, a copy of these By-Laws, and all minutes of meetings of the Board of Directors and committees, therof.
ARTICLE XI

AMENDMENTS

Section 1. Certificate. The Board of directors may amend the Certificate of Incorporation at any meeting of the Board of Directors, at which a quorum is present, by a vote of a majority of the Directors present or by unanimous written consent of the Board of Directors. The membership may amend or repeal the Certificate of Incorporation by (i) a majority vote at the meeting of the membership held annually or (ii) at a special meeting convened by the members entitled to cast ten percent of the total number of votes entitled to be cast at such meeting, provided that the number of votes cast represent a majority shall be at least equal to the quorum at an annual or special meeting.

Section 2. By-Laws. The Board of Directors may amend or(f) repeal these By-Laws at any meeting of the Board of Directors, at which a quorum is present, by a vote of a majority of the Directors present or by unanimous written consent of the Board of Directors. The membership may amend or repeal these By-Laws by (i) a majority vote at the meeting of the membership held annually or (ii) at a special meeting convened by the members entitled to cast ten percent of the total number of votes entitled to be cast at such a meeting provided that the number of the votes cast representing a majority shall be at least equal to the quorum at the annual or special meeting.
Call for Manuscripts

The editors of Visions are seeking manuscripts for the July 1, 2010 deadline. Visions, a peer-reviewed, biannual publication that is indexed in CINAHL (Cumulative Index to Nursing and Allied Health Literature) is focused on content that reflects some aspect of Rogers’ Science of Unitary Human Beings (clinical practice, research, theoretical issues, etc.).

Organization of Manuscript:
1. Identification page (name, address, phone number, affiliation and professional title and running title, and email address.
2. Title page (no author identification.
3. Abstract followed by 3-4 key words for indexing.
5. Submit 4 copies of the manuscript or email a copy to:

Dr. Martha Bramlett
6332 Fox Chase Dr.
Davidson, NC 28036
mhabramlett@ctc.net

OR

Dr. Sonya Hardin
School of Nursing
9201 University City Blvd
Charlotte, NC 28223
srhardin@uncc.edu

Call for Columns

The editors of the Columns are seeking columns of 1500 words or less for the 2009 and 2010 editions of Visions. Columns include: Innovations, Instrumentation/Methodology, Emerging Scholars, and Human-Environmental Field Patterning Practice. Selections for columns are editorial decisions. Only two copies need to be submitted by mail or please send by email to: srhardin@uncc.edu Upon acceptance the author/authors must submit both a hard copy and disk.

Call for Photographs

The editors are seeking photographs of Martha Rogers or other artwork for upcoming editions of the journal. Please send photographs to: srhardin@uncc.edu or mail to Dr. Sonya Hardin, Society of Rogerian Scholars, College of Nursing, New York University, 246 Greene Street, 8th floor, NY, NY, 10003-6677. If you send actual photographs please DO NOT SEND your original. Send a copy of the photograph since we cannot promise to return them.

Call for News

The editors are always seeking news about members for inclusion in the SRS News section of the journal. This news can include publications, promotions retirements, or significant life events. Please email any news to Dr. Sonya Hardin at srhardin@uncc.edu.
Society of Rogerian Scholars

Society of Rogerian Scholars
College of Nursing
New York University
246 Greene Street, 8th floor
NY, NY 10003-6677
Membership Form

Name: ____________________________________________

Mailing Address: _________________________________________________________________

City: ______________ State: ______ Country: _______ Zip/Postal Code: ______

Phone (Home): ___________________________ (Work): __________________________

E-mail address: ________________________________________________________________

Affiliation: __________________________________________________________________

Membership Dues
(Membership year is from July 1 through June 30; for new members who pay in April, May, or June, dues are credited toward the following year)

Patron $250
Supporting Member $150
Institutional Member $85
Regular Member $55
Student (with copy of student ID) or Retiree $35

Make checks (U.S. Funds only) payable to: Society of Rogerian Scholars

Credit Card Information: _____ VISA _____ MASTERCARD

Account Number: ________________________________
Expiration Date: __________________
Signature: __________________________
Billing Address: ___________________________________________________________________

City: ___________ State: ___ Country: ___ Zip/Postal Code: ___

Donation to the Martha E. Rogers Scholars Fund
Contributions are tax deductible. Tax ID Number for 501c(3): 113-3765918
These charitable donations are used to support students in the discovery of Rogerian Science.
___ $5 ___$10 ___ $25 ___ $50 ___ $100 ___ Other (Amount $____)

_____ Please do not include my name and information in a published membership directory.