

# STEPPING STONES

Being a nurse develops character

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# STEPPING STONES

## Being a nurse develops character

By James Coburn, staff writer

About seven years ago, before Jordyn Zachary became a registered nurse, she was driving with her mom down one of the highways heading to Shawnee.

They were behind a swerving car that was slowing down. A female passenger ended up being pushed out of the vehicle and rolled down a hill, Zachary said.

"So, we pulled over and asked her if she was okay. She told us not to call the cops, but we ended up calling an ambulance to get her checked out," Zachary said.

Her instinct to solve a health care crisis was there. Her inspiration to become a nurse had already been planted. And as an RN, she would learn that patients who give up, return to their bad habits without following their doctor's advice, do less well. But most of her patients will see brighter days.

There are a lot of strong, resilient patients who are admitted to SSM Health St. Anthony Hospital - Midwest, located in Midwest City, said Zachary, a med/surg nurse.

"They end up walking out of the hospital," she said.

Zachary has continued to absorb best practices since her hiring date in 2025 after she earned her Bachelor of Science degree in Nursing at East Central University in Ada. She was a nurse tech for about four years before fulfilling her dream of being a registered nurse.

As a new nurse, she became impressed by the friendly atmosphere among her coworkers. It was teamwork at its best.

"Whenever there are things going on with a patient, they're always asking what they can do to help," Zachary said.

Her advice to recent nursing school graduates is to be ready to prioritize time management. There always will be learning opportunities regarding new technology.

She begins her day by reading reports regarding the four or five patients assigned to her. Afterwards, she has an hour of providing her patients their medication which is due at 9 a.m.

"I like hearing their histories, the back-stories, how they met their other and how many kids they have, how many dogs they have. It's interacting with them on a deeper level than just a patient," Zachary said.

And they learn about her little maltipoo dog who greets her at her front door after a day's work. Indelible memories have touched her life.

"When I was an aide working at another hospital, I was taking care of a patient for two or three days in a row, so I got to know them and their family," Zachary said. "They left a couple of handwritten cards for me as the nurse who was taking care of them. They told me to keep going through nursing school and that I was doing great and all that. I think about that a lot."

Her patients may have had surgery or various types of procedures and are typically there from one to four days. Patients' symptoms run the gamut ranging from septic shock to a cat scratch causing an infection.

Being an empathetic good listener helps patients a lot during their hospital stay — especially when pain is involved.

"I try my hardest to get them what they need and address their concerns," she continued.

It was her caring response to her mother's health issues that



Jordyn Zachary, RN, SSM Health St. Anthony Hospital - Midwest, builds each working day on what is best for each of her patients.

tugged at her heart to become a nurse. At the time, Zachary was in high school in Ada. She enriched her life in sports. At first, she wanted to become an athletic trainer.

"I just started following the nurses that were taking care of my mom and that inspired me," she explained of choosing nursing.

The skills she learned in nursing school soon applied to a career that opened doors. Earning her degree was just the beginning. Day-by-day she honed her skills that only experience would teach her.

"In nursing school, you learn how to pass a test for the most part. You go out in the field, and you realize you don't really have a book with answers to rely on. So, you have to go with the flow. You learn to care for someone. You learn to have a conversation. You learn about holding someone's hand when they're dying, and they don't teach you that in nursing school."

Being at SSM Health St. Anthony Hospital – Midwest is like being with family, she said.

"You become close with each other. They care for you," Zachary said.

Experience has taught her how to handle everyday stress outside of work. Real-life situations that seemed big at the moment, are fewer than before.

"A lot of it is God. I pray before every shift, every night, every morning. He is what inspires me," Zachary said.

She keeps an active steady pace in life. Zachary enjoys running, taking long walks, and working out.

"In the summer I like to tan, work out at the pool, go on vacation and hang out with my dog," Zachary said.



# OU Health Performs Rare, Highly Complex Double Pulmonary Valve Procedure

*Minimally invasive approach places OU Health among only two programs worldwide*



Subhrajit Lahiri, MD

OU Health, the University of Oklahoma's academic health system, has successfully performed a rare and technically complex heart procedure, placing two artificial pulmonary valves simultaneously using a minimally invasive catheter-based approach.

The procedure offers a potential treatment option for patients who may not be candidates for open-heart surgery or conventional transcatheter valve replacement.

The bilateral transcatheter pulmonary valve placement, performed using Medtronic Harmony valves, involves delivering two replacement valves via catheter and implanting them in the right and left branch pulmonary arteries, avoiding the need for open-heart surgery.

The approach is extraordinarily complex, requiring advanced imaging, precise planning and exact placement to ensure blood flow to the lungs is not compromised.

The procedure was performed on a man in his 50s with advanced heart failure and multiple serious health conditions, including renal failure, diabetes and obesity. His enlarged heart and overall condition made both conventional surgery and standard transcatheter valve replacement too risky. Without intervention, his prognosis was poor.

"He was told he was not a surgical candidate and not a traditional valve candidate," said OU Health interventional and structural cardiologist Dr. Subhrajit Lahiri, M.D., FAAP, FSCAI, FPICS, assistant professor at the University of Oklahoma College of Medicine, who led the procedure. "Without doing anything, his heart was going to continue enlarging. He was already in heart failure and only in his 50s."

Thanks to this innovative procedure, the patient now has two functioning pulmonary valves.

Based on a review of published medical literature, only one other recorded case of this kind of procedure being done

has been found, placing OU Health University of Oklahoma Medical Center among just two medical centers globally to have performed it.

## **Innovative Planning and Precision Execution**

Dr. Lahiri worked with OU Health chief of pediatric cardiology and cardiac imaging specialist Arshid Mir, M.D., associate professor at the University of Oklahoma College of Medicine, and OU Health cardiologist Anjan Shah, M.D., associate professor at the University of Oklahoma College of Medicine to successfully perform this procedure. The collaboration reflects OU Health's unique continuum of care, where specialists often follow and care for patients with congenital heart disease from childhood through adulthood, ensuring seamless, patient-centered treatment at every stage of life.

Using advanced cardiac CT imaging, the team created a virtual 3D model of the patient's anatomy and conducted a virtual valve implantation before the procedure.

The team determined that placing valves in the right and left branch pulmonary arteries — rather than in the standard location in the main pulmonary artery — could succeed if positioned with extreme precision to avoid blocking the many smaller arteries that fan out into the lungs.

"The valve is designed to fit the anatomy of the main pulmonary artery. It was not engineered for the branch arteries," Dr. Lahiri said. "One of the most challenging parts was making sure the valve would sit stably while keeping blood flowing to all the smaller arteries branching into the lungs. The way we planned the virtual implantation made this possible."

Before proceeding, Dr. Lahiri consulted the physician who performed the only previously published case. "Our patient was far more medically complex than the previous case," he said. He had renal failure and multiple other conditions that made surgery potentially fatal. But we executed the plan exactly as designed, and it worked perfectly."

## **OU Health's Expertise Makes the Difference**

This achievement highlights OU Health's integration of patient care, research and education to deliver leading-edge, highly specialized care for patients with the most complex heart conditions. The health system's advanced cardiac imaging program processes nearly 1,000 cardiac CT scans annually, enabling the precise 3D anatomical modeling that made this procedure possible.

OU Health's Adult Congenital Heart Disease (ACHD) program is the most comprehensive program of its kind in Oklahoma, combining the expertise of a dedicated adult congenital heart surgeon, congenital cardiologist and cardiothoracic surgery team. Together, they provide highly specialized care for patients with complex heart conditions, including those who may have been told they have few or no remaining treatment options.

"A fully integrated ACHD program — combining the expertise of a surgeon, an interventional cardiologist and a physician — is critical for managing this level of complex care," Dr. Lahiri

See **HEART** page 7

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# Heat Can Be Hazardous to Your Heart



With many areas of Oklahoma reaching peak summer temperatures, the INTEGRIS Health Heart Hospital and the American Heart Association (AHA) are preaching prevention.

It's not something many people think about, but

temperatures over 100 or even temperatures in the 80s with high humidity can cause a dangerous heat index that can be hard on the heart. "In hot weather, the body tries to cool itself by shifting blood from major organs to underneath the skin," explains Kathryn Farguson-Jayo, D.O., a cardiologist with INTEGRIS Health Cardiovascular Physicians Edmond. "This shift causes the heart to pump more blood, putting it under significantly more stress."

Heat precautions are especially important for people on certain medications. "Some heart medications like angiotensin receptor blockers (ARBs), angiotensin-converting enzyme (ACE) inhibitors, beta blockers, calcium channel blockers and diuretics, which affect blood pressure responses or deplete the body of sodium, can exaggerate the body's response to heat and cause you to feel ill in extreme heat," adds Farguson-Jayo.

She says you shouldn't stop taking your prescriptions, but you should practice these preventive measures.

**Watch the clock:** It's best to avoid the outdoors in the early afternoon (about noon to 3 p.m.) because the sun is usually at its



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strongest, putting you at higher risk for heat-related illnesses. Dress for the heat: Wear lightweight, light-colored clothing in breathable fabrics such as cotton, or a newer fabric that repels sweat. Add a hat and sunglasses. Before you get started, apply a water-resistant sunscreen with at least SPF 15, and reapply it every two hours.

**Drink up:** Stay hydrated by drinking a few cups of water before, during and after going outside or exercising. Avoid caffeinated or alcoholic beverages.

**Take regular breaks:** Find some shade or a cool place, stop for a few minutes, hydrate and start again

**Follow the doctor's orders:** Continue to take all medications as prescribed.

Even if you aren't taking medications for a heart condition, it is important to be careful in the heat. While infants and the elderly are more vulnerable to problems from heat, extreme temperatures can cause health issues for anyone.

"Staying hydrated is key. It's easy to get dehydrated even if you don't think you're thirsty. Drink water before, during and after going outside in hot weather. Don't wait until you feel thirsty," says Farguson-Jayo. "The best way to know if you're getting enough fluid is to monitor your urine output and make sure the urine color is pale, not dark or concentrated."

Dehydration causes the heart to work harder, putting it at risk. Hydration helps the heart pump blood through the blood vessels to the muscles, making them work more efficiently.

If you start feeling ill effects from the heat, move to a cooler place, stop exercising and cool down immediately by dousing yourself with cold water and re-hydrating. Seek medical attention if these measures do not bring you relief.

**HEART** con't from page 3

said. "Success depends on every member of the team working seamlessly together."

**Expanding Hope for Future Patients**

Without this procedure, the patient would likely have faced a long, uncertain wait for an experimental valve trial out of state. The success of the case has already prompted the valve manufacturer to invite OU Health physicians to author a formal case report, while cardiologists across the country are reaching out to learn from their expertise and innovative approach.

OU Health plans to offer this procedure to any patient with similar contraindications to standard surgical or transcatheter valve replacement. Dr. Lahiri estimates roughly 1 in 40 pulmonary valve per year replacement candidates at OU Health could benefit from this specialized technique.

For patients across Oklahoma and the surrounding region with complex, high-risk heart conditions, OU Health's structural and interventional cardiology team provides the most advanced, life-saving care available close to home.

"This is exactly what OU Health is here to do," Dr. Lahiri said. "When a patient runs out of options somewhere else, we find a way."

OU Health is radically transforming health outcomes as the University of Oklahoma's academic health system. We are the destination of choice for complex care — with an unstoppable drive to change lives through discovery and healing. Patients turn to OU Health for leadership in clinical care, research and education, where advanced treatments and leading-edge therapies are developed and delivered by a nationally connected network of experts.

Our physicians serve as faculty at the OU College of Medicine and collaborate across all seven health professions colleges on the University of Oklahoma Health Campus — training the next generation of healthcare professionals and accelerating innovation that drives patient outcomes and fuels economic development.

With more than 11,000 employees and over 1,300 physicians and advanced practice providers, we serve all 77 Oklahoma counties and beyond with the state's only comprehensive children's hospital (Oklahoma Children's OU Health); National Cancer Institute-designated cancer center (OU Health Stephenson Cancer Center); and the flagship academic hospital and Oklahoma's leading Level I trauma center (OU Health University of Oklahoma Medical Center). With selfless collaboration and Oklahoma Proud spirit, we deliver care that reflects our deep commitment to the communities we serve.

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# CALLED TO CARE: Faith, Compassion and Leadership Guide Epworth Villa's Director of Nursing

By Vickie Jenkins, Staff Writer

When LaKeisha Frierson Carter was a little girl growing up in Wichita, Kansas, she dreamed of becoming an attorney. Even as a child, she imagined a future arguing cases in a courtroom. But God had a different plan.

"I wanted to be an attorney," LaKeisha said. "I made plans and started taking classes to be an attorney. But God said I was supposed to be a nurse."

Today, LaKeisha serves as Director of Nursing at Epworth Villa in Oklahoma City, where she oversees all nursing operations for both skilled nursing and long-term care. She joined Epworth Villa on June 2, 2025, bringing nearly two decades of nursing experience and a heart devoted to serving others.

LaKeisha first became a LPN in 2006 before earning her RN degree in 2016. Rather than taking shortcuts, she steadily worked her way through every level of nursing. "I literally climbed the ladder," she said. "I was a CNA, then a CMA, an LPN, then an RN."

That journey gave her something many leaders never experience, a firsthand understanding of every role on the nursing team. It also shaped the way she leads today. "I think my strongest quality is that I've been on the other side of the bed," she said.

LaKeisha earned her LPN from Wichita, Kansas Area Technical College before receiving her RN degree from Hesston College, a private Mennonite college in Kansas. Although she says she did not have a mentor during nursing school, one professor made a lasting impact on her education.

Her first nursing position was in Kansas, where she began building the career that would eventually lead her to Oklahoma.

As Director of Nursing, LaKeisha oversees all nursing services for both skilled nursing and long-term care residents. She leads teams of RNs, LPNs, CNAs and medication aides while ensuring residents receive quality care every day.

Her mornings begin by reviewing the previous day's work to ensure every detail has been completed correctly.

"I start out by going over the prior day to make sure that we are staying in compliance with state and federal regulations," LaKeisha explained. "I make sure we have all the documentation the way it should be."

She also prepares for upcoming admissions, reviews assessments, monitors changes in residents' conditions and works to ensure every resident receives excellent care.

Epworth Villa serves approximately 65 to 70 residents in its skilled nursing and long-term care areas while also welcoming rehabilitation patients throughout the week. As a continuing care retirement community, residents often transition from independent living to assisted living before moving into skilled nursing if their healthcare needs increase.

One of the things that impressed LaKeisha most after joining Epworth Villa was the organization's commitment to serving others beyond its campus.

"They give back to the community more than any nursing place that I have ever seen," she said.

She especially appreciates the facility's mission projects that raise money for charitable organizations and support the neighborhood school.

"The most important fact I would like others to know about Epworth Villa is that they are a community that really cares about people."



LaKeisha Frierson Carter, Director of Nursing at Epworth Villa, leads her nursing team with compassion, faith, and nearly two decades of nursing experience.

When asked what qualities make an exceptional nurse, LaKeisha didn't hesitate. "You have to have great assessment skills, pay attention to detail and good documentation skills," she said. "And that's just having to have a heart and be compassionate. I can teach skills. I can't teach compassion."

Her philosophy reflects the example she strives to set for every member of her nursing team.

LaKeisha credits her parents and stepfather for teaching her responsibility, faith and a strong work ethic.

"They instilled in me that if you don't work, you don't eat," she said.

She also remembers the lessons her military stepfather taught about stewardship and faithfully managing the blessings God provides.

Outside of work, LaKeisha enjoys shopping and reading. Growing up in a Pentecostal home without television, reading became one of her favorite hobbies and remains so today.

She and her husband have three grown children and eight grandchildren.

Although she has already climbed every step of the nursing ladder, from CNA to CMA, LPN, RN and now Director of Nursing, LaKeisha has no plans to stop learning. She hopes to continue her education and become a nurse practitioner, expanding both her knowledge and her ability to serve patients.

Asked what advice she would offer those entering the nursing profession, LaKeisha emphasized the importance of perseverance and balance.

"Don't get discouraged," she said. "Make sure that they do something for self-care so that they don't get burned out, because the medical field is changing."

Nearly twenty years after answering God's call to nursing, LaKeisha continues to lead with compassion, integrity and faith. The courtroom she once imagined was replaced by patient rooms and nursing stations, but she believes she is exactly where God intended her to be—making a difference one resident, one family and one caregiver at a time.

NURSE



TALK

Would your prefer  
being outside for  
15 minutes in  
105 F or 15 F?



"15 all day and every day. I'm not  
a fan of hot weather."



Stormy Pearce, RN

"105 degrees. I don't like cold at  
all although I worked in Alaska."



Jewelene Hightower, RN

"15 degrees. Yes I would, I don't  
like to be hot because it was 105  
a couple of days ago with the  
heat index."



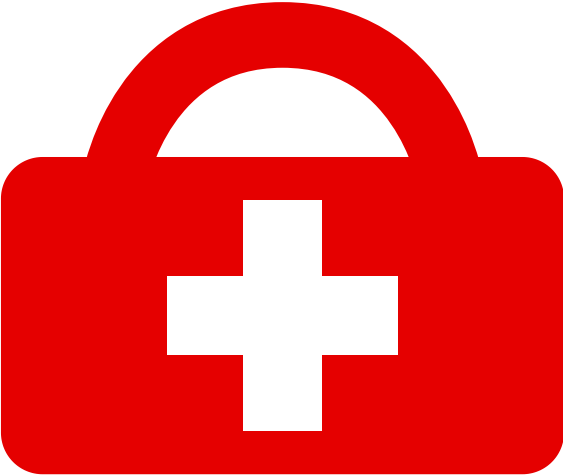
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(AS PUBLISHED IN THE 2026 EDUCATION GUIDE TO NURSING)

# HWTC Offering Nursing Scholarships for Fall 2026 Semester

Scholarship applications are being accepted in April for the Fall 2026 semester for the Oklahoma Health Care Workforce Training Commission (HWTC) Nursing Student Assistance Program.

Application deadline is July 15.

Sponsored by the State of Oklahoma through HWTC, the Nursing Student Assistance Program provides assistance to Oklahoma nursing students pursuing LPN, ADN, BSN, or MSN and higher degrees and who are interested in practicing nursing in Oklahoma communities, with emphasis placed on rural communities for LPN through MSN practicing nurses. Nurse Practitioners (MSN/DNP) must establish a rural practice.

HWTC supports Oklahoma nurse training programs through this scholarship for MSN, DPN, and PhD participants. Obligations for these degrees can be fulfilled as a nurse educator at any Oklahoma nursing program. The mission of the HWTC is to increase access to health care workers in the rural and underserved areas of Oklahoma. The program has been in existence since 1982.

"It (program) has been deemed a success," Michelle Cecil, HWTC Nursing Program Director said. "I started in 1991 and when I started, we were getting a lot of applications, and we were giving out a lot of scholarships."

**Cecil said program applicants must be:**

- U.S. Citizen
- Legal resident of Oklahoma
- Unconditionally admitted as a student in an OKLAHOMA accredited program of nursing study. Certification of acceptance or of being a student in good academic standing must be submitted from the Director of Nursing Program ONLY.
- Please note that online nursing programs must be administered by an educational institution based in Oklahoma in order to qualify for HWTC assistance. Nursing Program eligibility is based on the location of the MAIN CAMPUS.
- Must have an overall GPA of 3.0 on the most recent transcript.
- Applicants must be willing to practice outside of the OKC/Tulsa metro areas. Some state facilities in the OKC/Tulsa MSA will be considered as eligible practice locations
- \$1,500 - \$5,000 per year for nursing scholarships

The programs provide assistance to Oklahoma nursing students pursuing LPN, ADN, BSN, MSN, DNP, and PhD degrees and who are interested in rural Oklahoma communities, State Teaching, Hospitals, and Nurse Training Programs across Oklahoma.



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Up to **\$60,000** for loan repayment for Nurse Practitioners.

Rural obligations required.

**APPLY ONLINE HERE:**  
<https://oklahoma.gov/hwtc/nursing-programs.html>  
OR SCAN THE QR CODE

Upon completion of school and licensing, the nurse is obligated to practice nursing, at the degree level for which financial assistance was received, one year for each academic year of financial assistance. The minimum obligation is one year. The obligated work must be in direct patient care in a hospital setting (clinics and private practices do not qualify), or as a full-time nursing program educator. Obligations for LPN and RN level participants must be fulfilled in a rural Oklahoma community outside of the Oklahoma City and Tulsa metropolitan areas (some exceptions apply, see below). This is defined by HWTC as at least 25 miles away from OKC or Tulsa.

- Up to \$60,000 for loan repayment for Nurse Practitioners
- Rural obligations required

"We also do have the loan repayment program for Nurse Practitioners," Kami Fullingim, Executive Director said. "That just started a year ago. And so that is up to \$60,000 in loan repayment for student loans. And it requires a three-year service obligation if you get the full \$60,000." For those applicants who intend to establish a new rural practice as an APRN, their practice must be at least 35 miles away from OKC or 30 miles away from Tulsa in order to qualify.

Cecil said there is a critical need for nurses/nursing instructors to serve in rural areas in Oklahoma and across the nation. "We're needing faculty across our schools and (nurses in our) hospitals. A lot of the hospitals are getting sign-on bonuses and things like that in order to recruit. We're facing the same shortages (in Oklahoma) that everywhere else has," she said.

For more information about the scholarship program call HWTC at (405) 604-0020 or email Cecil at [michelle.cecil@hwtc.ok.gov](mailto:michelle.cecil@hwtc.ok.gov) or Aleigha Old Crow Nursing Program Manager at [aleigha.oldcrow@hwtc.ok.gov](mailto:aleigha.oldcrow@hwtc.ok.gov). To apply, visit [www.oklahoma.gov/hwtc/nursing-programs.html](http://www.oklahoma.gov/hwtc/nursing-programs.html).

(AS PUBLISHED IN THE 2026 EDUCATION GUIDE TO NURSING)

# SNU Nursing Degree Opens Doors to Serve Across the Country, Around World

SNU, founded in Bethany, OK in 1899, is a faith-based University. While at SNU, students receive instruction through the lens of a Christian worldview. “Purposefully Different” describes SNU well. That motto is reflected in this year’s School of Nursing (SON) theme of “Difference Makers”. Over the years, SNU has been forward-thinking and intentional in exploring new programs and degrees, while maintaining a strong liberal arts foundation. Following that path, a pre-licensure Bachelor of Science in Nursing degree was launched in 1982.

The program incorporates planned interactions among Nursing faculty and students early and often. These times of connectivity allow students to get to know the Nursing faculty (who are also their advisors) from their first days at SNU. As they build relationships with students, faculty can identify and offer interventions to those who may benefit from additional encouragement and support. These factors contribute to increased student satisfaction, retention, and success.

A significant contribution to the formation of SNU Nursing students’ care for others begins the first week of their freshman year. Because students begin building cohesion with members of their cohort as soon as they enter SNU, the opportunity for peer support is established early. It is exciting to watch student interactions transform from first-day uncertainties into a supportive community, often within the first semester. Students begin, during their first classes, to share concerns, as well as problem-solving skills, and to encourage each other.

The unique distribution of pre-nursing and BSN courses throughout the 4 years provides a flexibility that enables students to pursue extracurricular activities, such as athletics, music, and internships while progressing through the program as full-time students. Some students involve themselves in service to others, such as participating in Students in Missions during breaks. These programs may take students to areas inside or outside of the United States. The result is graduates who are well rounded personally and professionally.

SNU’s BSN students benefit from well-supplied and supervised skills labs and an expanding simulation (SIM) lab. In addition to low and mid-fidelity simulation, the SON has multiple high-fidelity human patient simulators (HPS): adult, pediatric, and obstetric. HPS provide students with opportunities to see, hear, and interact with realistic situations leading to high-level critical decision-making experiences. Students then implement interventions determined to address identified problems within a safe environment.

Students learn the importance of interdisciplinary collaboration during their first semester, helping them build a life-long understanding of and appreciation for other healthcare professionals. An added advantage of having a SIM lab with HPS is the provision of a venue for interdisciplinary collaboration with other healthcare programs; contributing to an early understanding of continuity of care.

BSN students, trained by highly qualified faculty, graduate from SNU with a deep desire to truly see and serve others, providing excellent holistic care. Approximately 95% of graduates from the



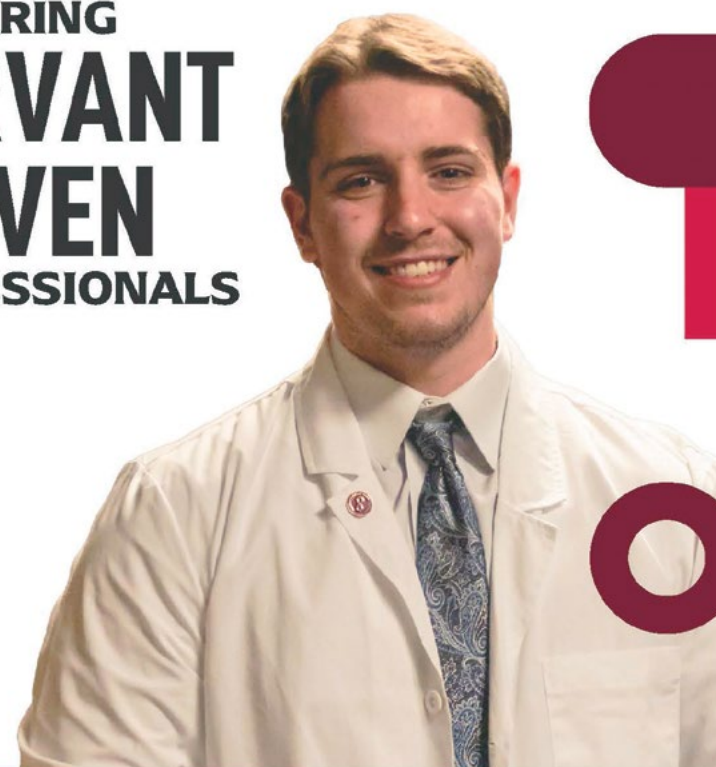
Nursing program have jobs or job offers prior to graduation. Their professional Nursing degree opens doors for them to serve across the country and around the world.

For more information scan the **QR CODE** or visit [www.snu.edu/major/school-of-nursing](http://www.snu.edu/major/school-of-nursing)



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# Nursing is Not Weak. It is Structurally Vulnerable.



By Angela Archer, MSN, RN

Nurses are called the backbone of health care. The phrase is praise, but it also exposes a problem: backbones carry the weight when the rest of the system is failing. Nurses are expected to recognize social needs, prevent harm, manage complex technology, advocate for vulnerable populations, address inequities, and influence policy (Han & Kim, 2024; National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). Yet the systems that depend on nurses often fail to provide the staffing, authority, safety, compensation, education, and policy preparation

needed for that work (American Hospital Association [AHA], 2025; Costa et al., 2024; Rainbow et al., 2024). Nurses are not weak; they are structurally unsupported. The problem is not inadequate resilience. It is a system that relies on nursing responsibility while limiting nursing power. Vulnerability is not the same as fragility. It can develop when people carry high responsibility with limited control. Krieger (2008) argued that structural analysis should identify the levels, pathways, power relationships, and accountability involved in the production of harm. In nursing, those pathways include staffing, workplace safety, professional authority, education, and access to decision-making. Their effects can become visible as injury, burnout, fatigue, sleep disruption, moral distress,

and mental health strain (Rainbow et al., 2024). These outcomes are not evidence of insufficient resilience. They are warning signs that the conditions of care are affecting the people expected to provide it.

Structural vulnerability also begins before nurses enter the workforce. Clinical judgment and patient safety must remain central to nursing education, but policy education, legislative advocacy, community organizing, and political skills are not always taught. Han and Kim's (2024) systematic review found that nurses' policy participation is shaped by the interaction of individual, professional, organizational, and sociopolitical barriers and facilitators. Nurses cannot be expected to influence policy when preparation, mentorship, protected time, and organizational encouragement are inconsistent.

Hospital workforce decisions make the problem perceptible. Costa et al. (2024) argue that the nursing workforce crisis is not merely a recruitment problem; chronic understaffing, moral injury, poor working conditions, and underinvestment drive nurses away. The AHA (2025) reports a first-year RN turnover rate of 22.3% and identifies physical demands and insufficient staffing as major risk factors for turnover. Still, nursing is often treated as a labor cost to control rather than as a clinical foundation to protect (Laskowski-Jones, 2023). When budgets are balanced by thinning nursing capacity, the hidden costs return as turnover, delayed care, preventable harm, and lost expertise.

Labor action makes nursing's structural position difficult to ignore. Strikes are often discussed as disruptions, but they may also signal that pathways for addressing staffing, safety, compensation, and workplace authority have failed (Costa et al., 2024; Krieger, 2008). When nurses reach the point of withholding labor, the issue is rarely only wages; it is also whether health systems will listen to the clinical expertise of the workers most responsible for patient monitoring, safety, and advocacy (Rainbow et al., 2024). In July 2026, Brigham and Women's Hospital reported that a Massachusetts Nurses Association work stoppage was affecting the hospital, although the hospital remained open and planned to continue patient care through emergency preparedness plans and temporary nurses (Brigham and Women's Hospital, 2026). The deeper question is why nurses so often must reach a crisis point before systems respond.

Nursing's structural position is also shaped by gender, professionalization, and public image. Gunn et al. (2019) found that education, health, labor-market, gender, and welfare-state policies influence nursing's autonomy, recognition, resources, and participation in decision-making. Because nursing remains a predominantly female profession, it also carries the historically rooted social and financial devaluation of caring work. Godsey et al. (2020) documented nurses' perceptions of an inconsistent professional brand image. When nursing is portrayed through compassion and self-sacrifice rather than expertise, leadership, and policy influence, admiration may not translate into professional authority (Godsey et al., 2020; Gunn et al., 2019).

To be sure, health systems face financial, operational, and workforce limitations. Staffing standards can reduce flexibility, and labor actions can disrupt care. When nurses are exhausted, injured, silenced, or excluded from decisions, their capacity to provide safe care and advocate effectively for patients may be reduced (Costa et al., 2024; Rainbow et al., 2024). Recognizing nurse vulnerability does not place nurses above marginalized communities; it acknowledges that structurally unsupported nurses have less capacity to advocate alongside them.

The answer is not to ask nurses to become more resilient. Nursing programs should incorporate policy, advocacy, social determinants of health, and community engagement. Health systems should use evidence-based staffing, protect nurses from workplace violence, provide meaningful shared governance, and include frontline nurses in decisions about technology, budgets, workflows, and care redesign. Nurses have already shown that they can carry broken systems. The better question is whether health systems, policymakers, and society will give them the authority to redesign those systems. Health equity requires nurses to be empowered in the rooms where staffing, budgets, technology, and policy are decided.

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The Oklahoma Nurses Association invites nurses from across the state and beyond to gather for the 2026 Annual Convention—a dynamic and inspiring event dedicated to advancing the nursing profession

and strengthening the future of healthcare.

Centered on this year’s theme, Courage to Care, Strength to Lead, Vision to Grow, the convention will celebrate the resilience, leadership, and innovation that define nursing today. Attendees will engage in thought-provoking keynote sessions, evidence-based educational workshops, and meaningful networking opportunities designed to empower nurses at every stage of their careers

Whether you are a bedside nurse, advanced practice provider, educator, administrator, or student, this convention will equip you with the tools and inspiration to elevate your practice and impact. The convention takes place September 9-10 at the Hyatt Regency Hotel in Tulsa. ONSA Student Bootcamp will be on Thursday, September 10.

2026 ONA ANNUAL CONVENTION

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Puzzle Answers: First Aid Word Search

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(AS PUBLISHED IN THE 2026 EDUCATION GUIDE TO NURSING)

# The Uniform Shoppe:

## Family Service, Family Pride for More Than 60 Years

The Uniform Shoppe in Tulsa has been a family operated business since 1962. They are truly pioneers in the industry, having been one of the first boutique type stores to sell uniforms in the country.

The early years consisted of Albert Weise toting his wife and young daughters around the entire state calling on hospitals, clinics and vocational schools that had a need for uniforms. Having left his native Oklahoma for Chicago when his family was young, Weise's brother-in-law made a trip to see him in hopes of persuading him to go into business together. The rest, as they say, is history. Jody Weise fondly remembers riding in the back of her father's station wagon with her younger sisters. They laid a foam mattress in the back in case a nap was needed during their long days driving around finding customers.

She and her middle sister would often accompany her father to work and had fun filling catalog orders in the backroom. The first shop was opened in Tulsa and eventually expanded to have a second location in Oklahoma City. At one point there were nine locations, however, Jody shared that it made more sense operationally to have two big super stores in each city. When her father and uncle's business began to grow, they created an association of other uniform industry businesses called the Professional Apparel Association. It would later be changed to the Uniform Retailer's Association. The URA is active today as a non profit trade association supporting and educating independent uniform retailer's growth and profitability.

Jody attended college at Oklahoma University in Norman and moved to Houston afterwards.

She was hired as the manager of a department store and was able to forgo the typical training required as she was way ahead of the game having grown up helping in her parents' shop. While there, one of the Tulsa stores suffered a devastating fire and Jody was asked to come home and help them rebuild. She has been there ever since. She and her mother are the current President and Vice President. Her father actively worked until he was eighty-eight and sadly, passed away one year later after a fall. Jody credits his values and ability to build and maintain customer relationships with the family's long success. She did not intend to make a career out of working in the uniform business, but has now been there for more than forty years. The Weise family remains invested in customer service and meeting the needs of every person who comes into the shop.

When asked why someone would want to shop at her store, Jody stated that they stay up to date on the latest trends in materials, comfort, sustainability and affordability. The Uniform Shoppe provides personal service by knowing their products well and helping people decide what is best for their needs. They offer sizes ranging from XS all the way up to 6X and will customize if needed beyond that. They are constantly researching and listening to what their customers say and want. Their customer base is local, national and international. They also share feedback with the URA and listen to what other members of the association have learned. Additionally, their employees are like family with several over the years having worked for them for more than twenty-five years.



The industry continues to grow. Jody is happy to see new brick and mortar retailers open up.

While The Uniform Shoppe has occupied the same location in Tulsa for decades, they found themselves in need of more warehouse space. At the end of January they will be moving a mile and a half north of the current location to an industrial park. They will still have a retail showroom up front and welcome customers in to continue meeting their needs. Shopping can always be done globally or locally on their website. Visit us at [www.theuniformshoppe.com](http://www.theuniformshoppe.com).



(AS PUBLISHED IN THE 2026 EDUCATION GUIDE TO NURSING)



# Over 60 Years in Business!

**STYLE 2411**  
3 POCKET TOP

- V-neck
- Three patch pockets
- Front shoulder yokes

R: XXS-5X ( 27")  
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**STYLE 2702**  
ZIPPER POCKET PANT

- Adjustable front waist ties
- Two zipper pockets at the hip
- Two cargo pockets
- Straight leg with side vents

R: XXS-5X (30 1/2")  
P: XS-2X (28 1/2")  
T: XS-XL (33")  
Shown in Coral

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BLAC

CEIL  
CEIL

CLOUD  
CLOD

CORAL  
CRAL

GALAXY  
GLXY

GRAPE  
GRAP

HUNTER  
HNTR

LILAC  
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