Research Across The Life Span

Neville Strumpf, RN, C, PhD, FAAN

Lois Evans, RN, DNSc, FAAN

Baxter Foundation Episteme Award Winners Research on Restraint-Free Care
HELP STUDENTS OPEN THE DOOR TO THEIR NURSING CAREER PATHS

With so many career options open to nursing students, deciding which career path to take can be a challenge. To help them with this important decision, the Pathway Evaluation Program® for Nursing Professionals, in cooperation with baccalaureate nursing school faculties, provides them with many necessary resources. Trained faculty members will guide them through career choices that match their professional goals with their personal strengths and lifestyle preferences.

The program consists of three comprehensive sections:

- Self-assessment exercises
- A five-step decision-making process
- Follow-up resources and career counseling

For more information about the Glaxo Wellcome Pathway Evaluation Program for Nursing Professionals, please call (800) 221-PATH.

Perpetual Notion

By Nancy Dickinson-Hazard, RN, MSN, CCRN, FAAN, Executive Officer

"If you wonder why, you begin to create solutions."

—Anonymous

In nursing, we build knowledge (or the scientific base of the profession) in order to build scholarly practice. The scholarly practice, in turn, stimulates the building of further knowledge. As the knowledge is compounded, a more advanced scholarly level of practice is achieved. The cycle of never ending education, thus, perpetuates itself, and in the process, we build interacting fields of knowledge and practice.

Once the value of knowledge and scholarship has been established, it becomes mandatory that nurses continuously contribute to the formation, validation and organization of nursing knowledge. It is demanded, so that the scientific body of knowledge that creates excellence in nursing will continue. It is also demanded so that nursing theory-based practice is implemented, but also so that nursing practice-based theory is developed. As nursing practice is also a process of knowledge development, its scholarship must be fully investigated in order to more closely connect research and practice.

Over the past four decades, the scope and productivity of nursing research has expanded. Nursing science has significantly grown from the knowledge generated by research. Sigma Theta Tau International has been in the forefront and has ardently pursued advancement of research-based practice. Over the 20-year history of the small research grant program, the purpose of which is to provide seed money for nursing research, more than 700 nurses have applied for the small grant dollars, 200 research projects have received funding and over $560,000 research dollars have been awarded.

Since the inception in 1987 of collaborations with other nursing organizations (American Nurses Foundation, Emergency Nurses Foundation, American Association of Critical Care Nurses, Oncology Nursing Society, American Association of Diabetes Educators), five jointly sponsored research grants have provided $120,000 for 16 researchers and their projects. The society is also fortunate to be the conduit and peer reviewers for research funding from corporate sponsors: Mead Johnson Nutritional, The Nurse Service Organization, Glaxo Wellcome and the prestigious Baxter Foundation Epitome Award through The Baxter Foundation. Eleven nurse researchers have received a total of $100,000 from these benefactors of nursing scholarship over the past six years.

More than 225 nursing research grants have been funded or distributed through the society, awarding a total of $780,000 since 1976. It is also interesting to note that in a cursory review of the research projects funded, through the grants program of the society, an estimated 80 percent of the projects were clinical studies, which included implications for practice. Also, approximately 44 percent of the grantees were pre-doctoral nurses, the remaining 56 percent, doctorally prepared researchers.

More impressive, however, is the chapter support of the society’s knowledge development program. Analysis of data submitted by chapters reveals that more than $2,767,000 were awarded by the chapters for scholarships, research and recognition grants since 1983. Of that, approximately $1.3 million was dedicated solely to funding nursing research.

Another key to advancing research-based practice is found in the second goal of the society to disseminate and widely distribute nursing research. The society’s facilitation of the research dissemination occurs through diverse multimedia, everything from print, to face-to-face conferencing, to video and electronic means is used by the society to increase access to nursing knowledge.

Formal scholarly programming began with the first convention of the society in 1929. Prior to that, informal educational sessions took place with participants sharing new information, ideas or discoveries. Sigma Theta Tau International has sponsored 11 research congresses since 1976. Of these congresses by more than 3,000 nurse scholars from over 50 different countries.

At the biennial conventions, with over 10,000 attending since 1983, and at the regional assemblies, with over 9,500 attending since 1982, thousands of presentations disseminated the findings of scientific inquiry and the resultant nursing knowledge on practice, theory, education, policy, administration and much more. The themes of these conventions of the past 14 years have ranged from communication and image building to creating successful career patterns, to leadership and clinical scholarship.

As is true for research development, chapters have actively implemented scholarly programming and are the major source of disseminated nursing research for members and the profession at large.

Chapters have sponsored or co-sponsored an average of three programs per year since 1983. More than 7,800 conferences on research utilization, practice issues, leadership theory or developing writers’ skills were attended by more than 554,000 Sigma Theta Tau members and nursing colleagues during this time period.

When combined, international, regional and chapter research programming reached close to three-quarters of a million nurses over the past 15 years.

The work of the membership of Sigma Theta Tau International is exemplary in advancing a scholarly level of clinical practice. As our journey continues into the next millennium, it is my fervent hope that you will continue to contribute your knowledge by developing, listening, sharing and using it; for in wondering why, we will create solutions.
HELP STUDENTS OPEN THE DOOR TO THEIR NURSING CAREER PATHS

With so many career options open to nursing students, deciding which career path to take can be a challenge. To help them with this important decision, the Pathway Evaluation Program\® for Nursing Professionals, in cooperation with baccalaureate nursing school faculties, provides them with many necessary resources. Trained faculty members will guide them through career choices that match their professional goals with their personal strengths and lifestyle preferences.

The program consists of three comprehensive sections:

• Self-assessment exercises
• A five-step decision-making process
• Follow-up resources and career counseling

For more information about the Glaxo Wellcome Pathway Evaluation Program\® for Nursing Professionals, please call (1-800) 221-PATH.

EXECUTIVE OFFICER'S MESSAGE

Perpetual Notion

By Nancy Dickenson-Hazard, RN, MSN, CCRN, FAAN, Executive Officer

"If you wonder why, you begin to create solutions."
—Augustine

In nursing, we build knowledge (or the scientific base of the profession) in order to build scholarly practice. The scholarly practice, in turn, stimulates the building of further knowledge. As the knowledge is compounded, a more advanced scholarly level of practice is achieved. The cycle of never ending education, thus, perpetuates itself. In the process, we build interacting fields of knowledge and practice.

Once the value of knowledge and scholarship has been established, it becomes mandatory that nurses continuously contribute to the formation, validation and organization of nursing knowledge. It is demanded, so that the scientific body of knowledge that creates excellence in nursing will continue. It is also demanded so that nursing theory-based practice is implemented, but also so that nursing practice-based theory is developed. As nursing practice is also a process of knowledge development, its scholarship must be fully investigated in order to more closely connect research and practice.

Over the past four decades, the scope and productivity of nursing research has expanded. Nursing science has significantly grown from the knowledge generated by research. Sigma Theta Tau International has been in the forefront and ardently pursued advancement of research-based practice. Over the 20-year history of the small research grant program, the purpose of which is to provide seed money for nursing research, more than 700 nurses have applied for the small grant dollars, 200 research projects have received funding and over $560,000 research dollars have been awarded.

Since the inception in 1987 of collaborations with other nursing organizations (American Nurses Foundation, Emergency Nurses Foundation, American Association of Critical Care Nurses, Oncology Nursing Society, American Association of Diabetes Educators), five jointly sponsored research grants have provided $1,800,000 for 16 researchers and their projects. The society is also fortunate to be the conduit and peer reviewers for research funding from corporate sponsors: Mead Johnson Nutritional, The Nurse Service Organization, Glaxo Wellcome and the prestigious Baxter Foundation Episteme Award through The Baxter Foundation.

Eleven nurse researchers have received a total of $100,000 from these benefactors of nursing scholarship over the past six years. More than 225 nursing research grants have been funded or distributed through the society, awarding a total of $780,000 since 1976. It is also interesting to note that in a cursory review of the research projects funded, through the grants program of the society, an estimated 80 percent of the projects were clinical studies, which included implications for practice. Also, approximately 44 percent of the grants were pre-doctoral nurses, the remaining 56 percent, doctorally prepared researchers.

More impressive, however, is the chapter support of the society's knowledge development goal. Analysis of data submitted by chapters reveals that more than $2,757,000 were awarded by the chapters for scholarships, research and practice and recognition grants since 1983. Of that, approximately $1.3 million was dedicated solely to funding nursing research.

Another key to advancing research-based practice is found in the second goal of the society to disseminate and widely distribute nursing research. The society's facilitation of research dissemination occurs through diverse multimedia: everything from print, to face-to-face conferencing, to videos and electronic means used by the society to increase access to nursing knowledge.

Formal scholarly programming began with the first convention of the society in 1929. Prior to that, informal educational sessions took place with participants sharing new information, ideas or discoveries. Sigma Theta Tau International has sponsored 33 biennial conventions in its lifetime, 40 regional assemblies since 1982 and has co-sponsored eight international research congresses since 1983. Six of the eight international congresses have specifically focused on clinical scholarship or research-based practice, the remaining two were centered on recent advances in international nursing scholarship. Over 2,200 presentations were heard at these congresses by more than 3,000 nurse scholars from over 50 different countries.

At the biennial conventions, with over 10,000 attending since 1983, and at the regional assemblies, with over 9,500 attending since 1982, thousands of presentations disseminated the findings of scientific inquiry and the resultant nursing knowledge on practice, theory, education, policy, administration and much more. The themes of these convenings of the past 14 years have ranged from communication and image building, to creating successful career patterns, to leadership and clinical scholarship.

As is true for research development, chapters have also been centrally involved in scholarship programming and are the major source of disseminated nursing research for members and the profession at large. Chapters have sponsored or co-sponsored an average of three programs per year since 1983. More than 7,800 conferences on research utilization, practice issues, leadership theory or developing writers' skills were attended by more than 534,000 Sigma Theta Tau members and nursing colleagues during this time period.

When combined, international, regional and chapter research programming reached close to three-quarters of a million nurses over the past 15 years. The work of the membership of Sigma Theta Tau International is exemplary in advancing a scholarly level of clinical practice. As our journey continues into the next millennium, it is my fervent hope that you will continue to contribute your knowledge by developing, listening, sharing and using; for in wondering why, we will create solutions.
Are you ready for the next step?

The new Advanced Nursing Practice Master's program, with both thesis and course-based (non-thesis) options, in the Faculty of Nursing at the University of Alberta can get you started.

Changes in our health care system have increased the complexity of client health situations and underlined the need for nurses with advanced knowledge, clinical expertise, and critical judgement. The University of Alberta's Faculty of Nursing has responded by developing a new Master of Nursing curriculum based on preparing nurses for advanced nursing practice roles - including the ability to articulate and use the theoretical, experiential, and research basis for practice, as well as demonstrate specialized clinical competency in relation to defined populations.

You will learn from leading professors and have access to the state of the art equipment and learning resources one would expect to find at Canada's second largest university. Plus, you have the option of studying part-time or full-time, which means you can pursue your career without putting your career on hold.

If you have your baccalaureate degree in nursing and at least one year of clinical experience, our Advanced Nursing Practice MN program can take your career to the next level. Once enrolled in the MN program, qualified students may be eligible to accelerate into our PhD in nursing program.

To learn more about our Master's program and whether it is right for you, take the next step and call the Graduate Education Office at (403) 492-2521. Deadline for January 1997 admission is December 1, 1996.

Dr. Phyllis Giovannetti
Associate Dean, Graduate Education
Faculty of Nursing, University of Alberta
3rd Floor Clinical Sciences Building
Edmonton, Alberta T6G 2G3
Phone (403) 492-6251
Fax (403) 492-2551
E-mail: phyllis.giovannetti@ualberta.ca

Faculty of Nursing
University of Alberta
Are you ready for the next step?

The new Advanced Nursing Practice Master's program, with both thesis and course-based (non-thesis) options, in the Faculty of Nursing at the University of Alberta can get you started. Changes in our health care system have increased the complexity of client health situations and underlined the need for nurses with advanced knowledge, clinical expertise, and critical judgement. The University of Alberta's Faculty of Nursing has responded by developing a new Master of Nursing curriculum based on preparing nurses for advanced nursing practice roles - including the ability to articulate and use the theoretical, experiential, and research basis for practice, as well as demonstrate specialized clinical competency in relation to defined populations.

You will learn from leading professors and have access to the state of the art equipment and learning resources one would expect to find at Canada's second largest university. Plus, you have the option of studying part-time or full-time, which means you can pursue your studies without putting your career on hold.

If you have your baccalaureate degree in nursing and at least one year of clinical experience, our Advanced Nursing Practice MN program can take your career to the next level. Once enrolled in the MN program, qualified students may be eligible to accelerate into our PhD in nursing program.

To learn more about our Master's program and whether it is right for you, take the next step and call the Graduate Education Office at (403) 492-2651. Deadline for January 1997 admission is December 1, 1996.

Dr. Phyllis Giovannetti
Associate Dean, Graduate Education
Faculty of Nursing, University of Alberta
3rd Floor Clinical Sciences Building
Edmonton, Alberta T6G 2P3
Phone (403) 492-6251
Fax (403) 492-2651
E-mail: phyllis.giovannetti@ualberta.ca

Faculty of Nursing
University of Alberta

Research Across The Life Span
from infancy to maturity

COVER STORIES
8 Freeing The Tes That Bind
11 Why Women Should Exercise
12 Sizing Up What's New
13 Preworshippers Get Wrapping
14 Working Class to Parkinson's Disease
15 Women and Violence
16 Mentoring New Researchers, Nephology
16 Look, But Don't Touch Premature Babies
17 No Limits On Appetite
18 Perinatal Lead Exposure
20 150th Anniversary Celebrates Nursing Research

NEWS
21 Image Plans for the Future
22 1996 Sigma Theta Tau International Small Research Grant Recipients
24 Science with Relevance
26 Arista II
28 Philanthropy
30 Members on the Move
32 In memoriam
34 Doctoral Nursing Programs
35 Doctoral Nursing Schools Outside the U.S.
37 New Doctoral Research from Nursing Programs
42 New Doctoral Research By Nurses In Fields Other Than Nursing
45 Grants: research and conference deadlines

FOCUS
25 Profile of Nursing Excellence
48 Profile of a Virginia Henderson Fellow

COLUMNS
3 Executive Officer’s Message
7 President's Message
The intellectual progress achieved by the nursing profession in the last quarter of a century is daunting. The transition to an innovative and sophisticated practice, based solidly in clinical research, is the hallmark of a new era in nursing, and we have reason to be deeply encouraged by the volume and direction of nursing research throughout the world. Exponential increases in the number of nursing research journals, the establishment of institutes for nursing research in many nations and increasing numbers of doctoral programs, internationally, have supported, and been supported by, the development of a research base.

To the general public, however, which stores health care research as the discovery of disease and its treatments, nursing research is little known. Even colleagues in other health professions often fail to comprehend the significance of nursing research— not only for guiding practice but in bringing us closer to an understanding of health and illness throughout the life span.

Interestingly, one of the first (and brilliant) attempts to develop the nursing knowledge base through research was that of Florence Nightingale. In the homeopathic tradition and public health orientation of her era, Nightingale viewed health as the relationship between the environment and the individual. Nurses were conceptualized both as part of the environment as manipulators of the environment. As such, they themselves, were therapeutic instruments who influenced patient outcomes— not only by their minimizations but by the way they spoke, moved, and groomed.

Not surprisingly, Florence Nightingale’s work almost disregarded the disease concept. She divided people basically into two categories — the sick and the well. Sick people shared clusters of characteristics that, regardless of their medical diagnoses, rendered them needy of nursing care. Some of the characteristics that she described were “sensitivities” (what we might term “responses”) to noise, exertion, cleanliness, bedding, and diet. These features, encompassed in being a sick person, rather than the disease itself, became the guiding factors in determining nursing care.

With the ascendency of science and technology in this century, however, physician research on disease and care has increasingly dominated the development of health care knowledge; but for nurses and patients, the disease model has been deeply dissatisfying. Narrow and limiting, it cannot, for example, explain variations in the relationship between exposure and infection; nor can it account for individual variation in response to the same syndrome; nor can it help us to manage the patient for whom the boundaries of medicine have been reached. Moreover, patients do not feel the presence of a pathogen or an organ malfunction; rather they experience pain, shortness of breath, fear, nausea, immobility, anxiety, dependence, and despair. Clearly, the disease model contributes only partially to understanding the central focus of nursing practice—human responses.

In recent decades, contemporary nursing has expressed the need to break away from the disease paradigm in its own research and scientific developments. The problem, however, is that classifications of host and disease are very well developed and well known, while a taxonomy of human responses is still emerging. Similar to anatomy, anthropology, biology, and a myriad of other areas of inquiry, nursing is an observational science. It draws its conclusions and establishes its truths mostly by recording, classifying, and analyzing health and illness phenomena throughout the life span.

The exquisite examples in this issue of Reflections demonstrate that of all the research trajectories in nursing, observing and classifying the natural history of human responses both to infirmities and to life events holds the greatest promise for bringing us closer to a new, more enlightened conceptualization of health-linked behavior. Indeed, the description and classification of the activities of individuals and families and communities at all stages of life, as well as their reactions to illness and treatment, constitute the “basi-
Virginia Henderson International Nursing Library
Online Subscriber Services

Purchase your subscriptions to the Nursing Research Registry and The Online Journal of Knowledge Synthesis for Nursing and enjoy fast, easy access to the most timely information and nursing knowledge available!

Nursing Research Registry
(Researchers, Projects, Results)
- Includes all previous research databases
- plus the new "results"
- Easier and faster to search
- Can directly search for variables studied together as well as general concepts.

Individual - $30/yr.
Institution - $60/yr.
( includes 5 passwords)

The Online Journal of Knowledge Synthesis for Nursing
- Full-text Articles
- Full-text Searches
- Hypertext Navigation
- Links to CNHA & Medline
- Tables and Figures

Individual - $60/yr.
Institution - $250/yr.
( network version only arms-$50 x)

To subscribe, call or write the Library Department:
Sigma Theta Tau International
Virginia Henderson International Nursing Library
550 West North Street
Indianapolis, IN 46222
317-634-8171 • FAX: 317-634-8188
email: lorama@stti-sun.iupui.edu

The Registry is available via Sigma Theta Tau's Home Page on the World Wide Web: http://stti-web.iupui.edu or via "library" at-stti-sun.iupui.edu

Macintosh or DOS computer users can use the World Wide Web and their bonusen resource to receive the multimedia features available with the articles in The Online Journal of Knowledge Synthesis for Nursing at the following URL: http://www.nfl.oni.org/2000

INTERNATIONAL RESEARCH COMMITTEE

Reflections gratefully acknowledges the members of the International Research Committee who provided invaluable guidance in the development of this issue.

JUDITH FITZGERALD MILLER, RN, PhD, FAAN
Chair of the Academic Council and Professor
Marquette University College of Nursing

CORNELIA E. RECK, RN, PhD, FAAN
Director for Research and Evaluation
University of Arkansas for Medical Sciences

JO ANN BROOKS-BRINK, RN, DSN
Research Director
Indiana University Medical Center

JIAN H. HASEM, RN, PhD
Assistant Professor
University of Arizona College of Nursing

MARGARET R. LANZA, EdD, ANP-CS
Assistant Chief Nurse Service for Research
Edith Nourse Rogers Memorial Veterans Hospital

PATTIE R. MESSMER, RN, PhD, C
Director of Nursing Research
Mount Sinai Medical Center

CLARENN WEDDING, SC, RN, PhD
Professor
Montana State University College of Nursing

M. DHANNI GOURIN, RN, MS
Assistant Professor
Colorado College

BARBARA ROBERTS, RN, BSN, Staff Liaison
National Heart, Lung, and Blood Institute

SANDY FLEISCHER, RN

PRESIDENT'S MESSAGE

Nursing Research Throughout the Life Span:
Unraveling Mysteries of Health and Illness

By Melanie C. Dreher, RN, PhD, FAAN, President

The intellectual progress achieved by the nursing profession in the last quarter of a century is daunting. The transition to an innovative and sophisticated practice, based solidly in clinical research, is the hallmark of a new era in nursing, and we have reason to be deeply encouraged by the volume and direction of nursing research throughout the world. Exponential increases in the numbers of nursing research journals, the establishment of institutes for nursing research in many nations and increasing numbers of doctoral programs, internationally, have supported, and been supported by, the development of a research base.

To the general public, however, which stores health care research as the discovery of disease and its treatments, nursing research is less known. Even colleagues in other health professions often fail to comprehend the significance of nursing research — not only for guiding practice but in bringing us closer to an understanding of health and illness throughout the life span.

Interestingly, one of the first (and brilliant) attempts to develop the nursing knowledge base through research was that of Florence Nightingale. In the humanitarian tradition and public health orientation of her era, Nightingale viewed health as the relationship between the environment and the individual. Nurses were conceptualized both as part of the environment as well as manipulators of the environment. As such they, themselves, were therapeutic instruments who influenced patient outcomes — not only by their interventions but by the way they spoke, moved, and groomed.

Not surprisingly, Florence Nightingale's work almost disregarded the disease concept. She divided people basically into two categories — the sick and the well. Sick people shared clusters of characteristics that, regardless of their medical diagnoses, rendered them needy of nursing care. Some of the characteristics that she described were "sensitivities" (what we might term "responses") to noise, exertion, cleanliness, bedding, and diet. These features, encompassed in being a sick person, rather than the disease itself, became the guiding factors in determining nursing care.

With the ascendency of science and technology, in this century, however, physician research on disease and care has increasingly dominated the development of health care knowledge, but for nurses and patients, the disease model has been deeply dissatisfying. Narrow and limiting, it cannot, for example, explain variations in the relationship between exposure and infection; nor can it account for individual variation in response to the same syndrome; nor can it help us to manage the patient for whom the boundaries of medicine have been reached. Moreover, patients do not feel the presence of a pathogen or an organ malfunction; rather they experience pain, shortness of breath, fever, nausea, immobility, anxiety, dependence, fear, and despair. Clearly, the disease model contributes only partly to understanding the central focus of nursing practice — human responses.

In recent decades, contemporary nursing has expressed the need to break away from the disease paradigm in its own research and scientific development. The problem, however, is that the classifications of host and disease are very well developed and well known, while a taxonomy of human responses is still emerging. Similar to astronomy, anthropology, biology, and a myriad of other areas of inquiry, nursing is an observational science. It draws its conclusions and establishes its truths mostly by recording, classifying and analyzing health and illness phenomena throughout the life span.

"The exquisite examples in this issue of Reflections demonstrate that of all the research trajectories in nursing, observing and classifying the natural history of human responses both to infirmities and to life events hold the greatest promise for bringing us closer to a new, more enlightened conceptualization of health-linked behavior. Indeed, the description and classification of the activities of individuals and families and communities at all stages of life, as well as their reactions to illness and treatment, constitute the "bas-
Freeing The Ties That Bind

By Julie Goldsmith

Philadelphia, Pennsylvania—Every day approximately 25 percent of the elderly in nursing homes and hospitals in the U.S. suffer physical and psychological harm from restraints used for no good reason, experts say. Ten years ago, before Drs. Lois Evans and Neville Strumpf began research into this practice, the problem was greater and rapidly escalating, according to surveys.

Physical restraints, the researchers say, are used by care givers, often in conjunction with psychotropic drugs, to protect patients from falls, assure the course of treatment therapies, and control behavior. Restraints, considered to be any device placed on or near a person to limit voluntary movements and free access to one’s body, have been used in the U.S. for over a century. And such restraint use on patients was deemed necessary by professionals, although no scientific evidence supported it.

Drs. Evans and Strumpf led sweeping practice changes due to their research, but restraint use—common even after a 1987 federal law to curb it—still plagues the frail elderly in the U.S. In support of Drs. Evans’ and Strumpf’s findings, the National Institute on Aging recently awarded them a $1.7 million grant to examine individualized care in lieu of restraints in hospitals and nursing homes.

Drs. Evans is a professor of nursing at the University of Pennsylvania and a psychiatric-mental health nurse, and Dr. Strumpf is an associate professor, specializing in gerontological care. They are the most recent winners of the Baxter Foundation Episteme Award for breakthrough research.

"It is difficult changing practices that have been embedded over a long period of time and that also require a different paradigm of thinking about frail elderly people," Dr. Strumpf said.

The whole idea of a person spending the last few months or last few weeks or days of life tied down, simply to keep an IV running to prevent serious injuries should stimulate a search for other approaches that reduce falls and injuries and promote mobility. In their study, the found, in fact, that restrained, confused ambulatory residents were nearly seven times more likely to have serious injuries in the nursing home (Capenct, Evans, Strumpf, Maislin, 1996).

"Many of the reasons patients get restrained are due to delirium, confusion, wandering and combativeness. We have searched for the underlying causes of those behaviors, in an effort to eliminate chemical or physical restraints as a treatment for them," Dr. Strumpf said.

Individual approaches to reducing restraints have been carefully worked out in a teaching guide (Strumpf, Wagner, Evans, Patterson, 1992) with recommendations for physiologic, psychosocial, activities and environmental interventions.
Freeing The Ties That Bind

By Julie Goldsmith

Philadelphia, Pennsylvania—Everyday approximately 25 percent of the elderly in nursing homes and hospitals in the U.S. suffer physical and psychological harm from restraints used for no good reason, experts say.

Ten years ago, before Drs. Lois Evans and Neville Strumpf began research into this practice, the problem was greater and rapidly escalating, according to surveys.

Physical restraints, the researchers say, are used by care givers, often in conjunction with psychotropic drugs, to protect patients from falls, assure the course of treatment therapies, and control behavior. Restraints, considered to be assure the course of treatment therapies, and control behavior. Restraints, considered to be

century. And such restraint use on patients was any device placed on or near a person to limit

use—common even after a 1987 federal law to curb it—still plagues the frail elderly in the

changes due to their research, but restraint

U.S. The interventions they test and describe

Dr. Evans and Strumpf led sweeping practice

movement and have a peaceful dignified death,

their most important contribution to

Dr. Evans said. The chair would fall down,

Youthful, spry Ben, a 88-year-old in Drs.

Some

serious injuries in the nursing home (Capezuti,

serious injuries should stimulate a search for

They are the most recent winners of

to eliminate chemical or physical restraints as a

individualized care in lieu of restraints in

The interventions they test and describe

that were isolated to cuts on his head, by rec­

the U.S. for over a century. And such restraint use on patients was

did not stop with the dissemination of their findings through the usual

1987 study of

the resident fell at least once during the

years were actually an acrobat in his

that caused him to have a shuffling walk and a

In support of Drs. Evans' and Strumpf's findings, the National Institute on Aging recently awarded them a $1.7 million grant to examine individualized care in lieu of restraints in hospitals and nursing homes.

Dr. Evans is a professor of nursing at the University of Pennsylvania and a psychiatric mental health nurse, and Dr. Strumpf is an associate professor, specializing in gerontological care. They are the most recent winners of Sigma Theta Tau International's Baxter Foundation Episteme Award for breakthrough research.

"It is difficult changing practices that have been

"It is difficult changing practices that have been

have been an acrobat in his

behind, freeing elders around the world. Perhaps their most important contribution to

were nearly seven times more likely to have

in an effort

to go home to a place

to eliminate chemical or physical restraints as a

the usual avenues of scholarly communication," said gero­

"It is difficult changing practices that have been

embodied over a long period of time and that also require a different paradigm of thinking about frail elderly people," Dr. Strumpf said.

The whole idea of a person spending the last few months or last few weeks or days of life tied down, simply to keep an IV running to prevent

restrained in a geriatric chair with a constricting

some of the reasons patients get restrained are due to delirium, confusion, wandering and combativeness. We have searched for the

them from having the comfort or freedom of

movement and have a peaceful dignified death,

derived from assessments and nursing care derived from

and the residents fell at least once during the

reasons patients get restrained are due to delirium, confusion, wandering and combativeness. We have searched for the

that no longer existed.

remainder of his days there, he became an acrobat in his

his helmet and used a walking frame with wheels on it, and he talked to patients,

continuing on page 10
Freeing The Ties That Bind
continued on page 9

After careful consideration of the day, they were still convinced that restraint was a necessary practice. However, they also realized that nurses had the ability to accurately recall their experiences, particularly in a religious climate. They never agreed to interview three women in a life-care community in the Philadelphia suburbs.

"I have a very vivid recollection of the day. It was winter, a very cold but beautiful sunny day. While at the life community we thought that people could potentially be walking around, and we were told of all these stories that nourish and affect their current needs, but as individuals with powerful life histories, they had an astounding ability to recall the past in detail, how they were treated, and the difficulties they were facing. They had a high degree of control over their environment, including furnishings, selected paints and wallpaper, and they had good interpersonal relationships with staff, thus minimizing the likelihood for dehumanizing care."

"We found that once staff view patients from the perspective of 'patients as people,' their work is more enjoyable, they are not in conflict with patients, and patients are more content and less agitated." Dr. Evans said.

Few nurses researchers have partnerships that span a program of research. More teams and nurses develop for single studies or portions of long-term inquiry. For Drs. Evans and Strumpf, this research partnership added nuances from their different talents and sustained them through the vagaries intrinsic to all scientific endeavors.

"We learned quickly that it is really great to have a partner. It can be difficult to be self-motivated and keep the promises you make only to yourself," Dr. Evans said.

"I don't think we ever thought about who did what, or who was better at some things. I think we saw there was much work to be done," Dr. Strumpf said.

Our research examined activity as a way to modify the risk of heart disease and bone loss. The findings indicate that physical activity may lessen risk of bone loss, providing an alternative to hormone therapy.

Because the amount of bone present in old age is a function of peak bone mass and rates of bone loss, evaluating physical activity may modify the risk of heart disease and bone loss. The findings indicate that physical activity may lessen risk of bone loss, providing an alternative to hormone therapy.

Osteoporosis, Heart Disease
Why Women Should Exercise
By Karyn Holm, RN. PhD, RN, Professor and Chairperson Department of Medical-Surgical Nursing, Loyola University Chicago School of Nursing and Principal Investigator

Chicago, Illinois—We know that the length of women's lives has increased markedly since the beginning of this century, and that women today can expect to live one-third of their lives in postmenopause. To effect greater health, considerable work is needed to define what women can do to stay healthy.

Detecting the relationships of physical activity and exercise to heart disease and bone loss in mid-life women, has been the primary goal of a Loyola University School of Nursing researcher and her colleagues since 1988. Major gaps in the literature exist and few longitudinal studies involve physical activity and the documentation of baseline measures.

Mid-life women, unsure about hormone therapy at menopause, ask if it is necessary for the prevention of heart disease and bone loss. While a definitive answer about hormone therapy cannot be given, nurses are need to explain the benefits and risks of hormone therapy, and have information about alternatives.

From the Cancer Video Series by Mosby
Signe Theta Tau International and Studio Three...

Reduction and Elimination of Physical Restraint Use Among the Elderly
Examine the work of Dr. Neville Strumpf and Dr. Linda Evans on the psychological impact of using restraints on geriatric patients and on the nurses performing this procedure.

To order, call: 800-425-4443 or 312-677-8370

For more information, please visit our website at www.reflectionsjournal.com

Citations available from Reflections upon request

Reflections 11
3rd Quarter 2006

Osteoporosis, Heart Disease
Why Women Should Exercise
By Karyn Holm, RN. PhD, RN, Professor and Chairperson Department of Medical-Surgical Nursing, Loyola University Chicago School of Nursing and Principal Investigator

Chicago, Illinois—We know that the length of women's lives has increased markedly since the beginning of this century, and that women today can expect to live one-third of their lives in postmenopause. To effect greater health, considerable work is needed to define what women can do to stay healthy.

Detecting the relationships of physical activity and exercise to heart disease and bone loss in mid-life women, has been the primary goal of a Loyola University School of Nursing researcher and her colleagues since 1988. Major gaps in the literature exist and few longitudinal studies involve physical activity and the documentation of baseline measures.

Mid-life women, unsure about hormone therapy at menopause, ask if it is necessary for the prevention of heart disease and bone loss. While a definitive answer about hormone therapy cannot be given, nurses are need to explain the benefits and risks of hormone therapy, and have information about alternatives.

Our research examined activity as a way to modify the risk of heart disease and bone loss. The findings indicate that physical activity may lessen risk of bone loss, providing an alternative to hormone therapy.

Because the amount of bone present in old age is a function of peak bone mass and rates of bone loss in the premenopausal and menopausal years, women who have a deficient peak bone mass and/or experience excessive bone loss during the premenopausal and menopausal years will likely exhibit bone that is insufficient in amount and quality. By the age of 70-years, many women will lose and extensive amount of bone and will likely suffer spinal compression fractures at other sites. The textbook picture of the woman who is at greatest risk for osteoporosis is the aging, thin, white, menopausal woman. Information is accumulating that lifestyle, physical and hormonal factors such as physical activity, calcium intake, caffeine, alcohol, and smoking are also influential in both peak bone mass and rates of bone loss.

We examined physical activity, both current and lifelong, taking into consideration other factors known to influence bone. A secondary purpose was the identification of women who were at increased risk for fracture. We measured bone, physical activity and other lifestyle variables at three critical points in time.

At baseline, the sample included 386 women, and at the close of the study, 306 women (56 African-American, 250 Caucasian) remained. Women were not exposed to restraint in order to understand bone at premenopause, menopause and postmenopause.

Women were identified as premenopausal if their menstrual periods were regular; perimenopausal if their menstrual periods were irregular; and postmenopausal if they were more than menstrual periods for 12 months or more.

Findings
Some of the important findings were:

• Women who were at risk for fracture also exhibited lower levels of physical activity and other health-promoting behaviors.

• There were differences between African-American and Caucasian women in bone density. In general, African-American women had higher bone density than Caucasian women. However, there were a number of low-weight African-American women with low bone density, suggesting that weight is probably more important than race as a predictor of bone.

• Aerobic fitness and body mass proved strongly related to the maintenance of bone over the course of the study.

• The most change in bone was observed in perimenopausal women with minimal change observed in premenopausal women.

• The number of vertebral and hip fractures in women occurring because of extensive bone loss has escalated. Ninety percent of all hip fractures occur in women over age 70, and many of these women occur many years after the occurrence of fracture, and too late for preventive measures.

• The costs associated with hip fracture are some of the billions of dollars. Further hip fractures often lead to extended hospital stays and long-term care. In the U. S. hip and other bone fractures are the second leading cause of nursing home placements. Among women 50-years and older, new vertebral fractures are nearly three times as frequent.
Osteoporosis, Heart Disease
Why Women Should Exercise

By Karyn Holm, PhD, RN, Professor and Chairperson Department of Medical-Surgical Nursing, Loyola University Chicago School of Nursing and Principal Investigator

Chicago, Illinois—We know that the length of women’s lives has increased markedly since the beginning of this century, and that women today can expect to live one-third of their lives in postmenopause. To effect greater health, considerable work is needed to define what women can do to stay healthy.

Detecting the relationships of physical activity and exercise to heart disease and bone loss in mid-life women, has been the primary goal of a Loyola University School of Nursing researcher and her colleagues since 1988. Major gaps in the literature exist and few longitudinal studies involve physical activity and the documentation of baseline measures.

Mid-life women, unsure about hormone therapy at menopause, ask if it is necessary for the prevention of heart disease and bone loss. While a definitive answer about hormone therapy cannot be given, nurses are needed to explain the benefits and risks of hormone therapy, and have information about alternatives.

Our research examined activity as a way to modify the risk of heart disease and bone loss. The findings indicate that physical activity may lessen risk of bone loss, providing an alternative to hormone therapy. Because the amount of bone present in old age is a function of peak bone mass and rates of bone loss in the premenopausal and menopausal years, women who have a deficient peak bone mass and/or experience excessive bone loss during the premenopausal and menopausal years will likely exhibit bone that is insufficient in amount and quality. By the age of 70-years, many women will lose and extensive amount of bone and will likely suffer spinal compression fractures at other sites. The textbook picture of the woman who is at greatest risk for osteoporosis is the aging, thin, white, menopausal woman. Information is accumulating that lifestyle, physical and hormonal factors such as physical activity, calcium intake, caffeine, alcohol, and smoking are also influential in both peak bone mass and rates of bone loss.

We examined physical activity, both current and lifelong, taking into consideration other factors known to influence bone. A secondary purpose was the identification of women who were at increased risk for fracture. We measured bone, physical activity and other lifestyle variables at their critical points in time. At baseline, the sample included 386 women, and at the close of the study, 306 women (56 African-American, 250 Caucasian) remained. Women from ages 35 to 69 participated, in order to understand bone at premenopause, postmenopause and menopause.

Women were identified as premenopausal if their menstrual periods were regular; perimenopausal if their menstrual periods were irregular; and postmenopausal if they were past their menstrual periods for 12 months or more.

Findings
Some of the most important findings were:

• Women who were at risk for fracture also exhibited lower levels of physical activity and other health-promoting behaviors.
• There were differences between African-American and Caucasian women in bone density. In general, African-American women had higher bone mass than Caucasians; however, there was a number of low-weight African-American women with low bone density, suggesting that weight is probably more important than race as a predictor of bone.
• Aerobic fitness and body mass proved strongly related to the maintenance of bone over the course of the study.
• The menopause in bone was observed in perimenopausal women with minimal change observed in premenopausal women.
• The number of vertebral and hip fractures in women occurring because of extensive bone loss has escalated. Ninety percent of all hip fractures are nearl three times as frequent and many of these women (56 African-American and 210 Caucasian) remained. Fewer hip fractures often occur in women over age 70, and many of these women have low bone density.
• The textbook picture of the woman who is at greatest risk for osteoporosis is the aging, thin, white, menopausal woman. Information is accumulating that lifestyle, physical and hormonal factors such as physical activity, calcium intake, caffeine, alcohol, and smoking are also influential in both peak bone mass and rates of bone loss.

The number of vertebral and hip fractures in women occurring because of extensive bone loss has escalated. Ninety percent of all hip fractures are nearl three times as frequent and many of these women (56 African-American and 210 Caucasian) remained. Fewer hip fractures often occur in women over age 70, and many of these women have low bone density.

The textbook picture of the woman who is at greatest risk for osteoporosis is the aging, thin, white, menopausal woman. Information is accumulating that lifestyle, physical and hormonal factors such as physical activity, calcium intake, caffeine, alcohol, and smoking are also influential in both peak bone mass and rates of bone loss.

We examined physical activity, both current and lifelong, taking into consideration other factors known to influence bone. A secondary purpose was the identification of women who were at increased risk for fracture. We measured bone, physical activity and other lifestyle variables at their critical points in time. At baseline, the sample included 386 women, and at the close of the study, 306 women (56 African-American, 250 Caucasian) remained. Women from ages 35 to 69 participated, in order to understand bone at premenopause, postmenopause and menopause.

Women were identified as premenopausal if their menstrual periods were regular; perimenopausal if their menstrual periods were irregular; and postmenopausal if they were past their menstrual periods for 12 months or more.

Findings
Some of the most important findings were:

• Women who were at risk for fracture also exhibited lower levels of physical activity and other health-promoting behaviors.
• There were differences between African-American and Caucasian women in bone density. In general, African-American women had higher bone mass than Caucasians; however, there was a number of low-weight African-American women with low bone density, suggesting that weight is probably more important than race as a predictor of bone.
• Aerobic fitness and body mass proved strongly related to the maintenance of bone over the course of the study.
• The menopause in bone was observed in perimenopausal women with minimal change observed in premenopausal women.
• The number of vertebral and hip fractures in women occurring because of extensive bone loss has escalated. Ninety percent of all hip fractures are nearl three times as frequent and many of these women (56 African-American and 210 Caucasian) remained. Fewer hip fractures often occur in women over age 70, and many of these women have low bone density.
• The textbook picture of the woman who is at greatest risk for osteoporosis is the aging, thin, white, menopausal woman. Information is accumulating that lifestyle, physical and hormonal factors such as physical activity, calcium intake, caffeine, alcohol, and smoking are also influential in both peak bone mass and rates of bone loss.
Myocardial infarction is the leading cause of death in women. This fact often went unrecognized, until the American Heart Association and the National Institutes of Health in the mid-1980s worked to increase the awareness. It is not until approximately age 70 that women catch up to men, and rates of heart disease peak. This, it should be noted is many years beyond menopause. Because women are older when they experience the impact of heart disease, there should be the expectation that they may experi-

ence coexisting disease such as osteoporosis. The risk factors for heart disease are classified as modifiable and nonmodifiable. The modifiable risk factors include hypertension, cigarette smoking, hyperlipidemia, obesity, diabetes, and physical inactivity. The risk factors that we can do nothing about, include age, family history, race and gender. We found the “Women Take Heart Study” (Dr. Al-Hani, principal investigator), that of the 6,000 women who participated, 1,704 women were hypertensive, but did not know it. Further, there were 753 women who were being treated for hypertension but had uncontrolled blood pressure. Physical activity also proved important. Women who were physically active had fewer risks for heart disease. For example, physically active women had lower blood pressure at baseline.

There is the claim thatopause is a risk factor for heart disease in women. As a result, there is the contemporary emphasis on hormone therapy at menopause to prevent heart disease in women. However, hormone therapy may not be for everyone, especially those with a history of breast cancer.

The value of physical activity/exercise in the prevention of heart disease has been stressed over the years. There were these early observations in the 1950’s of the transport workers in London that the conductors (who were more physically active in their jobs) had lower rates of heart disease that the drivers (who sat most of the day). Paffenbarger’s famous Harvard Alumni Study initiated in the 1960s has produced similar data. For example, it was noted that physical inactivity was an important factor in mortality from heart disease.

From then until now, there have been numerous studies incorporating physical activity/exercise and risk factors for heart disease such as hypertension and high cholesterol. The results have been favorable. However, in our own work we have found that the level of physical activity measured over the course of years, has been a more effective metric. We also found that the majority of these women gained, rather than lost, weight.

For primary and secondary prevention of heart disease, the focus has been primarily on aerobic exercise rather than strength training. We are presently conducting a pilot study of aerobic exercise and strength training on heart and bone outcomes in women.

The risk factors for heart disease are classified as modifiable and nonmodifiable. The modifiable risk factors include hypertension, cigarette smoking, hyperlipidemia, obesity, diabetes, and physical inactivity. The risk factors that we can do nothing about, include age, family history, race and gender. We found the “Women Take Heart Study” (Dr. Al-Hani, principal investigator), that of the 6,000 women who participated, 1,704 women were hypertensive, but did not know it. Further, there were 753 women who were being treated for hypertension but had uncontrolled blood pressure. Physical activity also proved important. Women who were physically active had fewer risks for heart disease. For example, physically active women had lower blood pressure at baseline.

There is the claim thatopause is a risk factor for heart disease in women. As a result, there is the contemporary emphasis on hormone therapy at menopause to prevent heart disease in women. However, hormone therapy may not be for everyone, especially those with a history of breast cancer.

The value of physical activity/exercise in the prevention of heart disease has been stressed over the years. There were these early observations in the 1950’s of the transport workers in London that the conductors (who were more physically active in their jobs) had lower rates of heart disease that the drivers (who sat most of the day). Paffenbarger’s famous Harvard Alumni Study initiated in the 1960s has produced similar data. For example, it was noted that physical inactivity was an important factor in mortality from heart disease.

From then until now, there have been numerous studies incorporating physical activity/exercise and risk factors for heart disease such as hypertension and high cholesterol. The results have been favorable. However, in our own work we have found that the level of physical activity measured over the course of years, has been a more effective metric. We also found that the majority of these women gained, rather than lost, weight.

For primary and secondary prevention of heart disease, the focus has been primarily on aerobic exercise rather than strength training. We are presently conducting a pilot study of aerobic exercise and strength training on heart and bone outcomes in women.

The risk factors for heart disease are classified as modifiable and nonmodifiable. The modifiable risk factors include hypertension, cigarette smoking, hyperlipidemia, obesity, diabetes, and physical inactivity. The risk factors that we can do nothing about, include age, family history, race and gender. We found the “Women Take Heart Study” (Dr. Al-Hani, principal investigator), that of the 6,000 women who participated, 1,704 women were hypertensive, but did not know it. Further, there were 753 women who were being treated for hypertension but had uncontrolled blood pressure. Physical activity also proved important. Women who were physically active had fewer risks for heart disease. For example, physically active women had lower blood pressure at baseline.

There is the claim thatopause is a risk factor for heart disease in women. As a result, there is the contemporary emphasis on hormone therapy at menopause to prevent heart disease in women. However, hormone therapy may not be for everyone, especially those with a history of breast cancer.

The value of physical activity/exercise in the prevention of heart disease has been stressed over the years. There were these early observations in the 1950’s of the transport workers in London that the conductors (who were more physically active in their jobs) had lower rates of heart disease that the drivers (who sat most of the day). Paffenbarger’s famous Harvard Alumni Study initiated in the 1960s has produced similar data. For example, it was noted that physical inactivity was an important factor in mortality from heart disease.

From then until now, there have been numerous studies incorporating physical activity/exercise and risk factors for heart disease such as hypertension and high cholesterol. The results have been favorable. However, in our own work we have found that the level of physical activity measured over the course of years, has been a more effective metric. We also found that the majority of these women gained, rather than lost, weight.

For primary and secondary prevention of heart disease, the focus has been primarily on aerobic exercise rather than strength training. We are presently conducting a pilot study of aerobic exercise and strength training on heart and bone outcomes in women.
as hip fractures. We know that rates of hip and spinal fracture are higher in women than in men; Caucasian women have higher rates of fracture than African-American women, and vertebral fractures occur more frequently than hip fractures. After peak bone mass is attained, usually around the fourth decade of life, women will begin to lose bone at one percent per year until menopause. At menopause, bone loss will escalate from two to four percent per year for approximately four to five years, and then return to premenopausal loss rates.

**Exercise and Heart Disease**

Myocardial infarction is the leading cause of death in women. This fact often went unrecognized, until the American Heart Association and the National Institutes of Health in the mid-1980s worked to increase the awareness. It is not until approximately age 70 that women catch up to men, and rates of heart disease peak. This, it should be noted is many years beyond menopause. Because women are older when they experience the shivering of heart disease, there should be the expectation that they may experience coexisting disease such as osteoporosis.

The risk factors for heart disease are classified as modifiable and nonmodifiable. The modifiable risk factors include hypertension, cigarette smoking, hyperlipidemia, obesity, diabetes, and physical inactivity. The risk factors that we can do nothing about, include age, family history, race and gender. We found the "Women Take Heart Study" (Dr. Al-Hani, principal investigator), that of the 6,000 women who participated, 1,704 women were hypertensive, but did not know it. Further, there were 753 women who were being treated for hypertension but had uncontrolled blood pressure. Physical activity also proved important. Women who were physically active had fewer risks for heart disease. For example, physically active women had lower blood pressure and blood pressure was an important risk factor for heart disease such as hypertension and high cholesterol. The results have been favorable. However, in our own work, we have found that the level of physical activity among nurses is low. We also found that the majority of these women gained, rather than lost, weight.

For primary and secondary prevention of heart disease, the focus has been primarily on aerobic exercise rather than strength training. We are presently conducting a pilot study of aerobic exercise and strength training on heart and bone outcomes in women.

**Fevers, Shivers Get Wrappings**

By Barbara J. Holtzclaw, RN, PhD, FAAN, High Roy Cullen Endowed Professor and Director of Nursing Research, University of Texas Health Science Center School of Nursing at San Antonio, principal investigator with AIDS, may be significant.

In earlier research studies, I measured with a metabolic cart, the actual energy expenditure of shivering in patients with hypothermia. I have done relatively little of a scientific nature about them. This has always presented a quandary to me, as nurses have spent literally thousands of hours taking temperatures and recording them. Perhaps because body temperature is regarded as a simple vital sign, recognition of its complexity becomes overlooked. Most of us recall shivering with little more than intense discomfort, as an acute myocardial infarction symptom of little consequence. Depression. These patients have three to five times the risk for mortality during the first six to 12 months after the myocardial infarction.

Fewer than 10 percent of heart attack patients with severe depression receive psychopharmacological therapy, in part because depression is not diagnosed or recognized. Physicians are also hesitant to prescribe some antidepressant drugs, because of possible adverse affects on cardiovascular function.

**Cardiac Arrest**

S

The prevention of heart disease has been stressed over the years. There were those early observations in the 1950's of the transport workers in London that the conductors (who were more physically active in their jobs) had lower rates of heart disease that the drivers (who sat most of the day). Paffenbarger's famous Harvard Alumni Study initiated in the 1960s has produced similar data. For example, it was noted that physical inactivity was an important factor in mortality from heart disease.

From then until now, there have been numerous studies incorporating physical activity and exercise and risk factors for heart disease such as hypertension and high cholesterol. These patients have three to five times the risk for mortality during the first six to 12 months after the myocardial infarction. Fewer than 10 percent of heart attack patients with severe depression receive psychopharmacological therapy, in part because depression is not diagnosed or recognized. Physicians are also hesitant to prescribe some antidepressant drugs, because of possible adverse affects on cardiovascular function.
Seeking Clues to Parkinson's Disease

By Patricia G. Butterfield, RN, PhD, assistant professor, Montana State University
College of Nursing, principal investigator

Bozeman, Montana—The impact of environmental agents on human health is readily understood when the exposure is in high doses and the effect is acute or sub-acute. Such occurrences, resulting in hospital emergencies, show immediate and profound damage to body systems. The links between exposure and response provide clinicians with the diagnostic cases they need to begin detoxification procedures and other emergency treatment. However, the concept of magnitude of health problems related to the cumulative impact — known and unknown — of low-dose exposure to a variety of environmental agents. As part of national efforts to identify exposures associated with the etiology of neurodegenerative conditions, a study, funded by the National Institutes of Nursing Research and the Center for Research on Occupational and Environmental Toxicology at Oregon Health Sciences University, examined environmental antecedents for Parkinson's disease.

About one in 1,000 people are affected by Parkinson's disease. We conducted a controlled study with younger persons with Parkinson's disease — those diagnosed before age 50. The cause, or causes, of this debilitating, progressive disease is unknown. Both basic and applied science studies indicate that multiple factors relate to the development of Parkinson's disease. Although more than 300 studies worldwide have addressed the possible role of environmental agents, specific agents have been identified yet. To generate hypotheses for an association between environmental agents and young-onset Parkinson's disease, 63 people responded in detail regarding their lifetime exposures.

In the scientific community regarding the interpretation of this consistent epidemiologic finding.

Other findings from the analysis revealed:

• Five times the risk of Parkinson's disease for people reporting direct exposure to herbicides more than 10 times a year.

• Three times the risk of Parkinson's disease for people reporting direct exposure to insecticides more than 10 times a year.

• Two times the risk of Parkinson's disease for people living within one-quarter mile of agricultural spraying.

• Five times the risk for people ever living in a house that was commercially fumigated with a termite pesticide.

Evidence from this and other studies has associated Parkinson's disease with exposure to pesticides from a variety of sources. However, despite the strength of the reported findings, multiple explanations exist for these data. Recall bias, especially in regard to ubiquitous exposures, may influence participants' interpretation of their lifetime exposure to pesticide products. In addition, persons are usually more familiar with the trade names of products rather than chemical names themselves — the challenges of obtaining accurate information addressing past chemical exposures may lead to errors of both inclusion and exclusion in study findings.

Our current research efforts at Montana State University provide an extension of the efforts of this Parkinson's disease study into the arena of environmentally-related cancer. The college of nursing, in partnership with the college of agriculture and the Montana Migrant Council, is participating in national efforts to identify specific work patterns of migrant and seasonal farm workers and link these practices by geographic site, year of exposure, crop, and work tasks to specific classes of pesticides and other agricultural products. The final goal of this program of research is to further scientists' understanding of the possible association between farm work, associated exposure patterns, and cancer risk. These two studies are part of an increased awareness in nursing research of the need for expanded inquiry addressing the deleterious effects of exposure to a variety of environmental agents. Through these efforts, our profession is responding to the environmental health needs of our children, community and planet.

Reminders of Things Past

Women and Violence

Kent, Ohio—Violence against women, including physical, sexual, and emotional abuse by intimates, is considered epidemic in the United States. Especially vulnerable to continued victimization in adulthood, are women who suffer from childhood maltreatment. But little is known about the factors leading from childhood abuse to later victimization.

The victimization of women is associated with increased use of health care services, dissatisfaction with life and multiple mental health problems. Dr. Claire Burke Draucker, RN, PhD, associate professor at Kent State University, studied 600 Caucasian, Hispanic and African-American women to test a multitude of events in childhood and adulthood that may affect continued victimization. Her study, supported by the National Institute for Nursing Research, won the first prize at Sigma Theta Tau International's scientific poster sessions at the 33rd Biennial Convention in 1995.

Her recent findings indicate that the quality of a woman's early life, which includes the best of emotional health of her family and any child abuse experiences, are related to the degree of victimization. There are other factors that also intervene to affect current victimization, particularly prior episodes of abuse in adulthood and how a woman appraises her own childhood experiences.

Clinicians need to consider patterns found in family interactions and the cumulative effects of on-going abuse throughout the woman's life span, Dr. Draucker reports, and not focus solely on one type of childhood abuse.
Despite more than yet. Parkin~son's science studies indicate that multiple factors addressed the possible role of environmental agents, no specific agents have been identified condition are unknown. Both basic and applied Parkinson's disease.

About one in 1,000 people are affected by Parkinson's disease. We conducted a controlled study with younger persons with Parkinson's disease — those diagnosed before age 50. The cause, or causes, of this debilitating, progressive condition are unknown. Both basic and applied science studies indicate that multiple factors relate to the development of Parkinson's disease. Although more than 300 studies worldwide have addressed the possible role of environmental agents, no specific agents have been identified yet.

To generate hypotheses for an association between environmental agents and young-onset Parkinson's disease, 65 people responded to a detailed exposure history questionnaire. It addressed work, hobby, residential, and travel patterns; exposure to a variety of metals, organic solvents, trace elements; and direct contact with chemical compounds at home or work.

In balance bias from people during recall of chemical exposures, control participants had been diagnosed with rheumatoid arthritis. The central assumption of the study held that environmental factors play in the development of Parkinson's disease, younger persons may have greater exposure to those agents compared with persons developing it later in life. Because of their brief life history, younger persons — with assistance from living parents and siblings — may be more likely to recall significant incidences of chemical exposures.

Several patterns emerged: persons with self-reported exposure to pesticides, those residing in rural areas, and persons living or working in agricultural communities were found to have a greater than expected occurrence of Parkinson's disease compared with members of the control group. In addition, Parkinson's disease was reported with greater frequency among persons who had never smoked cigarettes, compared with past or present smokers. There is considerable debate in the scientific community regarding the interpretation of this consistent epidemiologic finding.

Other findings from the analysis revealed:
• Five times the risk of Parkinson's disease for people reporting direct exposure to insecticides more than 10 times a year.
• Three times the risk of Parkinson's disease for people reporting direct exposure to herbicides more than 10 times a year.
• Two times the risk of Parkinson's disease for people ever living within one-quarter mile of agricultural spraying.
• Five times the risk for people ever living in a house that was commercially fumigated with pesticides.

Evidence from this and other studies has associated Parkinson's disease with exposure to pesticidal agents from a variety of sources. However, despite the strength of the reported findings, multiple explanations for these data exist. Recall bias, especially in regard to ubiquitous exposures, may influence participants' interpretation of their lifetime exposure to pesticide products. In addition, persons are usually much more familiar with the trade names of products rather than chemical names themselves — the challenges of obtaining accurate information addressing past chemical exposures may lead to errors of both inclusion and exclusion in study findings.

Our current research efforts at Montana State University provide an extension of the efforts of this Parkinson's disease study into the areas of environmentally-related cancer. The college of nursing, in partnership with the college of agriculture and the Montana Migrant Council, is participating in national efforts to identify specific work practices of migrant and seasonal farm workers and link these practices by geographic site, year of exposure, crop, and work task to specific classes of pesticides and other agricultural products.

The final goal of this program of research is to further scientists' understanding of the possible association between farm work, associated exposure patterns, and cancer risk. These two studies are part of an increased awareness in nursing research of the need for expanded inquiry addressing the deleterious effects of exposure to a variety of environmental agents. Through these efforts, our profession is responding to the environmental health needs of our children, community and planet.

Kent, Ohio — Violence against women, including physical, sexual, and emotional abuse by intimates, is considered epidemic in the United States. Especially vulnerable to continued victimization in adulthood, are women who suffer from childhood maltreatment. But little is known about the factors leading from childhood abuse to later victimization. The victimization of women is associated with increased use of health care services, dissatisfaction with life and multiple mental health problems.

Clinicians need to consider patterns found in family interactions and the cumulative effects of on-going abuse throughout the woman's life span, Dr. Draucker reports, and not focus solely on one type of childhood abuse.

The final goal of this program of research is to further scientists' understanding of the possible association between farm work, associated exposure patterns, and cancer risk. These two studies are part of an increased awareness in nursing research of the need for expanded inquiry addressing the deleterious effects of exposure to a variety of environmental agents. Through these efforts, our profession is responding to the environmental health needs of our children, community and planet.
RESEARCH ACROSS THE LIFE SPAN

Mentoring New Researchers

By Kathrine Peters, RN, PhD, Assistant Professor, University of Alberta Faculty of Nursing

Little to indicate a newborn's attitude when providing care for premature babies is needed. In addition, mentoring a new Sigma Theta Tau member, Rachel Marzek, RN, BSN, is helpful. Ms. Marzek, involved in nephrology research, says she meets with Dr. Lewis once a week to exchange ideas and is encouraged to question everything, assuming nothing. What nephrology is new to me. But her image as a role model is probably more important than any research I come out with," Ms. Marzek said. "Her research methodology is thorough. She is highly ethical, and you want to work with people who have these things.

Ms. Marzek is investigating self-esteem and self-concept of hemodialysis patients for her master's research work. Dr. Lewis encouraged her to use Sigma Theta Tau's resources and network.

"I was hitting walls looking through the literature for studies," Ms. Marzek said. She called Sigma Theta Tau's Virginia Henderson International Nursing Library and asked for unpublished articles in her area.

"Not all of these things have been reported in journals," Ms. Marzek said. Besides articles, she received phone numbers of the authors in order to obtain more information about their instrumentation.

Ms. Marzek was inducted into Gamma Sigma at the University of New Mexico in spring. With four children, she enrolled in the RN to BSN program fairly recently, when her youngest son began school.

Look, But Don't Touch Premature Babies

By Janice K. Janken, RN, PhD, Associate Professor; Greta Blythe, RN, BSN, IBCLC, Lactation Consultant; Patricia T. Campbell, RNC, MSN, Director; Robin H. Carter, RN, BSN, IBCLC, Lactation Consultant

Newborn Amanda suckles comfortably in the arms of her mother Deborah Walsh at Presbyterian Hospital in Charlotte, North Carolina. Lactation consultant Greta Blythe, RN, BSN, IBCLC, translates clinical research into a mother's joy.

breast-feeding duration. Breast-feeding un­supplemented with either water, formula or glucose water have been associated with increased feeding frequency, earlier milk production and again, a longer breast-feeding duration. Nurses are in contact with mothers and their infants in the early postpartum period and thus have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indi­cates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facili­tate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute mea­sures that facilitate mother-infant contact, such as encouraging rooming-in and ensuring that moth­ers receive their babies in breast feed both day and night. Also, feeding cues that infants offer: rooting, finger sucking, mouthing movements, as well as crying.

"Frequent breast-feeding" is defined as 10 to 12 times per 24 hours, which may sound over­whelming to new mothers. However, nurses can instruct mothers that infants commonly feed 5 to 8 times, followed by 10 to 15 minutes of sleep, and then awaken to feed again; feedings separated by short sleep periods are counted as separate episodes. Also, mothers must know that for the first days of life feeding can be clustered rather than given regular intervals, allowing 5 to 8 hours of sleep for the infant.

Historically, mothers were taught to limit breast­feeding frequency and sucking time as a strategy to decrease nipple soreness. However, recent re­search suggests that limiting frequency and suck­ing time does not decrease nipple soreness. This information can be shared with new mothers who are discouraged because their infants suck fre­quently and as long as they desire.

The use of glucose, water, or formula supple­ments in the nursery by mothers should be discouraged unless ordered for specific medical reason. New mothers frequently do not realize that these supplements have the potential to be stressful and cause destabil­ization of critically ill infants. Critically ill premu­riate babies are unable to distinguish good touch, such as a loving stroke, from bad touch like a heel poke. Infants have another form of communica­tion that is just becoming meaningful to us. The behavioral state and level of wakefulness of the baby tell us how stressed and/or exhausted the baby may be. Activity level can also indicate stress.

The higher the level, the greater the demand for oxygen and calories being directed into the activ­ity, and away from recovery from illness and needed growth.

There are a number of facial, hand and foot sig­nals that infants use to indicate stress. Holding the hands up, finger quiet, sable, arms out, a hand to mouth movement, and activity level can all indi­cate the infant perceives stressful stimuli at some level of functioning.

References

RESEARCH ACROSS THE LIFE SPAN
Mentoring New Researchers

Rachel Marzek, RN, BSN, left, is involved in clinical research at the University of New Mexico.

Albuquerque, New Mexico—When Sharon Lewis, RN, PhD, FAAN, needed to engage in clinical research for her studies on chronic renal failure, the number of specialists were few. As a professor at the University of New Mexico College of Nursing and a research associate professor at the School of Medicine, Dr. Lewis decided to broaden the research pool by mentoring a new Sigma Theta Tau member, Rachel Marzek, RN, BSN.

"Ms. Marzek, involved in nephrology research, says she meets with Dr. Lewis once a week to exchange ideas and is encouraged to question everything, assuming nothing. "Nephrology is new to me. But her image as a role model is probably more important than any research I come out with," Ms. Marzek said. "Her research methodology is thorough. She is highly ethical, and you want to work with people who have these things."

Ms. Marzek is investigating self-esteem and self-concept of hemodialysis patients for her master's research work. Dr. Lewis encouraged her to use Sigma Theta Tau's resources and network.

"I was hitting walls looking through the literature for studies," Ms. Marzek said. She called Sigma Theta Tau's Virginia Benderon International Nursing Library and asked for unpublished articles in her area.

"Not all of these things have been reported in journals," Ms. Marzek said. Besides articles, she received phone numbers of the authors in order to obtain more information about their instrumentation.

Ms. Marzek was invited into Gamma Sigma at the University of New Mexico in spring. With four children, she enrolled in the RN to BSN program fairly recently, when her youngest son began school.

Nephrology Nurse Findings

Dr. Lewis' own work is related to both nephrology nurses and patients. Her recent studies are involved with personal work stress, and the burnout of dialysis nurses. Her research indicates that work load is the major contributing factor to overall stress and burnout. Increased utilization of coping resources may alleviate work-related stressors, she said.

"In my latest study of the mature infants surviving today, but there are still many that link unsupplemented, early initiated, unlimited suckling time, and frequent sessions of breast-feeding with positive outcomes for mothers and infants. In addition, nursing practices are recommended to support new mothers in their practice of breast-feeding with positive outcomes for both mother and infant. These outcomes include: a decrease in neonatal bilirubin levels, earlier maternal milk supply, less infant weight loss, earlier infant weight gain, and a longer duration of breast-feeding."

The basis for prescribing this pattern of breast-feeding stems from a substantial number of studies that link unsupplemented, early initiated, unlimited suckling time, and frequent sessions of breast-feeding with positive outcomes for mothers and infants. Therefore, it is beneficial. In addition, crying infants use to indicate stress. Holding the baby may be the key to satiating the need to have a clean baby, the baby tell us how stressed and/or exhausted the baby may be. Activity level can also indicate stress.

Frequent breast-feeding is defined as following the baby's feeding cues with as many as 10 to 12 feedings per 24-hour period. Also recommended is that breast-feeding be unsupplemented with formula, water, or glucose water, and that infants be allowed to suckle as long as they desire at the breast. The practice of breast-feeding on demand with unlimited suckling time is probably more advantageous to feed infants several times a day and night. Also, feeding cues that infants offer: rooting, finger sucking, mouthing movements, as well as crying.

The basis for prescribing this pattern of breast-feeding stems from a substantial number of studies that link unsupplemented, early initiated, unlimited suckling time, and frequent sessions of breast-feeding with positive outcomes for mothers and infants. In addition, nursing practices are recommended to support new mothers in their practice of breast-feeding with positive outcomes for mothers and infants. Therefore, it is beneficial. In addition, crying infants use to indicate stress. Holding the baby may be the key to satiating the need to have a clean baby, the baby tell us how stressed and/or exhausted the baby may be. Activity level can also indicate stress.

Frequent breast-feeding is defined as following the baby's feeding cues with as many as 10 to 12 feedings per 24-hour period. Also recommended is that breast-feeding be unsupplemented with formula, water, or glucose water, and that infants be allowed to suckle as long as they desire at the breast. The practice of breast-feeding on demand with unlimited suckling time is probably more advantageous to feed infants several times a day and night. Also, feeding cues that infants offer: rooting, finger sucking, mouthing movements, as well as crying.

The practice of breast-feeding with unlimited suckling time has been associated with increased maternal milk production, increased breast-feeding frequency, reduced birth weight loss, early infant weight gain, as well as extended breast-feeding duration. Breast-feeding unsupplemented with either water, formula or glucose water have been associated with increased feeding frequency, earlier milk production and again, a longer breast-feeding duration.

Nurses are in contact with mothers and their infants in the early postpartum period and thus have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.

Research suggests that it is advantageous to feed infants frequently and on demand by following the feeding cues offered by infants. To support these breast-feeding practices, nurses can institute measures that facilitate mother-infant contact, such as encouraging rooming-in and insuring that mothers have the opportunity to guide mothers to choose healthy breast-feeding practices. Research indicates that breast-feeding should be initiated as soon as possible after delivery. Nurses can facilitate early initiated breast-feeding by making it a priority to help mothers put their new infants to breast in the delivery room.
Environment

Perinatal Lead Exposure

By Maria Amaya, RNC, PhD, associate professor and Gail Ackall, EdD, MT, ASCP, CLS, NCA, associate dean, University of Texas at El Paso, College of Nursing and Health Sciences

El Paso, Texas—The last two decades have seen increased public attention to environmental problems as well as the development of a knowledge base on the risks to human health. Nurses in a variety of clinical settings have a greater likelihood of encountering patients and families exposed to environmental health hazards.

Environmental problems on the U.S.-Mexico border have multiplied in posed to environmental hazards. Low-income Hispanic women and families have historically shared a myriad of public health problems, including infectious diseases and toxic exposures. Clinical interventions have been hindered by having no data about the prevalence of perinatal lead exposure in low-income Hispanic women on the border.

The Texas Health Steps Lead Program of the Texas Department of Health reported that six to seven percent of Medicaid-eligible children screened in 1995 in El Paso County had lead levels greater than the acceptable limit of 10 micrograms per deciliter. Our study, funded by the U.S. Environmental Protection Agency and the Southwest Center for Environmental Research and Policy, aimed to collect baseline data on the prevalence of perinatal lead exposure in a sample of low-income pregnant Hispanic women and identify population-specific determinants of risk and associations with gestational age, birth weight, and malformations.

Low dose lead exposure, widespread in modern urban environments, has common pathways, such as substandard housing or a residence near an industry emitting it. The detrimental effects of lead exposure depend on the amount that a person is subjected to, the duration of the exposure, and biological and socio-cultural factors. However, studies emphasizing the socio-cultural determinants of risk for susceptible populations are rare in the literature.

Fetuses, infants, young children and pregnant women in poverty are at disproportionate risk of lead exposure to lead and its detrimental effects, because of their physiologic need for dietary calcium, iron, protein, and the likelihood of their being deficient in these nutrients, and because the poor have a higher probability of proximity to hazardous waste, and higher prevalence of non-risk mediating behaviors. The study design was descriptive-correlational and primarily sensitive to socio-cultural determinants of risk of perinatal lead exposure in the target population.

The sample was selected from among low-income Hispanic women receiving prenatal care at four local Texas health department clinics in El Paso County. Three hundred and forty-five women were administered a bilingual survey instrument, and had blood drawn for lead levels. At the time of delivery, 205 umbilical cord specimens were collected with adherence to informed consents and research protocols strictly followed.

The majority of the women were born in Mexico, married or cohabiting with a partner, had an average of 9.4 years of education, and 61 percent were educated in Mexico.

Several risk factors for perinatal lead exposure in low-income Hispanic women were identified. Results showed that the average prenatal lead level was 1.41 micrograms per deciliter, and the average umbilical cord lead level was 2.15 micrograms per deciliter, well below the toxic range. However, specific groups within the whole group studied showed many characteristics associated with high risk for perinatal lead exposure:

- Women younger than 25 years of age had a significantly higher lead level than older women.
- Women who had resided at their current address less than one year had a significantly higher lead level compared to women in a fourth or subsequent pregnancy.
- Women who resided at their current residence less than one year had a significantly higher lead level than women with medical malformations.
- Women who drank water from a school or town well had higher lead levels than women who drank city water.
- Women who had children with lower IQ scores, slow development and more attention problems that similar children with lower lead levels, according to the U.S. Public Health Service's Centers for Disease Control. These effects are subtle and have been observed in large groups of children with lead levels as low as 10 micrograms per deciliter. Women with increased nutritional needs, pregnant women and children, and in general people living in poverty are more vulnerable to the effects of hazardous wastes.

Additional findings, documented in previous studies, show a significant, but weak association between umbilical cord level at delivery and gestational age of the infant. And there was no association between perinatal exposure and congenital malformations or birth weight.

Given the small sample size, the results should be interpreted with caution. The dietary risk factors for lead could not be fully evaluated, possibly due to the tendency of this population to avoid disclosure. However, the majority of women reported that they did not smoke tobacco, use alcohol, marijuana or other illicit drugs, and that they did not use pottery for cooking that was made in Mexico, noted for its high lead content.

The results suggest that nurses should integrate assessment of living conditions, particularly the proximity to hazardous waste, and dietary practices in routine perinatal health assessments to evaluate the risk of toxic lead exposure. Women, low-income, mobile, relatively new Mexican immigrants are at risk and need to be assessed for signs and symptoms of lead exposure.

The educational preparation of nurses for the clinical management of patients, and community populations experiencing health problems related to hazardous exposures has lagged. In part, this is due to a dearth of theoretical, clinically applicable nursing knowledge. Well-prepared clinicians will find that the most effective care will come through collaborating in interdisciplinary teams.

This approach achieves shared goals, including the prevention of human health problems, screening, early detection and treatment, assessment of exposure risks, determination of exposure pathways, and restoration of environmental integrity.

Studying how groups of children with high lead levels are likely to have lower IQ scores, slower development and more attention problems that similar children with lower lead levels, according to the U.S. Public Health Service's Centers for Disease Control. These effects are subtle and have been observed in large groups of children with lead levels as low as 10 micrograms per deciliter. Women with increased nutritional needs, pregnant women and children, and in general people living in poverty are more vulnerable to the effects of hazardous wastes.
Environment Perinatal Lead Exposure

By Maria Amaya, RN, PhD, associate professor and Gail Ackall, Edd, MT, ASCP, CLS, NCA, associate dean, University of Texas at El Paso, College of Nursing and Health Sciences

El Paso, Texas—The last two decades have seen increased public attention to environmental problems as well as the development of a knowledge base on the risks to human health. Nurses in a variety of clinical settings have a greater likelihood of encountering patients and families exposed to environmental health hazards.

Environmental problems on the U.S.-Mexico border have multiplied in recent years due to explosive population growth, poverty, and international industrialization. Low-income Hispanic border residents have a disproportionate risk for exposure to hazardous substances due to poorly regulated work places, urban decay, and inadequate infrastructure. Many are medically underserved.

Impoverished residents of border communities have historically shared a myriad of public health problems, including infectious diseases and toxic exposures. Clinical interventions have been hindered by having no data about the prevalence of perinatal lead exposure in low-income Hispanic women on the border.

The Texas Health Steps Lead Program of the Texas Department of Health reported that six to seven percent of Medicaid-eligible children screened in 1995 in El Paso County had lead levels greater than the acceptable limit of 10 micrograms per deciliter. Our study, funded by the U.S. Environmental Protection Agency and the Southwest Center for Environmental Research and Policy, aimed to collect baseline data on the prevalence of perinatal lead exposure in a sample of low-income pregnant Hispanic women and identify population-specific determinants of risk and associations with gestational age, birth weight, and malformations.

Low dose lead exposure, widespread in modern urban environments, has common pathways, such as substandard housing or a residence near an industry emitting it. The detrimental effects of lead exposure depend on the amount that a person is subjected to, the duration of the exposure, and biological and socio-cultural factors. However, studies emphasizing the socio-cultural determinants of risk for susceptible populations are rare in the literature.

Fetuses, infants, young children and pregnant women in poverty are at disproportionate risk of exposure to lead and its detrimental effects, because of their physiologic need for dietary calcium, iron, protein, and the likelihood of their being deficient in these nutrients, and because the poor have a higher probability of proximity to hazardous waste, and higher prevalence of non-risk mediating behaviors. The study design was descriptive-correlational and primarily sensitive to socio-cultural determinants of risk of perinatal lead exposure in the target population.

The sample was selected from among low-income Hispanic women receiving prenatal care at four local Texas health department clinics in El Paso County. Three hundred and forty-five women were administered a bilingual survey instrument, and had blood drawn for lead levels. At the time of delivery, 205 umbilical cord specimens were collected with adherence to informed consent and research protocols strictly followed. The majority of the women were born in Mexico, married or cohabiting with a partner, had an average of 9.4 years of education, and 61 percent were educated in Mexico.

Several risk factors for perinatal lead exposure in low-income Hispanic women were identified. Results showed the average prenatal lead level was 1.41 micrograms per deciliter, and the average umbilical cord lead level was 2.15 micrograms per deciliter, well below the toxic range. However, specific groups within the whole group studied showed many characteristics associated with high risk for perinatal lead exposure:

- Women younger than 25 years of age had a significantly higher lead level than older women.
- Women who were in their first, second or third pregnancy had a significantly higher lead level compared to women in a fourth or subsequent pregnancy.

The results suggest that nurses should integrate assessment of living conditions, particularly the source of drinking water, and dietary practices in routine prenatal health assessments to evaluate the risks of toxic lead exposure. Young, low-income, mobile, relatively new Mexican immigrants are at risk and need to be assessed for signs and symptoms of lead exposure.

Findings related to occupational exposures to lead showed that 90 percent of the women were not employed at the time of conception or at the time of their interview. Seventeen percent of the fathers were unemployed, and the women with unemployed partners had a significantly higher prenatal lead level than women with employed partners. This finding could be explained by the activities of unemployed immigrant males in the area, who rely on intermittent jobs in occupations at high risk for lead exposure: metal salvaging, brick making, cinder block making, and auto repair.

Additional findings, documented in previous studies as well, showed a significant, but weak association between umbilical cord level at delivery and gestational age of the infant. And there was no association between perinatal exposure and congenital malformations or birth weight.

Given the small sample size, the results should be interpreted with caution. The dietary risk factors for lead could not be fully evaluated, possibly due to the tendency of this population to avoid disclosure. However, the majority of women reported that they did not smoke tobacco, use alcohol, marijuana or other illicit drugs, and that they did not use pottery for cooking that was made in Mexico, noted for its high lead content. The results suggest that nurses should integrate assessment of living conditions, particularly the source of drinking water, and dietary practices in routine prenatal health assessments to evaluate the risks of toxic lead exposure. Young, low-income, mobile, relatively new Mexican immigrants are at risk and need to be assessed for signs and symptoms of lead exposure. The educational preparation of nurses for the clinical management of patients, and community populations experiencing health problems related to hazardous exposures has lagged. In part, this is due to a dearth of theory-based, clinically applicable nursing knowledge. Well-prepared clinicians will find that the most effective care will come through collaborating in interdisciplinary teams.

This approach achieves shared goals, including the prevention of human health problems, screening, early detection and treatment, assessment of exposure risks, determination of exposure pathways, and restoration of environmental integrity.

Studies show that groups of children with high lead levels are likely to have lower IQ scores, slower development and more attention problems that similar children with lower lead values, according to the U.S. Public Health Service's Centers for Disease Control. These effects are subtle and have been observed in large groups of children with lead levels at least as low as 10 micrograms per deciliter. People with increased nutritional needs, pregnant women and children, and in general people living in poverty are more vulnerable to the effects of hazardous wastes.
Research Utilization

By Joanne Stevenson, RN, PhD, FAAN, Professor Emeritus, The Ohio State University

Research utilization is one of the last frontiers in nursing. It only began to appear in the nursing research literature in the 1970s. The early classic project was carried out in several Michigan hospitals under the direction of Jo Anne Horsley and colleagues. The products were 10 valid protocols for improving patient care (Horsley, 1981). This project still serves as the classic model for transforming research findings into user-friendly protocols for nurses at the bedside.

Sigma Theta Tau’s utilization advocacy furthered the need for nursing science, as nurses strove to use research findings for patient care. Only 60 years ago, Sigma Theta Tau funded the first known nursing research grant in the U.S. Alice Crist Malone of Ohio State University was given $600 in 1936 for “A Study of Measuring Achievement in Nursing Based Upon the Principles and Objective Set Forth in the New Curriculum.” Since then, Sigma Theta Tau has funded dozens of grants, spawning major programs of research benefiting all types of populations.

Sigma Theta Tau has dedicated many regional conferences to research utilization, developed an online journal specifically for this purpose, and recognized its significance with the International Research Utilization Award. And the Virginia Henderson International Nursing Library was established to make research available to everyone on the Internet. All of this has placed nurses in a pivotal role.

Another program initiated by Sigma Theta Tau to bring attention to utilization was the Baxter Foundation Episteme Award that recognizes breakthrough research. The first winner, Dorothy Broome, emphasized the challenge to all. Her successful experiments of sending low birth weight babies home sooner, and at lower weights under the guidance of advanced practice maternal-child nurses, already had made a significant impact on management in hospitals nationwide.

As we consider one of the basic tenets of managed care — cost-effectiveness — our research-based nursing practices are by their nature effective since they improve quality of life and patient outcomes. Everyone will benefit. In the preferred future of care care, much if not most of the care would be based on knowledge developed through scientific investigation rather than tradition. It would be a boon to nurses to evolve from managed care with an organized system for the wide spread use of research in practice.

For the majority of nurses, reading findings and recommendations is not action-oriented enough to produce global practice changes. The clinician’s application of the findings is, after all, an art into itself. How many ways can we advantageously transform findings into user-friendly and cost-effective products? How do we bring them to varied markets and best educate professionals in how to use the innovations?

From Sigma Theta Tau’s founding belief in the nurse as scholar and knowledge builder, the advancement of science has grown to this critical juncture.

New! Online Book Service

Thousands of members have already activated their subscription to the Sigma Theta Tau International Book Service—a new FREE member benefit for 1996.

"I am already using the online Book Service and consider it one of the best deals as part of my membership in Sigma Theta Tau. At last, I really feel like I am up-to-date on nursing literature — and I have discovered new books which I will be using in my class."
— Sally Hutchard, BS, DLS, Assistant Professor and Coordinator of RN to BSN at Southern Indiana College

This new FREE benefit offers members a customized electronic newsletter featuring timely peer reviews of newly published nursing books, coupled with an order mechanism allowing members to order books electronically. Simply send your e-mail address to library@stt-sun.iupui.edu and you will receive an invitation and profile form.

Subscribe today!

Image Plans for the Future

Indianapolis, Indiana — Because of an historic editorial retreat, focus groups, a member survey and meetings by the International Publications Committee, innovations are currently underway for Image: Journal of Nursing Scholarship.

Beverly Henry, RN, PhD, FAAN, Image editor, convened the first retreat of the Image editors in March, with Copy Editor Estelle Beaumont, RN, MS, and Book Review Editor Sarah Gouldner, RN, DNS, FAAN. The journal is distributed to 110,000 nurse scholars throughout the world.

"I have tried to be highly collaborative in all aspects of the journal, obtaining as many viewpoints as possible to keep this the best possible product for nurses," Dr. Henry said. The retreat was held at the International Center for Nursing Scholarship, the headquarters of Sigma Theta Tau International.

Publisher Nancy Dickenson-Bazzard, RN, MSN, CNFP, FAAN, executive officer of Sigma Theta Tau International, opened the retreat with an announcement of the results of an opinion profile from the focus groups.

"Readers and members of Sigma Theta Tau consider Image to be a high-quality publication that serves their needs well," Ms. Dickenson-Bazzard said.

Three associate editors and 24 editorial advisors analyzed the mission and goals — "to promote the development and dissemination of nursing knowledge to improve the health of people worldwide" — and operationalized it with drawing future plans.

Information from a recent membership survey of 84,000 respondents showed interest in clinical applications to augment some of the current articles.

Participants worked in three small groups to discuss research and clinical applications, the journal’s format, and international questions.

Sigma Theta Tau chapters outside of North America are strongly encouraged to contact the Image editor to discuss publishing in Image. To foster the dissemination of knowledge for clinical scholarship, short clinical reports will be solicited from all chapters as well as abstracts reporting studies with very practical and immediate application.

Clinical - are taking certain select theory or research articles, that will be reviewed by clinical experts to determine the clinical implications. A clinical side bar will be prepared for these articles, making it even more valuable for the readers and authors," Dr. Henry said.

Structure abstracted articles, planned at the retreat, have already been incorporated into the new look of Image. Headings are used in the abstracts to better summarize the article content for ease of understanding and indexing.

To submit comments and articles to:

Editor Image: Journal of Nursing Scholarship
University of Illinois at Chicago
845 South Damen Ave.
Chicago, Illinois, 60612
E-Mail: imagebh@uic.edu
Phone: (312) 996-0105 or Fax: (312) 996-0680.

Dr. Henry

Jacqueline Fawcett, RN, PhD, FAAN; and Stahl-Ketefian, RN, EdD, FAAN

Global

To contribute to international nursing scholarship, the editors sought ways to increase the number of submissions from throughout the world, and especially from developing nations. Image editors are currently seeking manuscripts that address nurses’ observations about care for the most vulnerable, especially mothers and young children, prevention of the infectious diseases, and inoculation programs.

Sigma Theta Tau chapters outside of North America are strongly encouraged to contact the Image editor to discuss publishing in Image. To foster the dissemination of knowledge for clinical scholarship, short clinical reports will be solicited from all chapters as well as abstracts reporting studies with very practical and immediate application.
Online Book Service

Thousands of members have already activated their subscription to the Sigma Theta Tau International Book Service—a new FREE member benefit for 1996.

"I am already using the online Book Service and consider it one of the best deals as part of my membership in Sigma Theta Tau. At last, I really feel like I am up-to-date on nursing literature—and I have discovered new books which I will be using in my class."

—Sally Hendrick, BS, MA, Assistant Professor and Coordinator of RN to BS RN to BSN at Southern Indiana College

This new FREE benefit offers members a customized electronic newsletter featuring timely peer reviews of newly published nursing books, coupled with an order mechanism allowing members to order books electronically. Simply send your e-mail address to library@stt-sun.iupui.edu and you will receive an invitation and profile form.

Subscribe today!

News

Image Plans for the Future

Indianapolis, Indiana—Because of an historic editorial retreat, focus groups, a member survey and meetings by the International Publications Committee, innovations are currently underway for Image: Journal of Nursing Scholarship.

Beverly Henry, RN, PhD, FAAN, Image editor, convened the first retreat of the Image editors in March, with Copy Editor Estelle Beaumont, RN, MS, and Book Review Editor Sarah Goldriner, RN, DNS, FAAN. The journal is distributed to 110,000 nurse scholars throughout the world.

"I have tried to be highly collaborative in all aspects of the journal, obtaining as many viewpoints as possible to keep this the best possible product for nurses," Dr. Henry said. The retreat was held at the International Center for Nursing Scholarship, the headquarters of Sigma Theta Tau International.

Publisher Nancy Dickenson-Hazard, RN, MSN, CPNP, FAAN, executive officer of Sigma Theta Tau International, opened the retreat with an announcement of results of an opinion profile from the focus groups.

"Readers and members of Sigma Theta Tau consider Image to be a high-quality publication that serves their needs well," Ms. Dickenson-Hazard said.

Three associate editors and 24 editorial advisors analyzed the mission and goals—to promote the development and dissemination of nursing knowledge to improve the health of people worldwide—and operationalized it with drawing future plans.

Information from a recent membership survey of 84,000 respondents showed interest in clinical application to augment some of the current articles.

Participants worked in three small groups to discuss research and clinical applications, the journal's format, and potential new features. The small group facilitators and recorders included Joan L.P. Shaver, RN, PhD, FAAN; Jacqueline Fawcett, RN, PhD, FAAN; and Sheila Ketefian, RN, FAAD, FAAN.

Clinical

Image editors are taking certain select theory or research articles, that will be reviewed by clinical experts to determine the clinical implications. A clinical side bar will be prepared for these articles, making it even more valuable for the readers and authors," Dr. Henry said.

Structured article abstracts, planned at the retreat, have already been incorporated into the new look of Image. Headings are used in the abstracts to better summarize the article content for ease of understanding and indexing.

To submit comments and articles to:

DR. HENRY

Image: Journal of Nursing Scholarship

Sigma Theta Tau International

845 Darnen Ave.

Chicago, Illinois, USA, 60612

Phone: (312) 996-0103 or Fax: (312) 996-0680.
1996 Sigma Theta Tau International Small Research Grant Recipients

Rural Health

WANDA ANDERSON-LOFFTN, RN, MS, Mu Kappa-At-Large, Armstrong State College, Georgia Southern University: “Activities and Perceived Outcomes of Rural Nurse Case Managers” ($2,960). The study will describe the activities and perceived outcomes of nurse case managers in a rural hospital setting using an investigator-developed instrument. Validity and reliability testing of the scale is a part of the study. It further examines the relationship of nurse case managers’ education, experience, gender and race to activities and perceived outcomes. This Likert-type survey will be sent to nurse case managers in a hospital, randomized sample of hospitals and will contain six subscales that will be analyzed using descriptive statistics and multivariate analysis of variance.

Domestic Violence and Women of Latin Descent

NANCY A. COFFEN-ROMIC, RN, MS, Gamma Gamma Gamma, San Diego State University: “The Process of Finding Domestic Violence Among Latinos” ($2,000). Few qualitative studies have been conducted on the experience of abuse among culturally diverse women. The experience of Latinos in ending an abusive relationship within their socio-cultural context has yet to be investigated. The specific aim of this study is to generate a theory of the process that ends domestic violence among Latinos, using the method of grounded theory. Data will be collected through interviews with 35-25 Latinos who have ended an abusive relationship.

Chronic Alcohol Use

SHANN MASTERSON DIXON, RN, MV, Alpha Lambda Lambda, University of Illinois at Chicago: “The Effects of Chronic Alcohol Consumption on Plasma and Tissue ANP in Male and Female Rats” ($5,000). In the U.S., alcohol is used more by individuals than any other drug. This study, focusing on the role of chronic alcohol consumption in the development of cardiomyopathy, is of high priority. The purpose of this investigation is to determine the effects of chronic alcohol consumption on plasma and cardiac tissue levels of atrial natriuretic peptide and to determine the physiological effects—natriuresis, diuresis, and blood pressure—of an exogenous dose of atrial natriuretic peptide.

Alcoholism

JOANNE M. HALL, RN, PhD, Eta Nu, University of Wisconsin-Milwaukee: “Exploring Excessive Alcohol Use in the Lives of Women Who Were Sexually Abused as Children” ($5,000). A review of literature indicates that women with histories of childhood sexual abuse are more likely to develop excessive alcohol use, and likewise, women identified as excessive drinkers are more likely to report histories of childhood sexual abuse. This qualitative study will retrospectively investigate these patterns through a series of three focused life story interviews with 15 participants. This study will strive to provide guidance for effective interventions.

Nursing Administration

LINDA MCCULLOH HALL, RN, MS, Lambda Pi, University of Toronto: “Impact of Staff Mix and Work Design on Select Outcomes of Care” ($3,000). The purpose of this study is to determine the relationship between staff mix and selected patient, care giver and system outcomes. The study will compare staff mix models comprised of high, moderate and low professional care providers to outcomes for patients, care givers and the hospital system. This research will also compare work design to outcomes for patients, care givers and the hospital system.

AIDS and Rural Women

A. RENEE LEASURE, RN, PhD, Beta Delta-At-Large, University of Oklahoma, Oklahoma Baptist University, University of Central Oklahoma; RUTH V. SEIDEMAN, RN, PhD, Beta Delta-At-Large; PATRICIA LAGROW, RN, PhD, Beta Delta-At-Large; CONCIA R. ALFONSO, RN, MN, MPN: “Women Living with AIDS in a Rural Environment” ($2,000). Women are the most rapidly growing subgroup of persons with HIV/AIDS in the United States and around the world. This qualitative grounded theory study will focus on exploring and describing the experience of being a woman living with HIV infection or AIDS in a rural environment. Data will be collected by semi-structured interviews and analyzed using constant comparative analysis. The findings from this study will provide insights of people with HIV/AIDS, not only women with HIV/AIDS, but their families as well.

Attention Span and Elderly

DEBRA A. JANNES, RN, MS, Beta Eta-At-Large, University of Wisconsin-Madison: “Factors Influencing Attentional Capacity in the Elderly” ($3,000). Past research has not addressed the relationship between attentional capacity and demands for attention in the elderly. The primary goals of this research are to identify factors that may reduce the capacity to direct attention to the elderly and to examine activities and environments that support and restore it. A series of two studies will be conducted using a closed-ended instrument, the Attention Span and Functional Outcomes Interventions for Elderly Patients” ($3,000). The aim of this study is to determine whether or not age is a sufficient criterion for determining how health care resources are allocated. The existence of opposing views concerning this issue demonstrates the need for an evaluation of functional outcomes after intensive care among the elderly. From the findings of this descriptive study, general assumptions related to benefit or futility of care are provided for policy makers.

Critical Care

ELIZABETH PAPANTHANASSIOGLU, RN, MS, Epsilon Xi, University of Rochester; JAN A. MOTINAS, PhD: “The Role of Infection in SIRS and the Development of MODS in Critical Illness” ($3,000). This study explores the role of programmed cell death, apoptosis, in the course of the systemic inflammatory response syndrome and the development of multiple organ dysfunction syndrome, secondary to critical illness. Systemic inflammatory syndrome is one of the most prevalent and complex problems in the critically ill. If asymptomatic do account in part for the onset of multiple organ dysfunction syndrome, as is hypothesized, this qualitative grounded theory study will be focused on exploring and describing the experience of being a woman living with HIV infection or AIDS in a rural environment. This study will examine the role of selected variables, and to examine the influence of those variables on maternal identity and competence in HIV-positive women when the infants’ HIV infection is unknown. This study is a step in understanding how the care of the infant affects a woman becoming a mother to her baby, and in developing interventions to support maternal identity and competence in women with HIV disease.

Low Income Children

MELANIE S. PERCY, RN, PhD, OCNP, Alpha Xi, University of South Carolina: “Exploring Resilient Life in Low Income Children” ($2,780). The aim of this study is to explore the characteristics of school-age children living in poverty and the use of their own photography and their explanations of their photography. Past research suggests that children may instinctively know what they need to survive, increasing their resilience to poverty. This study provides further research on which to elaborate and expands our understanding of children and their responses to poverty.

Stroke

ANNE M. WILLIAMS, RN, PhD, Beta Mu, University of Arizona: “Effect of Single Stroke on Survivors and Care Givers” ($5,000). This research is focused on conducting secondary data analysis. The parent study was a four-group ex post facto correlational design utilizing a convenience sample of persons of the age of 18 with a single cerebral hemisphere stroke and their family care givers. This study will continue to investigate the behaviors of survivors of left and right cerebral hemisphere strokes, ascertaining the effects of stroke location and side on these behaviors. This research will also ascertain the effect of these behaviors, family hardiness and selected demographic variables on family care givers.

Infants and AIDS

SHEILA SANTACROCE, RN, MS, Alpha Alpha, University of South Carolina at Chapel Hill: “Uncertainty and Mustering the HIV-Positive Infant” ($3,000). New cases of HIV disease in children are due primarily to a seropositive mother to her infant. In this study, a model based on a portion of Uncertainty in Illness Theory (Michel, 1980) will be used to test linkages between selected variables, and to examine the influence of those variables on maternal identity and competence in HIV-positive women when the infant’s HIV infection is unknown. This study is a step in understanding how uncertainty relates to the threat of HIV in her infant affects a woman becoming a mother to her baby, and in developing interventions to support maternal identity and competence in women with HIV disease.

Explore the political and social forces, nursing practice, power and care. A sample con- sist of public health nurses who have been employed in one or more of 55 health units in South Australia for at least 10 of the 16 years of this period and who have volunteered for this study.

Canadian Public Health

ADRIENNE F. FALL RYAN, RN, Beta Lambda Omega, University of Western Ontario, Zeta Nu, D'Youville College: "Oral History of Public Health Nursing, Ontario, 1980-96" ($3,000). The purpose of this oral history project is to make visible the work and struggles of public health nurses in South Ontario, Canada, from 1980 to 1996. The study will provide further research on which to elaborate and expands our understanding of children and their responses to poverty.
1996 Sigma Theta Tau International Small Research Grant Recipients

Rural Health
WANDA ANDERSON-LOTTIN, RN, MS, Kappa Alpha-Large, Armstrong State College, Georgia: Southern University: "Activities and Perceived Outcomes of Rural Nurse Case Managers" ($2,980). The study will describe the activities and perceived outcomes of nurse case managers in a rural hospital setting using an investigator-developed instrument. Validity and reliability testing of the scale is a part of the study. It further examines the relationship of nurse case managers' education, experience, gender and race to activities and perceived outcomes. This Likert-type survey will be sent to nurse case managers in a hospital, randomized sample of hospitals, and will contain six subscales that will be analyzed using descriptive statistics and multivariate analysis of variance.

Domestic Violence and Women of Latin Descent
NANCY A. COFFEN-ROMIC, RN, MSN, Gamma Gamma, San Diego State University: "The Process of Ending Domestic Violence Among Latinos" ($2,000). Few qualitative studies have been conducted on the experience of abuse among culturally diverse women. The experience of Latinos in ending an abusive relationship within their socio-cultural context has yet to be investigated. The specific aim of this study is to generate a theory of the process that ends domestic violence among Latinos, using the method of grounded theory. Data will be collected through interviews with 25-25 Latinos who have ended an abusive relationship.

Chronic Alcohol Use
SHANN MASTERSDON KING, RN, MN, Lambda Lambda, University of Illinois at Chicago: "The Effects of Chronic Alcohol Consumption on Plasma and Tissue ANP in Male and Female Rats" ($3,000). In the U.S., alcohol is used more by individuals than any other drug. This study, focusing on the role of chronic alcohol consumption in the development of cardiomyopathy, is of high priority. The purpose of this investigation is to determine the effects of chronic alcohol consumption on plasma and cardiac tissue levels of atrial natriuretic peptide and to determine the physiological effects—natriuresis, diuresis and blood pressure—of an exogenous dose of atrial natriuretic peptide.

Alcoholism
JOANNE M. HALL, RN, PhD, Eta Nu, University of Wisconsin-Milwaukee: "Exploring Excessive Alcohol Use in the Lives of Women Who Were Sexually Abused as Children" ($3,000). A review of literature indicates that women with histories of childhood sexual abuse are more likely to develop excessive alcohol use, and likewise, women identified as excessive drinkers are more likely to report histories of childhood sexual abuse. This qualitative study will retrospectively investigate these patterns through a series of three focused life story interviews with 15 participants. This study will strive to provide guidance for effective intervention.

Nursing Administration
LINDA MCGILLIS HALL, RN, MSc, Lambda Mu, University of Toronto: "Impact of Staff Mix and Work Design on Select Outcomes of Care" ($3,000). The purpose of this study is to determine the relationship between staff mix and selected patient care giver and system outcomes. The study will compare staff mix models comprised of high, moderate and low professional care providers to outcomes for patients, care givers and the hospital system. This research will also compare work design to outcomes for patients, care givers and the hospital system.

Attention Span and Elderly
DEBRA A. JANNSEN, RN, MS, Beta Eta-Alpha-Large, University of Wisconsin-Madison: "Factors Influencing Attentional Capacity in the Elderly" ($3,000). Past research has not addressed the relationship between attentional capacity and demands for attention in the elderly. The primary goals of this research are to identify factors that may reduce the capacity to direct attention to the elderly and to examine activities and environments that support it. A series of two studies will be conducted using a closed-ended instrument, the Attention or demands study, which will also be used in future interventions aimed at decreasing demands and restoring attention in the elderly.

AIDS and Rural Women
A. RENEE LEASURE, RN, PhD, Beta Delta-Alpha-Large, University of Oklahoma, Oklahoma Baptist University, University of Central Oklahoma; RUTH V. SEIDEMAN, RN, PhD, Beta Delta-Alpha-Large, PATRICIA LACROW, RN, PhD, Beta Delta-Alpha-Large, ETHEL R. ALFONSO, RN, MPA: "Women Living with AIDS in a Rural Environment" ($2,000). Women are the most rapidly growing subgroup of persons with HIV/AIDS in the United States and around the world. This qualitative grounded theory study will focus on exploring and describing the experience of being a woman living with HIV infection or AIDS in a rural environment. Data will be collected through semi-structured interviews and analyzed using constant comparative analysis. The findings from this study will provide insight and identification of measures concerning not only women with HIV/AIDS, but their families as well.

Critical Care
ELIZABETH PAPPANASSOLOI, RN, MS, Epsilon Xi, University of Rochester; JAN A. MOTWINIAN, PhD: "The Role of Control in SIRS and the Development of MODS in Critical Illness" ($3,000). This study explores the role of programmed cell death, apoptosis, in the course of the systemic inflammatory response syndrome and the development of multiple organ dysfunction syndrome, secondary to critical illness. Systemic inflammatory syndrome is one of the most prevalent and complex problems in the critically ill. If apoptotic signals do account for part of the onset of multiple organ dysfunction syndrome, as is hypothesized, the role will be examined and effects of novel therapies modulating or inhibiting those signals.

Elderly Dependence
KATHLEEN L. PATSUKY, RN, MA, CS, Epsilon Xi, University of Michigan: "Transition from Independence to Dependence Among the Elderly" ($3,000). The purpose of this study is to advance a new understanding of the phenomenon of dependence among older adults by testing the performance of a model of event-generated dependence. Nursing's intimate concerns with health care issues of aging, and as dependent phenomena across the life span, support the need for renewed theory development and modeling with dependence. A prospective longitudinal quasi-experimental design will be conducted using pooled samples to determine the relationships between reciprocity and coping style, contributing factors and psychological responses.

Infants and AIDS
SHEILA SANTACROCE, RN, MSN, Alpha Alpha, University of South Carolina at Chapel Hill: "Uncertainty and Mustering the HIV-Positive Infant" ($3,000). This research will also compare work design to outcomes. A model based on a portion of Uncertainty in Illness Theory (Mohd, 1980) will be used to examine the selected variables, and to examine the influence of these variables on maternal attitudes and competence in HIV-positive women when the infants' HIV infection status is unknown. This study tests an understanding of uncertainty related to the fear of HIV in her infant affects a woman becoming a mother to her baby, and in developing interventions to support maternal identity and competence in women with HIV disease.

Stroke
ANNE M. WILLIAMS, RN, PhD, Beta Mu, University of Arizona: "Effect of Single Stroke on Survivors and Care Givers" ($3,100). This research is focused on conducting secondary data analysis. The parent study was a four-group experimental correlation design utilizing a convenience sample of persons over the age of 18 with a single cerebral hemisphere stroke and their family caregivers. This study will continue to differentiate the behaviors of survivors of left and right cerebral hemisphere strokes, ascertain the effects of stroke location and side on those behaviors. This research will also ascertain the effects of those behaviors, family hardships and selected demographic variables on family caregivers.
Institute Celebrates Tenth Year

Science with Relevance

By Patricia A. Grady, RN, PhD, FAAN, Director
National Institute of Nursing Research, U.S. Department of Health and Human Services

Bethesda, Maryland—Nursing research speaks the language of science as it is spoken at the National Institutes of Health and at universities and hospitals worldwide. We have reached our 10-year point, having to explain less often what nursing research is. Rather, we can demonstrate what nursing research does. Furthermore, the research we fund has been of a quality equal to that of other NIH research institutes. Study designs, pay lines and findings provide the proof. And we are gaining recognition for our efforts to assure that the scientific agenda has human relevance — that nursing research is directly applicable to human health needs and problems.

The National Institute of Nursing Research celebrated its 10th anniversary on Sept. 19, holding a symposium spanning its wide-ranging findings from biological to behavioral that have improved people's lives, here and abroad.

In the decade ahead, the nursing research institute is ready to launch ambitious initiatives designed to stem current and emerging microbial threats to our health by increasing awareness of prevention and the importance of adherence to treatments. And we are linking biological and behavioral approaches to symptom management.

Today we find ourselves as the lead institute of an NIH-wide major research initiative on pain focusing will be to understand the physiological and behavioral mechanisms that compromise recovery and quality of life.

Achievements

An overarching accomplishment is the erasure of initial uncertainty, evident a decade ago, as to whether nursing research belongs at a NIH that has broadened NIH research to achieving a symposium spanning its wide-ranging findings from biological to behavioral that are have broadened NIH research to achieving a symposium spanning its wide-ranging findings from biological to behavioral that have improved people's lives, here and abroad.

In a climate of shrinking budgets and cost effectiveness, nursing research has always had this emphasis. Our studies on transitional home care and early discharge from hospitals bring models for improved recovery, increased satisfaction with care and decreased expenses.

At this, our 10-year mark, we have collaborated with nearly all of the NIH institutes, expanding the depth and breadth of our scientific perspective. Ten years ago, nursing research was not investigating problems at the molecular level. Today we are active in a number of areas. The clinical implications of genetic discoveries is an upcoming initiative. We will be investigating genetic screening, lifestyle modifications to prevent and delay genetic expression of disease, and the implications of gene therapy.

We also investigate methods to stem current and emerging microbial threats to our health by increasing awareness of prevention and the importance of adherence to treatments. And we are linking biological and behavioral approaches to symptom management.

Today we find ourselves as the lead institute of an NIH-wide major research initiative on pain that examines the pain phenomenon at all levels. Our focus will be to understand the physiological and behavioral mechanisms that compromise recovery and quality of life.

The National Institute of Nursing Research celebrated its 10th anniversary with scientific presentations by many of its leading nursing researchers. In front at left, are Nancy Foglia Woods, RN, PhD, FAAN; Loretta Jemmott, RN, PhD, FAAN; National Institute of Nursing Research Director Patricia Grady, RN, PhD, FAAN; Barbara Theren, RN, PhD, FAAN; Dorothy Brooks, RN, PhD, FAAN. In back at left, Joyce Page, RN, PhD, FAAN; Sue Dillingham, RN, PhD, FAAN; Gary Morty, RN, FAAN; Kathleen Buckwalter, RN, PhD, FAAN; Dynnae Affonso, RN, PhD, FAAN.
Institute Celebrates Tenth Year
Science with Relevance

By Patricia A. Grady, RN, PhD, FAAN, Director
National Institute of Nursing Research, U.S. Department of Health and Human Services

Bethesda, Maryland—Nursing research speaks the language of science as it is spoken at the National Institutes of Health and at universities and hospitals worldwide. We have reached our 10-year point, having to explain less often what nursing research is. Rather, we can demonstrate what nursing research does.

Furthermore, the research we fund has been of a quality equal to that of other NIH research institutes. Study designs, pay lines and findings provide the proof. And we are gaining recognition for our efforts to assure that the scientific agenda has human relevance — that nursing research is directly applicable to human health needs and problems.

The National Institute of Nursing Research celebrated its 10th anniversary on Sep. 19, holding a symposium spanning its wide-ranging findings from biological to behavioral that have increased NIH research into areas where nursing research flourishes. For example:

- Clinical research has grown, as new technologies have become available and as the desire to move science from bench to bedside has intensified.
- The visibility at NIH of behavioral research, an important element of nursing research, increased with the arrival of three other institutes from the former Alcohol, Drug Abuse and Mental Health Administration, and the establishment of the Office of Behavioral and Social Science Research. 
- Studies pertinent to health promotion and disease prevention have proliferated, including hard-to-reach populations, the rural poor and inner-city teen-agers.
- In a climate of shrinking budgets and cost effectiveness, nursing research has always had this emphasis. Our studies on transitional home care and early discharge from hospitals bring models for improved recovery, increased satisfaction with care and decreased expenses.
- At this, our 10-year mark, we have collaborated with nearly all of the NIH institutes, expanding the depth and breadth of our scientific perspective.
- Ten years ago, nursing research was not investigating problems at the molecular level. Today we are active in a number of areas. The clinical implications of genetic discoveries is an upcoming initiative. We will be investigating genetic screening, lifestyle modifications to prevent and delay genetic expression of disease, and the clinical implications of genetic discoveries is an upcoming initiative.

Today we find ourselves as the lead institute of an NIH-wide major research initiative on pain symptom management. We also investigate methods to stem current and emerging microbial threats to our health by increasing awareness of prevention and the importance of adherence to treatments. And we are linking biological and behavioral approaches to symptom management.

Today we find ourselves as the lead institute of an NIH-wide major research initiative on pain that examines the pain phenomena at all levels. Our focus will be to understand the physical and behavioral mechanisms that compromise recovery and quality of life.

Achievements

An overarching accomplishment is the erasure of initial uncertainty, evident a decade ago, as to whether nursing research belongs at a NIH that has been widely recognized at NIH.

Many changes have occurred in the last decade that have broadened NIH research to areas where nursing research flourishes. For example:

- Clinical research has grown, as new technologies have become available and as the desire to move science from bench to bedside has intensified.
- The visibility at NIH of behavioral research, an important element of nursing research, increased with the arrival of three other institutes from the former Alcohol, Drug Abuse and Mental Health Administration, and the establishment of the Office of Behavioral and Social Science Research. 
- Studies pertinent to health promotion and disease prevention have proliferated, including hard-to-reach populations, the rural poor and inner-city teen-agers.
- In a climate of shrinking budgets and cost effectiveness, nursing research has always had this emphasis. Our studies on transitional home care and early discharge from hospitals bring models for improved recovery, increased satisfaction with care and decreased expenses.
- At this, our 10-year mark, we have collaborated with nearly all of the NIH institutes, expanding the depth and breadth of our scientific perspective. Ten years ago, nursing research was not investigating problems at the molecular level. Today we are active in a number of areas. The clinical implications of genetic discoveries is an upcoming initiative. We will be investigating genetic screening, lifestyle modifications to prevent and delay genetic expression of disease, and the clinical implications of genetic discoveries is an upcoming initiative.

Today we find ourselves as the lead institute of an NIH-wide major research initiative on pain that examines the pain phenomena at all levels. Our focus will be to understand the physical and behavioral mechanisms that compromise recovery and quality of life.

The National Institute of Nursing Research celebrated its 10th anniversary with scientific presentations by many of its leading nursing researchers. In front at left, are Nancy Fugate Woods, RN, PhD, FAAN; Loretta Jennett, RN, PhD, FAAN; National Institute of Nursing Research Director Patricia Grady, RN, PhD, FAAN; Barbara Therrien, RN, PhD, FAAN; Dorothy Brooker, RN, PhD, FAAN.

In back at left, Joye Page, RN, PhD; Sue Dinham, RN, PhD, FAAN; Gary Morton, PhD; Kathleen Buckwalter, RN, PhD, FAAN; Dynah Affinito, RN, PhD, FAAN.

Cultural sensitivity as a factor in health research and health care has gained recent recognition over the last decade. Attention to ethnic, cultural and gender differences has long been interwoven in nursing research. In addition we also emphasize recruitment and training of minority nursing researchers.

I became director of the institute last year during a time that certainly represents ground-shifting change. I was fortunate to have the legacy of Dr. Ada Sue Hinshaw, who turned a center for science into a scientific institute where nursing research was brought into acceptance, expansion and national prominence. And Interim Acting Director Dr. Sue Hard led the institute for eight months, analyzed its research portfolio, preparing us for reinvention efforts.

The national shift toward a managed care approach to our nation's health care creates another opportunity to capitalize on nursing research findings. Downstream presents special challenges to us all at NIH. But for a new institute like ours of modest size, it holds special poignancy.

We are heartened by public support emanating from the Administration, Congress, and the American people. Our work is making an impact.

Syringa Marshall Burnett, RN, MSN, Jamaica

By Judith Fitzgerald Miller, RN, PhD, FAAN Chair, International Research Committee

Kingston, Jamaica—She is one of the highest ranking and most powerful political officials in Jamaica. Syringa Burnett, RN, MSN, was selected president of the Jamaican senate this year. She also chairs the University of West Indies-Mona Campus, Department of Advanced Nursing in Kingston.

A strong advocate for the development of professional nursing and higher standards of health care throughout the Caribbean, she has long recognized the potential nurses hold for sweeping improvements in the lives of her citizens. President Burnett is a native Jamaican, having become a midwife and nurse there. She obtained a baccalaureate nursing degree from the University of Toronto and a master's in nursing from New York University.

Her practice has included nursing administration, in-service education, psychiatric-mental health, community nursing, and she has served eight years on the board of directors of the International Council of Nurses. She pioneered occupational nursing in Jamaica in its largest industry, tourism, effecting better health care for hotel workers and tourists.

Intrigued by politics from her youngest years, President Burnett saw universal adult suffrage become law when she was nine. She was surrounded by political discourse: Her parents avidly discussed the leadership of Norman Washington Manley, who brought about Jamaican independence. Her countrymen stood on street corners, publicly debating solutions for the nation's fate.

Becoming a political leader was not what she originally intended. She was first appointed to the senate to fill a vacancy, and then was subsequently elected.

"I did not plan for this to happen, but I am going to do this job with a passion," President Burnett said. She has sought improvements in education, housing, sanitation, transportation and various services that directly and indirectly affect the health of Jamaicans.

She recently orchestrated the co-sponsorship of the Eighth International Nursing Research Congress in Kingston, June 2, with Sigma Theta Tau International and the University of West Indies Department of Advanced Nursing. At the closest levels of interaction—nursing—she faces her nation's problems of hypertension, diabetes, AIDS, teen-age pregnancy and families in need. As senate president, she takes the awareness of those problems into the arena of power.

President Burnett will be one of the keynote speakers at the 1997 Sigma Theta Tau International Biennial Convention to be held in Indianapolis, Indiana.
W.K. Kellogg Foundation funds multidisciplinary think tank

Indianapolis, Ind.—The Arista II Conference, Healthy People: Leaders in Partnership, was held April 1-3, 1996 at the International Center for Nursing Scholarship in Indianapolis, setting the framework for International Center for Nursing Scholarship multidisciplinary acknowledging the centrality of nursing to the holistic caring. The second concept was member of the health care communities and colleagues as they delivery systems, and social policy development. That to achieve healthier communities, nurses must restructured health care system. They determined characteristics:

1. At the chapter level, identify and address health related issues in partnership with the community, and widely communicate the results of such collaboration.
2. Identify partnerships with consumers, payers, providers and other health care organizations to promote a comprehensive, cost-effective, integrated health care system.
3. Through Sigma Theta Tau’s Leadership Institute, develop a blueprint for action to facilitate the education of nurses in health care economics and business issues including summer institutes, mentoring programs, fellowship programs and continued education.
4. Establish a task force on “best practices” in nursing education consistent with the strategies for action.
5. Develop the leadership potential in nursing through programs designed and implemented in collaboration with other nursing organizations, corporations, and policy leaders.
6. In collaboration with other nursing organizations, develop a plan for communicating with the various publics both inside and outside nursing.
7. Use the Virginia Henderson International Nursing Library to create a registry of demonstration projects and innovative practice models that are consistent with the preferred roles of nursing as defined by this conference.

Arista II Recommendations to Sigma Theta Tau International

Specific recommendations in the five strategic areas for action were made to Sigma Theta Tau International as it is uniquely positioned to contribute to the preferred future of health care and nursing because of its global mission, chapter structure and highly qualified membership.

1. At the chapter level, identify and address health-related issues in partnership with the community, and widely communicate the results of such collaboration.
2. Identify partnerships with consumers, payers, providers and other health care organizations to promote a comprehensive, cost-effective, integrated health care system.
3. Through Sigma Theta Tau’s Leadership Institute, develop a blueprint for action to facilitate the education of nurses in health care economics and business issues including summer institutes, mentoring programs, fellowship programs and continued education.
4. Establish a task force on “best practices” in nursing education consistent with the strategies for action.
5. Develop the leadership potential in nursing through programs designed and implemented in collaboration with other nursing organizations, corporations, and policy leaders.
6. In collaboration with other nursing organizations, develop a plan for communicating with the various publics both inside and outside nursing.
7. Use the Virginia Henderson International Nursing Library to create a registry of demonstration projects and innovative practice models that are consistent with the preferred roles of nursing as defined by this conference.

Arista II Envisions Nursing’s Future Role

Leaders in partnership from left, Alice L. Reasonart, RN, PhD, Queens University, Kingston, Ontario;加拿大; Judith A. Black Feather, RN, MPH, Phoenix Area Indian Health Service, Phoenix, Arizona; Loring S. Flint, MD, MBA, Bay State Medical Center, Springfield, Massachusetts.

Five Strategic Areas Defined

Once the new health care structure was defined, participants then defined the strategic action areas for positioning nurses in their preferred role.

Public Communication

The first area, public communication, was described as an essential component in each of the other subsequent strategies. This includes improved ways of telling the "nursing story," defining in clear and simple terms, the unique role and contribution of nursing and changing the stereotypes of nursing. Training a spectrum of media vehicles, such communication must be targeted to a range of various publics and to educate nurses about the health care system; are essential for effective communication. Policy-making

1. Faye L. Bower, RN, DSN, FAAN, conference chair and immediate past president of Sigma Theta Tau International, explained the second strategic area as policy making. "Nursing's presence at the table where decisions are made, be that local, state or national, public or private is imperative. By developing strong roots in the community and working with citizens to make their voices heard, nursing becomes the honest broker in facilitating change that will lead to the improvement of health and of the health care system," she said.

2. To do this effectively, nursing needs to identify opportunities for contributing to policy formulation including the development of a corps of nurses who will be future policy makers, Dr. Bower said. Demonstration projects and models of nursing practices consistent with the preferred future role of nursing and the preferred restructuring of the health care system are essential for effective health care policy, as is the creation of a coalition of consumers and health professionals for establishing an agenda for reform of health care.

Education

The next strategic area was defined as education. Programs that prepare nurses for a broader role, and for working within a population-based health care system, are essential. A standard level of entry into nursing practice must be implemented nationally and communicated effectively to the public. In addition, it is essential to retrain and retool the current work force, emphasizing lifelong learning. It needs to be clear that ultimately education results in cost savings. In addition to developing white papers on nursing education for a variety of influential audiences, nurses need to identify the current "best practices" in nursing education and practice.

Leadership Development

Leadership development was also named as an important strategic area. "Enhancing the ability of nursing leaders to create and manage change is fundamental," Dr. Dreher said. "In particular, they need to be able to understand and articulate the economic and financial realities at the decision-making table. This requires the development of a variety of ongoing education and training programs including summer institutes, mentoring programs and fellowships. Nurses need to develop improved "leadership portfolios" which demonstrate they have the qualifications and interest to be at the table in leadership positions," Dr. Dreher said.

Finally, nursing associations must collaborate routinely with each other as well as with other health care professionals, nurses, corporate leaders and policy makers, both to inform and to be informed," Dr. Dreher said.

Research, models and partnerships

The final strategic area was research, models and partnerships. Nursing’s research agenda needs to focus on health promotion, health care systems and carefully articulated outcomes. Currently a number of promising new models of health care provision and community health promotion either exist or are being developed that are consistent with the restructured health care system and the nursing roles described previously. It is important to identify and test innovative models and ultimately inventory such best practices and benchmark. In undertaking and in implementing this research of new models, it is imperative to work across disciplines, build partnerships, and make the findings available to key audiences in the public as well as nursing.

Conference Conclusions

Based on the assumption that nurses are highly trusted by the public and have the capacity to generate the answers that society is seeking in regard to care that is comprehensive, cost effective and community based, two conclusions emerged. First, it will be important that nurses align themselves with the needs of the populations rather than the needs of the system. Nurses must join with communities in determining how best to improve health and care and in defining the role that nurses will play within an ideally restructured health care system.

Second, nursing needs to create partnerships with individuals and families in providing direct care, with communities in promoting health and preventing disease in a community-based designed system and with their colleagues in developing and managing health care systems that are both effective and cost-efficient as well as humane and holistic.

A detailed Report of the Arista II Healthy People: Leaders in Partnership conference will be available in Fall of 1996. Please contact Kathy Beinson at Sigma Theta Tau International, 550 W. North Street, Indianapolis, Indiana, 46202, Phone: (317) 634-8171, FAX: (317) 634-8188, for additional information.

Sigma Theta Tau International gratefully acknowledges the support and sponsorship of the W.K. Kellogg Foundation in developing, implementing and evaluating the Arista II conference.
Arista II Envisions Nursing's Future Role

W.K. Kellogg Foundation funds multidisciplinary think tank

Indianapolis, Ind.—The Arista II Conference, Healthy People: Leaders in Partnership, was held April 1-3, 1996 at the International Center for Nursing Scholarship in Indianapolis, setting the framework for Partnership, was held April 1-3, 1996 at the International Center for Nursing Scholarship in Indianapolis, setting the framework for Partnership, was held April 1-3, 1996.

First, emphasizing the contribution of nursing to the health of the community through humane and holistic caring. The second concept was acknowledging the centrality of nursing to the health care system.

"Nurses are the first line of care in promoting healthy communities and a stellar member of the health care team," said Melanie C. Dreher, RN, PhD, FAAN, president of Sigma Theta Tau International. She went on to explain that, as stake holders in health, nurses will become partners with individuals, communities and colleagues as they fulfill the four identified preferred roles in: direct care, health promotion and disease prevention, creation of new delivery systems, and social policy development.

After considering the vision, the conference participants then addressed the elements of a restructured health care system. They determined that to achieve healthier communities, nurses must join in creating a system that holds the following characteristics:

- flexible and accessible
- outcome oriented
- driven by the (individual, family, population) centered
- community based, community designed and community driven
- implemented through an interdisciplinary health team approach
- compassionate, holistic, aesthetic and culturally relevant
- technologically advanced, enterprising, innovative and cost effective
- based in research
- socially, environmentally and economically sensitive

Five Strategic Areas Defined

Once the new health care structure was described, participants then defined the strategic action areas for positioning nurses in their preferred role.

Public Communication

The first area, public communication, was described as an essential component in each of the other subsequent strategies. This includes improved ways of telling the "nursing story," defining in clear and simple terms, the unique role and contribution of nursing and changing the stereotype of nursing. Training a spectrum of media vehicles, such communication must be targeted to a range of various publics and to educate nurses about communicating of nursing innovations to these publics as well as providing opportunities for contributing to policy formulation including the development of a corps of nurses who will be future policy makers, Dr. Dreher said.

Specific recommendations in the five strategic areas for action are made to Sigma Theta Tau International as it is uniquely positioned to contribute to the preferred future of health care and nursing because of its global mission, charter structure and highly qualified membership.

1. At the chapter level, identify and address health related issues in partnership with the community and widely communicate the results of such collaboration.

2. Identify partnerships with consumer, payers, providers and other health care organizations to promote a comprehensive, cost-effective, integrated health care system.

3. Through Sigma Theta Tau's Leadership Institute, develop a Blueprint for action to facilitate the education of nurses in health care economics and business issues including summer institutes, mentoring programs, fellowship programs and continuing education.

4. Establish a task force on "best practices" in nursing education consistent with the strategies for action.

5. Educate the leadership potential in nursing through programs conceived and implemented in collaboration with other nursing organizations, corporations and policy leaders.

6. In collaboration with other nursing organizations, develop a plan for communicating with the various publics both inside and outside nursing.

7. Use the Virginia Henderson International Nursing Library to create a registry of demonstration projects and innovative practice models that are consistent with the preferred roles of nursing as defined by this conference.

8. Acknowledge leadership and innovation at all levels of the organization and become awards to model for excellence.

9. Conserve leaders of these models of excellence at the International Conference for Nursing Scholarship and at international conferences to facilitate knowledge sharing.

10. Synthesize and disseminate information on models of excellence through society publications and the Virginia Henderson International Nursing Library databases; and

11. Beginning at the baccalaureate level, facilitate the education of nurses for the preferred future through collaborations with institutions and organizations.

Arista II Recommendations to Sigma Theta Tau International

Specific recommendations in the five strategic areas for action are made to Sigma Theta Tau International as it is uniquely positioned to contribute to the preferred future of health care and nursing because of its global mission, charter structure and highly qualified membership.

1. At the chapter level, identify and address health related issues in partnership with the community and widely communicate the results of such collaboration.

2. Identify partnerships with consumer, payers, providers and other health care organizations to promote a comprehensive, cost-effective, integrated health care system.

3. Through Sigma Theta Tau's Leadership Institute, develop a Blueprint for action to facilitate the education of nurses in health care economics and business issues including summer institutes, mentoring programs, fellowship programs and continuing education.

4. Establish a task force on "best practices" in nursing education consistent with the strategies for action.

5. Educate the leadership potential in nursing through programs conceived and implemented in collaboration with other nursing organizations, corporations and policy leaders.

6. In collaboration with other nursing organizations, develop a plan for communicating with the various publics both inside and outside nursing.

7. Use the Virginia Henderson International Nursing Library to create a registry of demonstration projects and innovative practice models that are consistent with the preferred roles of nursing as defined by this conference.

A detailed Report of the Arista II Healthy People: Leaders in Partnership conference will be available in Fall of 1996. Please contact Kathy Benison at Sigma Theta Tau International, 550 W. North Street, Indianapolis, Indiana, 46202, Phone: (317) 634-8171, FAX: (317) 634-8188, for additional information.

Sigma Theta Tau International gratefully acknowledges the support and sponsorship of the W. K. Kellogg Foundation in developing, implementing and evaluating the Arista II conference.
75th Anniversary Campaign Achieves $5.2 Million, Virginia Henderson Fellows Total 36

Donna Pardo, RN, PhD, Beta Mu; Suzanne Smith Biancett, RN, EdD, IAN, Delta Beta; Candice Ross, RN, PhD, Sanfora Hale, RN, MA, MSN, Delta Beta; Mary Lou Moore, RN, PhD, Gamma Zeta; Diane M. Cooper, RN, PhD, IAN, Delta Beta, and Rebecca S. Parrish, RN, PhD, Gamma Zeta are Virginia Henderson Fellows. Many of the new Fellows are participating in the Virginia Henderson Fellows Program, an innovative planned giving initiative in which the member contributes a moderate amount over a 5 or 10-year period and is recognized for a $25,000 gift. Through this program, members may enjoy the tax advantages of an annual charitable gift, while the Society—no third party—benefits through the long-term growth of the funds. Recognition is based upon the future value of the money as it accumulates interest over time. The value to be acknowledged is based upon a compounding formula for investments using the number of years relative to the donor's projected mortality. As with insurance endowments, younger members enjoy the lowest annual payments.

Table 1 demonstrates the cost-effectiveness of this program. More information on the Legacy and other planned giving programs may be secured by contacting the Development Department.

<table>
<thead>
<tr>
<th>AGE</th>
<th>TAX-DEDUCTIBLE GIFT/YEAR FOR 5 YEARS</th>
<th>TAX-DEDUCTIBLE GIFT/YEAR FOR 10 YEARS</th>
<th>TOTAL GIFT 5-YR/10-YR</th>
<th>75th Anniversary Campaign Gift Recognized by the Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>$700</td>
<td>$800</td>
<td>$3,500/5,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>30</td>
<td>$800</td>
<td>$900</td>
<td>$4,000/6,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>35</td>
<td>$900</td>
<td>$1,000</td>
<td>$4,500/7,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>40</td>
<td>$1,100</td>
<td>$1,200</td>
<td>$5,500/8,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>45</td>
<td>$1,300</td>
<td>$1,400</td>
<td>$6,500/9,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>50</td>
<td>$1,600</td>
<td>$1,800</td>
<td>$7,500/11,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>55</td>
<td>$1,800</td>
<td>$2,000</td>
<td>$8,500/13,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>60</td>
<td>$2,100</td>
<td>$2,300</td>
<td>$9,500/15,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

Table 1: Virginia Henderson Fellow Legacy Program

Thetia Tau Anniversary Celebration
Kudos to Dr. Pat Levi, Georgia College School of Nursing dean and Sigma Theta Tau International director, for assisting Thetia Tau chapter in an exceptional 10th anniversary celebration, and for providing and helping to furnish a beautiful new Thetia Tau Conference Room" in the school of nursing. The room reflects the society's traditional burgundy color, with touches of gray, and features an elegant antique table and corner secretary.

PhilaTheotropy

75th Anniversary Campaign Achieves $5.2 Million, Virginia Henderson Fellows Total 36

Display your pride in becoming a member of Sigma Theta Tau International by investing in a membership key pin or charm. As a member of nursing's honor society, your key identifies your dedication to nursing scholarship, leadership, and excellence. From unalloyed simplicity to jeweled elegance, each key pin and charm is carefully crafted as a special piece of fine jewelry. The official collection of Sigma Theta Tau International jewelry reflects the great honor bestowed on you, both of which you shall treasure for a lifetime.

SIGMA THETA TAU DIAMOND-SET PIN
Destined to become a cherished heirloom. Eight gem-quality Diamonds (total weight 11.42 pts.) and six magnificent gemstone Amethysts are beautifully set in solid 10K Yellow Gold $520 (5500) $130 (5513)

SIGMA THETA TAU PLAIN KEY CHARM
Features eight elegant Crown Pearls accented with six simulated Amethysts in solid 10K Gold ($580) in 1/10 10K Gold-filled® $20

SIGMA THETA TAU JEWELED KEY CHARM
Features eight elegant Crown Pearls accented with six simulated Amethysts in solid 10K Gold. ($559) in solid 10K Yellow Gold $130

FOR INSTANT SERVICE
CALL: 317/634-8171 or FAX: 317/634-1888

Protect your membership investment! New 10K gold available in two beautiful designs. (5515) Greek Letters and Lamp of Knowledge. (5516) $25
75th Anniversary Campaign Achieves $5.2 Million, Virginia Henderson Fellows Total 36

Donna Pardo, RN, PhD, Beta Mu; Suzanne Smith Blanchett, RN, EdD, IAN, Delta Beta; Candice Ross, RN, PRN, Sara Sanfilippo, RN, MEd, MSN, Delta Beta; Mary Lou Moore, RN, PhD, Gamma Zeta; Diane M. Cooper, RN, PhD, IAN, Delta Beta; and Rebecca S. Parrish, RN, PhD, Gamma Zeta are Virginia Henderson Fellows. Many of the new Fellows are participating in the Virginia Henderson Fellows Program, an innovative planned giving initiative in which the member contributes a moderate amount over a five or 10-year period and is recognized for a $25,000 gift.

Through this program, members may enjoy the tax advantages of an annual charitable gift, while the Society—not a third party—benefits through the long-term growth of the funds. Recognition is based upon the future value of the money as it accumulates interest over time. The value to be acknowledged is based upon a compounding formula for investments using the number of years relative to the donor's planned giving alternative. Contributions to this program are acknowledged after the donor has contributed for a 5-year period and is recognized for a $25,000 gift.

Table 1 demonstrates the cost-effectiveness of this program.

Table 1: Virginia Henderson Fellow Legacy Program

<table>
<thead>
<tr>
<th>AGE</th>
<th>TAX-DEDUCTIBLE GIFT/YEAR</th>
<th>TAX-DEDUCTIBLE GIFT/YEAR</th>
<th>TOTAL GIFT 1-YR/10-YR</th>
<th>75th Anniversary Campaign Gift Recognized by the Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>$700</td>
<td>$800</td>
<td>$3,500/$5,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>30</td>
<td>$800</td>
<td>$900</td>
<td>$4,000/$6,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>35</td>
<td>$900</td>
<td>$1,000</td>
<td>$4,000/$7,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>40</td>
<td>$1,100</td>
<td>$1,200</td>
<td>$5,500/$8,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>45</td>
<td>$1,300</td>
<td>$1,400</td>
<td>$6,500/$9,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>50</td>
<td>$1,600</td>
<td>$1,800</td>
<td>$7,500/$11,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>55</td>
<td>$1,800</td>
<td>$2,000</td>
<td>$9,000/$13,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>60</td>
<td>$2,100</td>
<td>$2,300</td>
<td>$10,500/$15,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

More than 60

SIGMA THETA TAU DIAMOND-SET PIN is destined to become a cherished heirloom. Eight genuine Diamonds (total weight 11.42 pts.) and six magnificent gemstone Amethysts are beautifully set in solid 10K Yellow Gold. ($520) (5500)

SIGMA THETA TAU PLAIN KEY CHARM features Greek Letters and six stars crafted in black enamel. ($500) in solid 10K Yellow Gold $55 ($510) in 1/3 10K Gold-filled® $20

SIGMA THETA TAU JEWELLED KEY CHARM features eight elegant Crown Pearls accented with six simulated Amethysts in solid 10K Gold. ($595) in solid 10K Yellow Gold $130

SIGMA THETA TAU 10K GOLD KEY GUARDS Protect your membership investment! New 10K guard available in two beautiful designs. ($515) Greek Letters and Lamp of Knowledge. ($516) $25

Display your pride in becoming a member of Sigma Theta Tau International by investing in a membership key pin or charm. As a member of nursing's honor society, your key identifies your dedication to nursing scholarship, leadership, and excellence. From unparalleled simplicity to jeweled elegance, each key pin and charm is carefully crafted as a special piece of fine jewelry. The official collection of Sigma Theta Tau International jewelry reflects the great honor bestowed on you, both of which you shall treasure for a lifetime.
Nursing's 1996 Award for Excellence in Nursing, at the 49th World Health Assembly in Geneva, Switzerland, May 1996.

Lambda Winnipeg, Manitoba, received the Sheila Dressen, RN, PhD, Award for contributions to graduate level education and research.

Fallis, RN, MN, of Manitoba, received the Manitoba Association for Registered Nurses' Award for leadership in professional development.

Xi and Wendy of Manitoba Health Sciences Centre, is corporate editorial and vice-president of the Canadian Public Health Association.

Verna Huffman Splaine, RN, PhD, Officer of the Order of Canada, received the first honorary doctorate along with her husband, Dr. Richard Splaine, member of the Order of Canada, from the University of British Columbia. Dr. Splaine recently co-authored a book Chief Nursing Officer Positions in National Ministries of Health: Local Points for Nursing Leadership. Dr. Verna Splaine was formerly vice president of the International Council of Nurses.

Ginette Rodger, RN, PhD, Mu Sigma (The U of Alberta), is director of research on a part-time basis at the University of Manitoba Faculty of Nursing, where she will be working on projects relating to the redesigning of the Center for Gerontology and the feasibility of a flexible PhD program in nursing.

Myra Rourke, RN, PhD, Xi Lambda (U of Manitoba) retired director of patient services at the University of Manitoba Health Sciences Centre, received the Manitoba Association of Registered Nurses Award for Outstanding Achievement for her significant impact on health at the local, provincial and international level for her work in women's health promotion.

Cathy Rippin-Slieter, RN, MN, Xi Lambda (U of Manitoba), faculty member of the University of Manitoba Health Sciences Centre, was presented the Qualitative Thesys of the Year Award from the Manitoba Nursing Research Institute.

Achir Yanis S. Hamid, RN, DNcS, Kappa (Catholic U of America), head of the University of Indonesia School of Nursing, an affiliate member of the Consortium of Health Sciences and head of the Research Department for the Indonesian Nurses Association, presented papers at the Second International Conference of Nurses Research in Kobe, Japan sponsored by the Japanese Academy of Nursing. She is also the project director for the United Nations/World Health Organization to develop higher education nursing program in Indonesia.

Darlene M. Ruffle, RN, PhD, CNA, Epsilon Alpha (Georgia State U), is chief executive officer of Integrated Health Services of Atlanta at Buckhead.

Katherine A. Youger, RN, MS, OCN, Alpha Epsilon (Emory U), research project manager at the Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta, has received a 1996 Oncology Nursing Foundation/Novice Research and Mentorship Grant.

Jennifer F. Bannister, RN, MNcS, Epsilon Alpha, Beta Omega, (Georgia State U, Medical C of Georgia) assistant professor, Georgia State University and Lamba (U of Southern California), associate research scientist at the City of Hope National Medical Center and assistant professor at the City of Hope Oncology Nursing Society/Bristol-Myers Squibb Oncology Distinguished Researcher Award for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne M. Krumberger, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse and certified nurse anesthetist at Bellin Hospital Veterans Affairs Medical Center in Milwaukee, Wis., is the 27th president of the American Association of Critical-Care Nurses in Alviso, Calif. She previously was president-elect of the 77,000-member association.

Elizabeth A. Stittich, RN, MSN, CNPn, Mu Nu (California State U, Fresno), newly-entrusted member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her teaching excellence by the Alpha Gamma Sigma Honor Society at the college.

Connecticut

Courtenay J. Ledder, RN, BD, Gamma Phi (Rutgers U), has received funding from the National Institute on Nursing Research for his study entitled "Measuring transdermal water loss and skin surface pH levels in the elderly.

Florida

Suzanne Smith Blancket, RN, BSN, Delta Lambda (U of Florida), is a board-certified registered nurse anesthetist in the operating room department at Sarasota Memorial Hospital, and is corporate editorial and production director of Nursing Spectrum.

Carol J. Parran, RN, DNSc, FANS, Gamma Phi (Rush U), is president-elect of the Midwest Nursing Research Society.

Kareen Kowalski, RN, PhD, FAAN, Alpha Kappa-at-Large (U of Colorado, Regis U), chairperson of Maternal-Child Nursing at Rush Presbyterian-St. Luke's Medical Center in Chicago and an associate professor of nursing and coordinator of Women's and Children's Hospital, received the Association of Women's Health, Obstetric and Neonatal Nurses' Distinguished Professional Achievement Award.

Cynthia L. Saver, RN, MS, CGCN, Epilson (Ohio State U), is corporate editorial and producer director of Nursing Spectrum.

Carolyn Middendorf, RN, MS, ETA Kappa (Washburn U), assistant professor of Nursing at Washburn State University in Topeka, is vice-president of the Kansas Nurses Foundation.

Jean Turinos, RN, MS, Delta U (Kansas), assistant professor at Kansas State University College of Nursing in Topeka, is president of the Kansas Nurses Foundation.

New Jersey

Beverly Whipple, RN, PhD, FAAN, Alpha Tau (Boston College) and Gamma Epsilon (Northeastern U), has been appointed director of perioperative research with the Association of Operating Room Nurses, Inc.

Maryland

Lind Cnnde, Mary Chaffee, RN, BSN, MSN, CCRN, CEN, Beta Eta (U of Massachusetts at Amherst), assistant department head for Critical Care Medicine at the University of Maryland Hospital, received an International Enhancement Grant from the Indiana University School of Nursing in Bloomington, to develop a community health/acute care clinical intervention program for the University of Ustir in Northern Ireland, and to explore new options at Sheffield Hallam University in Sheffield, England.

Kasnas

Helen Conners, RN, PhD, Delta U (of Kan­ sas), assistant professor for academic affairs at the University of Kansas School of Nursing in Kansas City, has been named to the Federal Communications Commission's Telecommunications and Health Care Advisory Committee.

Susan C. Reyes, RN, PhD, Delta U (of Kansas), assistant professor at the University of Kansas School of Nursing in Kansas City, has received the Chancellor's award for teaching excellence by the University of Kansas, and has been appointed director of perioperative research with the Association of Operating Room Nurses, Inc.

New Hampshire

Suzanne C. Breyea, RN, PhD, Epsilon Tau (Saint Anselm College), associate professor at Saint Anselm College in Manchester, has been appointed director of perioperative research with the Association of Operating Room Nurses, Inc.

New York

Constance Engelking, RN, MS, OCN, Zeta Omega-at-Large (College of New Rochelle, Dominican College of Blauvelt), expert team member of the New York State Education Department, is program director of the Western New York Health Sciences Center at SUNY Buffalo, is director of the Western Center at Buffalo, and has been named by the National Academy of Sciences as one of the 34 new members in all fields.

Laura Stober Larsen, RNC, 1986, Epsilon Nu (Louisiana State U Medical Center), has been awarded the American League for Nursing's 1996 'Sister Mary Agnes Foster Award for outstanding professionalism, character and scholarship.

Leslie H. Nicoll, RN, PhD, MPA, Kappa Zeta-at-Large (of Southern Maine, St. Joseph's College), and Eta Iota (U of New Hampshire), research associate at the E.S. Muskie Institute of Public Affairs, University of Southern Maine in Portland, has been awarded the 1996 excellence in writing award for the American League for Nursing's 1996 'Sister Mary Agnes Foster Award for outstanding professionalism, character and scholarship.

Sigma Theta Tau International, was inducted into Alpha Epsilon Lambda (U of Detroit Mercy) in 1996, received the United States National Honor Society for International Scholars. The organization was the first national honor society to recognize excellence in international education.

Marian Pettigrew, RN, PhD, Alpha Sigma (U of Wisconsin-Madison), associate professor and dean of Nursing at Indiana University South Bend, has received an International Enhancement Grant from the International Program, Indiana University in Bloomington, to develop a community health/acute care clinical intervention program for the University of Ustir in Northern Ireland, and to explore new options at Sheffield Hallam University in Sheffield, England.

Massachusetts

Carol A. Gild, RN, PhD, CS, Alpha Chi (Boston College) and Gamma Epsilon (Northeastern U), has been awarded a grant from the National Alliance for Research on Schizophrenia and Affective Disorders Foundation to investigate the sleep and activity patterns of abused and depressed children.

New Hampshire

Suzanne C. Breyea, RN, PhD, Epsilon Tau (Saint Anselm College), associate professor at Saint Anselm College in Manchester, has been appointed director of perioperative research with the Association of Operating Room Nurses, Inc.

New Jersey

Beverly Whipple, RN, PhD, FAAN, Alpha Tau (Boston College) and Gamma Epsilon (Northeastern U), has been appointed director of perioperative research with the Association of Operating Room Nurses, Inc.
SUBMIT TO US
To submit us, send your full name, credentials, chapter affiliations, and a phone number. Photos are welcome.

Australia
Annette Clarke Walker, RN, PhD, Xi Omicron (U of Western Sydney, Nepean), vice president of Xi Omicron, is the first person to be awarded a doctoral nursing degree in the Faculty of Nursing and Health Studies at the University of Western Sydney Nepean. She is a recipient of a $60,000 university grant to investigate two models for the clinical placement of undergraduates.

Canada
Beverley Berry, RN, EdD, Xi Lambda, Vice President, (U of Manitoba) instructor of nursing at Red River Community College in Winnipeg, Manitoba, received the Manitoba Association for Registered Nurses Award for Excellence in Education.

David Gregory, RN, PhD, Xi Lambda, associate professor of nursing, University of Manitoba in Winnipeg and Wendy Fahs, RN, MN, Xi Lambda, Director of Research and Special Projects at Victoria General Hospital in Winnipeg, received the Manitoba Association for Registered Nurses Award for Excellence in Research.

Karen Mills, Mu Sigma (St. Boniface, Manitoba), is the recipient of a $60,000 university grant to investigate two models for the clinical placement of undergraduates. She will be working on projects relating to the redesigning of the center for gerontology and exploiting the feasibility of a flexible PhD program in nursing.

Ginette Rodger, RN, PhD, Mu Sigma (The U of Alberta), is director of research on a part-time basis at the University of Alberta Faculty of Nursing, where she will be working on projects relating to the redesigning of the center for gerontology and exploiting the feasibility of a flexible PhD program in nursing.

Cathy Rippin-Slater, RN, MN, Xi Lambda (U of Manitoba), faculty member of the University of Manitoba Health Sciences Centre, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute.

Indonesia
Achir Yanil S. Hamid, RN, DSNc, Kappa (Catholic U of America), head of the University of Indonesia School of Nursing, an alumnus of the University of Manitoba, was awarded the Canadian Public Health Association Award for Excellence in Nursing Administration.

United States
California
Betty R. Ferrell, RN, PhD, FAAN, Iota Lambda (U of Southern California), associate research scientist at the City of Hope National Medical Center in Los Angeles, has received support from the National Institute of Nursing Research for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.

Sigma Theta Tau International, a leader in nursing education and research, has awarded the Iota Lambda (U of Southern California) chapter $20,000 to establish an education program for nursing students to become rapidly and effectively educated to work in long-term care facilities.

Joanne M. Krumberger, RN, PhD, Delta Gamma (California State University, Fresno), newly-retired faculty member of San Joaquin Delta College Department of Nursing in Stockton, has been honored for her research contributions in pain management, quality of life, and supportive care to cancer patients and their families.

Joanne K. Krumenacker, RN, MSN, CCRN, Delta Gamma (Marquette U), and a critical care nurse, was presented the Qualitative Thesis of the Year Award from the Manitoba Nursing Research Institute. She received the fellowship in 2000, and has been a member of Xi Omicron since 2000.
Brooklyn, has been induced into the Alumni. Who. Of Professional and Business Women's Hall of Fame for outstanding achievements in the field of science, research and mental health, psychiatry. Dr. Murillo-Rohde is also the founder and president emeritus of the National Association of Hispanic Nurses.

Massachusetts, died April 13, 1995. Her career began in an instructor of nursing at the University of California, San Francisco Hospital until his death.

IN MEMORIAM

Massachusetts, died June 10, 1996. He led an psychiatric career with a degree in nursing from the University of Massachusetts-Boston. He worked at Boston Children's Hospital and Deaconess Hospital, until retirement on July 31, 1995, when he entered the University of California, San Francisco Hospital in his death. Carol Elizabeth Bainton, No Xi At-Large, California State University, Hayward, Holy Names College, Samuel Merrill College

Mary J. Perkinson, BSN, DNSc, Delta Iota (Hampton U), director of nursing at Children's National Medical Center in Washington, D.C., is president of the Society of Pediatric Nurses.

Tennessee

Sandra P. Thomas, RN, PhD, Gamma Chi (U of Tennessee-Knoxville), professor and director of the doctoral program at the University of Tennessee in Knoxville, has recently co-authored, with Cheryl Jefferson, a book entitled Use Your Anger: A Woman's Guide to Empowerment; Pocket Books, New York, N.Y., 1995.

Virginia

Roberta M. Costi, RN, PhD, FAAN, CM, Epsilon Zeta (George Mason U), assistant professor in the College of Nursing at the University of Tennessee Knoxville, is a Distinguished Practitioner Member of the National Academies of Practice in Nursing.

Stephanie L. Ferguson, RN, PhD, Beta Kappa (U of Virginia), research associate at the University of Virginia's Virginia Health Policy Center and co-founder of the Journal of Pediatric Nursing, received a Policy Column for 2015, for being selected for one of 18 White House Fellowships.

Washington, D.C.

Mary T. Perkins, RN, DNcsc, Delta Iota (Hampton U), director of nursing at Children's National Medical Center in Washington, D.C., is president of the Society of Pediatric Nurses.

SIGMA THETA TAU INTERNATIONAL HEADQUARTERS

The Department of Communications produces thousands of pieces of information annually including Reflections, Image, Journal of Nursing, Scholarship, monographs, member surveys, program conventions, videos, chapter support material, and other pieces that help enhance the degree of their nurses through networking publications, marketing, media and public relations, and recognition.

The Department of Communications produces thousands of pieces of information annually including Reflections, Image, Journal of Nursing, Scholarship, monographs, member surveys, program conventions, videos, chapter support material, and other pieces that help enhance the image of Sigma Theta Tau and assist its members in furthering their careers in nursing.

Interactively involved with all other society departments, the communications staff works with programs and education, library, membership, chapter and member services, operational affairs, and the executive office to serve the needs of a diverse membership.

Sigma Theta Tau International, headquartered in Indianapolis, Ind., employs a staff of 50 to provide services and benefits to more than 200,000 members within its 356 chapters. Staff are enthusiastic about assisting your information and networking needs. You may call (317) 634-8171; Fax: (317) 634-8188, or E-mail: stti@stti-unl.iupui.edu

Reaching the Sigma Theta Tau International Headquarters Office by E-mail

GENERAL INFORMATION with whom you have been associated, the recorded message will provide you with the following services:

1. CARLETON UNIVERSITY
2. DEPARTMENT SERVICES
3. LIBRARY SERVICES
4. MEMBER SERVICES
5. RESEARCH SERVICES
6. STTIO-PUBLISHING
7. STTI-UNL LAUNCHPAD
8. STTI-UNL IUPUI
9. STTI-UNL ONLINE COMMUNICATIONS
10. STTI-UNL REFLECTIONS
11. STTI-UNL STAFF SERVICES
12. STTI-UNL TECHNICAL SERVICES
13. STTI-UNL WEB SERVICES

For further information, please call the general office at (317) 634-8171; or E-mail: stti@stti-unl.iupui.edu

Reflexions 1 3rd Quarter 1996

Reflexions 2 2nd Quarter 1996

Reflexions 3 1st Quarter 1996
Brooklyn, has been induced into the New York Women's Who of Professional and Business Women's Hall of Fame for outstanding achievements in the field of science, research and mental health psychiatry. Dr. Murillo-Rohde is also the founder and president emeritus of the National Association of Hispanic Nurses.

Ann Robinson, RN, MS, Omicron (Syracuse U), associate professor of nursing at Rider Lakes Community College in Canandaigua, has been awarded the State University of New York Chancellor's Award for Excellence in Teaching.

North Carolina

Laurne Kennedy-Malone, RN, PhD, Gamma Zeta (U of North Carolina at Greensboro), assistant professor of nursing at the University of North Carolina at Greensboro, has received a $232,736 grant from the National Institute of General Medical Sciences. Dr. Malone is also the founder of the Carolina Center for Health Science, research and mental health.

Greensboro, has received a $232,736 grant from the National Institute of General Medical Sciences. Dr. Malone is also the founder of the Carolina Center for Health Science, research and mental health.

Joanne M. Krumberger, RN, MS, Our Lady of Mercy College, died April 7, 1996. Her research interests included pediatric nursing and critical care. She graduated from the University of Cincinnati College of Nursing, retiring in 1987. She had served on the Ohio State University's statewide nursing faculty since 1972.

Julie Goldsmith, BSN, RN, St. Anthony's Hospital School of Nursing, Richmond, Va., died April 13, 1995. She was a member of the American Nurses' Association. She had served on the board of directors of the Virginia Nurses Association and had been the recipient of the Virginia Nurses Association's Mary Jo Ayers Scholarship.

Stephanie Ashton, RN, BSN, DNP, was a member of Sigma Theta Tau International and the American Nurses' Association. She had served on the Virginia Nurses Association's Mary Jo Ayers Scholarship.

Sigma Theta Tau International's Department of Communications is responsible for expanding the reach of nursing knowledge through publications, media and public relations, promotion and marketing, and recognition. The Department of Communications produces thousands of pieces of information annually including Reflections, Image, Journal of Nursing Scholarship, monographs, membership surveys, convention programs, videos, chapter support and material, and other pieces that help enhance the

Sigmade degree with honors from the University of Arkansas for Medical Sciences. She received a master of science in nursing from the University of Arkansas for Medical Sciences in 1991. She worked in an oncology setting in California, San Francisco Hospital until his death.

Marilyn Dailey Schlentz, RN, BSN, MS, was a member of the American Nurses' Association, Baccalaureate Nursing Program, and the American Nurses' Association. She had served on the board of directors of the Virginia Nurses Association and had been the recipient of the Virginia Nurses Association's Mary Jo Ayers Scholarship.

Sigma Theta Tau International's Department of Communications is responsible for expanding the reach of nursing knowledge through publications, media and public relations, promotion and marketing, and recognition. The Department of Communications produces thousands of pieces of information annually including Reflections, Image, Journal of Nursing Scholarship, monographs, membership surveys, convention programs, videos, chapter support and material, and other pieces that help enhance the

Sigmade degree with honors from the University of Arkansas for Medical Sciences. She received a master of science in nursing from the University of Arkansas for Medical Sciences in 1991. She worked in an oncology setting in California, San Francisco Hospital until his death.

Marilyn Dailey Schlentz, RN, BSN, MS, was a member of the American Nurses' Association, Baccalaureate Nursing Program, and the American Nurses' Association. She had served on the board of directors of the Virginia Nurses Association and had been the recipient of the Virginia Nurses Association's Mary Jo Ayers Scholarship.

Sigma Theta Tau International's Department of Communications is responsible for expanding the reach of nursing knowledge through publications, media and public relations, promotion and marketing, and recognition. The Department of Communications produces thousands of pieces of information annually including Reflections, Image, Journal of Nursing Scholarship, monographs, membership surveys, convention programs, videos, chapter support and material, and other pieces that help enhance the
In the interest of sharing new knowledge with researchers and clinicians throughout the world, Reflections publishes new doctoral research dissertation titles and the names of the doctoral nursing schools. These lists may not be comprehensive; however, they represent our best current knowledge.

The following list of schools outside of the U.S. is based primarily on research conducted by Constance M. Baer, RN, EdD, professor, Indiana University School of Nursing. For a list of nursing research centers and research societies, or to update information on doctoral schools and dissertations, kindly contact Sigma Theta Tau International, Research and Education Services by phone: (317) 634-8171, fax: (317) 634-8188, or e-mail: sandyj@ini-su.indiana.edu

**Nursing Doctoral Programs**

As of 8/96

**MASSACHUSETTS**
Barbara Hazard Woron, PhD, Dean Boston College School of Nursing 140 Commonwealth Avenue Chestnut Hill, MA 02167
Melania C. Creeke, PhD, Dean University of Massachusetts, Amherst School of Nursing Amherst, MA 01003-6200
Lillian R. Goodm00n, EdD, Dean University of Massachusetts, Worcester Graduate School of Nursing 93 Lake Avenue North Worcester, MA 01610-0115

**MICHIGAN**
Alicia Sue Hirshon, PhD, Dean University of Michigan School of Nursing 400 North Ingalls Street Room 130 Ann Arbor, MI 48109
Edith Ellen Hough, EdD, Dean Wayne State University College of Nursing 5007 Cass Avenue Detroit, MI 48202

**MINNESOTA**
Sandra Silvernolene, PhD, Dean University of Minnesota School of Nursing 308 Harvard Street S 5-410 Libb 1 Minneapolis, MN 55455

**KANSAS**
Karen Miller, PhD, Dean University of Kansas Medical Center School of Nursing 3901 Rainbow Blvd Kansas City, KS 66160

**KENTUCKY**
Carleen Williams, PhD, Dean Saint Louis University School of Nursing 3525 Caroline Street St. Louis, MO 63108
Tori J. Sullivan, EdD, Dean Cooperative PhD in Nursing Coordinator University of Missouri School of Nursing, Office of the Dean 3215 ONE/CHE Building, Rose Street Lexington, KY 40503

**LOUISIANA**
Helene A. Darnell, PhD, Dean Louisiana State University Medical Center School of Nursing 9300 Stoner Ave New Orleans, LA 70112

**ILLINOIS**
Sherry L. Dalbey, EdD, Dean Loyola University Chicago Marcella Niehoff School of Nursing 6652 N. Sheridan Road Chicago, IL 60626
Kathleen Gainer Andrich, PhD, Dean Vice President of Nursing Affairs Rush University College of Nursing 1643 West Congress Parkway Chicago, IL 60612
Kathleen Knoll, PhD, Dean University of Illinois-Chicago College of Nursing M/C 0302 845 S. Damen Avenue Chicago, Illinois 60612

**OHIO**
John J. Ricketson, PhD, Dean Case Western Reserve University College of Nursing 10900 Euclid Avenue Cleveland, OH 44106
Carol A. Anderson, PhD, Dean Ohio State University College of Nursing 1566 Red Avenue Columbus, Ohio 43210

**NEBRASKA**
Alla Lindsay, PhD, Dean University of Nebraska Medical Center College of Nursing 400 Nebr 320th Omaha, NE 68164-3300

**MARYLAND**
Barbara Heise, EdD, Dean University of Maryland/Baltimore School of Nursing 600 W. Lombard Street Baltimore, MD 21201
Kue K. Donaldson, EdD, Dean Johns Hopkins University School of Nursing 200 N. Wolfe Street 324 Baltimore, MD 21207

**NEW JERSEY**
Deborah J. Delemeo, EdD, Dean Rutgers, The State University of New Jersey College of Nursing 180 University Avenue New Brunswick, NJ 08901

**NEW YORK**
Conjil Weilish, EdD, Dean Adelphi University School of Nursing 1800 3rd Avenue Garden City, NY 11530
Elizabeth Maloney, EdD, Dean Columbia University Teachers College Department of Nursing Education 525 W. 120th Street Box 150 New York, NY 10027
Diane O. McMeinn, PhD, Reed Dean of Student Affairs Columbia University School of Nursing 50 W. 4th Street Room 409 Shemanski Hall New York, NY 10003
Mary O. Manderger, DPH, Dean Office of Student Affairs Columbia University School of Nursing 630 West 168th Street New York, NY 10032
Macsia S. Cleary, PhD, Dean SUNY/Buffalo School of Nursing 3455 Main Street Buffalo, NY 14214
Shelita A. Roan, PhD, Dean University of Rochester School of Nursing 301 Elmwood Avenue Box 703 Rochester, NY 14624

**RHODE ISLAND**
Dawn Joseph, PhD, Dean University of Rhode Island College of Nursing White Hall Kingston, RI 02880

**SOUTH CAROLINA**
Mary Ann Parsons, PhD, Dean University of South Carolina College of Nursing, MCV School of Nursing 301 E. Main Street Florence, SC 29508

**TENNESSEE**
Joan E. Chisum, PhD, Dean University of Tennessee-Knoxville College of Nursing 1200 Volunteer Boulevard Knoxville, TN 37996
Michael A. Carter, DNSc, Dean University of Tennessee-Memphis College of Nursing 800 Madison Avenue Memphis, TN 38103

**WASHINGTON**
Sue T. Magley, PhD, Dean University of Washington School of Nursing 2015, Box 359062 Seattle, WA 98195

**WISCONSIN**
Virginia M. Ullrich, PhD, Dean University of Wisconsin-Madison School of Nursing 600 Highland Avenue Madison, WI 53705
Sharon Hoffman, PhD, Dean University of Wisconsin-Madison School of Nursing P. O. Box 453 Madison, WI 53705

**UTAH**
Linda K. Amos, EdD, Dean University of Utah College of Nursing 29 South Medical Drive Salt Lake City, UT 84112

**VIRGINIA**
Rita Carly, DNSc, Dean George Mason University School of Nursing 4400 University Drive Fairfax, VA 22030
Jeanette Laceente, PhD, Dean University of Virginia School of Nursing 619 Madison Hall, Box 1, Charlottesville, VA 22903
Nancy Langston, PhD, Dean Virginia Commonwealth University MCV School of Nursing Box 567, MCV Station Richmond, VA 23298

**WISCONSIN**
Patty Hawkins, PhD, Dean University of Texas-San Antonio Health Science Center 7703 Floyd Curl Drive San Antonio, TX 78224

Judy J. Kiezel, Ph.D., Ed.D., professor, Indiana University School of Nursing. For a list of nursing research centers and research societies, or to update information on doctoral schools and dissertations, kindly contact Sigma Theta Tau International, Research and Education Services by phone: (317) 634-8171, fax: (317) 634-8188, or e-mail: sandyj@ini-su.indiana.edu
In the interest of sharing new information with researchers and clinicians who represent our current knowledge, *Reflections* publishes new doctoral research dissertation titles and the names of the doctoral nursing schools. These lists may not be comprehensive, however, they represent a broad range of the schools that have provided us by nursing schools and individuals. The following list of schools outside of the U.S. is based primarily on research conducted by Constance M. Baker, RN, EdD, professor, Indiana University School of Nursing. For a list of nursing research centers and research societies, or to update information on doctoral schools and dissertations, kindly contact Sigma Theta Tau International, Research and Education Services by phone: (317) 654-8171, fax: (317) 654-8188, or e-mail: sandyj@iun.iupui.edu
AUSTRALIA 
New South Wales 
School of Public Health 
Free Rte De Lennick 
Liege, Belgium 
Catholic University 
Brussels, Kapucijnenvoer 35 -4th 
CANADA 
University 
3-111 2211 Wesbrook 
Vancouver, British Columbia 
CP 6128, Succ. 
Univ of British 
Alberta Sciences Bldg. 
Pretoria 
South Africa 
808 B-1070 Bruxelles 
CP 5751 
TOKYO 
University 
Tokyo St. Luke's Hospital 
77 Brno , A. Novaka 1 
Czech Republic 
77 Brno , A. Novaka 1 
Czech Republic 
CANADA 
University 
3-111 2211 Wesbrook 
Vancouver, British Columbia 
CP 6128, Succ. 
Univ of British 
Alberta Sciences Bldg. 
Pretoria 
South Africa 
808 B-1070 Bruxelles 
CP 5751 
TOKYO 
University 
Tokyo St. Luke's Hospital 
77 Brno , A. Novaka 1 
Czech Republic 
77 Brno , A. Novaka 1 
Czech Republic 
AUSTRALIA 
New South Wales 
School of Public Health 
Free Rte De Lennick 
Liege, Belgium 
Catholic University 
Brussels, Kapucijnenvoer 35 -4th 
CANADA 
University 
3-111 2211 Wesbrook 
Vancouver, British Columbia 
CP 6128, Succ. 
Univ of British 
Alberta Sciences Bldg. 
Pretoria 
South Africa 
808 B-1070 Bruxelles 
CP 5751 
TOKYO 
University 
Tokyo St. Luke's Hospital 
77 Brno , A. Novaka 1 
Czech Republic 
77 Brno , A. Novaka 1 
Czech Republic 
AUSTRALIA 
New South Wales 
School of Public Health 
Free Rte De Lennick 
Liege, Belgium 
Catholic University 
Brussels, Kapucijnenvoer 35 -4th 
CANADA 
University 
3-111 2211 Wesbrook 
Vancouver, British Columbia 
CP 6128, Succ. 
Univ of British 
Alberta Sciences Bldg. 
Pretoria 
South Africa 
808 B-1070 Bruxelles 
CP 5751 
TOKYO 
University 
Tokyo St. Luke's Hospital 
77 Brno , A. Novaka 1 
Czech Republic 
77 Brno , A. Novaka 1 
Czech Republic
New Doctoral Research from Nursing Programs

Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.


Catherine B. Davis, PhD, RN-BC, ELNEC, University of Texas, The University of Texas at Tyler, 1995.

Lyne M. Nogi, PhD, Lambda Pi Epsilon, University of Pittsburgh, The Role of Family in Coping with Chronic Fatigue, 1995.

New Doctoral Research By Nurses In Other Than Nursing


WASHINGTON

WASHINGTON UNIVERSITY IN ST. LOUIS, St. Louis, Missouri.


CALIFORNIA

SCHOOI. OF PSYCHOLOGY PACIFIC GRADUATE, CALIFORNIA, CALIFORNIA COAST UNIVERSITY


NEW MEXICO

NEW MEXICO UNIVERSITY, Albuquerque, New Mexico.


THE UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles, California.


IOWA

IOWA UNIVERSITY, Iowa City, Iowa.


KANSAS

KANSAS UNIVERSITY, Lawrence, Kansas.


KENTUCKY

KENTUCKY UNIVERSITY, Lexington, Kentucky.


THE UNIVERSITY OF ST. THOMAS, St. Paul, Minnesota.


MINNESOTA

THE UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota.


KENTUCKY

KENTUCKY UNIVERSITY, Lexington, Kentucky.


THE UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles, California.


THE UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota.


KENTUCKY

KENTUCKY UNIVERSITY, Lexington, Kentucky.


THE UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles, California.


THE UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota.


KENTUCKY

KENTUCKY UNIVERSITY, Lexington, Kentucky.


THE UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles, California.


THE UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota.


KENTUCKY

KENTUCKY UNIVERSITY, Lexington, Kentucky.


THE UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles, California.


THE UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota.


KENTUCKY

KENTUCKY UNIVERSITY, Lexington, Kentucky.

University of Wisconsin Oshkosh
College of Nursing

TEACHING POSITIONS
The University of Wisconsin Oshkosh College of Nursing is accepting applications for tenure-track faculty positions. The College has a master's and degree completion program at the BSN level, and since 1997 has a Family Nurse Practitioner Program.

Tenure-track positions available in the areas of family nurse practitioners, adult health, pediatric, and community health nursing. Positions are academic year appointments (9-month). Applicants/associate professor rank dependent on experience. Earned doctorates in nursing or related field required. Applicants with substantial postgraduate experience are highly encouraged. Responsibilities include teaching, research, service, and clinical practice.

Applications must include a letter of interest, a current curriculum vitae, and three references with contact information.

Address: Diane M. Erskine, Dean, University of Wisconsin Oshkosh, 800 Algoma Blvd., Oshkosh, WI 54901.

Phone: 920-424-4720, Fax: 920-424-4727.

Applications and inquiries should be submitted by January 8, 1997.

Harvard Nursing Research Institute

The Harvard Nursing Research Institute offers a post-doctoral program in nursing health service research. The program is designed to assist fellows in increasing their own research skills and to develop their own research programs. Fellows are appointed for up to two years and are expected to conduct independent research projects related to any area of the Institute's research interest.

Applications are encouraged from individuals who have completed a doctoral degree in nursing or a related field and who have demonstrated an interest in conducting independent research. Fellows are expected to participate in Institute activities, and the program is designed to provide opportunities for fellows to develop their research skills.

Applications should be submitted by March 8, 1997.

For more information, please visit the Institute's website or contact Diane M. Erskine, Director, at 1-800-295-0125.

Fellowship Program Announcement

The project on Death in America, funded by the Open Society Institute, is a year-long appointment (August-February) for a research assistant. The project is designed to support a research assistant in developing a comprehensive, multi-source database of information on death, dying, and grief in the United States. The Fellow will work closely with the project director and other project staff to develop and maintain the database.

For more information, please contact: Diane M. Erskine, Director, at 1-800-295-0125.

Postdoctoral Fellowships in Perinatal Research

The Perinatal Research Centre (PRC) and the Faculty of Nursing, University of Alberta, Edmonton, have two postdoctoral fellowships available for highly qualified candidates to further develop the base of perinatal research.

Applicants should hold a registered nurse qualification, and be prepared for the doctoral level or continuing professional development. A demonstrated potential for independent research is required, and a clear definition of a research question is expected. The fellowships are for two years, with a competitive salary.

For more information, please contact: Diane M. Erskine, Director, at 1-800-295-0125.

University of Wisconsin Oshkosh
College of Nursing

Nursing Postdoctoral Fellowships in Perinatal Research

The Perinatal Research Centre (PRC) and the Faculty of Nursing, University of Alberta, Edmonton, have two postdoctoral fellowships available for highly qualified candidates to further develop the base of perinatal research.

Applicants should hold a registered nurse qualification, and be prepared for the doctoral level or continuing professional development. A demonstrated potential for independent research is required, and a clear definition of a research question is expected. The fellowships are for two years, with a competitive salary.

For more information, please contact: Diane M. Erskine, Director, at 1-800-295-0125.
Applications for the Faculty Scholars Program may be obtained from health care professionals (physicians, nurses, and other health care workers) who are interested in nursing research. The program is designed to foster research in clinical settings and to provide support for the development of research skills among nurses. Tenure-track positions are available in the areas of family nurse practitioners, acute health, pediatrics, and community health nursing. Positions are academic year appointments. Applicants are encouraged to apply early as the deadline is approximately January 25, 1997.

For further information, contact: Associate Professor, Scholarship and Development, Harvard University, 600 Main Street, Room 438, Boston, MA 02215; Telephone: (617) 495-3907; or e-mail: pdia@soros.org

Application information for the Faculty Scholars Program may be obtained from all relevant health care professionals (physicians, nurses, and other health care workers) who are interested in nursing research. The program is designed to foster research in clinical settings and to provide support for the development of research skills among nurses. Tenure-track positions are available in the areas of family nurse practitioners, acute health, pediatrics, and community health nursing. Positions are academic year appointments. Applicants are encouraged to apply early as the deadline is approximately January 25, 1997.

For further information, contact: Associate Professor, Scholarship and Development, Harvard University, 600 Main Street, Room 438, Boston, MA 02215; Telephone: (617) 495-3907; or e-mail: pdia@soros.org

### International Conferences

- **March 8-14, 1997 - Honolulu, Hawaii**:
  - "Healthy People 2000: Taking Action with Children and Families," presented by Linda Markel, RN, PhD, and William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.
  - "Society for Research in Child Development," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.
  - "Society for Research in Child Development," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

- **March 21-31, 1997 - Washington, DC**:
  - "Association for Academic Health Centers," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.
  - "Association for Academic Health Centers," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

### Call for Abstracts

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.

**Deadline: Jan. 31, 1997 - St. Louis, Missouri**:
- "First World Congress on Maternal and Newborn Nursing," presented by William E. McKeown, RN, PhD, University of Washington Medical Center, Seattle, WA, $5000, or E-mail policy@korchina.org.
Applications are invited from investigators with research success in early post-doctoral years. Desired areas of research expertise:

- Sponsored and corporate grants.

Collateral reviewers will be appointed for either a two-year or four-year term with potential for reappointment.

The Request a Collateral Reviewer Application form.

Call for Leaders

Nominating Committee Seeks Leaders for 1997 Ballot

NOMINATING COMMITTEE

SIGMA THETA TAU INTERNATIONAL • HONOR SOCIETY OF NURSING

Deadline: Jan. 1, 1997

The Sigma Theta Tau International Research Committee announces the call for volunteer research reviewers. Successful applicants will assist the committee in critiquing research grant proposals and scientific abstracts within their areas of expertise. In addition, reviewers will gain valuable experience in the grant review process. Reviewers will concentrate primarily on Sigma Theta Tau International’s research grants program, including co-sponsored and corporate grants.

Research Expertise Needed

Applications are invited from investigators with research success in early post-doctoral years. Desired areas of research expertise:

- Cross-cultural Issues
- Diabetes Care
- Emergency Care
- Health Care Delivery Systems
- Informatics
- Oncology
- Outcomes Evaluation
- Prescriptive Practice
- Psychology/Mental Health

Eligibility Criteria

- Regular or honorary member of Sigma Theta Tau International
- Elected director
- Completion of at least one postdoctoral research activity involving submission of proposals for peer review for internal/external funding

Appointment

Collateral reviewers will be appointed for either a two-year or four-year term with potential for reappointment.

Application Process

- Request a Collateral Reviewer Application form.

Call for Leaders

Nominating Committee Seeks Leaders for 1997 Ballot

The Sigma Theta Tau International Nominating Committee invites the submission of names for consideration for the 1997 ballot. Qualified, diverse and visionary leaders who are active members of the Society, have demonstrated knowledge of issues before the Society and the profession and are willing to invest time and talent are sought.

Name: ________________________

Address: ________________________

City: ________________________

State: ________________________

Telephone: (____) _______ (____)

Zip: ________________________

Chapter: ________________________

Region: ________________________

for the office(s) of:

[ ] President-Elect
[ ] Vice President
[ ] Secretary
[ ] Treasurer
[ ] Director (4 yrs.)
[ ] Director (2 yrs.)
[ ] Nominating Committee
[ ] Regional Chapters Coordinating Committee Chair
[ ] Regional Coordinator

Please return the above form to: NOMINATING COMMITTEE, Sigma Theta Tau International, 550 W. North Street, Indianapolis, IN 46202, before Feb. 15, 1997.

Outstanding New Nurse Management Resources

From Mosby!

Makes creating graphics easy ... and saves time and $$$

THE PRESENTER'S EZ GRAPHICS KIT: A Guide For The Artistically Challenged

By Lori Backer, BS and Michele Deck, RN, MSA, BSN, ACCE-R

This easy-to-use, step-by-step guide includes ideas, materials, instructions, and exercises on how to create creative, dynamic presentation graphics that deliver maximum visual impact at minimum cost!

- Includes a specially designed set of "instant art" stencils that make creating dazzling graphics quick and easy.
- Features a variety of ready-to-use samples that capture and hold your audience's attention.
- Provides step-by-step drawing instructions and traceable designs that you can turn into stunning graphics in as little as 5 minutes!

September 1996. Approx. 240 pages, 130 illustrations. (Book Code: 29844) (U.S.) $34.95 (Can.) $45.50

A unique, multidisciplinary approach!

CLINICAL PATHS IN MEDICAL-SURGICAL PRACTICE

By Carole Birdwell, RN, FAD, CCNS and Sandra Sperry, RN, MPA, APN, CNAA

- Features 26 clinical pathways on common medical-surgical disorders, organized by and subdivided into medical and surgical diagnostic-related groups.
- Provides an easy-to-follow blueprint for the most frequently seen diagnostic-related groups.
- Includes new chapters on clinical outcomes, the managed care environment, information technology, and ethical considerations.
- Analyzes key issues that may affect nursing case management, including unionization, staff shortages, patient safety, clinical ladders, and recruitment/retention of RNs.

September 1996. Approx. 368 pages, 25 illustrations. (Book Code: 27084) (U.S.) $49.95 (Can.) $68.95

NURSING CASE MANAGEMENT: From Concept to Evaluation, 2nd Edition

By Elaine L. Cohen, EdD, RN and Toni G. Costa, PhD, RN

- Offers step-by-step guidelines for planning and implementing a case management program.
- Provides the insights, experiences, and advice of nursing administrators who have researched and successfully implemented case management in various facilities.
- Includes new chapters on clinical outcomes, the managed care environment, information technology, and ethical considerations.
- Analyzes key issues that may affect nursing case management, including unionization, staff shortages, patient safety, clinical ladders, and recruitment/retention of RNs.

December 1996. Approx. 368 pages, 25 illustrations. (Book Code: 28201) (U.S.) $39.95 (Can.) $51.95

Your treasures chest of patient education information!

INSTANT TEACHING TREASURES FOR PATIENT EDUCATION

By Gaye Ragland, RN, BSN

This unique new reference offers the health care provider a "treasure chest" full of creative, innovative, and practical material and exercises that can be used time and again to educate patients.

- Uses simple exercises and step-by-step instructions to provide self-directed training.
- Supplies creative, ready-to-use materials to maintain cost-effective and time-saving patient education.
- Presents proven patient teaching exercises to help develop successful presentation style and increase confidence.

September 1996. Approx. 320 pages. (Book Code: 25878) (U.S.) $36.95 (Can.) $48.00

A "must have" for nurse case managers, nurse managers, and clinical specialists!

Save time! Call toll-free: 800-426-4545, 24 hours a day.

Yes! Please send the valuable nursing resources I've checked below:

[ ] BIRDSELL: Clinical Paths in Medical-Surgical Practice (27084) (U.S.) $49.95 (Can.) $68.95
[ ] COHEN: Nursing Case Management, 2e (28201) (U.S.) $39.95 (Can.) $51.95
[ ] BACKER: Presenter's EZ Graphics Kit (29844) (U.S.) $34.95 (Can.) $45.50
[ ] RAOJAN: Instant Teaching Treasures for Patient Education (29697) (U.S.) $36.95 (Can.) $48.00

Take a full 30 days to evaluate your purchase. If not completely satisfied, simply return your selection for a full refund. It's that simple!
Call for Leaders

Nominating Committee Seeks Leadership for 1997 Ballot

The Sigma Theta Tau International Nominating Committee invites the submission of names for consideration for the 1997 ballot. Qualified, diverse and visionary leaders who are active members of the Society, have demonstrated knowledge of issues before the Society and the profession and are willing to invest time and talent are sought.

Name:

Address:

City: __________ State: __________ Zip: __________

Telephone (H): __________ (W): __________

Chapter: __________ Region: __________

for the office(s) of:

President-Elect

Vice President

Secretary

Treasurer

Director (4 yrs.)

Director (2 yrs.)

Nominating Committee

Regional Chapters Coordinating Committee Chair

Regional Coordinator

Please return the above form to NOMINATING COMMITTEE, Sigma Theta Tau International, 550 West North Street, Indianapolis, IN 46202, before Feb. 15, 1997.

Attention 1996 3rd Quarter 1996
began to contemplate becoming a Virginia Henderson Fellow when I first learned about the program," Dona Pardo said. "I thought, 'What a wonderful opportunity for Sigma Theta Tau International to offer its members.' It affords individuals such as me the chance to give something back to a nursing group for which we feel affection and respect. Sigma Theta Tau provides so many resources to those who really need them."

Dona Pardo, RN, PhD, Beta Mu, became a Virginia Henderson Fellow and member of Sigma Theta Tau's Board of Directors. It is so easy. I feel a tremendous sense of satisfaction from dedicating a few extra dollars each month to ensuring the society's future. There is no better place to invest my money."

Dr. Pardo was inducted into Beta Mu chapter as a community leader in 1987. She was captivated by the elaborate rituals of the induction ceremony, and even more impressed by the well-organized blueprint for chapter leadership when she became president of the chapter five years later. After helping to prepare for the chapter's twentieth anniversary celebration in 1994, she accepted the role of chapter archivist. She is also a member of the 1995-97 Development Committee and serves on its Virginia Henderson Fellow Task Force. "Sigma Theta Tau International's annual member fees are extraordinarily reasonable, when compared to those of other nursing associations and when its significant member benefits are factored in. These facts influenced me to contribute. I wish other members would investigate the various options. Both the insurance and the new Legacy program make becoming a Virginia Henderson Fellow quite cost-effective and simple," Dr. Pardo said.

She earned a B.S. degree from Salve Regina University, M.S.N. from the University of Texas Health Science Center of San Antonio, and Ph.D from the University of Arizona, where she is now Coordinator for Continuing Education in the College of Nursing. She has received the Sigma Theta Tau International Media Award for Excellence in Nursing Journalism; Sigma Theta Tau Region I Heritage Award; and, Sigma Theta Tau Beta Mu Chapter Award of Distinction for Excellence in Nursing Education.

A former staff nurse, public health nurse, clinical instructor and assistant professor, Dona serves on a number of college and university committees and supports the activities of the American Nurses Association, Arizona Nurses Association and Association for the Study of Higher Education. She is also a member of numerous community groups, including current treasurer and foundation member of the Tucson Nurses' Week Foundation and is committed to involvement and collaboration in the community.