

Remembering Rheba: A Tribute to Dr. Rheba de Tornyay, Editor Emeritus 1926-2013

The distinguished career of an inspirational nurse leader, educator, trailblazer, colleague, and friend came to a close with the passing of Dr. Rheba de Tornyay in September 2013, at the age of 87. Rheba served as Editor of the *Journal of Nursing Education* from 1985 to 1991, a time during which the *Journal* refocused its mission on publishing high-level research and scholarship. As both an editor and a national nursing leader, she was sometimes a lone voice advocating for support of nursing education scholarship at a time when the profession had identified clinical scholarship as its top priority.

Rheba served as Dean of the School of Nursing at the University of Washington (UW) from 1975 to 1986 and as a professor there until she retired in 1996. During her tenure as dean and professor, the UW School of Nursing gained national prominence in research and doctoral education. As noted in the UW press release (n.d.):

Though she was dean for slightly more than a decade, Rheba de Tornyay's impact and influence extended far beyond her time as dean at the School of Nursing. Her legacy of excellence and achievements will continue into a nursing future that she helped to create and shape. Dr. de Tornyay's accomplishments would be exceptional in any era; they were extraordinary in the context of a time and place when nursing was struggling to be recognized as a profession.

Rheba's impact on nursing education extends well beyond her roles as dean and editor. Her landmark book, *Strategies for Teaching Nursing* (de Tornyay &

Thompson, 1971), was an unquestioned standard in the field. During my graduate education in the 1970s, I was among the thousands of fortunate aspiring faculty members who were taught to teach using Rheba's text as the framework for our practice micro-teaches. I can attest to the impact of this experience on my own understanding of ways to engage students in learning and my survival during my early years as a young faculty member.

I got to know Rheba personally when we traveled together to Japan to speak at a seminar sponsored by St. Luke's College of Nursing in Tokyo. I was a bit intimidated at the prospect of co-leading the seminar with this legendary pioneer. But her warmth, candor, willingness to engage in deep discussion about educational scholarship, and openness to ideas at odds with her own quickly put me at ease with her. During our time together in Japan, we formed a friendship that spanned the next two decades, created numerous opportunities for mentorship, and led to my appointment as her successor as editor of the *Journal of Nursing Education* in 1991.

During her doctoral education in the mid-80s, one of my colleagues had the privilege of serving as Rheba's teaching assistant. She recalls witnessing Rheba's advocacy, remarkable integrity about who she was, and the principles she held:

Rheba often talked about how the health care dollar needed to be redistributed.... When I had dinner with her shortly before she passed away, she told me about her experience seeking a caregiver for herself. She was referred to an agency by the staff at her retirement complex and, when interviewing

the owner/manager, she asked how much of the hourly fee the caregiver was paid. She was outraged to learn it was less than half and confronted them with their exploitation of their caregivers. She refused to engage their services and subsequently found and engaged an agency that reimbursed their caregivers two thirds (or so) of the hourly rate. Further, she informed the staff of the retirement complex about their referral and not only urged that they no longer offer that agency for referral but additionally described how to assess whether agencies exploited their caregivers. That was Rheba... always acting on principle, always advocating, always generous with sharing her learning and understanding. (Gail Houck, personal communication, October 29, 2013)

This kind of activism is reminiscent of other stories of Rheba standing up for her principles. As a student at Mount Zion Hospital School of Nursing in San Francisco, she was marked by the faculty as a troublemaker. She organized her fellow nursing students, complaining about their working conditions and the invasion of privacy when their mail was opened. She helped organize the Bay Area Student Nurses Association, which resulted in her losing all privileges at the school and being restricted to her room for the purpose of "reflecting on her attitude" (Houser & Player, 2004, p. 190).

Rheba went on to have a stellar and storied career, mentoring hundreds of young nurse educators and researchers, and elevating the role of nurses and nursing organizations such as the Institute of Medicine and the Robert Wood Johnson

Foundation. She was only the third nurse elected to the Institute of Medicine and the first woman and first nurse to serve as a trustee of the Robert Wood Johnson Foundation. During her tenure on the Foundation's board, she successfully advocated for the establishment of the Robert Wood Johnson Foundation Executive Nurse Fellows Program.

Rheba was one of 36 charter fellows of the American Academy of Nursing (AAN) and its first president. Several years ago, the Academy's annual fund was renamed the Rheba de Tornyay Development Fund in her honor. She was elected as an AAN Living Legend following her retirement. Rheba was a long-time champion of care for the elderly, advocating for healthy aging and access to quality health care. The UW School of Nursing's de Tornyay Center for Healthy Aging is named in her honor.

Rheba's integrity, candor and openness were captured by her long-time friend and high school sweetheart, Richard Rosenthal, in an essay for the *East Hampton Star*. A short 3 weeks before her death, Rosenthal (2013) wrote that Rheba once told him that marijuana

was "habit forming and evil." Then as she was suffering from late-stage breast cancer, she sent e-mails to Rosenthal in which she discussed her changing opinions about medical marijuana, and how, as her pain increased, she began using it. She told him she was ashamed: "I did some research (about marijuana) and found I was wrong.... I'll be taking it in prescribed dosages as liquid drops." True to form, once she learned about the effectiveness of marijuana in relieving pain from advanced cancer, she was eager to share it. Weeks before she died, she held a workshop about medical marijuana for retirees in her assisted living facility, with approximately 150 attending. In one of her last e-mails to Rosenthal, Rheba wrote, "I am very realistic and accepting. But I'm not going to die in an opiate stupor. I'm going to be alive until I'm not" (Rosenthal, 2013, para. 30).

Nursing has lost a cherished mentor, colleague, and friend, but Rheba's legacy lives on in the generations of nurse educators who have benefited from her remarkable leadership, courage, and example.

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~ Janis P. Bellack, PhD, RN, FAAN

A Conversation with Rheba de Tornyay, EdD, RN, FAAN

Karen H. Morin, DSN, RN



Individuals with leadership abilities make their presence known in a variety of ways. Some assume leadership roles in the practice arena, while others focus on leading in academia. Dr. Rheba de Tornyay is one person who has demonstrated leadership in both arenas. According to Houser and Player (2004):

She is renowned for her leadership role as the dean of the University of Washington, for her early election to the Institute of Medicine, and for her role as the founding president of the American Academy of Nursing (1973). (p. 187)

Who better to interview about leadership in nursing education? One of the guest editors of this special issue had the pleasure of speaking with Dr. de Tornyay about her thoughts on nursing education and on leadership in nursing education during the summer of 2004.

Morin: Please share your perspective on the evolution of the faculty role within the profession of nursing.

de Tornyay: When I graduated from a hospital diploma nursing

school, teachers were mostly clinical instructors who had dual roles as supervisors on nursing units and clinical teachers for nursing students. Physicians assumed primary responsibility for the didactic teaching about disease entities, while a nurse faculty member who had a baccalaureate degree lectured about the nursing implications. Significant and welcome changes have occurred since that time regarding preparation of nurses. The commonality of both the modern baccalaureate program and the associate degree program is that the hospital school of nursing has been largely eliminated, with nursing education taking place in the mainstream of higher education in colleges and universities. Baccalaureate and associate degree programs now prepare the vast majority of nurses. For the most part, faculty recognized as clinical experts continue to serve as clinical teachers for nursing students, reinforcing the clinical teacher aspect of the faculty role.

In the 1950s, there were fewer master's programs than there are today. Early graduate programs stressed the "functional" aspects of nursing practice, such as teaching and administration. In the 1960s, leaders in the profession began emphasizing nursing as the major field of study, with the birth of advanced practice nursing in a specific clinical area becoming common. By the 1970s, there was a major de-emphasis in the science and art of pedagogy, extending into the current time, when many graduate students have virtually no content or experience in teaching others. Thus, although the

science of nursing has advanced, the science of teaching nursing has suffered.

The faculty role in research was the last to develop. At one time, we sought any researcher, including those whose degree was not in nursing and researchers who were not nurses. PhD programs in nursing began to develop in the 1960s and 1970s, but there were few programs. With the development of more doctoral programs, nursing began to realize its dream of being like other academic disciplines, requiring advanced preparation in the discipline to be a university or college professor. Although such advanced preparation is not emphasized as much in associate degree programs, a growing number of associate degree faculty have pursued doctoral education, as they recognize the value such preparation provides them.

An important point to make here is that the evolution of nursing faculty roles has been contingent on the institutions in which they have been housed. Teaching, scholarship, research, and service are weighted differently in associate degree programs than in baccalaureate and higher degree programs, and among the latter, differently in liberal arts colleges, comprehensive colleges and universities, and research-oriented universities.

Morin: Given this evolution, what concerns do you have about the immediate future?

de Tornyay: The proliferation of PhD programs in nursing should be a concern to the profession. It has become a badge of prestige to have a

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PhD program, and every school wants one, whether it has sufficient faculty prepared as researchers or not. Not all schools of nursing should prepare students for the same area or role, but unfortunately, because status is attached to research and doctoral programs, every school wants an advanced degree program. Not only is there a proliferation of PhD programs, but currently there also is considerable discussion about the practice doctorate. It is my hope that there will be standardization of degree nomenclature, or we will perpetuate the confusion within the public we serve.

The era has passed when faculty in a school of nursing can conduct research across a broad spectrum of endeavors. To avoid this, it is essential that schools develop centers of excellence, to attract both students and faculty who fit with the goals of the school in a more targeted area of endeavor.

Another major concern has been the de-emphasis of clinical practice in some schools of nursing. Again, the prestige of the school has been in the direction of research, primarily because it is easier to measure and because it fits more with the norms of research-oriented universities. Moreover, this de-emphasis only makes more evident the disconnect between practice and research and how they should inform each other. In many institutions, we have let the research enterprise drive the whole endeavor. We must acknowledge that schools of nursing exist to prepare nurses for practice and to conduct research that will improve practice.

Few faculty members are prepared in the art and science of teaching. When teachers have no preparation in this area, they tend to teach as they were taught, with understandably limited results. If I had my wish for PhD students who intend to assume or continue in a faculty role, I would encourage them to have some preparation in curriculum development, teaching-learning theory and techniques, and program evaluation. Moreover, I would expect that these PhD students would serve as teaching assistants with an accomplished faculty member.

To differentiate the faculty role in baccalaureate and higher degree programs, which requires the full gamut of scholarship, teaching, and service, there should be increased attention to preparing faculty specifically for the associate degree programs. It is important that they understand what content is essential to prepare for first-level nursing practice. Otherwise, faculty in these programs have a tendency to overload the curriculum and try to prepare a nurse who functions beyond what she or he should be prepared to do.

Morin: What suggestions do you have to offer for the next generation of nurse educators/scholars?

de Tornay: Develop your area of expertise to provide a balance in your scholarship and teaching endeavors. Don't spread yourself so thin that you aren't an expert in any area. Teaching one thing, investigating another, and practicing in a different clinical area is exhausting, frustrating, and leads to understandable burnout. Learn to negotiate your role to allow yourself to develop academically. Be firm but reasonable. Be clear about what you are going to do for your own professional development. That might mean that you devote more time initially to scholarly activities, depending on the requirements of the system of education you have entered.

I well realize that this advice is sometimes painful to follow because a teaching assignment and students rightfully demand that you pay attention to your teaching. This is why, in a research-intensive institution, it is desirable to have a developing field of postdoctoral inquiry with outside funding prior to joining the faculty. Remember, it is certainly OK to change goals, but do so after a sustained period of endeavor and after careful thought.

Think through carefully what you want to accomplish in your courses, seminars, and clinical practice. The goal of education should be to give students experiences more efficiently and effectively than they could achieve through many years of experience. I am a very strong proponent of experiential learning, so be familiar with the

many ways in which students can learn efficiently through Web-based courses, library assignments, interactive experiences, and other more efficient ways to gain information and use the time you have with your students and they have with one another to ponder issues and discuss problems toward creative solutions. As educators, our goal is to produce someone who can think through issues and offer alternatives.

Finally, teaching and course development is truly fun! In the race to do everything and to get ahead, I see much too much stress in nursing faculty today. It is a serious business, and it is hard work, but remember that students tend to "take teachers," not courses. They need faculty to facilitate their learning and to be advanced colleagues with more experience to help them achieve their goals. There just is no substitute for optimism and enthusiasm in leadership, and teaching is no exception.

Morin: What role does the dean or director play in optimizing the faculty position?

de Tornay: The dean, department chair, or director holds the key to faculty rewards. She or he should strive for *balance* within the school. Not all faculty members are, or can be, equally gifted in all aspects of the academic endeavor. Appointment, tenure, and promotion decisions tend to require the same qualifications from everyone. Forward-looking schools require faculty with diverse skills and backgrounds.

Scholarship is central to the academic mission. But be flexible in how you define scholarship and how you lead your faculty. Today's faculty member, at least in the research-oriented universities, has been forced to be very entrepreneurial in research without regard to the school's mission or central strengths. Research has become a solitary endeavor, even when the principal investigator has a research team to work with. Some faculty "buy-out" their teaching time so they do only research. Because of space limitations, they may even have their offices out of the school's primary location. So they become a "professor" in name only, bringing in dollars

and fame, but not supporting all of the school's mission.

Major research units place the highest value on obtaining individual research grants of the RO1 category not only because it is well understood but because it brings the highest overhead to help the unit. Nonetheless, it is essential to realize that it is not the only kind of research. Although this type of research is greatly needed, the abilities required to recognize system issues and organize ideas on a more macro level should be of equal importance, particularly in a practice field such as nursing. The skills and knowledge needed to influence policy at local, regional, and national levels have unfortunately taken a backseat in some schools of nursing. Research in the teaching-learning process is respectable and must be nurtured by some in each school to plan and evaluate the central focus of the teaching-learning enterprise in our universities.

The academic nurse leader also holds the key to faculty appointments and promotions. Flexibility is paramount. Faculty review committees tend to want peers like themselves. They understand people who are like themselves, either in their scholarship, or ethnicity, gender orientation, and other personal dimensions. Students deserve a faculty that will open the world to them, and for this they need an array of worldviews and experiences.

Develop a nurturing, instead of a competitive, environment by celebrating the achievements of individual, as well as groups of, faculty. One faculty member's success is success for all. Initiate a "buddy system" to help novice faculty and foster an environment where frank and open discussion of needed strengths is not only accepted but also expected. As hard as it is to do, if you have faculty members who are detrimental to the mental health of others, their behavior must be tackled with compassion and remedial services, or they must be assisted to exit, if necessary. The environment of the entire school or department is the responsibility of the person who has accepted the leadership role.

Morin: What suggestions can you offer for the next generation of educational leaders?

de Tornay: Become a dean when you are willing to set aside your own intense career development as a scholar, at least for a time. I have advised new deans to maintain their own research endeavors, so they would not be locked into administration forever, and to be a role model for their faculty. I still believe that to some extent, but like combining a career and early parenthood, it is very difficult to do both well at the same time. In other words, become a dean only when you are willing to make your school the top priority and you are willing to take some time out from your heavy scholarship. This does not mean you become less scholarly in your approach to challenges; it just means you are willing to forego your personal interests to develop and guide others.

Be creative in how you see and evaluate the faculty role. The traditional triad of responsibilities—teaching (including clinical), scholarship, and service—are difficult to manage simultaneously. Nursing could look to the other clinical disciplines as a model for successfully combining practice, teaching, and research. Although comparisons with medicine are not popular, schools of medicine have attempted to alleviate some of the major hurdles of "being all things to all students all at once." Medical faculties "attend" their clinical responsibilities intensively for a set period of time, and then they have blocks of time for investigative activities. They divide major courses into blocks of content so each faculty member is not always involved in teaching an entire quarter or semester. To provide continuity for students, some schools are creating the equivalent of a "home room" experience for students with the same faculty member and group of peers throughout their program. There are undoubtedly other ways to structure learning experiences, including greater use of technology, and nursing faculty need to break free of inertia, experiment creatively, and evaluate the results in terms of learning outcomes.

Educational leaders also need to foster and reward corporate citizenship. The expectation should be that senior faculty members assume leadership roles on school, college, or university committees so that younger faculty can have the opportunity to address their academic development. Far too often, these committee responsibilities are foisted on faculty who can least afford to take the time away from their scholarly activities. We have to get away from the attitude of some senior faculty that they have served and now it is time for others to do so.

Morin: After all is said and done, what is your overarching message to educational leaders?

de Tornay: I urge leaders to strive for balance in their institutions: Balance between the multiple roles that faculty assume. We must acknowledge that the expectations of faculty are enormous and that most have difficulty meeting them. As leaders, it is our responsibility to provide environments that facilitate their success. We must value and reward citizenship, along with teaching and broadly defined scholarship. Thus, we must expand our perspective on what constitutes diversity among faculty and make operational the value of such diversity.

Nursing education has a proud and productive past. We have increased the educational preparation of nurses to the benefit of the patients we serve. More and more of our research is changing the way nursing is practiced from being based on tradition to being based on evidence. It is important that we continue to focus on patient care as our core value and at the heart of all that we do—in clinical practice and in research. Not everyone in every school of nursing has to concentrate on the same areas, but through centers of excellence, each school can be known for its strengths, and students will make the best decision about which school to choose.

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