Mary Glover Lecture 2004: Leaving a Legacy

By Marlene Reimer

Abstract

Mary Glover was a Head Nurse at St. Paul’s Hospital in Vancouver. She was killed in a plane crash more than 25 years ago. Yet, through this neuroscience nurse’s passion for her specialty, we share in her legacy through the annual Mary Glover Lecture, which was established by her parents after her death. The first Mary Glover Lecturer was Pamela Mitchell, a well-known neuroscience nurse from the School of Nursing at the University of Washington. She is leaving a multifaceted legacy through her research on intracranial pressure and quality of care as well as her books and her mentorship. Jessie Young has left a legacy as the founder and first president of the Canadian Association of Neuroscience Nurses (CANN). CANN is leaving a legacy with many firsts among Canadian nursing specialty organizations.

Leaving a legacy is not just about donating money or writing a famous book. For most of us, our legacy comes in the little everyday things of life. Ask yourself, what is the legacy that you are leaving as a neuroscience nurse and as an individual?

It is a great honour to have been invited to give the Mary Glover Lecture at the 35th Annual Meeting and Scientific Sessions of the Canadian Association of Neuroscience Nurses (CANN). Mary Glover was a Head Nurse at St. Paul’s Hospital in Vancouver. She was killed in a plane crash more than 25 years ago. Yet, through this neuroscience nurse’s passion for her specialty, we share in her legacy through the annual Mary Glover Lecture, which was established by her parents after her death. From that one nurse and her family, we, as CANN members, have benefited every year since 1981 (see inset one).

Pamela Mitchell

The first Mary Glover Lecturer was Pamela Mitchell, a well-known neuroscience nurse from the School of Nursing at the University of Washington. I know that because in 1981 I was a member of the Scientific Program Committee chaired by Doris Annear, one of our Honorary Life Members. We had the privilege of choosing the first Mary Glover Lecturer and we chose Pamela Mitchell. She was well-known even at that time for her pioneering research on how nursing care activities affected intracranial pressure (ICP). She and her colleagues demonstrated, for example, that there was a cumulative increase in ICP with care activities spaced 15 minutes apart, but not when they were spaced one hour apart (Mitchell, Ozuna, & Lipe, 1981). Others have replicated and extended that work as has she (e.g., Kirkness, Mitchell, Burr, & Newell, 2001) with the rapid changes in technology and understanding of cerebrovascular dynamics. What, to me, has always been of vital importance from her work has been (a) its practical application to the everyday work of neuroscience nurses, and (b) that it demonstrated how nursing decisions make a difference physiologically, not just psychologically.

While never considered one of the nursing theorists, Pamela Mitchell helped a generation of nurses conceptualize nursing and collaborative practice through her early books, Concepts basic to nursing (Mitchell & Loustau, 1981) and Neurological assessment for nursing

Inset One

Mary Glover Lecturers

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<th>Year</th>
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<tr>
<td>1981</td>
<td>Pamela Mitchell</td>
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<td>1982</td>
<td>Mary Henderson</td>
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<td>Ada Simms</td>
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<td>Gail Donner</td>
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<td>Patricia Courtney</td>
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<td>Ferdinand Harrison</td>
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<td>Karin Buchanan</td>
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<td>Fabie Duhamel</td>
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<td>2000</td>
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<td>Karen McEwan</td>
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<td>Anne Sutherland Boyle</td>
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<td>2003</td>
<td>Carmen Loiselle</td>
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<td>2004</td>
<td>Marlene Reimer</td>
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practice (Mitchell, Cammermeyer, Ozuna, & Woods, 1984). I have used her example of cranial nerve assessment many times as a practical way to help students and practising nurses think through the differences between nursing and medicine. The techniques are similar, but the purposes are different. As a nurse, we most frequently choose which nerves to assess selectively based on what we need to know for planning care. Has the patient’s gag reflex returned after an invasive procedure? If yes, then it is safe to start fluids. Does the unconscious patient have a blink reflex? If not, then eye care needs to be initiated. For a physician, cranial nerve assessment is part of the diagnostic work-up and is usually done in its totality. Both disciplines share the function of detecting and managing life-threatening changes. Pupil assessment is a classic example of this shared function.

Pamela Mitchell has been a role model for many of us. As a faculty member, she continued to practise in her specialty. She went back for doctoral studies later in her career after already establishing a major program of research and credibility as a professor. She has gone on to provide leadership in many areas including work with the American Association of Critical Care Nurses on quality of critical care (Shannon, Mitchell, & Cain, 2002) and international leadership on behalf of the World Federation of Neuroscience Nurses. She is a wise and gentle mentor who continues to add to her multifaceted legacy as Professor and Associate Dean, Research, in the School of Nursing at the University of Washington.

Jessie Young

Jessie Young was a neuroscience nurse before many of you were born. She has also left a legacy. That legacy was as founder and first president of CANN. Throughout her lifetime she retained a vital interest in the development of our organization and in neuroscience nursing. We were all saddened to hear that she died February 5, 2004, at 94 years of age. To read more about her career and the origins of CANN see “Remembering Jessie Ferne Young (1910-2004)” by Diane Duff and Jeanne Evans in the September 2004 issue of Axon. Her legacy also lives on in the form of the Jessie Young Bursary for continuing professional education in neuroscience nursing.

Leaving a legacy

According to the Oxford English Reference Dictionary (1996), a legacy is a gift as might be handed down in a will or something handed down by a predecessor. Stephen Covey (2004) suggests that leaving a legacy is one of the four basic human needs. He argues that humans are essentially four dimensional: body, mind, heart and spirit. These dimensions are manifest as basic needs and motivations:

- To live (which includes survival, money/economic resources)
- To love (through social relationships)
- To learn (which includes growth and development)
- To leave a legacy (associated with meaning and contribution).

Ask yourself: What is the legacy that we are leaving – as neuroscience nurses, as an organization and as individuals? (Inset Two)

What is the legacy we leave with our patients?

As experienced neuroscience nurses, we have all had times when we know that we made a difference to how a patient came through the trauma and devastation that most neurological insults create. You may be walking past the nursing station on your rounds and a patient reaches out to you from his wheelchair and says, “You looked after me! I recognize your voice.” You remember him from when he first came in. He was responding only to pain and, yet, as you always do, you talked to him throughout your shifts telling him about what you were doing, when his family was coming and the last hockey score. Or, you may have been the one who sat and really listened to the young girl who just found out she has multiple sclerosis. You listened as she talked about what this news might mean for her upcoming marriage, her hopes for a family.

One of the privileges of having been a nursing educator for so many years is hearing and seeing through the ears and eyes of students. You hear the taken for granted. I remember saying to a night nurse after report one time, “You saved two lives last night.” She just shrugged her shoulders and kept on getting ready to leave, giving herself little credit for how her astute assessments meant that a patient with an epidural bleed got into surgery in time and a patient with Guillain-Barre syndrome got the extra respiratory support he needed. You also hear the wisdom of experience: a nurse detecting locked-in syndrome, another

Inset Two

Leave an
Extraordinary
Gift to
All who
Come to this passage
Yet again

To leave something is to let go of it
A legacy is more than the average, it is extraordinary
A legacy is a gift, it should neither be demanded nor owed
It is a gift without strings attached
A legacy impacts many people even if it is the funding for one annual speaker, one scholarship, one organization
Legacies often arise out of passages – death, birth, graduation, survival of critical illness
A legacy continues to give, it does not just affect a moment in time
one recognizing when a brain-injured young man might be able to try writing even though he could not yet communicate verbally.

The following quotation comes from the doctoral thesis of a colleague who experienced a partial C4-5 cervical injury many years ago.

My first week at the General was the worst… It was the last Saturday of Stampeded week and it was about 28 degrees with hardly any wind. Our room had no air conditioning and the windows were open, but no air was moving. It felt like I was in a furnace. I did not perspire from the neck down and I couldn’t move. The only place that I could perspire from was my head… I couldn’t move my arms enough to wipe the perspiration from my forehead and eyes. I became more and more frustrated by the heat, the perspiration, about not being able to move, and that the walls and the ceiling were moving… She put the fans on so they blew right on my face. I still couldn’t calm down. Then she held my hand and sat beside me and talked quietly with me. She asked me if I had any children… She kept me talking about my children and once I focused on my children, I started to relax… The nurse was very kind to me that afternoon. She took a half-hour out of her day to help me. She went above and beyond what she needed to do simply because she was kind. I learned an important lesson that day on how to deal with panic and anxiety attacks. (Sloan, 2000, p. 25).

We do not know the name of that nurse, but she left a legacy, first with this patient and now, through her writings, her gift of time and caring lives on to inspire others.

Ask yourself: “What do patients remember about me?”

What is the legacy that we are leaving as neuroscience nurses?

On any given day, we interact with many people. What are we leaving with families: hope? strength? information? the skills that they will need to manage? security in the knowledge that staff cares too? Many of you serve as preceptors for nursing students and new staff. What higher honour can there be than to overhear a student say, “I want to be a nurse just like her.” Part of the reason that I am here today is because of a head nurse who suggested to me that if I was going to be teaching on her unit, I should join CANN. Neuroscience post-basic instructors like Doris Annear and Geraldine Fitzgerald have profoundly influenced our specialty across Canada as the nurses that they have taught over the years now go on to teach others. Think of the legacy of authors like Joanne Hickey (2003) and Ellen Barker (2002) whose textbooks have influenced neuroscience nursing across North America. One of the legacies at this conference is the launch of a very special book to the local neuroscience community. Neurosurgery in Calgary: The first fifty years (2004) by Doris Annear, Audrey Cerkvenac and Moira Hogg.

Neuroscience nursing as a specialty goes back to the 1870s, just 20 years after the Crimean War, during which Florence Nightingale did so much to establish modern nursing (Prendergast, 2003). Nurses were invited to observe neurosurgery at the world’s first neurological institute in the National Hospital in Queen’s Square, London, by Sir Victor Horsley. It was his belief that they would be better able to care for patients post-operatively if they had seen what was done. At about the same time, J.M. Charcot, a pioneer neurologist, was also encouraging nurses to learn about the central nervous system. In 1920, the first article on neuroscience nursing was published in the American Journal of Nursing. In 1961, just eight years before CANN, the American Association of Neurosurgical Nurses was founded by Agnes Marshall Walker. The first national meeting, however, was not held until 1968 in Chicago. The World Federation of Neurosurgical Nurses (later renamed Neuroscience Nurses) was founded in 1969.

What is CANN’s legacy?

CANN, established in 1969 by Jesse Young, was the first national specialty nursing organization to be formed in Canada. Other firsts were quick to follow. CANN’s 1983 standards of practice were the first for a specialty nursing organization. Having already developed standards of practice was a major boost towards CANN’s successful application in 1987 to have neuroscience nursing declared a specialty for the purposes of certification through the Canadian Nurses Association (CNA) (Reimer, Wyness, Courtney, & Conrad, 1992). While the Canadian Council of Occupational Health Nurses had, by that time, established an independent certification system, the CANN application was the first to formally go through the CNA process, and we were the first specialty to write CNA certification examinations. From our pioneering legacy there are now 14 designated specialties with three more in preparation (Canadian Nurses Association, 2005).

Today, our organization is linked nationally and internationally. Among Canadian specialty nursing organizations CANN is one of the few that has developed and sustained a journal, AXON, indexed with in the Cumulative Index to Nursing and Allied Health Literature, International Nursing Index and Nursing Citation Index. We are one of the 16 member organizations of the World Federation of Neuroscience Nurses representing more than 5,000 nurses across five continents. We have representatives on a range of national organizations such as Think First, the Canadian Stroke Coalition, the Brain Tumor Association, the Canadian Council on Donation and Transplantation and the Canadian Nerve and Brain Coalition, and CANN is an affiliate of the Canadian Congress of Neurological Sciences.

What is your legacy?

We each leave a legacy. It is ours to choose whether that legacy will be positive or otherwise. Leaving a legacy is not just about donating money or writing a famous book. For most of us, our
legacy comes in the little everyday things of life. Sometimes, like the nurse who sat with my colleague, we do not know that we have touched someone else’s life.

Ask yourself: “Who has been a major influence in my life?”
Drop that person a note. Your message may be as simple as “You are one of those people who have touched my life in important ways. I will never forget how you ______________.”

> Do not go where the path may lead
> Go instead where there is no path
> And leave a trail
> (Emerson)

About the author

Dr. Marlene Reimer, RN, PhD, CNN(C), is a Professor Emeritus from the University of Calgary and is currently the Dean of the Faculty of Nursing at the University of Calgary. Her research and practice interests have focused on quality of life and the care of individuals living with brain and sleep disorders. A long-time member, board member, and scientific chair of CANN, Marlene has also served on the Advisory Board of the Canadian Institutes of Health Research. Her e-mail address is marlene_reimer@umanitoba.ca.

References
