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NAVIGATE THE NEW WAVE OF NURSING CAREER CHOICES

The Glaxo Wellcome Pathway Evaluation Program Helps Nursing Students Find Their Way

It's easy for nursing students to get lost among the many career options in today's new environment. The Glaxo Wellcome Pathway Evaluation Program for Nursing Professionals gives four-year nursing students a hands-on method for unlocking the future, by facilitating the decision-making process.

Working in cooperation with baccalaureate nursing school faculties, Glaxo Wellcome provides training for faculty members so they can guide students through career choices that match professional goals with personal strengths and lifestyle preferences. Plus, the program includes all the resources necessary to help nursing students evaluate their many options, including three comprehensive sections:
- Self-assessment exercises
- Workshop focusing on a decision-making process
- Follow-up resources and career counseling

To find out about the program that more and more nursing students and their faculty advisors are turning to, call the Glaxo Wellcome Pathway Evaluation Program for Nursing Professionals toll-free number at 1-800-221-PATH.
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Members Express Pride and Expectations of Society

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

"We should always keep a corner of our heads open and free, that we may make room for the opinion of our friends. Let us have heart and head hospitality."—Joséph Joüret

As the 4th regional assembly season comes to a successful completion, it is abundantly clear from the initial data that the approximately 1450 participants valued the networking, the learning and the showcasing of nursing's good works. President Brecher's inspiring keynote on clinical scholarship challenged us all to go beyond the boundaries of networking, the learning and the showcasing of small research grants program and practical services of the Virginia Henderson International Nursing Library. We learned the value of humor in our everyday thinking and what they need, and we must do with judicious financial stewardship have reaped benefits for many chapter research and scholarship funds. Improvised communications has occurred in the chapters through newsletters and electronic phone conferencing. With the increasing use of the World Wide Web, many chapters have developed their own home pages and the advent of new and international home pages have also enhanced the transfer of information and knowledge.

Simplifying chapter operations has been facilitated by the option to electronically submit ballots for review and an electronic submission form for chapter annual reports is under development. A thirty percent decrease in the amount of paperwork sent to chapters was achieved in 1996, with goals to streamline further in 1997.

Following an extensive assessment of the current operational processes at headquarters, plans are underway to implement an in-house enterprise database management system in the summer of 1997. The goal of the database is to improve the responsiveness, efficiency and accuracy of service to the chapters and members.

So, where does all this leave us? In the words of the consultants, Hinkock & Associates, "Overall, Sigma Theta Tau International is to be commended for its commitment to effectively servicing its membership. Your investment in research is a significant indication of your desire to serve." We are all grateful for these words of affirmation in our endeavors to fulfill the mission of the Society. But I believe our work has only just begun. We must continually, and with regularity, check the pulse of our membership. We need to know what they are thinking and what they need, and we must do this at all levels of the Society. In this era when future, and sometimes chaos are the order of the day, it becomes more imperative than ever to "have heart and head hospitality."
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s the 8th regional assembly season comes to a successful completion, it is abundantly clear from the initial data that the approximately 1450 participants valued the networking, the learning and the showcasing of nursing's good works. President Brether's inspiration keynotes on clinical scholarship challenged us all to go beyond the boundaries of "status quo" in the expression of excellence. Colloquia on clinical issues penetrate to each region, demonstrating the application of the services of the Virginia Henderson International Library to clinical practice, insights into the clinical outcomes of research funded by the small research grants program and practical guides for improving the works of the chapters were all well received sessions. And in the closing presentations, we all learned, or relearned the value of humor in our everyday personal and professional lives.

These regional assemblies are rejuvenation for me and I am continually awed by how each region and chapter demonstrates its own unique personalities. While each region is distinctive, together they create a unified, but diverse whole. Yet I often wonder if you know who the other parts of the whole are. Of course, in your local area and even your region, I am sure you do. But globally, how aware are we of the wealth of resources that are only a phone call or e-mail away?

Let me share with you some of the things I have learned from the feedback you have provided over the past year and a half. This information and data has been gleaned from the member surveys, focus groups and renewal data collected between November 1995 and December 1996. Perhaps in looking over each other better, you can reach out more readily and link together to strengthen this global network of scholars. What follows are facts about you, the professionals, the scholarliness of the organization and the opportunity to be published. The scholarliness of the organization and the opportunity to be published.

Did You Know That:

1. During the course of its 75 year history, the local society has inducted approximately 250,000 members.
2. Currently there are 536 chapters on over 400 college and university campuses.
3. Active members currently reside in more than 70 countries and territories.
4. Over 120,000 members received services and benefits from the Society in 1996.

Did You Know That:

1. Of those members who completed demographic data in 1996-1997 (38,026 surveys):
   a. Sixty-nine percent of the active membership hold master's or higher degrees and that 38% hold baccalaureate degrees.
   b. Sixty-nine percent are employed full-time in nursing, 16% are employed part-time, 3% are students and 4% are retired.
   c. Fifty percent of those members who are employed, either full-time or part-time, work in hospital or multihospital settings, 16% are employed in schools of nursing, 6% in ambulatory or HMO settings, 5% in home care, and 3% in each of the following environments: self-employed, public health agency or government agency.
   d. Seventy-six percent indicated they hold staff nurse positions, 21% are in administrative or supervisory positions, 20% hold advanced practice positions and 14% hold faculty positions.
   e. Three percent are consultants and 1% are researchers.

Clearly these data are indicative of a rather diverse cadre of nurse scholars and leaders. Further study of the membership through the 1995 member survey and focus groups demonstrate that there is a strong commitment to the mission and core values of the Society. In general, the members have a very positive image of the Society and are satisfied with their membership benefits. What members most seek and find from the Society is found in the following:

a. The scholarship of the organization
b. The honor and prestige of being a member
c. The personal satisfaction in being recognized for the achievement of excellence

The desire to support the Society's mission
Access to the support and resources needed to practice and conduct research in a scholarly manner
Opportunities for personal and professional growth
Connections to networks of nursing professionals
In addition to these organizational aspects of membership, surveyed members considered the publications of the Society to be their greatest benefit, followed by access to nursing research, educational programming opportunities, research grant and scholarship opportunities, the ability to be involved at multiple levels of the organization and the opportunity to be published. These benefits were all regarded as available at the chapter, regional and international levels of the organization.

So does this mean all is rosy on the organizational front? While the overall feedback indicated a high level of satisfaction on the part of members, now is not the time to rest on our laurels. Several recurring challenges and opportunities for improvement were identified in the survey and focus groups and it is our shared responsibility to address these. Among these concerns were membership involvement, the need to retain new initiates as active members; creating research that is applicable to clinical settings; the need for increased fiscal resources; the need for improved communication among members and about the work of members; and the need to simplify and create efficiency in operations through technology.

To facilitate the meeting of these challenges, several strategies and resources have been developed by and for you, the members and chapters. At regional assemblies, the "Best Ideas" resource binders were displayed for members and chapter officers to review. The binders contain excellent member focused activities from chapters, showcasing their innovations in all areas from research programs and chapter newsletters to fund raising and induction and chartering ceremonies. These binders are also available on the clinical network. The materials on Membership Involvement: Recruitment and Retention Strategies for the 21st Century were sent to chapter membership involvement committee chairs, and are also available from Headquarters. A newsletter, entitled Emissary, which specifically targets involvement activities for new members has been initiated and additional copies are available to chapters. Additional targeted member surveys will be distributed in the near future and results of these surveys will most assuredly provide valuable information on meeting members needs more effectively. Chapters are also encouraged to develop their own membership surveys and involvement strategies and activities and to share these findings with others.

Chapter and international funded research has increased more focused on clinical topics over the past three years. An astounding 65% of the proposals reviewed for the small research and co-sponsored grants programs in 1996 were investigating issues and questions of clinical consequence and outcomes. The Online Journal of Knowledge Synthesis for Nursing publishes only peer reviewed articles of clinical significance. The Registry of Nursing Research in the Virginia Henderson International Nursing Library holds hundreds of documents, the majority of which are related to clinical practice. Chapters, regions and international have sponsored multiple educational programs which showcase clinical research and it will be called upon to provide additional venues for sharing these works as the body of knowledge continues to grow.

Increasing fiscal resources has been achieved by chapters through innovative and fun fund raising activities. Silent auctions, production and sale of publications, development and sale of consumer health care services, chapter logo products and partnerships with businesses are but a few of the entrepreneurial ideas being employed by chapters. These activities, coupled with judicious financial stewardship have reaped benefits for many chapter research and scholarship funds.

Improved communications has occurred in the chapters through newsletters and electronic and phone conferencing. With the increasing use of the World Wide Web, many chapters have developed their own home pages and the advent of e-mail and international home pages have also enhanced the transfer of information and knowledge.

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Making the Invisible Visible:
Public Communication and Private Dependent in Nursing

By Melanie C. Dreher, RN, MSN, CRNP, FAAN, International President

This morning (and it could have been any morning) there was yet another medical '
"discovery" dominating the news...another technological advance that would rock the world of medicine, make diagnosis easier, treatment faster, recovery more expeditious. As I watched, it occurred to me that this issue of Reflections, still in the formative stages, featured nursing research that also would rock health care: Ora Strickland's work on outcomes measures, for example, is probably the most fundamental concept in setting the course of health care systems in the future. And what about caring for children who may be injured or ill, patients with Alzheimers, nutrition and cancer, post-surgical care? We don't know? Because we don't tell them? Why don't they know? Because we don't tell them.

As I watched, I lamented that the right to take vital signs. Interestingly, such accomplishments to a friend at a dinner party. A nurse, want the public to think of us as expert blood bankers, IV starters, pulse takers, dressing changers, then we should continue to argue for the exclusive right to do these things. But if we want citizens to think of us as the professionals who will provide education, guidance, advocacy and comfort, based on scientific research, in their most desperate times and through their most treacherous life events, then we have to send a different message. If we need more time to establish intimacy with a patient, let us argue for the time, rather than for exclusive rights to give bed baths.

At the very least, let's reference the work of nurse researchers in our presentation to patients. How many nurses, for example, introduce themselves and then explain to our patients what we do for them is grounded in scientific research.

"Good Morning, I am Mr., your nurse. I will be managing your care throughout your brief stay with us. The procedure that you'll be undergoing today in the cardiac laboratory is complicated and sometimes a little frightening, but I'll be working with your physician the whole time, and will explain this procedure and answer any questions you may have. Afterward, you'll be moved back to your room where we will monitor your progress at regular intervals. Research conducted by nurses right here in this medical center has indicated that we will not have to check you as often as we used to, so we can give you more opportunity to rest and recover." said the nurse.

Hello Mr. and Mrs. Johnson, I am going to assist you through labor and delivery and help to make sure that everything goes smoothly before and during the birth of your baby. I have had many years experience with pregnant families and have helped almost four hundred mothers give birth. You can be certain that I will be here to meet all of your needs and make this very special event a truly satisfying one for both of you. After you give birth, I'm going to put your new baby to your breast immediately. Research conducted by my colleagues in the College of Nursing suggest that this is a good time for mothers and babies to start to feel comfortable with each other.

These presentations are much more likely to warrant honorable mention at a dinner party or kudos for nurses to friends and family. It doesn't make sense to try to glorify a mental task. That effort just raises the point altogether. A mental activity is just menial. But the important thing is not what we do but why we do it.

Gordon's Life Support is a forceful example of what can happen when nurses share their stories with the public and make the invisible visible. As the says, "If more nurses insisted on being heard...It not only would transform the public image of nursing but our view of what is and is not important in health care." I am convinced, however, that it is not just a matter of insisting on being heard. Equally important is the message that we're sending. The public doesn't know that nurses conduct research, because practicing nurses simply don't explain to their patients and families that their care is based in current, scientific studies conducted by their colleagues. There is only so much that major nursing organizations can do to promote nursing research in the public arena. In the end, I believe it's the responsibility of every nurse to take pride in nursing research, to use it in patient care and articulate it to clients and their families.
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Reflections readers include nursing's top clinicians, outstanding administrators and supervisors, best educators, and brightest students.

1997-98 editorial schedule & advertising deadlines

2ND QUARTER '97
Special Edition...34th Biennial Convention and 75th Anniversary Celebration Program Registration Insert
Theme...Global Sharing: Chapters Reach Across Boundaries
Insertion deadline: 5/30/97 • Copy deadline: 6/27/97

3RD/4TH QUARTER '97
Special Commemorative Edition...64-page 75th Anniversary Tribute to Sigma Theta Tau's past, present, and future
Theme...What Values Drive Nursing Science
Insertion deadline: 6/29/97 • Copy deadline: 7/6/97

1ST QUARTER '98
Cover Story—Naturally Elect 1997-99 President Eleanor J. Sulmser, RN, PhD, FAAN
Features—Highlights from the 34th Biennial Convention and 75th Anniversary Celebration
Insertion deadline: 11/26/97 • Copy deadline: 12/19/97

2ND QUARTER '98
Theme...Leaders in Multidisciplinary Care
Insertion deadline: 2/27/98 • Copy deadline: 3/27/98

For advertising information contact Kathy J. Bennison, Manager of Marketing, tollfree at 1-800-624-7675 or via email: kjbennison@sttni.org.
Inquiries regarding Reflections editorial content may be directed to Julie Goldsmith, Editor, at the above toll-free number or email: julie@sttni.org.
Outcomes Research
Are We Rigorous Enough?
By Ora L. Strickland, RN, PhD, FAAN, Independence Foundation Research Chair and Professor, Emory University School of Nursing

Atlanta, Georgia—The growing scientific body of health care therapies has spawned an emerging area of clinical investigation often referred to as outcomes research. Outcomes research focused on patient responses and the impact of health services on patients and their families are needed to provide information to guide health care organizations and the nation as we pursue health care reform, struggle to expand health care coverage, and improve the quality of care while simultaneously holding down costs.

The nursing profession’s challenge is to continue to conduct outcome studies so well that there would be little question of the differences that nursing makes on the health status of people. My colleagues and I have given special attention to encouraging nurse researchers to select the full scope of relevant outcomes variables for their studies, and evaluate and develop outcome measurement protocols and instruments that are reliable and valid for the populations that nurses care for and study.

Health Policy
During an internship on Capitol Hill in the 1980s with the chairman of the House Subcommittee on Health, U.S. Representative Ralph Metcalfe of Illinois, I became cognizant of the importance of health outcome studies for establishing health policy.

However, there were not enough nursing outcome studies that could be used to aid legislative arguments. When I did find such research, there was a crucial question that nagged me: “Is this study done in a manner to be convincing enough to make a positive difference for changing health policy?” This question led to the first of two studies conducted with Dr. Carolyn Wals to assess the state of the art related to the measurement of nursing outcomes.

It became clear to me that you can not study well what you can not measure well. Nursing outcome studies had not typically selected the most relevant outcome variables for policy making in relation to the treatment or program assessed. There had been a high degree of focus on self-report and psychosocial variables with little attention to what was often referred to as “hard data,” in outcomes assessment—physiologic outcomes. Among the most disturbing results of these analyses of nursing research was the lack of attention to measurement principles and practices in the selection, design, or use of measurement instruments and protocols.

Given the results of the two meta analyses of nursing outcome studies, we found that nurse researchers needed increased measurement skills. A textbook in measurement for nurses was developed, and the Measurement of Nursing Outcomes Project was initiated and funded by the U.S. Public Health Service’s Federal Division of Nursing in 1985-87. More than 200 researchers were mentored in the development of nursing outcomes instruments for the next five years, and the project resulted in a four-volume set, Measurement of Nursing Outcomes.

The nature of nursing outcome studies requires that research designs, instrumentation and data analysis be carefully coordinated conceptually and practically conducted.

Future Research Tools
Nursing outcome studies are conducted to determine if nursing care makes a difference in patient quality of life, and it seeks to link an intervention, protocol, or care to the patient’s health status. The goal of outcome studies is to assess whether care or the protocol that is the focus of study results in the expected outcomes with minimal negative effects.

Given the current state of nursing outcome studies, common areas that my work has addressed include the following:

• Selecting a conceptual model of appropriate scope. Identify social and environmental, psychological, and physiologic variables that adequately explain the treatment under study and its expected results. The model needs to identify and explain the influence of contextual (antecedent and intervening) and the treatment (independent) variables on outcome.

• Design clinical trials that are most likely to identify expected changes in outcome variables. In addition to baseline data, the time frame for collecting data needs to assess intermediate, and long-term outcomes that are based not only on when the intervention is done, but also on the trajectory of the disease or condition, and the nature of the variables under study.

• Careful operationalization of treatment protocols. The intervention or treatment that is the focus of study needs to be carefully written in detail so that anyone reading it would know exactly how it will be implemented step by step. A treatment protocol that is consistent with the study’s scientific base increases consistency and validity.

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As I have worked with nursing instrumentation over the years, I have found a number of issues that need to be addressed regarding instrument selection, development and continued on page 10

Dr. Strickland heads the Emory University research site for the Women’s Health Inititative Study, one of many study locations.

NEW RESEARCH ACROSS THE LIFE SPAN

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Her contribution to science has been her ability to build highly-sophisticated, stringent measurement approaches for nurses to understand human health as it moves closely mirrors reality, rather than certain aspects of conditions in isolation. Her intellectual rigor has brought new levels of understanding and practice.

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PMS: Is Fact, Not Fiction
Atlanta, Georgia—Using multifactorial multivariate repeated measures analysis of premenstrual syndrome (commonly called PMS), Dr. Strickland more accurately defines to be dysphoric PMS. These women with non-emotionally related premenstrual symptoms who do not report their symptoms to physicians. Their symptoms were not magnified by menstrual cycle changes. The key continued on page 10

Symptom Patterns

Non Dysphoric PMS: Women who had typical physical symptoms of bloating, diarrhea, weight gain, few emotional symptoms just before and two or three days into the cycle.

Dysphoric PMS: Women had physical and emotional symptoms that occurred three or four days before, and two or three days into the cycle.

Depression was found to be so severe in some women they reported contemplations of suicide, the desires to hurt others due to anxiety and severe irritability. They reported emotional sensitivity to everything in their environment.

• 14 percent had severe anger and wanted to hurt others

• 52 percent had mood changes and irritability

• 14 percent had severe depression

Perimenstrual Magnification: Women have low grade physical and emotional symptoms all of the time that increase when they ovulate and do not decrease until their period starts. There are significant emotional and physical symptoms at ovulation, and after menstruation, the symptoms decrease, but continue to exist in a lesser degree.

No Symptoms: Women reported they had no symptoms at all. Some times they said they may get a little irritable. Fifty percent of women reported no symptoms.

Ovulation-Related Symptoms: These women had emotional and physical symptoms that varied at ovulation.

Emotional Symptoms All Month: These women with non-emotionally related undiagnosed physical problems, such as back pain, were screened out of the study and reported physicians. These symptoms were not magnified by menstrual cycle changes. The key continued on page 10

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It became clear to me that you can not study well what you can not measure well. Nursing outcome studies had not typically selected the most relevant outcome variables for policy making in relation to the treatment or program assessed. There had been a high degree of focus on self-report and psychosocial variables with little attention to what was often referred to as “hard data,” in outcomes assessment—physiologic outcomes. Among the most disturbing results of these analyses of nursing research was the lack of attention to measurement principles and practices in the selection, design, or use of measurement instruments and protocols.

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- Selecting a conceptual model of appropriate scope. Identify social and environmental, psychological, and physiologic variables that adequately explain the treatment under study and its expected results. The model needs to identify and explain the influence of contextual (ancillary and intervening) and the treatment (independent) variables. While the model should not be so broad that its study would be impractical, it should not be so narrow that key explanatory variables would be missed.

- Design clinical trials that are most likely to identify expected changes in outcome variables. In addition to baseline data, the time frame for collecting data needs to assess intermediate, and long-term outcomes that are based not only on when the intervention is done, but also on the trajectory of the disease or condition, and the nature of the variables under study.

- Careful operationalization of treatment protocols. The intervention or treatment that is the focus of study needs to be carefully written in detail so that anyone reading it more accurately defines to be implemented step by step. A treatment protocol that is consistent with the study’s scientific base increases consistency and validity.

Instrument Concerns

As I have worked with nursing instrumentation over the years, I have found a number of issues that need to be addressed when regarding instrument selection, development, and use. These concerns include the following:

- Some researchers report the development of instruments with little to no attention to validation issues.

- Many research instruments are not carefully written in detail so that anyone reading the protocol can identify how it will be implemented step by step. A treatment protocol that is consistent with the study’s scientific base increases consistency and validity.

- Certification in the selection and use of instruments continues to be a problem. The model of instrument selection, development, and use needs to be carefully written in detail so that anyone reading it more accurately defines to be implemented step by step. A treatment protocol that is consistent with the study’s scientific base increases consistency and validity.

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Conclusion

The contribution to science has been her ability to build highly-sophisticated, stringent measurement approaches for nurses to understand human health as it is not closely mirrors reality, rather than certain aspects of conditions in isolation. Her intellectual rigor has brought new levels of understanding and practice.

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Some women attribute emotional symptoms that occurred three or four days before, and two or three days into the cycle. Depression was found to be so severe in some women they reported contemplations of suicide, the desire to hurt others due to anxiety and severe irritability. They reported emotional sensitivity to everything in their environment.

- 14 percent had severe anger and wanted to hurt others
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Prenatal Magnification: Women have low grade physical and emotional symptoms all of the time that increase when they ovulate and do not decrease until their period starts. There are significant emotional and physical symptoms at ovulation, and after menstruation, the symptoms decrease, but continue to exist in a lesser degree.

No Symptoms: Women reported they had no symptoms at all. Sometimes they said they may get a little irritable. Fifteen percent of women reported no symptoms.

Ovulation-Related Symptoms: These women had emotional and physical symptoms that increased at ovulation.

Emotional Symptoms All Month: These women with non-emotionally related undiagnosed physical problems, such as back pain, were screened out of the study and not reviewed by physicians. These symptoms were magnified by menstrual cycle shifts. The key continued on page 10

Instrument Concerns

As I have worked with nursing instrumentation over the years, I have found a number of issues that need to be addressed when regarding instrument selection, development, and use.

- Certification in the selection and use of instruments continues to be a problem. The model of instrument selection, development, and use needs to be carefully written in detail so that anyone reading it more accurately defines to be implemented step by step. A treatment protocol that is consistent with the study’s scientific base increases consistency and validity.

- Some researchers report the development of instruments with little to no attention to validation issues.

Conclusion

The contribution to science has been her ability to build highly-sophisticated, stringent measurement approaches for nurses to understand human health as it is not closely mirrors reality, rather than certain aspects of conditions in isolation. Her intellectual rigor has brought new levels of understanding and practice.

Dr. Strickland is an Endowed Research Chair and professor at Emory University School of Nursing. She is the founding editor of the Journal of Nursing Measurement and co-editor of the four-volume elucidation of testing, Measurement of Nursing Outcomes, which won seven American Journal of Nursing Book of the Year Awards.

She chaired the special populations committee for developing measurement and culturally and age-sensitive guidelines for the National Institutes of Health’s Women’s Health Initiative Study, the largest long-term study of women ever conducted. She is conducting studies on complications in breast cancer surgeries of African Americans, and also on coronary heart disease in premenopausal military women. She serves on the editorial review boards of four research journals and frequently advises members of the U.S. Congress on health care matters.

Dr. Strickland holds a bachelor’s degree in nursing from North Carolina Agricultural and Technical State University, Greensboro; a master’s in maternal and child health nursing from Boston University and a doctorate in child development and family relations from the University of North Carolina, Greensboro.

PMS: Fact, Not Fiction

Atlanta, Georgia—Using multifactorial multivariate repeated measures analysis of premenstrual syndrome (commonly called PMS), Dr. Strickland more accurately defines to be experiencing symptoms related to their cyclic changes.

Some women attribute emotional symptoms that occurred three or four days before, and two or three days into the cycle. Depression was found to be so severe in some women they reported contemplations of suicide, the desire to hurt others due to anxiety and severe irritability. They reported emotional sensitivity to everything in their environment.

- 14 percent had severe anger and wanted to hurt others
- 52 percent had mood changes and irritability
- 14 percent had severe depression

Prenatal Magnification: Women have low grade physical and emotional symptoms all of the time that increase when they ovulate and do not decrease until their period starts. There are significant emotional and physical symptoms at ovulation, and after menstruation, the symptoms decrease, but continue to exist in a lesser degree.

No Symptoms: Women reported they had no symptoms at all. Sometimes they said they may get a little irritable. Fifteen percent of women reported no symptoms.

Ovulation-Related Symptoms: These women had emotional and physical symptoms that increased at ovulation.

Emotional Symptoms All Month: These women with non-emotionally related undiagnosed physical problems, such as back pain, were screened out of the study and not reviewed by physicians. These symptoms were magnified by menstrual cycle shifts. The key continued on page 10
Ora L. Strickland, RN, PhD, FAAN
continued from page 9

How Men Respond To Pregnancy

Again using multivariate, multivariate repeated measures analyses, Dr. Strickland studied how men are affected by their wife's pregnancies, Couvade Syndrome.

Two groups of men were studied: working class men, and middle class men. If the pregnancy was not planned, emotional symptoms were found in both groups in the early stages. Over time, however, middle class men's emotional symptoms decreased, while working class men had increased levels of anxiety, depression and hostility.

As delivery approached, both groups expressed physical symptoms of identification with women, such as back aches, food cravings, weight gain, and fatigue. The more connected the father was to the mother and to the pregnancy, the more symptoms he was likely to have.

Future Outcome Measures

As I proceed with my research on women and minority health concerns, I recognize even more challenges in the study of nursing outcomes and their measurement. In addition to addressing special instrumentation issues related to these groups, there needs to be more attention to health history, life stage, and environmental concerns that can influence outcomes if we are to more fully understand health care needs. For example, in the case of women's health, much more attention needs to be given to the biological and psychosexual stage of life and, in childbearing-age women, phase of the menstrual cycle when measurements are done.

A broader consideration of environmental factors can also help us understand outcomes better. For example, some of the persons I have studied with sickle cell disease indicate that climatic changes influence their well-being and quality of life. Although we have done much to build science related to nursing outcomes, many methodological issues remain and much work is to be done.

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improved research and treatments have increased the life spans of people with sickle cell disease. Dr. Strickland, left, and nurse manager Georgie Jackson discuss follow-up care with a patient at Emory University's Crawford Long Hospital.

New Research

Alzheimer's Disease

Where Small Victories Create Large Hopes

By Cornelia K. Beck, RN, PhD, FAAN, associate dean for research and evaluation, University of Arkansas for Medical Sciences, International Research Committee; and Valerie M. Shue, research assistant

Little Rock, Arkansas—When prevailing assumptions about dementia remain unchallenged, then inevitable, irreversible functional decline brings all too common tragic scenario:

As a person's functional status declines, an informal care giver's burden increases until she or he can no longer withstand it, and finally seeks institutionalized care. After institutionalizing the person with dementia, nursing home personnel use brief measures to assess the person's ability to perform activities of daily living. These measures usually place the person in one of two categories: independent or dependent, and do not determine what tasks the person has the ability to perform and what tasks the person needs help performing.

Brief measures can result in a cascade of negative outcomes, leaving the person with dementia experiencing more limitations in functioning, a lesserened sense of control, and diminished self-esteem and quality of life.

Such a scenario illustrates the need for protocols that maintain or improve functional performance in persons with dementia. To bring more positive outcomes, researchers tested a behavioral intervention in eight Arkansas nursing homes to improve the dressing performance of dementia residents. Over a four-year period, 90 residents and 72 nursing assistants providing the interventions were studied.

The study was conducted by the University of Arkansas for Medical Sciences' Cornelia Beck, RN, PhD, FAAN, principal investigator; Patricia Heacock, RN, PhD, co-investigator and associate professor in the college of nursing; and Susan Mercer, DNS, co-investigator and professor in the department of social work.

Results indicated that a standardized set of behavioral strategies significantly decreased the level of dressing assistance needed by residents, and it improved their dressing performance without significantly increasing the time taken. Specifically, the researchers "prescribed" strategies based on the cognitive and functional abilities and disabilities of each individual resident. They gave nursing assistants the written prescriptions. The nursing assistants followed these prescriptions when assisting residents with dressing. The nursing assistants acquired skill in using the behavioral strategies through the use of eight 50-minute training sessions.

Assess Capabilities, Disabilities

To assess the cognitive abilities and disabilities of the residents, the research team used the Mini Mental Status Exam and the Neurobehavioural Cognitive Status Exam. An investigator-developed tool called the Dressing Assessment Guide assessed functional abilities and disabilities. The Beck Depression Performance Scale measured the level of care giver assistance used for dressing.

Based on an analysis of all the tasks involved in dressing, the Beck Dressing Scale breaks this activity into 42 components for men, and 45 for women. For instance, the scale separates the task of putting on pants into six simple steps: picks up pants; positions pants; puts right leg in pants; puts left leg in pants; pulls pants to waist; fastens pants.

For each step of the task, the care giver's level of assistance ranges from minimal care giver involvement (stimulus control) to greater care giver involvement (verbal prompting, repeated...
ARE WE RIGOROUS ENOUGH? continued from page 9

use. Some of the most salient needs related to outcome study instruments follow:

1. Increase the number of more reliable, sensitive, and valid instruments for the measurement of phenomena from the nursing perspective. Many instruments that are available have a conceptual base that is not consistent with nursing concepts, or that of the study conducted.

2. Increase consideration of the measurement of group variables. Most instruments are developed for measurement of individual attributes rather than group attributes, such as families, hospital units, and neighborhoods.

3. Increase compatibility of instruments and measurement protocols with patient populations. Many self-report instruments have been developed on college populations and are too cumbersome for patients, particularly children, persons with problems reading and speaking English, noncommunicative or frail patients. Most instruments have not been tested on minority populations.

Future Outcome Measures

As I proceed with my research on women and minority health concerns, I recognize even more challenges in the study of nursing outcomes and their measurement. In addition to addressing special instrumentation issues related to these groups, there needs to be more attention to health history, life stage, and environmental concerns that can intervene to influence outcomes if we are to more fully understand health care needs. For example, in the case of women's health, much more attention needs to be given to the biological and psychosocial stage of life, and, in childhood-age women, phase of the menstrual cycle when measurements are done.

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Ora L. Strickland, RN, PhD, FAAN
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continued from page 9

New Research Across the Life Span

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Cancer and Hunger  
Renewing Health, Morale  

By Donna O. McCarthy, RN, PhD, associate professor, University of Wisconsin-Madison  

Madison, Wisconsin—If cancer patients are able to eat, they feel better about how they are doing. If they begin to lose weight, they, along with their family members, become concerned.  

Weight loss and anorexia are major factors in the decline in functioning and quality of life of cancer patients. However no studies have shown that aggressive nutritional support will affect the morbidity or mortality of cancer, except in cases of head and neck, or gastrointestinal tumors.  

Symptoms of anorexia, early satiety, and gastric fullness affect the appetites of 50 to 70 percent of all cancer patients. These symptoms differ from symptoms induced by chemotherapy and radiotherapy that affect the ability to absorb food from the gut or cause mucositis, stomatitis, nausea, or vomiting.  

Given the widespread prevalence of anorexia, and the poor response of patients to interventions to increase their nutritional intake, I began a program of study, examining the psychological process of how tumor growth affects the appetite for food. These studies, funded by the National Institute of Nursing Research, include a clinical application with patients that was supported by a grant from Sigma Theta Tau International.

Cytokines  

Tumor growth is thought to activate the immune system. Therefore, in our first series of studies, we looked at the role of cytokines secreted by activated leukocytes in tumor-induced anorexia. We studied rats with tumors because rats would not have differences like people in their type of tumors, or their nutritional status. We found that rats with tumors reduced their food intake and lost weight as the tumor grew. We also noted that the size of the tumor was not directly related to how much weight they lost. Small tumors had the same affect on appetite as larger ones. Others who studied the affects of tumors on food intake have similar findings.  

More importantly, we found that the blood of rats with tumors contained cytokines, such as tumor necrosis factors and interleukin-1, two specific cytokines known to reduce food intake.  

We wanted to examine this phenomenon in rats with tumors. We found that when the calorie content of the rat’s food was increased, the rats would simply reduce how much they ate. In fact, they ate no more calories than what they ate before. Of course there was no difference in body weight. The high-calorie diet versus the rats fed a normal diet.  

In terms of increased protein, when rats were fed a diet containing twice as much protein, they were able to consume more protein. What was

continued on page 14
ALZHEIMER’S DISEASE

I, strategies:
dementia residents who cannot pick up items for
dressing. This strategy helps the resident with
control the environment and consists of five
patterns.

1. The nursing assistant uses a dark solid color
background to contrast the items used in
dressing. This strategy helps the resident with
limited ability to distinguish shades, colors and
patterns.
2. The nursing assistant arranges the items in
the position and order in which they will be used.
3. The nursing assistant places an item(s) beside the area of the resident’s body that will be used in the task. For instance, the nursing assistant can position the shoes by placing each shoe by the correct foot.
4. The nursing assistant hands items to the resident in the correct position. This helps dementia residents who cannot pick up items for use.
5. The nursing assistant reduces the resident’s dressing choices to two. This helps residents who
have limited judgement, and who want control
over what they wear.

The nursing assistant uses verbal prompts to
help the resident start an action or guide the resi-
dent through the action. Modeling/gesturing compensates for the resident’s inability to initiate
an activity especially when the resident has lim-
ited verbal communication but can assist. Verbal
prompts help residents who can both initiate and
continue an activity but have limited verbal abilities. These prompts refocus the resident’s atten-
tion or help the resident perform actions. Nursing assistants frequently use physical prompts with verbal prompts to help clarify the meaning of the prompt.

Physical guidance helps the resident who can’t
initiate or imitate an action, but can carry through once the step is started. This resident usually has impaired verbal ability. Physical

guidance helps start the resident’s movement and
allows the resident to complete the action without help. Occasional physical guidance helps residents who can initiate but cannot continue an activity and who have limited verbal abilities. This minimal type of physical guidance helps when the resident gets distracted or is trying to
complete physical guidance. Strategies from lev-
els of less assistance may apply and a strategy from a level of more assistance also may apply.

Stimulus control allows the nursing assistant to
stimulate residents and helps the resident perform actions. Nursing assistants frequently use physical prompts with verbal prompts to help clarify the meaning of the prompt.

The use of spoken words.

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We found that rats with tumors reduced their food intake and lost weight as the tumor grew. We also noted that the size of the tumor was not directly related to how much weight they lost. Small tumors had the same affect on appetite as larger ones. Others who studied the effects of tumors on food intake have similar findings. More importantly, we found that the blood of

rats with tumors contained cytokines, such as tumor necrosis factors and interferon-1, two specific cytokines known to reduce food intake.

Our study demonstrates that tumor growth affects appetite and weight loss in cancer patients.

However one study we conducted found that when the leukocytes did not contain cytokines, the rats with tumors did not lose weight.

Stomach Functioning

A theory on anorexia induced by tumors, proposed by Eduardo Bruera in Edmonton, Canada, indicated that the symptoms were due to the effects of tumor growth on gastrointestinal functioning. Therefore we studied the process of digestion that empties out the stomach and causes feelings of hunger. We studied the rate at which the stomach would empty its contents in cancer patients. We did not find the rate to be slower in rats with tumors.

This finding suggests that decreased gastric function probably does not explain the reduction in food intake of cancer patients. This would explain why clinical studies that use drugs to increase gastric emptying have shown that they do not significantly increase food intake in cancer patients.

When clinicians see a patient who is losing weight and who complains of having no food appetites, they can encourage the patient to increase the protein and calorie intake. For example, if a person with cancer is going to drink, provide them with something that has added calories, such as a milk shake instead of milk, or crackers with cheese instead of plain crackers. However, no clinical studies have yet shown that increasing calories or protein intake will increase the patient’s appetite.

We wanted to examine this phenomenon in rats with tumors. We found that when the calories content of the rat’s food was increased, the rats would simply reduce how much they ate. So in fact, they ate no more calories than what they ate before. Of course there was no difference in body weight.

The conclusion is that a high-calorie diet versus the rats fed a normal diet.

In terms of increased protein, when rats were fed a diet containing twice as much protein, they were able to consume more proteins. What was continued on page 14
WHY CANCER AFFECTS APPETITE  

continued from page 13

also began to think that how much protein or calories a rat with tumors ate was regulated because when we gave them more protein, or more calories, they simply ate less food. These findings suggested that calorie and protein intake were regulated. If calorie intake is regulated, rats with tumors should be able to increase their food intake, if their energy expenditure is increased.

Cooler Temperatures

We wanted to know if rats housed at cooler temperatures would eat more food than rats housed at the warmer temperatures. We showed that if the rats had to use more energy to stay warm (thermoregulation), they would eat more. In our next series of studies, we examined the effects of nutritional supplements that contain additional proteins and calories on the food intake of radiotherapy patients. Radiation treatment often causes anorexia and weight loss. We studied 40 patients over a four-week period. They were encouraged to maintain their recommended daily allowance of protein and calories. One half of the patients were encouraged to drink a nutrition supplement between meals. We found that patients taking the nutritional supplements did not reduce their food intake. However, unlike rats they did not reduce their food intake as much. There was still a net gain in calorie and protein intake in patients using the supplements.

Nutritional Counseling Works

Further, we discovered that the control patients who were not using supplements but who were encouraged to maintain their recommended daily allowances of calories and protein, did not reduce their food intake during radiotherapy. With nutritional counseling, we did see the anorexia and weight loss that can otherwise occur during radiotherapy. These findings suggest that counseling during radiotherapy may be useful in helping patients maintain their food intake.

Brambilla, 1987) and depression (Broemmer & Matthews, 1996; Coleman, 1995). In a study of hormone therapy 11% of women had urogenital symptoms and 24% of women, nonsurgical hormone replacement therapy patients had a somewhat more favorable cardiovascular risk profile than did nonsurgical patients (Johannes, Crawford, Pooner & McKinlay, 1993).

However, there is still disagreement among health care providers as to whether unopposed hormone treatment should be advocated for menopausal women (Henderson, 1995). It was concluded that there are large lags in knowledge about both benefits and risks and physicians need to consider how these pharmaceutical drugs should be used due to inconclusive results. In a recent study of female nurses in the U.S. and Taiwan, I evaluated how they experience menopause and its related symptoms, quality of life, emotional support and attitudes. A total of 165 U.S. nurses and 615 Taiwanese nurses participated in self-administered questionnaires. Twenty U.S. and Taiwan nurses participated in face-to-face qualitative interviews. Of the U.S. nurses studied, 54 percent were menopausal subjects, and the rest were para- or premenopausal subjects.

The majority of Taiwanese women were para or premenopausal subjects, with only 15 percent menopausal. The majority of U.S. women chose hormone replacement therapy as a response to menopause, while almost no Taiwanese women did.

Findings:

• More American women (28 percent) than Taiwan women (13 percent) rated their health “very good.”

• More Americans said they smoke and use alcohol than Taiwanese women. Thirty percent of the Americans said they previously smoked cigarettes, 15 percent said they currently smoke. Only four out of 616 Taiwanese women reported smoking.

• About 34 percent of American women drank alcoholic beverages daily, 28 percent drank at least one to two times per week. Only two out of 616 Taiwanese women said they drank alcohol on a daily basis, nine drank one to two times per week, and 56 drank one to two times per month.

• Americans exercised more than Taiwanese women. Fifty-six percent of American women exercised at least once per month, 28 percent rarely exercised. Eighteen percent of the Taiwanese women exercised at least once per month, and 56 percent rarely exercised.

• Few menopausal women in Taiwan were on hormone replacement therapy, compared to American women. More than half of the menopausal American women and only two out of 60 menopausal Taiwanese women used hormone replacement therapy. The majority of the Taiwanese, including women of higher and lower education levels, did not take hormones for fear it may cause cancer. The two Taiwanese who did use it were highly educated.

The cost may be a reason that women in both nations were not taking hormones. Fifty-eight percent of the Americans and 65 percent of the Taiwanese reported that hormone therapy was too expensive.

Symptoms

More American women expressed negative menopausal symptoms and reported relief that they no longer menstruate, compared to women in Taiwan. Hot flash was the single symptom identified by women in both countries as the most serious physical symptom they have experienced during menopause.

About 45 percent of Americans, and more than 50 percent of Taiwanese said they did not hide their menopausal status, nor feel excluded by others because of it. American women were more likely to talk to their husbands and friends than Taiwanese women, who were more likely to talk to their mothers, older women relatives, or peers.

Interviews

Taiwanese women tolerate menopause and treat its symptoms as a normal part of age. Consistent with traditional Chinese views of health, the Taiwanese women saw hormone replacement as unnatural. Taiwanese women perceived other remedies, related to coping with age to be of greater value. Those remedies included herbal medicines, and increased participation in activities, such as dancing, volunteering work, and playing mah-jong (ma-jang) for socializing and minimizing self-pity.

Data show that the Taiwanese women are less informed about menopause and hormone replacement than their American counterparts.

When menopause is discussed, it is generally based on translations from Western newspapers. Taiwanese women seldom seek help from physicians about menopausal discomforts and symptoms. Additionally, Taiwanese nurses skirted many open-ended questions that asked general feelings about menopause or sexually-related physical issues.

Getting old was not in frightening to Taiwanese women as it was among women in the U.S. This could be due to the culture value views women's increased age with respect and special status. By comparison, the U.S. a youth culture, experiences many women attempting to alter the physical signs of aging.

Nursing interventions need to re-examine educational programs and redefine practical approaches in caring for the older women.

Future cross-cultural research on menopause will need to explore women's health within the context of many influences, including social, economic, cultural and physical.

Dr. Wang is a native of Taiwan and a U.S. citizen

NEW RESEARCH ACROSS THE LIFE SPAN

Taiwan, U.S. Nurses Studied Menopause, Science and Culture

By Janet F. Wang, RN, PhD, FAAN, professor, West Virginia University School of Nursing

Morgantown, West Virginia—Millions of American women use hormones to treat menopausal symptoms (Brody, 1992; Hemminki, Kennedy, Baum, & McKinley, 1998; Lichman, 1991). Hormone replacement therapy was widely used in the 1970s, but because studies linked it with increases in the incidence of endometrial cancer (Erster, 1988), a new treatment was developed in which progestrone was added to prevent the uterus from developing cancer.

The combined estrogen and progesterone therapy is popular for treating a variety of menopausal symptoms and is a standard treatment regimen for women who have had hysterectomies (Brody, 1992). Some studies suggest that menopausal women should take hormone replacement therapy for the rest of their lives to prevent illnesses related to menopause (Bielinska & Silverberg, 1992; Bush, 1992).

Clinical studies also indicate that hormone therapy has favorable effects on serum lipids and bone density (Erster et al., 1988; Bush & Miller, 1987).

Menopause has been associated with the etiology of age-related women's health such as cancer, heart disease (McKinlay, McKinlay, & Gunter, 1987).
WHY CANCER AFFECTS APPETITE continued from page 13

It was also believed that if more protein intake did not increase weight, or blood levels of hormones that stimulate the appetite, then patients could maintain protein intake. These findings may help to explain why prior nutrition intervention studies had not shown that increased protein intake would improve the weight of cancer patients.

Cooler Temperatures

We wanted to know if rats housed at cooler temperatures would eat more food than rats housed at the warmer temperatures. We showed that if the rats had to use more energy to stay warm (thermoregulation), they would eat more. In our next series of studies, we examined the effects of nutritional supplements that contain additional protein and calories on the food intake of radiotherapy patients. Radiation treatment often causes anorexia and weight loss. We studied 40 patients over a four-week period. They were encouraged to maintain their recommended daily allowance of protein and calories. One half of the patients were encouraged to drink a nutrition supplement between meals. We found that these patients taking the nutritional supplements did not reduce their food intake. However, unlike rats, they did not reduce their food intake as much. There was still a net gain in calorie and protein intake in patients using the supplements.

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Brambilla, E. [1987] and depression (Bromberger & Matthews, 1990; Coleman, 1995). In a study of hospital survivors, 2.425 women, nonsurgical hormone replacement therapy users had a somewhat more favorable cardiovascular risk profile than did non users (Johannes, Crawford, Pooner & McKinlay, 1995). However, there is still disagreement among health care providers as to whether unopposed hormone treatment should be advocated for menopausal women (Armstrong, 1995). It is concluded that there are large gaps in knowledge about both benefits and risks and physicians' perceptions of how these pharmacological drugs should be used due to inconclusive results. In a recent study of female nurses in the U.S. and Taiwan, I evaluated how they experience menopause and its related symptoms, quality of life, emotional support and attitudes.

A total of 165 U.S. nurses and 615 Taiwanese nurses participated in self-administered questionnaires. Twenty U.S. and Taiwan nurses participated in face-to-face qualitative interviews. Of the U.S. nurses studied, 54 percent were menopausal subjects, and the rest were para- or premenopausal subjects.

The majority of Taiwanese women were para- or premenopausal subjects, with only 15 percent menopausal. Thus, the majority of U.S. women chose hormone replacement therapy as a response to menopause, while almost no Taiwanese women did.

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• About 34 percent of American women drank alcoholic beverages daily, 28 percent drank at least once to two times per week. Only two out of 615 Taiwanese women said they drank alcohol on a daily basis, nine drank once to two times per week, and 36 drank once to two times per month.
• Americans exercised more than Taiwanese women. Fifty-six percent of American women exercised at least once per month, 28 percent rarely exercised. Eighteen percent of the Taiwanese women exercised at least once per month, and 56 percent rarely exercised.
• Few menopausal women in Taiwan were on hormone replacement therapy, compared to American women. More than half of the menopausal Americans and only two out of 60 noncontinent Americans were on hormone replacement therapy. The majority of the Taiwanese, including women of higher and lower education levels, did not take hormones for fear it may cause cancer. The two Taiwanese who did use it, were highly educated. The cost may be a reason that women in both nations were not taking hormones. Fifty-eight percent of the Americans and 65 percent of the Taiwanese reported that hormone therapy was too expensive.

Symptoms

More American women expressed negative menopausal symptoms and reported relief that they no longer menstruate, compared to women in Taiwan. Hot flush was the single symptom identified by women in both countries as the most serious physical symptom they have experienced during menopause.

About 45 percent of Americans, and more than 50 percent of Taiwanese said they did not have their menopausal status, nor feel relieved by others because of it. American women were more likely to talk to their husbands and friends than Taiwanese women, who were more likely to talk to their mothers, older women relatives, or peers.

Interviews

Taiwanese women tolerate menopause and treat its symptoms as a normal part of old age. Consistent with traditional Chinese views of health, the Taiwanese women saw hormone replacement as unnatural. Taiwanese women perceived other remedies, related to coping with age to be of greater value. Those remedies included herbal medicines, and increased participation in activities, such as dance, volunteer work, and playing mah-jongg (ma-juong) for socializing and minimizing self-pity.

Data show that the Taiwanese women are less informed about menopause and hormone replacement than their American counterparts. When menopause is discussed, it is generally based on translations from Western newspapers. Taiwanese women seldom seek help from physicians about menopausal discomforts and symptoms. Additionally, Taiwanese nurses skipped many open-ended questions that asked general feelings about menopause or sexuality-related physical issues.

Getting old was not in frightening to Taiwanese women as it was among American women. Taiwan's culture views women's increased age with respect and special status. By comparison, the U.S. a youth culture, experiences many women attempting to alter the physical signs of aging. Not surprisingly, there is need to re-examine educational programs and redefine practical approaches in caring for the older women.

Future cross-cultural research on menopause will need to explore women's health within the context of many influences, including social, economic, cultural and physical.

Dr. Wang is a native of Taipan and a U.S. citizen

NEW RESEARCH ACROSS THE LIFE SPAN

Taiwan, U.S. Nurses Studied Menopause, Science and Culture

By Janet F. Wang, PhD, RN, Associate Professor, National Yang Ming University College of Nursing, Taiwan, R.O.C.

When networking with members in Taiwan, Dr. Wang offered the following university doctoral programs, Sigma Theta Tau members and research resources. Your scholarly exchange will always be welcomed.

Sigma Theta Tau International
Lambert Beta Chapter, Taipei No. 355, LiLong Street, Section 2 National Yang Ming University College of Nursing, Taipei, Taiwan, R.O.C.
Phone: 886 (2) 820-7248 Fax: 886 (2) 820-5973, 820-2515
National Taiwan University Graduate Institute of Nursing 1 Jau-Ji Road, Sec. 1 Taipei, 100 Taiwan R.O.C.

The Nurses’ Association of the Republic of China 5F, No. 281, Hsin-Yi Road, Section 4, Taipei 106, Taiwan, R.O.C.
Phone: 886 (2) 755-2291 Fax: 886 (2) 703-5617

The revised issue is now available.
Surgery Protecting the Lungs

By Jo Ann Brooks-Bruns, RN, DNS, FAAN, assistant scientist, research scientist, Indiana University School of Medicine and School of Nursing; International Research Committee

Indiana, Indiana—Postoperative pulmonary complications encompass any cause of respiratory insufficiency that is clinically significant and adversely affects the patient's clinical course. More specifically, a postoperative pulmonary complication can include problems of pneumonia, clinically significant atelectasis, pulmonary embolism, pleural effusion, acute respiratory failure or acute respiratory distress syndrome.

While cardiac problems are the leading cause of intraoperative surgical complications, pulmonary complications are the leading cause of postoperative morbidity and mortality. The two most common and widely-studied postoperative pulmonary complications after abdominal or cardiothoracic surgery are nosocomial pneumonia and clinically significant atelectasis. These account for approximately 80 percent of the reported pulmonary complications. They are significant health problems, creating discomfort to the patient, added hospital days and increased resource consumption. Granted, all abdominal and cardiothoracic surgical patients have a decrease in pulmonary function in the intraoperative and postoperative period with decreased lung volumes and an altered ventilatory pattern, as well as altered lung defense mechanisms. And these alterations are predictable and potentially severe. Yet some patients develop postoperative pulmonary complications, while others do not.

The severity and potential outcomes of pulmonary compromise are influenced by specific patient, anesthesia and surgery-related risk factors. Under general anesthesia, these risk factors increase pulmonary dysfunction that occur during and after an abdominal or cardiothoracic procedure. There is a strong link between risk factors, severity of pulmonary compromise and the development of nosocomial pneumonia and clinically significant atelectasis.

An assessment strategy will allow the nurse and health team to identify patients at high risk and target their respiratory care. Ideally such a strategy will permit prevention efforts to take place, rather than resulting complications and expensive interventions.

The study was conducted at four Indianapolis hospitals with a convenience sample of more than 400 subjects who had undergone an abdominal surgical procedure with general anesthesia. The patients were seen prior to surgery and followed daily in the hospital setting with a structured interview and a brief pulmonary physical assessment.

This ongoing research has been funded by a National Institute of Nursing Research, Indiana Department of Health, and Sigma Theta Tau International.

Findings
Six risk factors were identified for having a significant association with postoperative pulmonary complications. It was significant to have two or more of these risks present:

- Age 60 or greater
- Impaired preoperative cognitive function
- Smoking history within the past 8 weeks
- Body mass index of 27 or greater had nearly three times the risk. This index is a calculation of weight in kilograms divided by height in meters squared. A healthy index is 18-25.
- History of cancer
- Incision site that was either above the umbilicus, or both above and below the umbilicus.

These results begin to provide a framework for nurses to identify patients at risk of developing complications after abdominal surgery. Additional studies are underway for further clinical testing.

HIV and AIDS Time To Live

By William L. Holzemer, RN, PhD, FAAN, professor and chair, University of California, San Francisco School of Nursing Department of Community Health Systems

San Francisco, California—Although characterized as an acute and most often rapidly fatal illness at the time our research was initiated, it became clear by 1992 that HIV disease was moving toward being thought of as a chronic disease (Holzemer, 1992). In the U.S., the epidemic was changing—both in demography and complexity. As a result, symptom management would become an extremely important aspect of the disease management.

At the University of California-San Francisco School of Nursing, a research team began a series of studies funded by the U.S. government and the university— as early as 1988 for nurses caring for the complex cluster of patient and family problems experienced by people with HIV infection.

The team's goal was to improve symptom assessment and management, and quality of life (Holzemer, 1990).

Symptom Assessment and Management

In studies of symptom assessment and management, we utilized an outcomes model based upon patient problems, nursing interventions, and patient outcomes (Holzemer, 1994). Holzemer & Beatty, 1995). We surveyed patients that were hospitalized, in skilled nursing facilities, and in home care. In all studies, the data suggest that the nature of the patient's symptom clusters may have different interpretations based upon the data sources nurses used to document the symptoms. The type of care planning system influenced the kind and number of patient problems reported. For example, nurses selected more patient problems in the computer-based care planning system.

We identified that patient self-assessment of symptoms is a routine need. We found that patients who recorded medical records alone provided a limited data source for determining nursing care needs, for they failed to contain the patient's perspective. Nurse ratings without the patient's self-assessment were found to be poor predictors of the symptom experience. It is also interesting to note that at hospital discharge, patients reported fewer physical symptoms yet an equal amount of psychosocial-related symptoms.

Quality of Life

We believe that the inclusion of quality of life as an outcome measure for nursing therapeutics is evidence of nursing's commitment to the value of patient choices in care and treatment. A collaboration was initiated with Dr. Holly Wilson, an expert in grounded theory, to undertake a study of quality of life in advanced HIV disease as evidenced by clinically diverse participants.

While the literature on quality of life measurement is extensive, few measures are based on a strong conceptual framework grounded in patients' perception, and little work has focused on the meaning of quality of life in advanced AIDS, particularly in ethnically diverse populations.

A sample of 38 Hispanic, Anglo-American and African American patient participants and 10 family/significant-other caregivers were interviewed. And six focus groups with 30 expert nurse clinicians who are engaged in first-hand care of advanced AIDS patients was conducted, yielding over 2,000 pages of narrative, textual data (Wilson, Hutchinson, and Holzemer, 1997).

The analysis revealed that patients who are “living with dying” sabotage quality of life from remission through three processes: Preventing, in which patients attempt to maintain quality of life intact and unaltered; Sustaining, in which patients suspend the demise of selected dimensions of their quality of life; and Re-deeming, in which patients come to terms with quality of death and surrender quality of life issues.

The grounded theory was entitled, Sustain­ ing Quality of Life. The theory was used to develop an in­ strument that aims to assess and monitor quality of life for ethnically diverse patients with late-stage AIDS (Holzemer, Spicer, Wilson, Kompagin, & Coleman, In review). This study stems from con­ ceptual work exploring quality of life for HIV in­ fected persons with advanced or late-stage illness. The grounded theory of Sustaining Quality of Life provided a strong framework for the development of the Living with HIV scale which was validated in this study.

The Living with HIV scale may be used as a method of obtaining knowledge from patients for medical care planning and for evaluating nursing care interventions, using quality of life as the end­ point. A sample of 187 HIV positive subjects was re­ cruit from patients receiving services through community-based organizations or a federal health care organization. They were 66 percent male, and an average age of 41 years, 69 percent African-American, an average CD4 count of 229/mm3.

We administered a demographic data sheet, the Living with HIV scales, and the HIV Symptom Check-List. People with a confirmed AIDS diagnoses had significantly higher scores in Chor­ ishing the Environment, Juggling Treatments and Side Effects, and total score.

Their number of symptoms was significantly related to quality of life. We found that people with more advanced disease state reported a higher quality of life as measured by this scale. This may be true because the instrument was built directly upon the findings of the grounded theory and represented those meanings important in advanced illness.

The University of California-San Francisco research team includes Drs. Suzanne Henry, Susan Janson, Carmen Portillo, Holly Wilson, William Holzemer, and students and clinicians.
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The analysis revealed that patients who “live with dying” salvage quality of life from remissions through three processes: Preserving, in which patients attempt to maintain quality of life intact and unaltered; Sustaining, in which patients suspend the demise of selected dimensions of their quality of life and; Re-deeming, in which patients come to terms with quality of death and surrender quality of life issues. The grounded theory was entitled, Salvaging Quality of Life. The theory was used to develop an instrument that aims to assess and monitor quality of life for ethnically diverse patients with late-stage AIDS (Holzemer, Spitzer, Wilson, Kumpainen, & Coleman, In review). This study stems from conceptual work exploring quality of life for HIV infected persons with advanced or late-stage illness. The grounded theory of Salvaging Quality of Life provided a strong framework for the development of the Living with HIV scale which was validated in this study.

The Living with HIV scale may be used as a method of obtaining knowledge from patients for medical care planning and for evaluating nursing care interventions, using quality of life as the end-point.

A sample of 187 HIV positive subjects was recruited from patients receiving services through community-based organizations or a federal health care organization. They were 66 percent male, and an average age of 41 years, 69 percent African-American, an average CD4 count of 229/mm3. We administered a demographic data sheet, the Living with HIV scales, and the HIV Symptom Checklist. People with a confirmed AIDS diagnoses had significantly higher scores in Chronification, the Environment, Juggling Treatments and Side Effects, and total score.

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Their number of symptoms was significantly related to quality of life. We found that people with more advanced disease state reported a higher quality of life as measured by this scale.
The research questions focused on awareness, perceptions of degree and potential for adverse outcomes, knowledge, acceptance and avoidance, and barriers that lead to the minimization of the risks.

Findings
1. Results indicated that among the 128 registered nurses surveyed, there was an 86 percent awareness and concern about work place hazards that could endanger their health and cause adverse outcomes. However, on average in each category of hazard, less than 40 percent of the nurses perceived well-documented risks to be even moderate or great.

2. Hazardous agents identified as being a moderate to a great risk of at least 50 percent of the workers included exposure to hepatitis, HIV, influenza, soaps/detergents, antiseptics, heavy lifting, sharp objects, splashes, workload demand, increased responsibility, inadequate staffing, and fear of litigation.

3. At least two-thirds of the participants believed that toxic substances posed great harm to them directly, and to a pregnancy. They also believed that family members may be greatly endangered by indirect exposure. At least one-half of the workers were moderately to greatly concerned about adverse health outcomes that include back injury, skin irritation, infectious disease from sharps injury, stress, and high fatigue as a result of workplace exposure.

4. Ten percent indicated that they considered leaving their jobs because of risk or perceived occupational hazards, while more than 50 percent considered it sometimes. Some 55 percent of the workers never considered it at all. Slightly more than three-fourths said they believed that the general quality of the work environment was good, but some 30 percent were uncertain about whether they needed more information to adequately protect themselves from hazards.

Barriers
Workers were asked to rank 10 items that were barriers to reducing risks. The top three were the inability to predict exposures, lack of convenience in using personal protective, and difficulty breaking unsafe habits. Lack of management support and insurability were ranked as the least barriers.

The occupational health and safety hazards to which nurses and other health care workers are exposed are varied and numerous ranging from mild to serious, and can result in long-term adverse health outcomes. The incidence rate per 100 full-time workers for nonfatal occupational injuries and illnesses for 1992 was 118.8 for hospital establishments and 17.3 for nursing and personal care facilities compared to a private industry rate of 8.5.

In addition, the U.S. Bureau of Labor Statistics reported that in 1992, the incidence of injuries and illnesses involving days away from work was greater for certain occupations such as nursing care. The risk of all occupational injury and illness to this working population is likely to rise as the type and complexity of health care services increases requiring more intensive work skills, working days, and shift rotation schedules.

Risk reduction is imperative for protecting worker health and safety. Collaborative strategies need to be developed with workers and management in order for everyone’s ideas to be valued and acted upon, and for issues to be addressed. Adequate resources, professional training in occupational health and safety, occupational health services that provide health monitoring and surveillance systems, collaborative decision making about preventive and control strategies, and educational programs on work place hazards and protective measures can go a long way in assisting the worker in risk perception, risk minimization and risk avoidance.
The research questions focused on awareness, perceptions of degree and potential for adverse outcomes, knowledge, acceptance and adherence, and barriers that lead to the minimization of the risks.

Findings
- Results indicated that among the 128 registered nurses surveyed, there was an 86 percent awareness and concern about workplace hazards that could endanger their health and cause adverse outcomes. However, on average in each category of hazard, less than 40 percent of the nurses perceived well-documented risks to be even moderate or great.
- Hazardous agents identified as being a moderate to a great degree of risk by at least 50 percent of the workers included exposure to hepatitis, HIV, influenza, soaps/detergents, antiseptics, heavy lifting, sharp objects, splashes, workload demand, increased responsibility, inadequate staffing, and fear of litigation.

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Hopeful Teenagers with Cancer
Living Courage

By Joan E. Haase, RN, PhD, assistant professor; University of Arizona College of Nursing; International Research Committee

Tucson, Arizona—Greatly improved survival rates for childhood cancer have demonstrated over the past 20 years in the U.S. Depending on the type of cancer, 58 to 88 percent of children and adolescents will be long-term, disease-free survivors. While such statistics are encouraging, the nature and course of many cancers have changed from an inevitably fatal illness to a chronic one that carries the potential to threaten to potential to threat to long-term life. Physical or psychological complications may develop in as many as two thirds of young adults who survive childhood cancer. Surprisingly, few studies have been reported on psychosocial adjustment of adolescents with childhood cancer. Survivors of childhood cancer will need assistance in adjusting to their new life and the competition that they face. They are faced with the tasks of normalizing their lives, adjusting to their new role, and understanding the changes that their disease has brought about. These survivors have shown promising results. The research team involved in this study undertakes a longitudinal study to examine the dynamic process of resilience in chronic illness, a focus on positive adjustment. Resilience is defined as the process of gaining an understanding of some of the factors that influence outcomes. The study is designed to help identify the factors that are most critical for maintaining quality of life.

Findings
Through analysis of interviews with adolescents with cancer and other chronic illnesses, and through two cross-sectional studies of courage and resilience in adolescents with cancer, cystic fibrosis or asthma, we have developed the Adolescent Resilience Model that identifies factors that influence resilience. These resilience outcomes include self-confidence, self-transcendence, self-esteem and quality of life. Individual protective factors that positively influence resilience outcomes include courage coping (optimistic and confrontive strategies), hope and spiritual perspective. Family protective factors that positively influence resilience outcomes include family atmosphere (family adaptation and cohesion) and the family network of support and resources. Social protective factors include the nature and availability of health resources and social integration of connectedness with peers and others with the same or similar condition.

Courageous Coping
Because resilience is studied in the context of the illness-related adversity, individual risk factors (defensive coping) and illness-related risk factors (uncertainty, symptom distress and severity of illness) are included. These were also examined for their influences on other protective factors and on resilience. Preliminary findings indicate that the normal preliminary defensive coping must eventually move to more courageous coping strategies to affect resilience outcomes positively. And, illness-related risk factors can negatively influence resilience.

While the results are promising, longitudinal study is needed to examine the potential of resilience in chronic illness, a focus on positive adjustment may be more fruitful when identifying effective parental role models. Ease of access to exercise facilities is related to the level of physical activity in adults and also may affect exercise patterns of youth. SEDENTARY PATTERNS DEVELOPED IN YOUTH MAY PERSIST OVER TIME, RESULTING IN PREMATURE PHYSIOLOGIC DYSFUNCTION, Only 12 percent of the 2000 participants provided complete data for the study. This sample consisted of 137.7 percent females and 48.3 percent males with a racial distribution of 30.4 percent African-Americans, 62.6 percent European-Americans, and 7 percent of other racial heritage. Thirteen different tools and measures, including several new instruments, were used to assess items such as exercise levels, self-esteem, self-efficacy, barriers, social support for exercise and family norms. Key Findings
The study findings highlight girls as a high-risk group for inactivity and suggest that benefits and barriers to exercising are critical factors to consider in developing interventions. Other important findings include:
• Pre-adolescent and adolescent girls reported poorer perceived health status than pre-adolescent and adolescent boys.
• Pre-adolescent and adolescent girls had lower self-esteem than the boys at both stages.
• Girls were less likely than boys to think of themselves as exercisers.
• Adolescent girls were less likely than their pre-adolescent counterparts to believe that the benefits of exercise outweighed the barriers to exercise.
• Older boys were more likely than their pre-adolescent counterparts to report that they themselves or someone else was more physically capable than either of them in regard to exercise, and older girls reported themselves less capable than younger girls in regard to exercise.
• Race was predictive of access to exercise facilities, such as parks, playgrounds or gymnasiums. African-American youth reported greater access to exercise facilities and programs than European-Americans, indicating that the former may be more resourceful in perceiving various sites as appropriate for physical activity.

Gender Differences
Exercise Beliefs Among Youth

By Anne W. Garcia, PhD, assistant professor; Mary Ann Norton Broda, RN, PhD, assistant professor; Marilyn Frenz, RN, PhD, pediatrie fellow; Cynthia Covitak, RN, MSN, pre-doctoral fellow; Nola J. Pandel, RN, PhD, FAAN, associate dean for academic affairs and research; David L. Ronsin, PhD, associate research scientist, University of Michigan School of Nursing

Ann Arbor, Michigan—Despite conclusive evidence that exercise improves health and decreases the risk of coronary heart disease, only 12 percent of the U.S. population aged 18 or older report levels of physical activity that promote cardiorespiratory fitness. Physical activity declines almost 50 percent during adolescence, with females becoming increasingly sedentary than males.

After puberty, girls have greater fat mass and less muscle mass than boys. These biological differences may, in part, account for some of the gender and developmental variation that exists in physical activity, but social and environmental influences may be equally or more important. For example, more active parents have more active children, indicating the importance of positive parental role models. Ease of access to exercise facilities is related to the level of physical activity in adults and also may affect exercise patterns of youth.

Sedentary patterns developed in youth may persist over time, resulting in premature physiological dysfunction. Coronary heart disease, for which sedentary lifestyle is a risk factor, is a lifelong pathologic process that originates during childhood and adolescence. Barnett et al. found that less-fit African-American adolescent males and females had higher systolic and diastolic pressures than more-fit African-American females. Damoff et al. reported that following a 12-week aerobic exercise program, the diastolic and systolic blood pressures of low-socioeconomic African-American children decreased significantly.

Further, exercise seems to lower cholesterol and maintain recommended weight, particularly in combination with dietary changes. Exercise also has been shown to have positive effects on motor skills, depressive symptoms, self-concept, and self-esteem among youth.

Based on the increasing evidence that links active lifestyles to health, two objectives in Healthy People 2000 seek to increase physical activity among youth, and to augment the proportion of primary care providers who counsel routinely their young patients regarding physical exercise. For effective counseling, exercise-related beliefs and determinants of exercise participation among youth must be considered.

The purpose of this study, supported by a grant from the National Institute of Nursing Research, was to identify differences in the exercise-related beliefs and exercise behaviors of male and female pre-adolescents and adolescents, and to determine the relationship between a person's background, relevant beliefs, and exercise behaviors. During the 1992-1993 academic year, two groups of children in racially diverse school districts were recruited: one in fifth or sixth grades, and one in eighth grade. Of the 399 participants, 266 (72 percent) provided complete data for the study. This sample consisted of 51.7 percent females and 48.3 percent males with a racial distribution of 30.4 percent African-Americans, 62.6 percent European-Americans, and 7 percent of other racial heritage.
By Joan E. Haase, PhD, assistant professor; University of Arizona College of Nursing; International Research Committee

Tucson, Arizona—Greatly improved survival rates for childhood cancer have demonstrated over the past 20 years in the U.S. Depending on the type of cancer, 83 to 88 percent of children and adolescents will survive childhood cancer. Surprisingly, few of these children acquire chronic illnesses that carry the potential for long-term, disease-free survivors. While such statistics are encouraging, the nature and course of many cancers have changed from an inevitably fatal illness to a chronic one that carries the potential for long-term survival.

Physical or psychological complications may develop in as many as two thirds of young adults who survive childhood cancer. Surprisingly, few of these children acquire chronic illnesses that carry the potential for long-term, disease-free survival. While such statistics are encouraging, the nature and course of many cancers have changed from an inevitably fatal illness to a chronic one that carries the potential for long-term survival.

Positive Outlook
Although much research focuses on adjustment problems and developmental delays in children and adolescents with chronic illness, a focus on positive adjustment may be more fruitful when identifying the illness-related adversity, individual risk factors (defensive coping) and health-related risk factors (uncertainty, symptom distress and severity of illness) are included. These were also examined for their influence on other protective factors and on resilience. Preliminary findings indicate that the normal preliminary defensive coping must eventually move to more courageous coping strategies to affect resilience outcomes positively. And, illness-related risk factors, can negatively influence resilience.

The results are promising, longitudinal study is underway in a five-year National Institutes of Nursing Research funded study to adequately understand the dynamic process of resilience. The research team involved in these series of qualitative and quantitative studies, we have examined the construct of resilience to gain understanding of the illness-related adversity, individual risk factors (defensive coping) and health-related risk factors (uncertainty, symptom distress and severity of illness) are included. These were also examined for their influence on other protective factors and on resilience. Preliminary findings indicate that the normal preliminary defensive coping must eventually move to more courageous coping strategies to affect resilience outcomes positively. And, illness-related risk factors, can negatively influence resilience.

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EXERCISE BELIEFS AMONG YOUTH continued from page 21

- Girls’ perceptions of poorer health status than boys may be an early barrier to exercising.

Studies of the relationship between social support for exercise and physical activity indicate that adolescents receive less support from their families for sustained involvement in leisure-time physical activity than pre-adolescents. Exposure to role models that are physically active, that set role models that are physically active, that set strong norms for exercise, and that provide emotional support, contribute to positive changes in how they evaluate themselves.

Teenagers receive less support from their families for sustained involvement in leisure-time physical activity than pre-adolescents. Exposure to role models that are physically active, that set strong norms for exercise, and that provide emotional support, contribute to positive changes in how they evaluate themselves.

Important clues emerged in understanding why adolescent females are more sedentary than adolescent males.

For example, girls, in contrast to boys, were less likely to describe themselves as athletic, and it may be an area that has little personal significance to them as an aspect of who they are—of self. A girl’s ability to think of herself as athletic may need to be augmented in early childhood to promote active lifestyles that continue into adulthood. Further, low self-esteem may contribute to the lack of motivation to engage in self-enhancing behaviors such as exercise.

Excerpts reprinted with permission from the Journal of School Health.

Building an Exercise Identity

By Keri K. Medina, RN, DNSc, Loma Linda University School of Nursing

Research supported by a grant from Sigma Theta Tau International

Loma Linda, California—Health promotion efforts are increasing attention to the importance of exercise in preventing chronic conditions. The 1990 government document, “Health People 2000,” identified increased physical exercise as a factor that will play a key role in increasing the span of life.

Many potential influences on exercise behavior have been studied in an attempt to identify key targets for intervention, but with largely inconsistent results.

Thus, helping people incorporate exercise into their lives has remained a major nursing challenge.

Drop out rates from both supervised and unsupervised exercise, however, remain high.

In order to develop a clearer understanding of how nonexercisers become exercisers, I studied 22 individuals, 13 males and 9 females, who had successfully made the transition to becoming exercisers at some point in their adult lives.

They ranged in age from 26 to 71 years, although the majority were in their thirties, forties and fifties. The study included people who were of Caucasian, Asian, Hispanic and Native American backgrounds.

Findings from this study indicated that the process of becoming an exerciser centered around the development of an “exerciser identity.” By exercising, these individuals experienced not just a change in behavior, but a major transformation in their ideas about themselves.

Increased self-knowledge regarding their abilities and limitations, as well as feelings of empowerment and increased control over their lives, contributed to positive changes in how they evaluated themselves.

Over time, participants began to view exercise, not just as something that they did, but as something that was a part of who they were. They had developed an identity as an exerciser that made exercise self-reinforcing, and kept them going even when others around them dropped out.

The length of time required for the development of an exerciser identity seemed to be influenced by the degree of discrepancy between participants’ pre-existing physical self-concepts and ideas about exercise.

There were, however, certain factors that seemed to facilitate the development of the exerciser identity.

Findings

- Many participants became more aware of their status as a regular exerciser through validation from others, being recognized and complimented for their accomplishments, or being given exercise-related nicknames, for example.
- Others found that becoming involved in the “culture” of their chosen activity, through reading books and magazines about their sport, joining sport groups or clubs, learning the lingo, investing in equipment and clothing, or participating in organized events fostered their identity as an exerciser.
- The discovery of an exercise program with a “good personal fit,” one that meshed well with personal preferences, schedules, and physical abilities, seemed to serve as a bridge between a person’s prior identities and his new identity as an exerciser, easing the transition.

From a nursing practice standpoint, recognition of the importance of developing an exerciser identity makes it easier to understand why the transition from nonexerciser to exerciser is so difficult, and why it takes a considerable amount of time. It is, after all, no small task to change even small aspects of one’s identity. It also becomes easier to understand why information alone is usually not sufficient to induce the adoption of regular exercise.

In order to best assist people in becoming regular exercisers, nurses must focus, not solely on specific behaviors, but also on understanding and changing how people view themselves.

This may be facilitated by first carefully assessing each individual’s existing self-conceptions, past experiences with exercise, personal preferences, and priorities, along with other environmental/contextual factors, to enable development of an exercise prescription with good “personal fit.”

It is possible that a focus on identity rather than on specific behavior could help protect patients from guilt traps associated with the common “all or nothing” mind set. Since missing one or two exercise sessions does not mean that a person cannot think of themselves as exercisers anymore.

Dr. Medina

Virginia Henderson Library Position

Sigma Theta Tau International has a leadership librarian position available for its electronic library, the Virginia Henderson International Nursing Library. The Library is housed at the Center for Nursing Scholarship in Indianapolis, IN. In place or under development are data, information and knowledge services. Current primary knowledge services include a Registry of Nursing Research (Nurse researchers their research results), and peer-reviewed electronic journal of critical reviews of research on practice problems (The Online Journal of Knowledge Synthesis for Nursing) distributed via OCLC. Requirements for this position are: Master’s degree in library science and a minimum of 5 years experience as an administrator of library services. Related education and experience will be considered. Experience with health-related librarianship highly preferred. National and non-profit association experience desirable. This is an opportunity to be a part of the cutting edge of library science.

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EXERCISE BELIEFS AMONG YOUTH continued from page 21

Girls' perceptions of poorer health status than boys may be an early barrier to exercising. Studies of the relationship between social support for exercise and physical activity indicate that adolescents receive less support from their families for sustained involvement in leisure-time physical activity than pre-adolescents. Exposure to role models that are physically active, that set physical activity norms for exercise, and that provide emotional support to develop a clearer understanding of how nonexercisers become exercisers, I studied 22 exercisers at some point in their adult lives. The study included people of Caucasian, Asian, Hispanic and Native American backgrounds.

Important clues emerged in understanding why adolescent females are more sedentary than adolescent males. For example, girls, in contrast to boys, were less likely to describe themselves as athletic, and it may be an area that has little personal significance to them as an aspect of who they are—of self. A girl's ability to think of herself as athletic may need to be augmented in early childhood to promote active lifestyles that continue into adulthood. Further, low self-esteem may contribute to the lack of motivation to engage in self-enhancing behaviors such as exercise.

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Building an Exercise Identity

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oma Linda, California—Health promotion efforts are receiving increased attention in the United States, in an attempt to prevent many chronic conditions. The 1990 government document, "Health People 2000," identified increased physical exercise as a factor that will play a key role in increasing the span of life.

Many potential influences on exercise behavior have been studied in an attempt to identify key targets for intervention, but with largely inconsistent results. Thus, helping people to incorporate exercise into their lives has remained a major nursing challenge.

Drop out rates from both supervised and unsupervised exercise, however, remain high (Oshin, 1991; Sallis et al., 1990). In order to develop a clearer understanding of how nonexercisers become exercisers, I studied 22 individuals, 13 males and 9 females, who had successfully made the transition to becoming exercisers at some point in their adult lives. They ranged in age from 26 to 71 years, although the majority were in their thirties, forties and fifties. The study included people who were of Caucasian, Asian, Hispanic and Native American backgrounds.

Findings from this study indicated that the and instrumental support to be active may be an effective strategy for encouraging increased exercise among both females and males throughout childhood and adolescence.

Important clues emerged in understanding why adolescent females are more sedentary than adolescent males. For example, girls, in contrast to boys, were less likely to describe themselves as athletic, and it may be an area that has little personal significance to them as an aspect of who they are—of self. A girl's ability to think of herself as athletic may need to be augmented in early childhood to promote active lifestyles that continue into adulthood. Further, low self-esteem may contribute to the lack of motivation to engage in self-enhancing behaviors such as exercise.

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Getting a jump start on fitness: Chi Chu, 8, of Lynnfield, Mass., yawns near the end of an aerobics workout in Boston at the 4th Annual Great Massachusetts Workout sponsored by the Governor's Committee on Physical Fitness and Sports in 1996. He and Tim Cohes of Lynnfield, rear, were among a group of classmaters from Huckleberry Hill School who won Governor's Fitness Awards.

Reflections 22 1st Quarter 1997

Reflections 23 1st Quarter 1997
What Causes Stress in Mothers of Chronically ill Children?

By Bonnie Holaday, DNS, RN, FAAN, professor and chair, Wichita State University School of Nursing

Research supported by a grant from Sigma Theta Tau International

Wichita, Kansas—A child's chronic illness is also a mother's source of a high degree of stress. The identification of stressful mother and child interactions will enable care givers to begin the process of shaping successful interventions. Stress in parenting during the first three years of life is critical to the child's emotional and behavioral growth, and to the mother-child relationship.

Personality traits of the child, parent traits, the content of family life, and stressful life events are important facets in the parent-child system of relating. A cross-cultural study of 30 mothers and children with chronic illness in the United States, Japan, Israel and Jordan, identified stressors most commonly associated with parenting. Mothers with children younger than three-years-of-age were interviewed.

Data were collected using the Parenting Stress Index by Abidin, a 120-item questionnaire used to assess the amount of stress in parent-child systems. The questionnaire contains a subscale on child-relation- and stress on the parent-related stress. The children's scale measures the mother's perception of what the child brings to the relationship. The child subscale assesses adaptability, acceptability, demand, mood, distractability/hyperactivity, and how much the child positively reinforces the parent.

The parent subscale assesses which traits of a mother are influenced by the relationship. These measures assessed depression, her sense of attachment to the child, restrictions on her role, her sense of competence, social isolation, relationship with her spouse, and parent health.

We found specific characteristics of children that were seen as stressors associated with parenting by mothers in all four countries. The mothers reported levels of stress that indicated clinical intervention was needed.

Findings:

• Traits related to how a child handles physical or social change, or transitions (adaptability) caused high levels of stress. Mothers perceived this as difficult, because of the child's inability to adapt.

• Crying, a high frequency of care giving needs, frequent requests for help and clinging (undesirable) were other characteristics that all mothers cited for causing a high level of stress.

• Withdrawal and failure of the child to dis­

• Situations were seen as major contributors to the mothers' stress level. Those related to her perception that she lacked emotional and physical support from her husband, was experiencing social isolation from peers, relatives and other emotional supports.

• The current status of the mother's own physical health, in terms of her ability to meet parenting demands, caused a high level stress, suggesting that mothers themselves perceived that their health was related to their parenting stress. Depression was assessed in terms of how much of a mother's emotional and physical energy may have been compromised, and findings showed they found it difficult to mobilize the psycholog­

• In total, the child's characteristic behaviors were of greater stress to a mother than all other stressors. By necessity, the mothers of ill chil­

• The child's medical situation is stable, they may be­

• Those related to her physical health, including the perception that she lacked emotional and physical support from her husband, was experiencing social isolation from peers, relatives and other emotional supports.

Mothers in all four nations indicated high levels of stress stemming from the degree to which they received positive reinforcement from their chronically ill children. This response develops as a function of the child's behavior patterns and the mother's ability to understand the behavior accurately. This was a stressor because the mother was not generating good feelings about herself as a parent. Many chronic illnesses in young children are sufficiently unstable so that they present multiple stressful events on a regular basis. The clinical implications of these conclusions are for nursing interventions to first fo­

• The research team included: Dr. Bonnie Holaday; Anne Turner-Allen, DNS, RN, University of Alabama School of Nursing, United States; James Soon, PhD, Wichita State University Department of Public Health Sciences, United States; Yuriko Kanemoto, MD, RN, Chiba University School of Nursing, Japan; Tamara Koval, DNS, RN, Tel-Aviv University Department of Nursing, Israel; Badawi al-Ma'anah, BY, MPH, Utrecht University of Science and Technology Faculty of Nursing, Jordan.

• Shedding Tears

By Madeleine Ruth Elliott, RN, PhD, professor, University of Alberta Faculty of Nursing

Edmonton, Canada—Infant crying is a universal phenomenon. Its purpose is to assure evolutionary survival of the species. Fundamental exchanges between the infant and his immediate environment, such as obtaining food, care and socialization, are regulated by crying.

Crying has powerful effects on the infant's immediate environment and can elicit strong emotions from care givers, which may result in nurturing or non-nurturing behaviors. Infant crying has been implicated as a major stressor for families in the perinatal period and beyond.

The focus of my research, and of that of a team of researchers at the University of Alberta, is on early infant crying and its effects on family life. We mounted a study because there is some evidence that excessive infant crying in early infancy (sometimes called "colic") may have enduring negative effects on families.

In the Greater Vancouver area, we examined 118 families with healthy infants (67 males and 51 females) whose amount of crying was measured when they were six to eight weeks old. The sample consisted of largely well-educated, intact, two-parent households. Parents were contacted when their children were at least three years old to determine any lingering effects.

We found more family disruptions at three years associated with more crying in early infancy. Mothers of infants who cried more were less satisfied with the amount of help they received at home from their spouse and friends. But significant, major lasting effects of infant crying on families were not found.

Call for Abstracts—An Invitation to The Netherlands!

SOMA THETA TAU INTERNATIONAL'S 10TH INTERNATIONAL NURSING RESEARCH CONGRESS

July 13-14, 1998 - University of Utrecht, The Netherlands

DEADLINE: September 15, 1997 (postmarked)

Co-sponsored by: University of Utrecht Department of Nursing Science; Pace University Lienhard School of Nursing, Pleasantville, New York; University of Gent Department of Public Health

Theme: "Nursing Research for A Changing World"

Deadline: Abstract Submission: September 15, 1997 (postmarked*)

*Submissions postmarked on September 15th should be sent overnight, 2nd day air or express mail. Important Notes: In order to assure the receipt of your submission by headquarters, we can no longer accept abstracts sent via fax.

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European Abstract Submission Guidelines: Contact Dr. Mike Grypoodonk, Head, Department of Nursing Science, University of Utrecht via fax: 31-30-2930938
What Causes Stress in Mothers of Chronically Ill Children?

By Bonnie Holaday, DNS, RN, FAAN, professor and chair, Wichita State University School of Nursing

Research supported by a grant from Sigma Theta Tau International

Wichita, Kansas—A child’s chronic illness is also a mother’s source of a high degree of stress. The identification of stressful mother and child interactions, will enable care givers to begin the process of shaping successful interventions. Stress in parenting during the first three years of life is critical to the child’s emotional and behavioral growth, and to the mother-child relationship.

Personality traits of the child, parental traits, the context of family life, and stressful life events are important facets in the context of family life, and stressful life events are important in the parent-child system of relating. A cross-cultural study of 59 mothers and children with chronic illness in the United States, Japan, Israel and Jordan, identified stressors most commonly associated with parenting. Mothers with children younger than three-years-of-age were interviewed.

Findings:

• The child’s ability to adapt because of the chronic illness was needed.
• The child’s characteristic behaviors of greater stress to a mother than all other stressors. By necessity, the mother of ill children must constantly interpret the meaning of their child’s behavior symptoms and implement changes in care giving and to the health regimen. Although these decisions may not be complex when the child’s medical situation is stable, they may become intricate during rapidly changing medical situations, or when the outcome of a maternal intervention is uncertain. Mothers in all four nations indicated high levels of stress stemming from the degree to which they received positive reinforcement from their chronically ill children. This response develops as a function of the child’s behavior patterns and the mother’s ability to understand the behavior accurately. This was a stressor because the mother was not generating good feelings about herself as a parent. Many chronic illnesses in young children are sufficiently unstable so that they present multiple stressful events on a regular basis. The clinical implications of these conclusions are for nursing interventions to focus on the child’s behaviors versus other aspects of the parent-child interactions.

Data were collected using the Parenting Stress Index by Abidin, a 120-item questionnaire used to assess the amount of stress in parent-child systems. The questionnaire contains a subscale assessing maternal stress, which is stable when compared with parenting. Mothers with children younger than three-years-of-age were interviewed.

In total, the child’s characteristic behaviors were of greater stress to a mother than all other stressors. By necessity, the mother of ill children must constantly interpret the meaning of their child’s behavior symptoms and implement changes in care giving and to the health regimen. Although these decisions may not be complex when the child’s medical situation is stable, they may become intricate during rapidly changing medical situations, or when the outcome of a maternal intervention is uncertain. Mothers in all four nations indicated high levels of stress stemming from the degree to which they received positive reinforcement from their chronically ill children. This response develops as a function of the child’s behavior patterns and the mother’s ability to understand the behavior accurately. This was a stressor because the mother was not generating good feelings about herself as a parent. Many chronic illnesses in young children are sufficiently unstable so that they present multiple stressful events on a regular basis. The clinical implications of these conclusions are for nursing interventions to focus on the child’s behaviors versus other aspects of the parent-child interactions.

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European Abstract Submission Guidelines: Contact Dr. Mieke Grypdonck, Head, Department of Nursing Science, University of Utrecht via fax: 31-30-2309383

NEW RESEARCH ACROSS THE LIFE SPAN

Shedding Tears by Madeleine Ruth Elliott, RN, PhD, professor, University of Alberta Faculty of Nursing

Edmonton, Canada—Infant crying is a universal phenomenon. Its purpose is to assure evolutionary survival of the species. Fundamental exchanges between the infant and his immediate environment, such as obtaining food, care, and socialization, are regulated by crying.

Crying has powerful effects on the infant’s immediate environment and can elicit strong emotions from caregivers, which may result in nurturing or non-nurturing behaviors. Infant crying has been implicated as a major stressor for families in the perinatal period and beyond.

The focus of my research, and that of a team of researchers at the University of Alberta, is on early infant crying and its effects on family life. We mounted a study because there is some evidence that excessive infant crying in early infancy (sometimes called “colic”) may have enduring negative effects on families.

In the Greater Vancouver area, we examined 118 families with healthy infants (67 males and 51 females) whose amount of crying was measured when they were six to eight weeks old. The sample consisted of largely well-educated, intact, two-parent households. Parents were contacted when their children were at least three years old to determine any lingering effects.

We found more family disruptions at three years associated with more crying in early infancy. Mothers of infants who cried more were less satisfied with the amount of help they received at home from their spouse and friends. But significant, major lasting effects of infant crying on families were not found.

Reflections 23 1st Quarter 1997

Reflections 23 1st Quarter 1997
Health Workers Are Key to Fire Prevention

By Pam Huehley, RN, MSc, University of Toronto, The Hospital for Sick Children, Toronto, Ontario, Canada

T oronto, Canada—Children who suffer from serious burn injuries often endure a painful aftermath. The non-fatal injuries may be devastating to the children and their families. Treatments, surgeries, medical complications, rehabilitation, changes in abilities to function, and an altered body image concern young patients and the teams of professionals who care for them.

At the University of Toronto’s Hospital for Sick Children, a collaborative project formed with a regional Arson Prevention Program for Children, which includes the Hospital’s Institute of Psychiatry and the Ontario Fire Marshal’s Office. The group studied how changes in legislation may have influenced the numbers of children with fire burns or smoke inhalation.

Three provincial laws initiated in Ontario within the past 20 years were considered. A law mandating the use of low-flammability materials for children’s sleep wear was passed in 1978. A law requiring builders to include working smoke alarms was passed in 1992. A law requiring builders to include working smoke alarms was passed in 1992.

For the 1977 group, the year prior to any legislative changes, 164 cases of children admitted for burn injuries in two separate years. The total cases were divided into two groups depending on the year of admission. For the 1977 group, the year prior to any legislative changes, 54 charts were examined. In this group, the average age was two-and-a-half-years old and 78 percent of the children were less than three years old. Sixty-one percent were boys. For the 1992 group, 92 charts were examined. In this group, the average age was 4 years and 2 years, boys comprised 71 percent of the population. In the total sample, most of the children came from two-parent families and were either only children, or had one sibling.

Sleep Wear Legislation
In order to understand the possible influence of the sleep wear legislation, we examined a sub-category of children who were admitted to the hospital during 1977 and who had suffered a burn from their clothes catching on fire. In this group, three were girls wearing nightgowns.

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South Korea’s Scholarly Resources

By Kyung Rim Shin, RN, PhD, FAAN, associate dean, Ewha Womans University College of Nursing

When networking with nursing scholars in South Korea, consider the following universities with nursing doctoral programs cited by South Korean members.

The Future of Nursing Research

By Mi Ja Kim, RN, PhD, FAAN, vice chancellor for research and dean, University of Toronto-Chronic Care Clinic

Chicago, Illinois—Nurse scientists are major contributors to the body of scientific knowledge that relates broadly to health. The diversity of subject matter that nurse researchers address is a strength for our discipline; our studies seek to answer questions as varied as nurse manpower and health delivery system issues; educational methods; epidemiological and descriptive accounts of conditions; and clinical research experience on patients. All these areas bring value, and merit support. However, particular attention should be paid to the pressing health care problems that demand urgent national and international attention. Never before has the world shared such an acute need for sound, creative clinical research. Rapidly changing health care systems need impeccable standards against which judgments may be made by the consequences of alternative policies, courses of action and particular treatments.

Rehabilitation, changes in abilities to function, and an altered body image concern young patients and the teams of professionals who care for them.

Smoke Alarms
The influence of smoke alarm legislation was examined by identifying the location of reported fires within the fireburn sub-categories in 1977 and 1995. In fact there was little to no change in the most common sites for fires: houses (50 percent in 1977, and 43 percent in 1995); apartments (58 percent); outdoor (8 percent in 1977, and 15 percent in 1995); garages (3 percent); cars (2 percent).

We had planned to examine reports of home fire alarm status of children suffering flame burns in and around their homes. However, it was not possible to draw conclusions as reports of fire alarm presence or absence were non-existent.

Due to the change in the most common mechanism of pediatric burn injuries uncovered through this research, we recommend that professionals working with burned children review detailed histories, eliciting past fire involvement and behaviors to determine psychopathology and provide treatment or education for children who are at risk for more injuries. Increasing use of fire accelerants suggests that prevention and community outreach are essential to reduce the incidence of injured children.

The team is currently looking at how to better assess and treat child fire setters as well as child victims.
Health Workers Are Key to Fire Prevention

By Pam Hubley, RN, MSc, University of Toronto, The Hospital for Sick Children, Toronto, Ontario, Canada

Toronto, Canada—Children who suffer from serious burn injuries often endure a painful aftermath. The non-fatal injuries may be devastating to the children and their families. Treatments, surgeries, medical complications, rehabilitation, changes in abilities to function, and an altered body image concern young patients and the teams of professional who care for them.

The National Aboriginal Health Organization estimates that 10% of all children's burns are to the head, face, and neck. Burns to the hands, feet, genitalia, and buttocks are more common.
Nursing Education
A Quest To Apply Research
By Janice K. Jankun, RN, PhD, associate professor and director of research, University of North Carolina - Charlotte; clinical nurse researcher, Presbyterian Health Care System; associate editor, Online Journal of Knowledge Synthesis for Nursing

The other student read more recent research articles that examined an alternative hypothesis for why cranberry juice might be therapeutic in the prevention and treatment of urinary tract infections. The studies were in vitro and suggested that an unnamed compound in cranberry juice interferes with the ability of bacteria to adhere to the mucosal lining of the urinary tract. This student concluded there is scientific evidence supporting cranberry juice as effective in preventing and treating urinary tract infections. She would continue the practice, because cranberry juice is a natural food easily available to patients. Research utilization has been portrayed largely as an issue for practice settings. However, a need exists for educators to explore the best ways of better preparing graduates to participate in research utilization and to develop a thoughtful understanding of its work.

Use of meta-analytic and electronic data bases, such as the Virginia Henderson International Nursing Library will be helpful. For instance, the Online Journal of Knowledge Synthesis for Nursing has just published a meta-analysis on cranberry juice. Such literature also explains how to apply the research. However, the main body of nursing knowledge is not yet available in synthesis form. Consequently, students must be given opportunities to read research and learn from it appropriate conclusions for practice. Furthermore, they need to recognize that knowledge development is not a one-time event but a continuous process of something new is discovered. These students reported that cranberry juice either did not result in an acidic urine or did not result in a urine with low enough pH to cause bacteriostasis. Consequently, the student concluded that the intervention of prescribing cranberry juice was not research-based. She would advise nurses to discontinue the practice.

Nursing students Anne Elchoreit, left, and Tina Mulken at the University of North Carolina - Charlotte evaluate research utilization.

Charlotte, North Carolina—Recently, a new approach for teaching student's in the RN to BSN program to use actual research articles rather than textbooks in rationalizing their nursing care. Students were required to find the research base, if it exists, for an intervention they included on a care plan. In 20-minute presentations, each student shared an intervention that was studied, the research base that was, or was not found, a description of how the intervention is typically applied in nursing practice, and if the way nurses actually practice the intervention is in accord with applied in nursing practice, and that even though textbooks offered a scientific rationale for their interventions, there were few actual research articles rather than textbooks in required to find the research base.

As might be anticipated, several students found that even though textbooks offered a scientific rationale for their interventions, there were few actual research articles rather than textbooks in required to find the research base.

Initially, the two students believed that it was advisable to recommend that patients drink cranberry juice as a preventative measure for urinary tract infections. The scientific rationale offered on their care plans were obtained from textbooks stating that cranberry juice acidifies urine and that an acid urine is bacteriostatic. One student selected three research articles that tested if drinking cranberry juice results in an acidic urine. The results of these studies indicated that cranberry juice either did not result in an acidic urine or did not result in a urine with low enough pH to cause bacteriostasis.
Nursing Education
A Quest To Apply Research

By Janice K. Janken, RN, PhD, associate professor and director of research, University of North Carolina - Charlotte; clinical nurse researcher, Presbyterian HealthCare System; associate editor, Online Journal of Knowledge Synthesis for Nursing

The other student read more recent research articles that examined an alternative hypothesis for why cranberry juice might be therapeutic in the prevention and treatment of urinary tract infections. The studies were in vitro and suggested that an unnamed compound in cranberry juice interferes with the ability of bacteria to adhere to the mucosal lining of the urinary tract. This student concluded there is scientific evidence supporting cranberry juice as effective in preventing and treating urinary tract infections. She would continue the practice, because cranberry juice is a natural food easily available to patients.

Research utilization has been portrayed largely as an issue for practice settings. However, a need exists for educators to explore the best ways of better preparing graduates to participate in research utilization and to develop a thoughtful understanding of its work.

Use of meta-analyses and electronic data bases, such as the Virginia Henderson International Nursing Library will be helpful. For instance, The Online Journal of Knowledge Synthesis for Nursing has just published a meta-analysis on cranberry juice. Such literature also explains how to apply the research.

However, the main body of nursing knowledge is not yet available in synthesis form. Consequently, students must be given opportunities to read research and learn to draw from it appropriate conclusions for practice. Furthermore, they need to recognize that knowledge development continues and what is considered scientifically sound today, may change as more research is done. This was illustrated by the change in focus of cranberry juice research over time from its effect on urine pH to its effect on uropathogenic cells. In order to engage in research-based practice, nurses need to keep current on research developments.

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Revisions 01 1st Quarter 1997

Urban University Inspires Service to Under Served

By Dorothy L. Powell, PhD, RN, FAAN, dean, Howard University College of Nursing, and Denise Pope, MSN, RN, instructor

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By Judith R. Graves, RN, PhD, FAAN, nursing informatics director, Virginia Henderson International Nursing Library

Sigma Theta Tau International has named its recipients of the Ful Research Scholars competition, The Helene Ford Trust Fund awarded Sigma Theta Tau and test a new learning model for nursing. However, this grant provided the capability to proactively build its usefulness in teaching. The Virginia Henderson Library will disseminate the knowledge bases and concept maps developed by these teams together with caveats and metanalytic methods in the doctoral program. The graphical meta-analysis of the concept maps will be evaluated by an expert in meta-analytic methods. The other research scholar team is from Wayne State University. Judith Floyd, RN, PhD, leads the team assisted by lecturer and clinical instructor Margaret L. Sahib, RN, MSN, and BSN student Rocio Hafston. This team is building a multidisciplinary knowledge base in sleep interventions. Dr. Floyd is currently funded by the National Institute for Nursing Research for a meta-analysis of aging related sleep changes and so brings a comprehensive knowledge of the literature in this area. In addition, she teaches meta-analytic methods in the doctoral program.

Sleep Interventions Team
FLOYD BALAINEH FUGDB

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Scholars Named for Tests
KORNMEISCH BAICKER KURT

Three faculty scholars were chosen to test the use of concept maps. Receiving faculty scholar awards are: Denise Kornmeisch, RN, DNS, Georgetown University associate dean for academic development and an HIV educator and researcher; Jane Backer, RN, BSN, assistant professor at Indiana University School of Nursing and Marjorie Kurt, RN, MSN, clinical professor at Indiana University School of Nursing. Together, these faculty scholars will be able to test the concept maps with different types of learners.

Call for Additional Faculty Scholars for Ful Research Scholars

Deadline Date: July 15, 1997

Appreciation is extended to the Helene Ford Trust Fund for its support of this project.

Faculty Scholar Tester Responsibilities:
Applicants for additional faculty scholars in the areas of sleep intervention and/or care of persons with AIDS are being sought. Applications are invited for faculty members who teach the content of one of the areas of interest to their students as part of their usual teaching load. The investigation will test the value of creating concept maps to improve a student’s ability to apply nursing knowledge in a particular area (domain). The concept maps will be used to improve student’s understanding of the content and transfer it into health care planning activities.

Faculty Selection: The Faculty Scholar will have one year of prior experience within the past two years of teaching in the content area, work in a geographic location that has a large enough baccalaureate nursing education program to have at least 60 students taking the same instructional course in the area (30 students per quarter where possible). The faculty scholar is expected to apply nursing knowledge in a particular area (domain). The concept maps will be used to improve student’s understanding of the content and transfer it into health care planning activities.

Interested individuals may send a letter of application, addressing their qualifications, vita, and experiences relevant to the criteria and a letter of support from appropriate supervisors. Please contact Dr. Judith Graves by phone: (317) 634-8171, or toll-free in the U.S. dial: 1-888-634-7575, fax: (317) 634-8188, or e-mail: judith@stti-uni.sun.iupui.edu

International Call for Library Liason

The International Library Committee invites all chapter members who either formally, or informally, act as liaisons in informatics with the Virginia Henderson Library, to send information about your chapter. The committee members are eager to establish better communication with you. Please e-mail your name, address, chapter name, official chapter title, and description of your chapter library function to: maichel@sttuni.sun.iupui.edu

By Col. Mary M. Martin, RN, DNS, ARNP, Medical Liaison, U.S. Air Force Reserve Medical Liaison Office, The Pentagon; member, International Development Committee of Sigma Theta Tau International

Washingto1, D.C.—The decision to lead a philanthropic life comes from being a nurse. Nursing has been kind to me. Because of nursing, life itself is bounteous. Like hundreds of other nurses, I am sometimes called a “philanthropist.” Let me tell you about one nurse—about my roots.

I graduated from nursing school nearly 32 years ago. My favorite cousin, Vicki McCullough, wanted to be a nurse and fulfilled her goal. The degree of her humanity influenced me to try to follow in her footsteps. She was a leader and mentor even as a Girl Scout, when she included me and other younger girls on her trail adventures. When I was a nursing student, she intellectually led the way, encouraging my novice clinical work and advocating my participation in study groups.

It seemed to me she was the kindest, most capable and intelligent person in our large, extended family. Now many years later, I continue to find that the overwhelming majority of nurses I meet are also the kindest, most capable and intelligent people I know.

The profession offers excitement, challenge, the opportunity to serve and lead. Today as a member of the Air Force Reserve, I serve in a most significant way. The Air Force Reserve is commanded by Maj. Gen. Robert McIntosh, the father of a nurse. It came as no surprise to me that as his medical liaison officer, my nursing background, opinions and professional judgments are highly valued. In our office, we respond to the offices of the Secretaries of Defense of Health Affairs, and Reserve Affairs and to Congress on matters affecting the health of the force and its policies.

Other colleagues on the Air Staff frequently seek this nurse’s advice and counsel. They welcomed me with open arms. I attribute this to the widely known fact that nurses are loved and respected in our culture because we care. But, we are also loved and cared for, because we are scholars in the trusting sense of the word. We investigate and work at a problem until we find the root causes and the best solutions. I see this happening at all levels.

Two years ago when my mother passed away in an intensive care unit in a small hospital in Vincennes, Indiana, I was comforted by the quality of care that nurses rendered. Before she died, she was under heavy sedation and unable to communicate. My attempts to talk with her were futile. A much younger, astute nurse, urged me to take a walk, while she worked with my mother. This is what happened: The nurse vigorously rubbed her back and told her how much we all wanted her to wake up and talk.

When I returned to my mother’s room, the nurse said, “Look Zella, there’s your daughter.” My mother opened her eyes. “Mary,” she said my name. And I cried. My mother died that night. I will never forget the nurses who cared for her, or the quilt they proudly displayed at their nurses’ station. Blending scholarship and kindness, the nurses quilt read: “No one cares how much you know ‘till they know how much you care.”
**FULL RESEARCH SCHOLARS NAMED**

By Judith R. Graves, RN, PhD, FAAN, nursing informatics director, Virginia Henderson International Nursing Library

Sigta Theta Tau International has named its recipients of the Fuld Scholars competition. The Helenle Fuld Trust Fund awarded Sigma Theta Tau International's Virginia Henderson International Nursing Library a $176,000 grant to implement and test a new learning model for nursing.

Under ordinary circumstances, several years would be required for the Registry to become sufficiently populated in an area before we could test its usefulness in learning. However, this grant provided the capability to proactively build knowledge bases in two different areas to evaluate its usefulness in teaching.

The Virginia Henderson Library will disseminate the knowledge bases and concept maps developed by these teams to teach with concepts from teaching in learning situations.

Two teams of research scholars were chosen to build separate knowledge bases and concept maps of nursing interventions in two clinical areas. Concept maps are generated from the knowledge base using methods for modeling scientific knowledge developed by the project director, Judith Graves. Knowledge base building will take place in the first year of the grant. Testing the use of concept maps in teaching situations will take place in the second year.

**HIV Team**

One research scholar team is from Wayne State University. Judith Floyd, RN, PhD, leads the team assisted by lecturer and clinical instructor Margaret L. Sahlah, RN, MSN, and BSN student Rigelis Balahore. This team is building a multidisciplinary knowledge base in sleep interventions. Dr. Floyd is currently funded by the National Institute for Nursing Research for a meta-analysis of aging related sleep changes and so brings a comprehensive knowledge of the literature in this area. In addition, she teaches meta-analytic methods in the doctoral program.

The other research scholar team is from Georgetown University and is led by senior research scholar Dr. Judith Bagi, RN, PhD, associate dean for research with assistance by clinical scholar Jennifer Lynn Lemert, RN, and master’s student and research assistant Patricia Heatr Gaddy, RN. This team is building a knowledge base of nursing research in persons with HIV/AIDS.

The team argued successfully that the U.S. Agency for Health Care Policy and Research guidelines may have failed to address important clinical nursing issues arising in such persons as fears of dying and care of orphaned children. It also proposed a model of collaborative participation between the American Academy of Nursing and SIGTHA for AIDS, the research committee of Association for Nurses in AIDS Care, and researchers funded by the National Institute of Nursing Research for HIV/AIDS studies.

This participation will help to facilitate and validate the literature search and the concept maps generated from the knowledge base. This project will help Sigma Theta Tau study the contribution of inter-organizational process to building and maintaining and validating knowledge bases for the library.

**Sleep Interventions Team**

FLOYD BALAHORE

Three faculty scholars were chosen to test the use of concept maps. Receiving faculty scholar awards are: Denise Korneweg, RN, DNSC, Georgetown University associate dean for academic development and an HIV educator and researcher; Jane Baker, RN, MSN, assistant professor at Indiana University School of Nursing and Marjorie Kurt, RN, MSN, clinical professor at Indiana University School of Nursing. Together, these faculty scholars will be able to test the concept maps with different types of learners.

**Call for Additional Faculty Scholars for Full Award**

**Deadline Date: July 15, 1997**

Appreciation is extended to the Helen Fuld Trust Fund for its support of this project.

Faculty Scholar Tester Responsibilities:

Applicants for additional faculty scholars in the areas of sleep intervention and/or care of persons with AIDS are being sought. Applications are invited for faculty members who teach the content of one of the areas of interest to their students as part of their teaching load.

The investigation will test the value of creating concept maps to improve a student's ability to apply nursing knowledge in a particular area (domain). The concept maps will be used to improve the student's understanding of the content and transfer it into health care planning activities.

**Faculty Selection:** The Faculty Scholar will have one year of prior experience within the past two years of teaching in the content area, work in a geographic location that has a large enough population to make a multidisciplinary knowledge base in sleep interventions.

**Liaison Officer**

The profession offers excitement, challenge, the opportunity to serve and lead. Today as a member of the Air Force Reserve, I serve in a most significant domain. The concept maps will be used to improve student's ability to apply nursing knowledge in a particular area (domain). The concept maps will be used to improve the student's understanding of the content and transfer it into health care planning activities. The Faculty Scholar will have one year of prior experience within the past two years of teaching in the content area, work in a geographic location that has a large enough population to make a multidisciplinary knowledge base in sleep interventions. The Faculty Scholar will have one year of prior experience within the past two years of teaching in the content area, work in a geographic location that has a large enough population to make a multidisciplinary knowledge base in sleep interventions. The Faculty Scholar will have one year of prior experience within the past two years of teaching in the content area, work in a geographic location that has a large enough population to make a multidisciplinary knowledge base in sleep interventions.
Why A $7.5 Million Campaign?

In 1991, Sigma Theta Tau International completed the first national capital funds campaign in nursing's history. Its rationale was crystal clear: to raise $5 million to create the International Center for Nursing Scholarship and Virginia Henderson International Nursing Library. Those objectives were met. The future of the organization was then considered. The building and library were in place, but could fail to fulfill their promise in the absence of relevant programs and services meeting the ever-shifting demands of the profession and health care system. It became evident that the modest annual fee structure would not be sufficient for Sigma Theta Tau to remain on the leading edge of nursing leadership into the 21st century. And keeping the annual membership fees as low as possible was definitely a priority.

The decision was made to move into the second phase of fund raising — mounting a campaign both celebrating Sigma Theta Tau's rich history of 75 years of achievement and enabling the organization to retain its position as one of the largest, most prestigious, and most valuable nursing groups in the world. A campaign target of $7.5 million was established. In recognition of the magnitude of this goal, the decision was made to include planned gifts, which over time would mature and bolster the Society's programs and services. As the money arrives in the coming years, it will be applied to:
- Virginia Henderson International Nursing Library
- Research Endowment Fund
- Leadership Institute
- Sustaining Fund

The future of the organization was then considered. Wouldn't you like to be one of the 75 Fellows recognized at the 75th Anniversary? The Society's goal is to honor 75 distinguished individuals as esteemed Virginia Henderson Fellows at the 75th Anniversary celebration in December. A special ceremony will be conducted at the biennial convention in which the Fellows are awarded a commemorative medalion to wear proudly. Fellows will also participate in the biennial convention and regional assembly reg-

New Virginia Henderson Fellows

Virginia Henderson Fellow Imogene King greets new Virginia Henderson Fellow Frances Smiths in Chapel Hill.

Myrtle K. Aydelotte, RN, PhD, FAAN; Suzanne C. Beyea, RN, PhD; Julia A. Beale, RN, DNSc; Brenda L. Charity, RNCS, PhD, FAAN; Rita Clifford, RN, PhD; Patricia A. Gorriska, RN, PhD, Amy Heithoff, RN, RN; CQIN Ruth L. Jenkins, RN, PhD; Doris Truth Lippman, APN, FNP; Elin S. Louise R. Johnson Lutjens, RN, PhD; Patricia R. Messmer, RN, C, PAD; Rose M. Nealis, RN, and Frances Smith, RN, BSN, are distinguished additions to the Virginia Henderson Fellows. (See back cover for complete listing of Virginia Henderson Fellows.)

According to Dr. Mary Martin, chair of the Development Committee's Virginia Henderson Fellow Task Force, much of the success enjoyed by Regions 7 and 4 may be attributed to existing Virginia Henderson Fellows encouraging others to participate in the new Legacy Program. Dr. Martin and Virginia Henderson Fellow colleagues Fay Bowser, Bette Brown, Karen Brown, Pat Channing, Rosemary Berkel Crisp, Melanie Dreher, Sanford Hulie, Lucie Kelly, Imogene King, Patri Kline, Leslie Nicoll, Pat Messner, Eleanor Sullivan, Joyce Verran, Neil Watts and others have motivated colleagues to become Fellows. As part of the "Each One Teach One" initiative, most current Fellows and Member Field Force representatives are helping to spread the word about the innovative, cost-effective new planned giving program.

Under the Virginia Henderson Fellow Legacy Program, gifts are placed in the 21st Century Endowment Fund. Members are recognized for the future value of the funds. For example, members 35 years of age may become Fellows by contributing $900 per year for 5 years; Members 45 years of age may invest $1,500 per year for 5 years and enjoy recognition at the $35,000 gift level. For more information, contact Sigma Theta Tau's Development Department, toll free, at (888) 545-7575.

Virginia Henderson Fellow Leah Nicoll explains why she made the momentous decision at a dinner meeting.

Leading 25 Chapters Supporting the 75th Anniversary Campaign:

The campaign goal is to register the support of 100 percent of Sigma Theta Tau's chapters, at the levels best suiting their respective circumstances. These 35 exemplary chapters have pledged and contributed approximately $172,000 to the 75th Anniversary Campaign. This constitutes 49 percent of all chapter gifts received to date.

Virginia Henderson Fellow Leah Nicoll explains why she made the momentous decision at a dinner meeting. Rhode Island, dinner meeting.

Leading 25 Chapters Supporting the 75th Anniversary Campaign:

Virginia Henderson Fellows supporting the 75th Anniversary Campaign.

New Virginia Henderson Fellow Leah Nicoll explains why she made the momentous decision at a dinner meeting. Rhode Island, dinner meeting.

Region 7 Leads with 17 Virginia Henderson Fellows!

Fifty-five of the 58 Virginia Henderson Fellows are Sigma Theta Tau members. More than one-third — 17 — are from Region 7. Region 4 boasts 14 (including 2 members with dual chapter affiliations), Region 5 has 8, Region 1 has 7, Region 2 has 6, Region 6 has 5, and Region 3 has 2.

September 1st Set For Tribute Wall Completion
Campaign gifts of $50 or more will be recognized on book replica plaques in the new Tribute Wall adjacent to the Virginia Henderson International Nursing Library in the International Center for Nursing Scholarship. Gifts and pledges received by September 1, 1997, will be recognized in the elegant wall and available for viewing at the time of the biennial convention. Contributions arriving after that date will be incorporated into a separate section of the Tribute Wall at a later date. Chapters providing gifts of $50 or more will also be featured on the wall.

Leadership Gifts To The 75th Anniversary Campaign From Friends of Nursing
We thank the following philanthropists and philanthropic entities for their exemplary support of Sigma Theta Tau International and the nursing profession:

75th Anniversary Campaign Facts

$7.5 Million Campaign Facts

$1.7 Million Remaining

Virginia Henderson Fellows: 75

Chapter Goal: 100% participation (93)

Remain: 17

Member contributing:

TOTAL GIFTS:

Library Endowment and Restricted Funds
Friends of the Library
Research Endowment Fund
Leadership Fund
Sustaining Fund
Virginia Henderson Clinical Research Endowment Fund
Planned Gifts
25th Century Endowment Fund (Planned Gifts)
25th Century Endowment Fund (Outright Gifts)

TOTAL

$5,804,700
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The decision was made to move into the second phase of fund raising—mounting a campaign both celebrating Sigma Theta Tau's rich history of 75 years of achievement and enabling the organization to retain its position as one of the largest, most prestigious, and most valuable nursing groups in the world.

A campaign target of $7.5 million was established. In recognition of the magnitude of this goal, the decision was made to include planned gifts, which over time would mature and bolster the Society's programs and services. As the money arrives in the coming years, it will be applied to:

Virginia Henderson International Nursing Library $4,000,000
Research Endowment Fund $2,000,000
Leadership Institute $750,000
Sustaining Fund $75,000

According to Dr. Mary Martin, chair of the Development Committee's Virginia Henderson Fellow Task Force, much of the success enjoyed by Regions 7 and 4 may be attributed to existing Virginia Henderson Fellows encouraging others to participate in the new Legacy Program. Dr. Martin and Virginia Henderson Fellow colleagues Fay Rowe, Billie Brown, Karen Brown, Pat Changino, Rosemary Berkel Crisp, Melanie Dreher, Sandra Hale, Lucie Kelly, Ingeone King, Pam Kline, Leslie Nicoll, Pat Messner, Eleanor Sullivan, Joyce Verran, Neil Watts and others have motivated colleagues to become Fellows. As part of the "Each One Teach One" initiative, most current Fellows and Member Field Force representatives are helping to spread the word about the innovative, cost-effective new planned giving program.

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Leading 25 Chapters Supporting the 75th Anniversary Campaign:

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Virginia Henderson Fellow Leslie Nicoll explains why she made the momentous decision at a Provence, Rhode Island, dinner meeting. New Virginia Henderson Fellows recognize that at the 75th Anniversary:

The Society's goal is to honor 75 distinguished individuals as esteemed Virginia Henderson Fellows at the 75th Anniversary celebration in December. A special ceremony will be conducted at the biennial convention in which the Fellows are awarded a commemorative medallion to wear proudly. Fellows will also participate in the eloquent, intimate Heritage Society dinner on Saturday, September 6.

Virginia Henderson Fellows receive complimentary convention and regional assembly registration, inclusion of their names on a beautiful etched crystal window in the monumental statue of our International Center for Nursing Scholarship, and numerous other benefits.

Region 7 Leads with 17 Virginia Henderson Fellows! Fifty-five of the 58 Virginia Henderson Fellows are Sigma Theta Tau members. More than one-third —17—are from Region 7. Region 4 boasts 14 (including 2 members with dead chapter affiliations), Region 5 has 8, Region 1 has 7, Region 2 has 6, Region 6 has 5, and Region 3 has 2.

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PHILANTHROPY

75th Anniversary Campaign Facts

77% of $7.5 Million Goal Attained

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<th>CAMPAIGN GOAL</th>
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</table>

September 1st Set For Tribute Wall Completion

Campaign gifts of $500 or more will be recognized on book replica plaques in the new Tribute Wall adjacent to the Virginia Henderson International Nursing Library in the International Center for Nursing Scholarship. Gifts and pledges received before September 1, 1997, will be recognized in the elegant wall and available for viewing at the time of the biennial convention. Contributions arriving after that date will be incorporated into a separate section of the Tribute Wall at a later date. Chapters providing gifts of $500 or more will also be featured on the wall.

Leadership Gifts To The 75th Anniversary Campaign From Friends of Nursing

We thank the following philanthropists and philanthropic entities for their exemplary support of Sigma Theta Tau International and the nursing profession:
Virginia Henderson Fellows and Miami Field Force Representatives conglomerating in Orlando from left are Nancy Dickerson-Hazard, Allyn Brown, Mary Convery, Pat Chambers, Sandra Holle, Diane Cooper, Ruby Wilson and Melanie Draper.
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Mary M. Martin
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Mark R. Godley
Barbara A. Bader
Julie Ann Miller
Lauren Miller
Lois Ashley

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Carol A. Lindeman Fellow
Rick J. Sauer
Dennis W. Burch
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Carol A. Lindeman Fellow
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Sandra G. Foster
Jennifer L. Robinson
Jennifer L. Robinson

Lambda Zeta
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Lambda Chi
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Carol A. Lindeman Fellow
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James E. Buuard
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Sisters
Sr. Rosemary Donley Fellow
Mary M. Martin
Carol A. Lindeman Fellow
Stowe, C. Mood
Jim Surey
James E. Buuard
Pamela A. McClain
James E. Buuard
Pauline C. Pytlewski
Lori Ann Ray

Members throughout the world have contributed to both the Knowledge Building and the 70th Anniversary Campaign. See John Lee and Kwang Ok Lee of Korea are two of the thousands of memorialists who have invested in Sigma Theta Tau’s future.
Carol Iota thousands of nurse philanthropists who have invested
in their profession and the future of nursing. Members throughout
the years have contributed to the knowledge base of the
profession and have influenced policies and practices that
effectively change outcomes for patients and employees. Lila
Marlene E. Siskin and Mary W. Wenke are two of the
leaders who have mentored others.

Mariana L. Decker and Vivian D. Ferguson are
ationally recognized for their dedication to nursing and
healthcare. They have served as leaders in nursing
during their professional careers. These two
complement the other members of the
board who have been instrumental in
advancing the field of nursing.

Mary Ann Tolle Wright and Barron B. Bly are
national leaders in nursing education and
practice. They have been instrumental in
advancing the field of nursing education
and have contributed to the development of
effective nursing curricula. These leaders
have been mentors to future generations
of nurses and have influenced the
development of nursing programs and
practices.

Marilyn J. Swain and Margaret M. Green are
national leaders in nursing research and
have contributed to the advancement of
knowledge in the field of nursing. These
leaders have been instrumental in
advancing the field of nursing research
and have influenced the development of
research methodologies and
practices.

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practices.
Canada

Vangang Bergeen, RN, PhD, says: "The University of Toronto is the largest university in Canada and the second largest in North America. It is a hub of research and cultural activity. The city of Toronto is a vibrant and diverse urban center."
**MEMBERS ON THE MOVE**

**CANADA**

Vangene Burgess, RN, PhD, member, at the University of Alberta, is a member at large of the Executive Committee of the Canadian Bioethics Society.

Ellen Lindquist, RN, PhD, Lambda Chi (Boston College), professor at the University of Toronto Faculty of Nursing, is a member of the editorial board of the Cochrane Database, Oxford, England.

**SWITZERLAND**

The International Council of Nurses has named Lea-Tom Kiviniemi, RN, MS, Lambda Alpha-at-Large (Tallinn, Estonia) as the recipient of the International Congress of Nurses 2003 Young Nurse Award.

**TAWAIN**

Chaw-Fang Chen, RN, MS, Lambda Beta-at-Large (National Taiwan University, National Defense Medical Center), associate professor at National Taiwan University, is the vice president of the National Taiwan University Hospital. Dr. Chen has been named the 1996 Senior and Excellent Teacher's Award from National Taiwan University.

Lien-Hua Huang, RN, PhD, Lambda Beta-at-Large President, (National Taiwan University, National Defense Medical Center), associate professor at National Taiwan University, is the recipient of the Taiwan National Science Foundation 1995 Award for Young Scientists.

Nai-Ping Ke, RN, MS, Lambda Beta-at-Large (National Taiwan University, National Defense Medical Center), and Hsin-chun Mao, RN, MS, Lambda Beta-at-Large (National Taiwan University, National Defense Medical Center) both associate professors at the National Defense Medical Center, have each received Outstanding Teacher awards for the Medical College for 1996.

Meet-Show Lu, RN, MS, Lambda Beta-at-Large (National Taiwan University, National Defense Medical Center), is vice president of the Taipei Medical College. She has already formed a number of academic affairs.

Shunian Shian, RN, MS, PhD, Delta (Taiwan University, National Defense Medical Center), is director of the Taipei Medical College at National Taiwan University.

She has also been appointed director of the Department of Nursing at National Taiwan University Hospital.

Kewen-Yung Wang, RN, MS, Lambda Beta-at-Large (National Taiwan University, National Defense Medical Center), associate professor at Taipei Medical College, is dean of the School of Nursing at the Medical College.

Ling-Ling Wei, RN, MS, Lambda Beta-at-Large (National Taiwan University, National Defense Medical Center), is the recipient of the 1996 Outstanding Nurse of the Armed Forces.

Rosa Phl. Yang, RN, MS, Lambda Beta-at-Large (North Island, National Defense Medical Center, after graduation from the School of Nursing at Yang-Ming University, has been appointed first dean of the School of Nursing, National Yang-Ming University.

**UNITED STATES**

California

Marie J. Cowan, RN, PhD, VAN, PAI (at W., University of California Los Angeles School of Nursing. She was previously professor and associate dean for research and practice at the University of Washington School of Nursing.

Martha Highfield, RN, PhD, DCS, Gamma Mu (of California Los Angeles) is Associate Professor of Nursing in the Health Sciences Department of California State University, Northridge, O.F.

Karen Sue Hoy, RN, MS, PhD, Zeta Mu at Large (California State U., Honolulu, Hawaii, College of Nursing), an associate professor, has completed her residency in Neonatal nurse practitioner clinical placement coordinator at the University of San Diego School of Nursing, is president of the California Nurses Association.

Jacklin J. Takashiba Schuchardt, RN, MS, CNOR, Xi Psi El at Large (California State U. Hospital, Holy Names College, San Francisco) is a nurse specialist in surgical services at John Muir Medical Health System, Walnut Creek, California, is the recipient of the Charles E. Kridel Award for Excellence in Nursing Practice.

Sanford I. McIntosh, RN, BA, OH, Tau (Georgetown University) nurse manager of the surgical intensive care unit at the University of Iowa Hospital and Clinics, and received the Outstanding Nurse Manager Award of the Iowa Council of Nurse Manager Affiliates.

Florida

Nelle Cell Bleschak, RN, PhD, Zeta X (Florida Atlantic University, College of Nursing), is professor at the Health Science Center and post-doctoral clinical fellow at the University of Miami, Florida, is professor of the University of Miami School of Nursing and Health Science post-graduate program in post-moribund care.

Marial Snyder, RN, PhD, Zeta X (University of Minnesota), professor at the University of Minnesota School of Nursing, has been named the winner of the American Organization of Nurse Executives' Sohns' Outstanding Achievement Award in Gerontology.

Patricia Tomenson, RN, PhD, Zeta X (University of Minnesota), professor at the University of Minnesota School of Nursing, is national chair of the Family Health Section of the National Council on Family Relations. She will manage the interdisciplinary group's scientific sessions.

Mary Sue Bedell, RN, PhD, Gamma Mu, Alpha Omega, Epsilon (Seneca Hall, Adelphi, New York) has been named as the New Jersey Breast Cancer Nursing Research Scholar by the New Jersey Commission on Cancer Research.

**NEW MEXICO**

Patrick Conlon, RN, BA, BSC, B.C.H, Theta Tau (Brigham U, E. of New Mexico), director of diabetes education at NM Health Sciences Center, has been named one of the 1997 Hispanic Trailblazers. He has also been appointed editor of the Journal of Nursing Administration, the official journal of the American Association of Colleges of Nursing.

**NEW YORK**

Carol S. Brewer, RN, PhD, Gamma Mu, Kappa Zeta (Rutgers U., Madison, NJ) assistant professor, has received a grant from the U.S. Agency for Healthcare Research and Quality for a study of pain management in patients with AIDS. She has also been named to the board of directors of the American Nurses Association's Agency for Health Care Policy and Research.

Karen Colley, RN, PhD, Kappa Zeta (Northeastern U., Philadelphia) has been named dean of graduate nursing in the College of Nursing at Temple University. She is also the new president of the Pennsylvania Conference of the National League for Nursing.

Shirley S. Travis, RN, PhD, CS, Epsilon (New York U.) has been named the New Jersey State Director of the National League for Nursing, the New Jersey state director of the American Association of Critical Care Nurses, and the New Jersey representative to the National League for Nursing. Dr. Travis was also named the New Jersey Nurse Executive of the Year by the New Jersey Chapter of the American Nurses' Association.

**OHIO**

Patricia L. Brooks, RN, BSN, BSN, Gamma Mu, Alpha Theta-at-Large (University of New Mexico) assistant professor, has received a grant from the U.S. Agency for Healthcare Research and Quality for a study of pain management in patients with AIDS. She has also been named to the board of directors of the American Nurses Association's Agency for Health Care Policy and Research.

**PENNSYLVANIA**

Constance Carson, RN, DNP, Kappa Zeta (Catholic U. of America, Columbus, Ohio) is the new president of the Pennsylvania Conference of the National League for Nursing. She has also been named to the board of directors of the American Association of Critical Care Nurses, and the New Jersey state director of the National League for Nursing. Dr. Travis was also named the New Jersey Nurse Executive of the Year by the New Jersey Chapter of the American Nurses' Association.

**SOUTH CAROLINA**

Priscilla Kline, RN, MS, Gamma Mu (Clemson U.) is a visiting assistant professor in the Department of Community Health at the University of Missouri-Kansas City. She has also been named to the board of directors of the American Association of Critical Care Nurses, and the New Jersey state director of the National League for Nursing. Dr. Travis was also named the New Jersey Nurse Executive of the Year by the New Jersey Chapter of the American Nurses' Association.
Operational Affairs Department

Who do you call when you need Sigma Theta Tau honor cords, pins, chapter supplies, sweatshirts, scholarships? Sigma Theta Tau International's Operational Affairs Department provides support to members whenever they call. Your purchase is quickly met, suitably packaged and shipped to you immediately.

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Sigma Theta Tau International is headquartered in Indianapolis, Indiana and employs 50 staff who bring a variety of benefits to approximately 200,000 members in 356 chapters worldwide.

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Kathleen Clark, Assistant Director, 1-800-654-7736, kclark@stti-sun.iupui.edu

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Maureen Govek, Director Library Services, 317-573-0407, ext. 5986; mgovek@stti-sun.iupui.edu

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RESEARCH SERVICES

Barbara Watters, Director National Chapters, 317-573-0407, ext. 5989; Barbara.Watters@stti-sun.iupui.edu

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EDITORIAL CORRECTIONS

Janice S. Hayes, BS, PhD, associate professor, Florida Atlantic University, wrote "Cross-Cultural and Cultural-Specific Tools" in Reflections 44th Quarter 1996. She is not a Fellow of the American Academy of Nursing.

Rachel E. Spector, RN, MD, CTN, EAN, associate professor, Boston College, wrote "Sensitivity Care" in Reflections 45th Quarter 1997. She was not current at the time of publication.
Texas  
Colored Carol Beineke, BSN, CCRN, Delta Alpha Omicron of Texas received a vor 1 year $99,999 grant from the Texas Military Nursing Research Program to study Individual Medicaid Enrollment: A Concept Generalization. The congressionally-sponsored grant will be conducted at the Army Medical Department Center and School at Fort Sam Houston, Texas.

Virginia  
Betty Temple-Mill, PhD, ANP, EPN, Eta Sigma (Southern Illinois University) is Chair of the Family Nurse Practitioner Program at Virginia Commonwealth University.

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juliespiegelman@stti-sun.iupui.edu

**EDITOR'S CORRECTIONS**

Janice S. Hayes, BS, PhD, associate professor, Florida Atlantic University, wrote "Cruise-Cultural and Cultural-Specific Themes" in Reflections 4, 1996. She is not a fellow of the American Academy of Nursing.

Rachel E. Spector, RN, PhD, CTN, EAN, associate professor, Boston College, wrote "Sensitivity Care" in Reflections 18, 2000. On October 30, 1996, she began her book, Cultural Diversity in Health and Illness, her name is spelled correctly above.
Nevada

Jekyll Island, Georgia. Sponsors: Moving Ahead with Advanced Education Aug. 4-6, 1997 - St. Thomas, "Innovative SCI"

Fax: 718-803-0414.

Women's Email:

Oct. 14th Annual Educational University Seaman UCCE NURSE @ UC.edu Graduate Program Associate Dean of Consideration of candidates will begin immediately with a Equal opportunity employer. Rank and salary commensurate potential starting date of July 1, 1997.

Circle, Chamblee, Ga. Nursing and Maywood College Department of Nursing. Contact: Roba Gallagher, Maywood College Department of Nursing, 1300 Maine Avenue, Sharon, Pa. 15203-1396, Phone: 773-967-2137; 718-961-4135.

Call for Abstracts

Deadline: June 15, 1997 International Health Research Symposium, Shanghai, China, October 20-21, 1997. Contact: The Professional.nurses, P.O. Box 4032, Honolulu, Wa. 96824-4032; Phone: 808-986-5701; Fax: 808-986-5901.

Deadline: July 1, 1997 The Saint Louis University School of Nursing and Delta Lambda Chapter of Sigma Theta Tau presents the 24th Annual Research Conference, October 23-25, 1997. Contact: Mrs. Patricia M. McShea, 3525 Caroline Street, St. Louis, MO 63104; Phone: 314-577-4914.

Deadline: July 15, 1997 Paper of Practice Symposium, International, Multidisciplinary Qualitative Health Research Conference, Feb. 19-21, 1998 at Hilton Vancouver, Vancouver, British Columbia, Canada. Contact: Dr. Jose L. Bocek, School of Nursing, 2211 Waverley Mall, University of British Columbia, Vancouver, British Columbia, Canada. Fax: 604-822-7046; E-mail: JLB@nurse@usc.edu


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A master's degree is required for the principal investigator Sigma Theta Tau International. For more information contact Research Service. Phone: 515-564-8717; Fax: 515-644-8989; E-mail: sandj@stti-iupui.edu

Sigma Theta Tau International

Virginia Henderson Clinical Research Grant

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This $50,000 Virginia Henderson/Sigma Theta Tau International Clinical Research Grant will be awarded biannually to encourage the research career development of clinically based nurses through support of clinically-oriented research.

If you are a Society member, have a Master's degree in nursing, and are a registered nurse actively involved in some aspect of health care delivery, education or research in a clinical setting, you are invited to apply for this grant.

To receive a research grant application, please send your mailing preference to Sandy Fledderjohann.

E-mail: sandy@stti-iupui.edu Phone: 317-634-8188 Mail:

Virginia Henderson Clinical Research Grant Sigma Theta Tau International 500 West North Street Indianapolis, IN 46220

Applications must be postmarked by July 25, 1997. The recipient will be awarded the grant on the Scientific Sessions day (December 3, 1997) during the Society's 75th Anniversary Convention.

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• five years administrative experience in graduate education

• effective working relationships with others

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Judith A. Balcerski, RN, PhD Dean and Professor Barry University, School of Nursing 11300 N.E. Second Avenue Miami Shores, Florida 33161

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Research Grant & Fellowship Opportunities

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If you are a Society member, have a Master's degree in nursing, and are a registered nurse actively involved in some aspect of health care delivery, education or research in a clinical setting, you are invited to apply for this grant.

To receive a research grant application, please send your mailing address to Sandra Pfeiffer, RN, MS, PhD, Sigma Theta Tau International, 3010 North North Street, Indianapolis, IN 46202.

Applications must be postmarked by July 25, 1997.

The recipient will be awarded the grant on the Scientific Sessions day (December 3, 1997) during the Society's 75th Anniversary Convention.


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Volume 23, Number 1, First Quarter 1997

Sigma Theta Tau International
Honor Society of Nursing
550 West North Street
Indianapolis, IN 46202
317-634-8171
FAX: 317-634-8188
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