

# Raising the Profile of Nursing Issues in the Media and other Public Fora

A presentation by Claire M. Fagin, PHD, RN at the Triennial International Research Conference Royal College of Nursing, To Boldly Go..., April 2001, Glasgow, Scotland, UK

I have been interested in nursing's profile in the public agenda for some years. It has been a source of considerable frustration to me for several reasons. First, because nurses themselves do not often recognize the opportunities for identifying themselves and their contributions outside of the nursing field itself. Second, because public thinking about solutions to health care system problems generally does not include the presence of nursing. Third, if nursing and nurses are not thought of as solutions, their absence from the table exacerbates other problems we have regarding visibility in the public arena, and the usefulness of nurses' knowledge and experience in dealing with the community's problems. This inevitably leads to less awareness and respect, diminishing possibilities for recruitment of bright young people into the profession, and lessens the need of health care leaders to include nurses at micro as well as macro levels.

The absence (or relative absence) of nurses from active participation in the media and other public fora raises questions (**slides 1 & 2**) that have to be explored before we discuss how to achieve improvement in this area. First, do you agree

that nursing researchers need to be part of the public information scene and why? Do public discussions of your work help or hinder the aims of nursing research from the standpoint of finding and/or evaluating methods to improve nursing practice? If you believe publicizing your work will aid nursing research in the short and long term and raise nursing's profile then we need to develop strategies for doing so. If you believe that the development and implementation of best practices are reliant on nursing research and that their implementation in clinical care will not be accomplished without raising nursing's profile, then your interest is assured. However, that is not always the way it is. Many researchers do not see the public role as part of their professional role. Many researchers find that pressures on them to speak with the media are beyond their interests, their definition of appropriate behavior, and indeed, they are not eager to speak even with nursing groups who are not active in research. Many researchers believe that devoting precious time to such endeavors is wasteful of their efforts and that their time more properly belongs to pursuits more germane to their work and life. Whether that is as true here as it is in the United States only you can answer.

Among the most successful people and groups in media relations is your own Royal College of Nursing and its superb, soon to be stepping down leader, Christine Hancock. There is no question that Christine and RCN's access to the

media are significant and their messages are powerful. She and RCN are superb role models for what we are talking about today.

Raising the profile of nursing issues was central in the Centre for Policy in Nursing Research working paper published in the UK<sup>1</sup> in 1997. This paper stated a key issue for nursing as to develop and promote a wide range of methods and approaches to research that render visible the full range of the complex effect of good nursing intervention. One of the most important issues identified in the document is that those nurses “involved in research should be able, either individually or within centres or teams, to link the outcomes of clinical research to fundamental issues of health policy and political values.”<sup>2</sup> In the same report, a large scale survey of institutions asked to rank priorities for research in the nursing professions, the English National Board for Nursing Midwifery and Health Visiting broadly categorizes 6 areas: these are, **(slide 2)** education and training, practice, role, and management and resource, client group, and organization of care.<sup>3</sup> The writers of the Report comment is that many of the priorities are of an introspective, uni-professional nature. My job today is not to discuss the relative

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<sup>1</sup>Traynor M & Rafferty AM (1997) The NHS and R&D Context for Nursing Research: A working paper. Centre for Policy in Nursing Research. London

<sup>2</sup>IBID. p 43

<sup>3</sup>IBID. pp 37-38

merits of the priorities found in the consultation process by the English National Board but to focus specifically on the topic I have been asked to discuss: Raising the Profile of Nursing Issues in the Media and other Public Fora, and I make the assumption that this is a converted audience that wishes to improve skills in raising nursing's profile, not argue them.

To this end, I will be offering some examples of successful strategies for raising nursing's profile. The examples I will offer while directed at organizations as well as individuals, will serve ultimately as usable suggestions only if the nurse researcher is committed to devoting part of his/her efforts to the often unsuccessful outcomes of an investment of time in interfacing with the media.

So, let me move on to amplify the topic, give some guidelines, and illustrate with some exemplars who used or were used successfully in public relations.

First, for purposes of this talk, let me reintroduce myself: I am a nurse.**(slide 3)** Why do I start again, with that opening. First, because it is true. But you already knew that. Second, because it is always the way I introduce myself to people who ask what it is that I do. It is what sets the frame of reference for what and who I am, what gave me the knowledge and skill to do what it is that I do and have done, and inferentially tells people what I want them to know about nursing and its possibilities and realities. But, what is often the reaction to this declaration?

The most common reactions among the friends who hear me give this answer is “Oh don’t listen to her. she is really more than that, she is.....and whatever. I generally stop them mid sentence and say to the stranger, “True I have done all those things, but I am a nurse and that is what made it possible.” The worst experience is often with nursing colleagues who hear me give this answer. They are as likely to giggle as to nod seriously. But are there any physicians you know who would give all their credentials in one response or would feel they had to? Or lawyers, or university professors, or stockbrokers? So, the importance for all you nursing researchers, of my statement, particularly from the standpoint of raising the profile of nursing research in the media and other fora, is the way you introduce yourself and keep referring to yourself and your profession in all the contacts you have. Of course this requires subtlety; I’m not advocating hitting people in the head every three words. But references to nursing and nurses must be present so they don’t get lost in the story as other parts of your identity are mentioned.

For what we are capitalizing on by these introductions and others is what makes the nursing contribution worthwhile. What do nurses bring to the table that should warrant the attention of the public? How can nurses make a difference to what people are experiencing through their own lives and to the complexities of

what they are reading and seeing in the media?

It's interesting that poll after poll in America tell us that the public trusts nurses more than any other health professional or health institution. Similar findings were reported by Meadows, Levenson and Baeza in their King's Fund publication "The Last Straw".<sup>4</sup> Trust is not come by easily. Our advocacy for patients and families must be viewed as central in all our work if we are to keep this trust. Our care and concern for people must be translated into finding solutions to the pressing problems in health care today. Nurses understand the complexity of the health care environment and the consequences of unresolved and unaddressed health care issues.

Increases in costs, cutbacks in services, reengineering focusing on cost not care, cannot be allowed to continue unchecked. The worldwide shortage of nurses, is caused in part by these noxious health system changes. Where we have often been cast as part of the problem, we need to be seen as a major part of the solution. We are part of the solution both in terms of information we can offer, providing that we have the guts, compassion, persistence and vision to help solve the problems we did not create, but which affect what we do with and for people in our daily professional lives.

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<sup>4</sup>Meadows S, Levenson R, Baeza J (2000): The Last Straw Explaining the NHS nursing shortage. London, King's Fund 2000.

But what specifically do nurses bring to the table? (Slide) Nurses have a bird's eye view of our society and the influence of a broad array of health factors on the problems people face from birth to senescence. Nurses understand how health factors influence childrens' learning. Nurses understand how nutrition affects the way children face their day in school. Nurses understand the effects of sensory deprivation on youngsters and older people and the needs people have for environments that are not only loving, where this is possible, but enriched by activities which promote health. Nurses see what everyone else is doing in the health care field. They are able to assess quality in ways not generally open to many others. So while this is an asset it is also a deficit because this knowledge often makes the observed uncomfortable. Does any other profession or observer have the depth of understanding and ubiquitous presence that nurses have in these health and societal issues? I don't think so. Further, nurses have an unusually holistic approach to the way they view health and illness and the interaction of social problems and health which is unexcelled by other clinicians. It is part of the way we think. The "public face" of nurse researchers can give concrete examples of the way nurses think and put their knowledge to work in their public roles of advocacy for health and welfare.

In my abstract for this presentation I asked some questions: They were:(slide

4) First, the question of whether or not nursing researchers need to be part of the public information scene for nursing and for nursing research. Second, whether or not nurse researchers believe that one of their aims must be to find ways to publicize their work and that of other nurse researchers in behalf of both nurses and patients. The answers to these questions is crucial to any discussion of raising nursing's profile. It seems stranger to ask these questions here in the United Kingdom than in the United States. For, after all, the most superb example of publicizing what nurses could do and did do is the work of Florence Nightingale during the Crimean War. That example gives us everything we need to model a communications strategy for modern nursing and has been used less rather than more by nurses throughout the world.

In their outstanding book, *From Silence to Voice*, Suzanne Gordon and Bernice Buresh,<sup>5</sup> tell us that everyone seems to have more of a public voice on health and health care than nurses. In the early 1990s they were consultants to a program I led called *Nurses of America* (a media education program funded by the Pew Foundation). This program resulted from my view that nurses were undercovered by all the media; print, radio and television. To tell us the reality of our perceptions, Gordon and Buresh surveyed journalists and analyzed news

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<sup>5</sup>Gordon S & Buresh B (2000) *From Silence to Voice*. Ottawa, Canadian Nurses Association



reports on health matters. They found, to no one's surprise, that medical doctors are the far most frequently quoted professional group. But surprisingly to them, nurses were not even a close second. Eleven groups were quoted more frequently than nurses. Nurses were at the bottom of the list accounting for 1.1% of the quotations<sup>6</sup>. When approaches were made to journalists by individual nurses, groups, and professional associations and journals, the journalists were willing to listen, to find out more about the story, and to publish. Also, some nurses became known as helpful colleagues to access other sources of information or as experts in particular areas.

One of the problems pointed out to us by the journalists, was that nurses did not approach the media in ways which could be easily used. For example, the science editor of the New York Times showed me her weekly mail from medical journals. Not only did she get the entire journal but also she received a cover "news release" that highlighted particular stories that might interest her, in a style she could use directly from the release. The magazines received ranged from the New England Journal of Medicine and Lancet, to specialty journals representing pediatrics, cardiology and the like. Now—what happened when we tried to get nursing to emulate this successful practice? Well, first of all we got complaints

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<sup>6</sup>Ibid.p3

such as: we don't have the money to send the journal to so many venues; we don't have staff to do the highlights; it won't work anyway. Did we ever succeed in influencing the nursing press?

Only last year, 2000, did the Editor of the *American Journal of Nursing* (*AJN*) Diana Mason, take this issue seriously enough to hire a public relations firm to distribute news releases on selected stories of public interest. They focused their first story on a study of family presence in the Emergency Department of a Texas hospital. In addition to the press release *AJN* distributed a two minute video and notified journalists of a Web cast on the study. Newspapers throughout the US picked up the story as did CNN. The video aired 75 times in 45 markets. Diana Mason described her goal as to publicize “compelling, original research that can transform practice”.<sup>7</sup>

The fact is that this kind of publicity not only raises nursing in the public's awareness but also raises the profile of nursing research among important funders. While funding for nursing research in the US has increased remarkably since the founding of the National Institute of Nursing Research the relative dollars are small by comparison with that granted to other groups by both federal and private sources and the need for support has grown geometrically. Only through

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<sup>7</sup>IBID.p 261

publicizing the outcomes of nursing research; outcomes that inevitably will relate to the care of people, will the public and nurses themselves recognize the importance of research to their own practice.

**(SL 5) WHO ARE THE AUDIENCES?**

When we are talking about raising the profile of nursing issues it is important to segment the audiences we are trying to reach. Among the most important are two professional audiences: the nursing audience and the interprofessional audience. A few years ago I met a woman who was the director of an organization which we nurses would deem close to our professional interests. The well funded, Washington based organization focused on the linkage of mind and body in health. The director had just completed a paper dealing with chronicity and asked me to review it. To my surprise the word nurse was mentioned only once and nursing research was not mentioned at all. When I told her that the paper was excellent with this glaring exception she was not hostile, merely curious. She told me that she had talked with an important physician in a very prestigious interdisciplinary organization who had told her there was no reason at all to look at nursing literature since there was nothing worthwhile in these journals. Naturally, many nurse researchers publish in nursing journals. We do have fine journals currently and they are seen to be the most appropriate way to communicate our

findings to our peers. But it is also true that our journals do not reach an interprofessional audience and, if there is already stereotypical thinking about nursing and nurse scholarship, having no access (even by choice) to the work nursing researchers are doing, will not raise our image in groups that are important to us and to the implementation of our findings.

David Mechanic, the renowned medical sociologist, has taught and mentored many nurse pre docs and post docs. In a not yet published paper, Mechanic<sup>8</sup> states “Most health policy researchers and scholars do not read nursing journals. If nurses wish to bring their findings and insights to a larger audience they need to aspire to publish in *The New England Journal of Medicine*, *JAMA*, *Health Affairs* [*lancet*] and other policy forums read widely by a policy oriented audience or monitored actively by the press. He goes on to say that “there is outstanding research in nursing, but much of it is invisible to the outside world.”(SL 6) But he also tells us that young nursing faculty are expected by their deans to focus their publications in nursing journals and that he has known several outstanding nurse candidates rejected for faculty positions because their publications were outside nursing. Mechanic shared his draft with me and asked for comments. As well as other comments on parts of his paper I told him that I had never experienced the

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<sup>8</sup>Mechanic, D (2000): *Contributions of Nurses to Health Policy: Challenges and Opportunities*. Unpublished. P.5.

problem he stressed and, in fact, had encouraged nursing faculty to do the opposite if the topic and content of their anticipated publication were relevant to a widely respected policy journal. Unfortunately, he provided enough evidence to prove his point, albeit recognizing that it was not my own personal experience. What my experience has shown me is that the nursing press is extremely generous and likely to reprint a paper that has appeared in interdisciplinary journals. While a nursing research journal usually wants first dibs at a nursing research report, we all know that papers can be written somewhat differently for several audiences.

**(SL 7)** Whatever we publish, and wherever we speak, we have a message we want to convey. This message has to get through an overloaded communications environment, even in our own discrete field. For each of the publics we are trying to reach there are a number of techniques we can use. We are most familiar with our own nursing public so there, trial and error has worked for most of us. However, there are some basic “tips” that are offered by every public relations expert. I have worked with several political publicists and it’s worth offering some of their ideas here as we think about profile raising.

Their ideas relate to the wide variety of venues for message communication including interviews, letters, news releases, op eds and the like. **(SL 8)** Peter Hannaford who was senior communications advisor for Ronald Reagan, for

example, offers some excellent tips on how to be interviewed. His overarching theme, which fits interviews for print, radio and television media is to help build the story.<sup>9</sup> **(SL 9)** He says the story should be kept simple, with no (or little) jargon; with easy explanations of the whys and wherefores of what you are telling; a list of points you want to make including your main objective in this story; and if you are being interviewed it is most important to memorize these points.

Further, in interviews, **(SL 10)** you need to be sure of the ground rules. What exactly does the reporter want? Is it background-how much is on the record-and what does that mean?-- what can you expect in terms of your name identification and those of your sources?-- And be sure--if you are saying something off the record that this information is used seldom and sparingly. I have been off the record a lot in relation to discussions about specific problems at hospitals/health care agencies I know. I often want investigation but not attribution. Be very sparing about off the record remarks unless you want them mentioned or even quoted in a way that does reveal who you are even if the citation doesn't name you. For example, in an off the record background interview, a person was mentioned as a "former dean of a private sector eastern school of nursing where the medical center was in deep financial trouble". Guess who that was? Do you think any

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<sup>9</sup>Peter Hannaford:(1986) *Talking Back to the Media*. Facts on File Publications. New York and Oxford, pp43;89-90.

colleague in nursing or health care had a doubt? I might just as well have been on the record since I would have guarded my comments a lot more intelligently.

Reporters generally use what you give. Unless they are doing a long survey article they usually want their information quickly and as close to what they will write as possible. If you or your organization do a news release put it in lay language that can be used directly or indirectly with facts and outcomes concisely stated in ways that tell the consumer the importance of your findings. Make your main points clearly and up front and , as Gordon, Buresh, and Hannaford say, memorize them so that if you are called for amplification you repeat your main points first and then amplify in first and second summaries.

**(SL 11) Letters to the editor:** A letter to the Editor can be called “seize the opportunity! “ Something appears in the press related to your work, or to nursing or health care issues and about which you have a fair amount of knowledge. Seize the opportunity. Send it quickly. In the States we are finding more and more that email is the right way to send letters referring to stories or OP EDs that appear the same day you are writing. When I read the letters section of the New York Times I am amazed to see the date of the story the letter refers to. It is often the previous day.

In email be sure to include your entire name, affiliation if you want that,

address and phone number for easy access. Will most of your letters be published? Absolutely not. But the more written the better chance you have for a percentage to be published. Colleagues think that all of my letters are published. But the fact is I could publish a book of “Claire Fagin’s unpublished letters to the New York Times”. However, I have a pretty good record of getting them published, albeit more about non nursing subjects than about nursing and health care.

The amazing thing is how many people read the letters and comment on them. A letter on the erosion of care published in 1996 resulted in my Milbank Memorial Fund project, published this year, *When Care Becomes A Burden*. One of my letters last year appeared in the main editorial section of the New York Times. I wrote as a psychiatric nurse about the Elian Gonzalez case (the young Cuban boy who was being fought over fiercely by his Miami relatives and his Cuban based father). Although I had given my credentials in parentheses, the Times left out the Ph.D. and wrote Claire Fagin, registered nurse. Friends and colleagues in and out of nursing were upset about this. I was not. Who cares after all? Remember my theme, I am a nurse. What I was saying was a psychiatric nurse knows a lot about the subject of separation and the NY Times agreed by publishing my letter. After all the Times did not change its policy re identifying non physicians as Ms. or Mr. somebody until there were complaints about calling



Madeline Albright, Ms. Now she is Dr. Albright and the rest of us can claim this too.

Some hints from another noted political consultant, Roger Ailes also seem tailor made for us. Now president of a diversified television production and communications consulting company, Ailes was the political PR consultant par excellence for Republican candidates.<sup>10</sup> He also worked with us on Nurses of America. He asks some important questions about first impressions. **(SL 12)** His golden rule--What sort of impression do you think you make in the first seven seconds? Reporters are very, very busy and meet and hear from huge numbers of people wanting coverage. If you are there in person watch their responses and behave accordingly. When you strike a note of response develop that theme. If not, move on. In writing it is not so easy but the rules I have already mentioned apply. Use of jargon or what people may think of as boring language is poison. Your message has to be in simplest and most engaging terms. Last year one of the Nobelists in Chemistry was on our most enlightened news program and a very cordial interviewer asked him to tell about his work in a way that the listeners could understand. That was the only joke on the program. The minute he started--or the first seven seconds, if you will, he totally lost her and the audience and she

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<sup>10</sup>Roger Ailes (1988). *You Are the Message*. Dow Jones-Irwin. Homewood, Ill

started laughing shortly to help us all relax. But we learned nothing from him unfortunately, and I assure you he will not be getting any more coverage for his phenomenal work.

Images help(SL 13): In nursing we have the ability to build images by giving human examples of what our research has accomplished. In writing, the image needs to be briefer but in writing or in person, spell out in human terms the effect on individuals and families of what you have done. A real life example is best but a made up one works as long as you personalize it-For example-what would this mean to your family if—, If this was your mother—. For my child or yours— , if this was your wife or husband? Your goals are to get the meaning of your research across and the way to do it is to help people understand what it means.

While the suggestions of Gordon, Buresh, Hannaford and Ailes are for a public, or public policy audience many of them work with our own professional audiences as well. When we are thinking about the implementation of research it is clear that we must reach a nursing audience as well as a policy audience. But even with a nursing audience we tend to get myopic. Therefore, we often want to speak and write only to other researchers although those who must implement the work are not among these peers. Rather, they are the practicing nurses for whom the

research must live, must be shown to be useful and practical, and must be understood so that when the nurses leave the lecture or finish the article they know what it was all about. **(SL 14)** Knowing the audience, keeping it simple, being in control of your facts, telling them clearly and without jargon, being able to amplify important points verbally and with images, are all essential with a nursing and health care audience.

Talking and writing for ourselves are important. To develop the discipline we need to communicate our work to each other and continue to build the foundations upon which a mature discipline rests. But many of us are also interested in the public domain and the influence of policy that will affect changes in health care. Some have been able to do both and of course, one did both to a level which has not been duplicated since. I would like to highlight a few exemplars from both sides of the Atlantic who have chosen one or another of these pathways. I have left many favorites out in the interest of time. As you reflect on my list you can add your own choices of exemplars. None I have chosen are alive today (so I don't hurt anyone's feelings) but one could say they all are all alive through the continued life of their ideas.

1. Since we are here in Glasgow I will start with Rebecca Thorogood Strong **(SL 15)**. Strong was Matron of the Royal Infirmary at Glasgow during the

1890s.<sup>11</sup> Mrs. Strong and her medical colleague William McEwen conceived of and put in place the first educational program for nurses. This was the first connection of any kind of nursing with an institution of higher learning. They developed courses, admissions standards, and a system of charging tuition. Strong and MacEwen insisted that students either pass entrance exams or show a certificate of grammar school education. They taught blocks of lectures followed by practical ward experience, initiated compulsory instructions and exams before students cared for patients; and put the school in the medical college. Strong published their experiment and its positive results in the Nursing Record, The Trained Nurse and the AJN - and Adelaide Nutting gives her (them) credit for "guiding nursing in all countries"

2. UK and Belgium - Edith Cavell (**SL 16**) - If we are thinking of heroines we don't have to go much farther than Edith Cavell who became the martyr of WW 1. Cavell was a British nurse running a hospital and training school in Belgium. She organized an escape route for Allied soldiers, but cared for soldiers of all armies.<sup>12</sup> The Germans accused her of spying and despite efforts to obtain a reprieve for her, Cavell was executed by them on October 12, 1915. The story

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<sup>11</sup>Donahue, PM (1985): Nursing, The Finest Art. St. Louis, Mosby, p377

<sup>12</sup>IBID. p 409

was carried by the press throughout the world and was depicted in posters, articles etc. This story of a heroic nurse was dramatised in virtually every medium. Nurses came out of WW 1 with a very positive press, due in no small part to Edith Cavell. Some argue that the final achievement of registration in the UK had at least something to do with this.

3. Sister Kenney, **(SL 17)** a nurse from Australia who worked in the United States, is one of my exemplars who raised the profile of nursing by focusing on a public policy health issue. She was an expert in using the media and with precious little scientific evidence, altered the treatment of polio patients. Her work and persona were mesmerizing and, like Cavell, there are movies, books, and many stories and articles devoted to her work. Like Margaret Sanger, she was extraordinary as well in starting a fund raising organization devoted to polio which is still going strong.

4. Margaret Sanger, **(SL 18)** an American public health nurse, stunned by the injuries done to women by themselves and others because of unplanned or unwanted pregnancies, began a movement which is part of our public consciousness and, has had a great deal to do with the advancement of women in society. Again, a very successful fundraising organization resulted from her work. While nursing stimulated her interest in planned parenthood and choice her work

was external to the field and public focused. Sanger's nursing background is used by current Planned Parenthood leaders as motivational, and those who are nurses themselves tell their own stories about the linkage of their experience to their interest in Planned Parenthood.

5. Identifying a unique knowledge base caught the interest and work of many throughout the world. I will mention just two from the USA who had and still have a major influence on the discipline. First, Virginia Henderson (SL 19) whose definition of nursing published in 1955 and revised in 1966,<sup>13</sup> made the trip around the world very quickly and to great effect. It was circulated by the ICN and led to a wave of revisions in nursing statutes in various countries. Second, Martha Rogers (SL 20), one of many who catalyzed the quest for a distinct theory of nursing. Discussion is ongoing on the merits of her particular formulation of theory, but the use of her book is ubiquitous, and, albeit controversial, is part of nursing education in many schools throughout the world from the undergraduate to the doctoral level. I could name many who have contributed to a "theory" of nursing including Peplau, Orem, and others but it seemed to me that these two examples of intra nursing exemplars make the point-where people want their profile raising efforts concentrated and to whom.

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<sup>13</sup>IBID. p 453

6. I will end my list of exemplars, and my comments today, with the *sine qua non* of raising nursing's profile-or one could say-creating nursing's profile in the media and other public fora. If she did not know how to influence policy where would we all be today?

To be very brief, Florence Nightingale (**SL 21**) reformed the military health system, created a system of nursing education that spread over the world, reformed hospitals, and she is claimed by statisticians as a pioneer or even the mother of the use of health statistics. Woodham-Smith says she stamped the profession of nurse with her image and brought about a revolution.<sup>14</sup> She influenced hospital planning and administration world wide and by the time she was in her sixties Nightingale Schools of Nursing existed in all the British colonies and protectorates and in the United States. The map I am showing makes me gasp every time I see it.(**SL 22**) It came from my undergraduate text on the History of Nursing.<sup>15</sup> Florence Nightingale is the prime exemplar of every principle and strategy we have discussed today in her intra and interdisciplinary work and in her work with the public on development and implementation of health policy. It boggles the mind to

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<sup>14</sup>Woodham-Smith,C (1951): Florence Nightingale. New York, McGraw-Hill, p.179

<sup>15</sup>Dock L & Austin (1938): The History of Nursing (needs editing here)

think of this kind of contribution today so it is almost paralyzing to put it in the context of her day.

In closing, let me reflect with you for a few minutes about these exemplars and the principles of raising our profile in the media and other fora. Each of these women selected their work based on their passions. Some selected narrowly, some broadly, some within the profession, some nursing and health connected but outside the bounds of the profession, some were international heroes, some are still our heroes, and one is so beyond all others as to still mesmerize us with her accomplishments. But oddly, they all used the principles discussed earlier. They knew their audiences, they tailored their messages, they, all but one, gave their message simply and without jargon, and their messages were filled with human images. So can yours be. Your work today is vital for the continuance of the profession, for the sustenance of people, for the development of scientifically based best practices, for the influence of the policy arena in behalf of the public's health. You represent everything nursing accomplished during the last Century. What has been accomplished in research and in education is vital for nursing's reputation in the health care world. Through your behavior, words and actions, it is you who shows the public, what nurses are, what nurses do.

I love some words of Benjamin Franklin in Poor Richard's Almanac written



in October, 1750. They sum up my message better than any others I can think of and, I think are perfect for we nurses. I leave you with them.

**SL 23      *HIDE NOT YOUR TALENTS, THEY FOR USE WERE MADE***

***WHAT'S A SUNDIAL IN THE SHADE?***

Benjamin Franklin, October 1750