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Help Wanted
HELP WANTED. That is a familiar sign. As the person in charge of disseminating research information, I am asking for your help. In order to supply the most up-to-date research information for both our eNewsletter and our website, we need you to send information about your holistic nursing research presentations and publications to us.

Please send complete information about your presentations and publications to me at one of the following e-mail addresses: kingm1@duq.edu or michalene1@comcast.net

Thank you,
Michalene King

Opportunities for Researchers

Research Grant Opportunity
The AHNA is offering a competitive research grant for $500 to $5,000. Completed research proposals are due no later than Friday, **February 1, 2014**. Please refer to the AHNA website at [www.ahna.org/ResearchGrant](http://www.ahna.org/ResearchGrant) for the following information: the grant application form, guidelines about the application process, and information describing how to write a research proposal. For more information, please contact Jeanette Plodek, jplodek@me.com, or Cindy Barrere, cynthia.barrere@quinnipiac.edu.

Research Activities of PhD and DNP Prepared Nurses

Many nurses with advanced degrees are posed with questions as to the differences and similarities of having a PhD or DNP. In regard to activities of research, differences are defined below. Partnerships between PhD and DNP prepared nurses promote the advancement of nursing science.

**The Research Doctorate**
**Doctor of Philosophy (PhD)**
PhD prepared nurses carry out primary research studies. PhD prepared nurses develop new knowledge for the science and practice of nursing. They lead interdisciplinary research teams, design, and conduct research studies, and disseminate knowledge for nursing and related disciplines.

**The Practice Doctorate**
**Doctor of Nursing Practice (DNP)**
DNP prepared nurses engage in program evaluation and quality improvement projects guided by published research within their practice settings. DNP prepared nurses translate evidence gained through nursing research into practice, improve systems of care, and measure outcomes of patient groups, populations and communities.

**Call for Abstracts**
There is a call for abstracts for the *Fifth Annual Rita M. McGinley Symposium, Exploring Social Justice for Vulnerable Populations: The Face of the Person with Mental Illness.* October 23-24, 2014, Duquesne University School of Nursing, Pittsburgh, PA. Abstracts due no later than 5 p.m., Friday, **March 25, 2014.** For more information go to [www.duq.edu/social-justice](http://www.duq.edu/social-justice).

**Research Profile: Cindy Barrere, PhD, RN, CNS, AHN-BC**

*In this issue we profile Cindy Barrere, PhD, RN, CNS, AHN-BC,*

*Chair of Faculty Development & Professor of Nursing, Quinnipiac University, Joint Appointment with Frank Netter School of Medicine, Hamden, CT, National Director, Academy of Medical-Surgical Nurses, Research/QI Consultant Program Director, American Holistic Nurses Association*

**What is your current area of research?**
My current areas of research include testing the effectiveness of selected pedagogies related to teaching: end-of-life care, stroke patient care, self-care and depression care for older adults; also, evaluating spirituality interventions for cardiovascular patients to improve patient outcomes.

**Could you tell us how you got started in research and how it evolved over the years?**
My passion for nursing research began during my first nursing research course in graduate school. I developed a research project and was intrigued by how a well-designed study could provide findings that might provide useful evidence for practice. As a clinical nurse specialist in oncology and skin/wound care, I was involved in quality improvement (QI) initiatives at a community hospital and integrated research methodology into QI studies to strengthen outcomes measures used. Although research and QI are distinct, they do have some similarities. I realized that scientific validity was important to the design of each and advocated that nurses understand both research and QI to determine the best approach when designing either type of study. Through local and state presentations and workshops, I taught nurses to develop well-designed nursing research and QI projects. Now in academia, I teach nursing research to BSN students and the scholarship of inquiry to DNP students. This DNP course includes a focus on students' learning how to lead a successful QI team. I also oversee research and quality improvement as a national director on the Board of Directors for the Academy of Medical Surgical Nurses and am a proponent for supporting holistic research and QI for AHNA as director of the research consultation program.
What were some of your biggest challenges, surprises and joys in doing holistic nursing research?
Holistic nursing lends itself well to qualitative research - rich data related to caring and healing can be captured using recorded interviews. The biggest challenge with qualitative holistic research is securing funding for such projects. I find funding is available when guided to the appropriate agencies. Holistic quantitative nursing research poses different challenges such as identifying valid and reliable instruments to measure selected holistic concepts. At times, instrument development is needed.

The joy in doing holistic nursing research occurs as I work on studies with other like-minded colleagues as we explore aspects of nurse caring and healing to strengthen the evidence-base of holistic practice. Pleasant surprises occur when I receive phone calls and e-mails regarding a scholarly article published or when a nurse writes to request permission to use an education program or intervention tested in a study. This kind of communication is thrilling to receive and illustrates the importance of dissemination of findings through publication.

What are you excited about as you lead the Research Consultation Program?
It is an honor to lead the Research Consultation program. Two aspects of this program make it especially exciting. First, is the privilege of working with the dedicated holistic nurse consultants who volunteer their time to coach and mentor nurses interested in conducting a research study or QI initiative. The holistic research consultants are integral to the success of this program. Second, is the wonderful opportunity to build the capacity to provide this much needed consultative support to our holistic nurse colleagues who do not have this support readily available. To date, our program has assisted nurses to improve the designs of holistic research studies, connected nurses who have mutual holistic areas of interest, and helped doctoral students brainstorm holistic capstone projects or identify dissertation topics. In addition, holistic QI is a rapidly growing area of the consultation program in which nurses receive coaching to develop a systematic approach to data collection in a specific clinical setting using meaningful quality outcomes measures to evaluate and improve holistic practices and processes.

What are your goals for the Research Consultation Program?
There has been recent international interest in the research consultation program. My goals for the program are to continue to expand the numbers of holistic nurses who benefit from this service both nationally and internationally. The program aims to 1) increase research studies that enhance the evidence-base for holistic nursing and 2) promote continuous improvement studies in caring and healing practices and processes as nurses implement holistic evidence-based practices in their clinical settings. The ultimate goal is to improve holistic patient-centered care.

Student’s Corner
This is a new area the research committee is developing. The goal is to encourage Masters and Doctoral students to write abstracts of their thesis/dissertations.quality improvement projects and submit to Connections in Holistic Nursing Research. This gives students an opportunity to publish and allow others to gain interest in their work.

Masters and Doctoral students are invited and encouraged to send submissions beginning now. If you are a mentor or advisor for a graduate student, please encourage them to share with us. Please send your submissions to Dr. Michalene A. King at kingm1@duq.edu or michalene1@comcast.net

We look forward to reading about your scholarly work.

AHNA Researchers in Action

Full text available to AHNA member. Learn how.

Full text available to AHNA member. Learn how.

Full text available to AHNA member. Learn how.

**Helen Lorraine Erickson, Margaret Elizabeth Erickson, Joan A. Campbell, Mary E. Brekke, & M. Kay Sandor**. (January/December 2013). *The Holistic Worldview in Action: Evolution of Holistic Nurses Certification Programs*. Journal of Holistic Nursing, 31(4), 303-313.
Full text available to AHNA member. Learn how.

AHNA members names in **bold**. We would love to hear about your research. Have you started your dissertation, had a paper published, presented, etc. Send your "Researcher in Action" to research@ahna.org. For publications, click on the article title for link to abstract (if available).

AHNA Member In The News
Wonderful example of a rigorous program of research spanning many years that is currently making a difference in the lives of those who have served our country.

A TV story entitled: "Nursing the Wounded," produced by William Brigham, featured holistic nursing approaches to caring for our wounded warriors and was aired on PBS' newsmagazine show "Need to Know" last June 22, 2012. [Click here to view the story. This story profiled some of the vital work being done by nurses at the San Diego VA Hospital, including Jill Bormann, PhD, RN, member of AHNA. This important work was nominated for an American Academy of Nursing (AAN) Media Award.

The purpose for this story was two-fold: (1) With the end of the wars in Iraq and Afghanistan, hundreds of thousands of American servicemen and women were coming home, many of them returning with physical and psychological wounds that would linger for years, and (2) Given that the Obama Administration had recently launched an initiative to train more nurses to supplement the VA's care of these wounded vets, Mr. Brigham decided to go to San Diego to see up-close how nurses on the frontlines were making a difference.

The fascinating thing about this report was that it focused on some very "holistic" nursing care. The three nurses profiled were doing remarkable things: They were training veterans' spouses to better care for their wounded partners; they were researching and teaching mantra repetition to treat long-term mental trauma; and they were working one-on-one with vets to help them adjust to life off the battlefield. This report offered a remarkable look at some of the cutting-edge nursing work being done in the U.S. - exactly at a time when their services couldn't have been in greater demand.

Research Term: Validity

By Dr. Sue Roe

There are many important terms holistic nurse researchers must be comfortable with. Validity is one of those terms. From a research design perspective, having a valid study means that it accurately measures a specific concept or concepts the researcher is attempting to measure. For example, one study might be determining whether aromatherapy coupled with massage decreases mental fatigue.

In designing the study the researcher will first determine face validity. Face validity is how a measure or procedure appears "on the face of it". For instance, does this seem to be a worthwhile study? Is it well designed? Are the methods for collecting data reasonable?

The researcher will also need to ensure external and internal validity. Having external validity means the study results can be generalized across other
populations, settings, outcomes, times, and treatments. This can apply to quantitative and qualitative research designs.

*Internal* validity deals with the accuracy of results. Is there sufficient evidence to substantiate the results? The focus is on controlling for possible confounding variables so the only factor(s) which affect the dependent variable is the independent variable. The question posed in internal validity is, "might there be an alternative reason for what was observed and/or for the results of the study?" There can be threats to internal validity. These might be bias or effects of the testing instruments used.

Internal validity offers confidence. In our example, this researcher will have high internal validity if it is found that aromatherapy coupled with massage decreased mental fatigue rather than confounding variables such as changes in nutrition or sleep habits.

Validity extends to statistics, and in particular, the validity of testing instruments. Here validity has a similar purpose - does a testing instrument measure what it claims to measure? Taking our example one step further, let's say this researcher decides she will use a fatigue scale to measure the sample's perception before and after the treatment of massage and aromatherapy. She will need to understand three types of test validity:

1. **Content Validity**: Content validity is the extent to which a testing instrument reflects the specific and intended scope of content. For example, did the scale selected by the researcher cover all possible dimensions of fatigue?

2. **Criterion Validity**: Criterion validity, also referred to instrument validity demonstrates accuracy by comparing it with another measure or procedure deemed valid. There are two types of criterion validity: *Concurrent validity* is accomplished when a testing instrument, such as the one selected by our researcher, is benchmarked with another fatigue scale measuring the same concepts and the result is a high correlation. *Predictive Validity* occurs when results from a testing instrument are able to predict future designated outcomes or results.

3. **Construct Validity**: Construct validity seeks agreement between a theoretical concept and a specific measuring device or procedure. For example, in our study, the fatigue scale selected (or developed) should measure fatigue as it was defined for this study. It cannot measure other concepts such as sleep deprivation or stress. Construct validity has two sub-categories: *Convergent validity* and *discriminate validity*. *Convergent validity* means an agreement that the concepts expected to be related are in fact related. *Discriminate validity* is the reverse. There should be no relationship among concepts which theoretically should not be related.

**A Few Sources:**


*View AHNA’s growing research glossary*. To contribute a definition or suggest a term, please contact research@ahna.org.

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