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I recently attended AHNA's annual conference in Portland, OR, where each member was honored as a HOLISTIC LEADER. At conference, we heard that leaders must recognize their realities personal and professional. I have consistently enjoyed listening to the stories of holistic nurse leaders because I find that listening to one leader at a time opens space for my personal understanding of their vision of leadership and gives me a way to honor the person and his or her leadership. This intentional person-to-person dialogue "transforms the quality of the conversation and the thinking that lies beneath it" (Issacs, 1999).

I have always valued and enjoyed listening to leadership stories. In my personal conversations with holistic nurse leaders I notice patterns of similar skills or abilities. Holistic leaders have a remarkable ability to be intentional in their dialogue and to be fully engaged in meaningful communication. They tend to make people feel that they are the only person in the room! This trait was obvious to all who attended AHNA's recent conference. Each holistic leader (i.e., you) at conference reflected engagement, conscious intention, respect, and dignity for the other. I also notice that holistic leaders describe a particularly valuable way of thinking about paradoxes. They have an intuitive ability to see the predictable ways of managing paradoxical situations.

Polarities are interdependent pairs of different, competing, or opposite values or perspectives that (e.g., individual work AND collective work or mission AND margin) that exist all around us and are a part of every person, organization, and our nation’s reality (Johnson, 1996, 2014). These interdependent pairs include two poles and an energy system. As an example, imagine that your right and left hands are two poles of a polarity (paradox) with an energy that separates and crosses, while keeping your two hands differentiated (sort of mini small circles surrounding each) yet, holding them together with an energy system (sort of like an energy attraction) keeps them needing each other to remain always connected. Barry Johnson explains that the crossing energy between the poles (your hands in this example) is experienced as a tension. If
we want to sustain our outcomes, we can’t assume that the tension we experience is a problem or that we need to choose or give our attention to only one side of the polarity (Right hand or Left hand) over the other. Since the tension is unsolvable and unavoidable, we must address the tension.

We can expand the hands example by slightly elevating the tips of the hands in front of us and imagining that each polarity has an upside (tips of fingers) and a downside (wrists). When holistic leaders manage the tension in a polarity, they are seeking the greater purpose (finger tips) of both poles (hands), which will positively reinforce a "cycle of sustainability." However, if we are tempted to focus on the downside (one of the wrist areas) of one pole to the neglect of the other (the other wrist), then we create a negative vicious cycle that will reinforce the limits of the pole we selected. In the hands example, when we over focus on the right hand there can be a sort of downward drift of that hand, while we ignore the left hand. When holistic leaders learn about and apply principles of polarity thinking in their practice settings, they experience the natural tension that exists between the two poles and are able to achieve the greater purpose that comes from respecting and holding onto the upside of both poles and their dynamic interdependence.

Polarities are about energy systems and are a logical fit with holistic nursing, which desires the greater good for all. Holistic leaders naturally value relationships and people, are inclusionary and recognize that the many issues plaguing healthcare, our personal lives and global crises are combinations of problems to be solved and polarities to be managed. Learning to manage polarities can save time, money and energy to achieve improved, sustainable practice outcomes (Wesorick, 2011).

My passion for understanding holistic leadership continues. Attending Conference 2014 nourished my craving for further understanding and embracing holistic leadership. We can all benefit from the remarkable wisdom shared at AHNA 2014 conference and that we will all advance in our knowledge and use of polarity thinking!

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*Evelyn Clingerman, PhD, RN, CNE, FNAP*

References:


Research Profile: Maryann Abendroth, PhD, RN

In this issue we interview Maryann Abendroth, PhD, RN. Maryann is currently an assistant professor at Northern Illinois University School of Nursing and Health Studies. She teaches graduate students in the nurse educator program, and continues to do caregiver research.

Research Committee: What is your current area of research?
My current area of research focuses on strain and well-being among formal and informal caregivers of persons with chronic and debilitating illnesses. I have created a caregiving model that focuses on caregiver strain and encompasses factors that lead caregivers to place loved ones in a nursing home. I have been involved in both qualitative and quantitative projects related to caregiver research. Currently my focus has been on instrument development related to creating a measure to assess the risk of strain among caregivers of persons with Parkinson's disease.

Could you tell us how you got started in research and how it evolved over the years?
I got started in research during my MSN program which resulted in a study about compassion fatigue risk in hospice nurses. My interest in caregivers took a slight turn in my doctoral program which was a qualitative focus on studying strain and well-being among informal caregivers such as family members who care for persons with Parkinson's disease. My hopes are to continue to eventually work with both types of populations of caregivers, and to continue to look at levels of strain and other factors such as compassion fatigue in these populations. My goal is to collaborate with interdisciplinary teams to develop holistic interventions that could improve the lives of families and professionals who care for persons with chronic and debilitating illnesses.

What were some of your biggest challenges, surprises and joys in doing holistic nursing research?
One of the biggest challenges in doing holistic nursing research is recruiting participants for studies and finding funding for such studies. Finding persons in certain populations such as caregivers can be a challenge as well as obtaining competitive funding from public or private sources; however, it is important to persevere. By doing this type of research I have had the privilege of meeting many caregivers and can see the love and sacrifices they make for their families, which is often at the cost of caring for themselves.

Surprises and joys occur when I hear about other researchers citing my work and seeing others do innovative holistic research related to these populations of caregivers. It is wonderful to receive e-mails from other nurse researchers interested in my work and to have my work funded and published. Last year, I received an award to further develop an instrument to measure caregiver strain among family caregivers of
persons with Parkinson's disease. Hearing from other researchers, physicians, nurses and social workers, who tell me how crucial this instrument project is, illustrates the importance of doing this type of research and disseminating the findings in order to improve the lives of such caregivers.

**What excites you about the future of Holistic Nursing Research?**
Knowing that I can hopefully make a different in someone's life through my work is very rewarding and exciting. Making sure that there is a holistic focus related to caregiver research is extremely important, whether the caregivers are nurses, social workers and physicians, or family members such as spouses, adult children and significant others.
I see the future of holistic nursing as continuing to promote the value of different methods of research that will foster collaborations with other holistic researchers in different disciplines. I am excited also to see the future of holistic research move toward a translational approach in which we can analyze findings from our research and create policies which allow us to apply holistic interventions for care recipients. Nurse scientists, especially holistic nurses, could be instrumental in promoting ways to accelerate translational research in our profession.

**Selected Publications**


**A Bird's Eye View of Holistic Research at 2014 Conference**
Attendees at AHNA's 2014 Conference in Portland, OR were treated to some exceptional presentations! We must thank presenters for their individual efforts and intentional way of contributing to the course of holistic nursing research. I am a firm believer that our scholarly work is alive, well and growing.

Our preconference work focused on complexity theory that included lively discussion and interactive dialogue between participants and presenters. This informative work linked complexity with holistic research designs, measures, and evaluation. An added benefit included presenters providing exemplar teaching using Reiki research!

During the next few days, there were eleven research podium presentations that were a good mix of qualitative and quantitative designed studies. Common themes in the presentations included holistic leadership and a model of care, holistic modality interventions, nurses' end of life experiences, and holistic pediatric modalities. The primary emphasis of five of the presentations focused around holistic modalities, their interventional use, and family members perceptions of benefit from their use.

We also enjoyed the benefit of reviewing and learning from ten poster presenters. Their topics centered around examining the effects of holistic modality interventions on nurses and patients. One poster was a literature review that summarized an appraisal of contemplative theory and practice in nursing education.

Five individuals selected a research one-on-one consultation. This activity was less well attended and thus the research committee may wish to solicit further information from participants to identify usefulness of the activity or ways to improve the attendance and benefit from this activity at summer conference.

In summary, holistic research was very well attended, often necessitating additional chairs and provided to a standing room only room. Discussion and interactive dialogue reflected strong interest in the topics and research methodologies.

Evelyn Clingerman, PhD, CNE, RN
Learn more about the AHNA conference at www.ahna.org/conference

Promoting Research and Quality Improvement in Holistic Nursing through Consultation Service

**AHNA Research Consultation Service**

The AHNA Research Committee is now offering a program for those nurses who want to conduct research or are working on a quality improvement project, but need some guidance. If you are a new researcher who would like some assistance, the AHNA Research Consultation Program is for you.

For AHNA members, this service is provided for $20 for one research consultation and $50 for three, and can be purchased online at www.ahna.org/shop. Consultations are expected to be less than one hour, and will be most productive when the Consultation Request Form is thoughtfully completed. For example, providing your area of research interest and other descriptors will enable the program manager to better match you with a consultant. After purchasing your consultation service, you will receive an email receipt that guides you in the process for your consultation. This program is managed by Cindy Barrere, who can be contacted at cynthia.barrere@quinnipiac.edu.

The AHNA Research Committee is very excited to make this service available to the members, continuing their focus to promote and support future researchers in holistic nursing.

**Student’s Corner**

Kimberly Janine Rodgers RN, MSN/EDU, CMSN

*The Comparative Effectiveness of Reflection-and Meditation-Based Stress Management Techniques on Undergraduate Nursing Students* was the topic of the DNP capstone project conducted by Kimberly Rodgers, a recent graduate of the
Duquesne University School of Nursing. A review of the literature revealed that various theories of stress could be reduced by reflection and meditation; but there was a knowledge crevice on the relative effectiveness of these methodologies. Students were recruited and trained in one of the two methods: reflective journaling or mindful meditation. Stress was measured utilizing the Perceived Stress Scale (PSS) pre and post-intervention. Both of these approaches were statistically comparable, but did not statistically represent one intervention to be more effective over the other. Students who learned the mindful meditation technique continued to use this technique following the project.

Masters and Doctoral students are invited and encouraged to send abstracts of their thesis/dissertations/quality improvement projects and submit to Connections in Holistic Nursing Research for possible publication in the Student Corner. This gives students an opportunity to publish and allow others to gain interest in their work. 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 michalene1@comcast.net. We look forward to reading about your scholarly work.

AHNA Researchers in Action

**Alyson Ross**, Margaret Bevans, Erika Friedmann, Laurie Williams & Sue Thomas. (June/July 2014). *I am a nice person when I do yoga!!!: A qualitative analysis of how yoga affects relationships*. Journal of Holistic Nursing, 32(2), 67-77

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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).

**Opportunities for Researchers**

**Call for Abstracts: ICN Seoul Korea June 2015**

The International Council of Nurses has opened their site and is inviting abstracts for the ICN Conference June 19-23, 2015, in Seoul. This gathering of thousands of nurses will explore the importance of cross-cultural understanding and global cooperation in nursing. The Conference will provide opportunities for nurses to build relationships and to disseminate nursing knowledge and leadership across specialties, cultures and countries. The three ICN pillars - Professional Practice, Regulation and Socio-Economic Welfare - will frame the scientific program and the dynamic exchange of experiences and expertise. The deadline for submission is **October**
Correlation is used in a variety of contexts and is a term heard in many casual conversations. Someone might say, "Did you know there is a correlation between tall people and the type of car they drive" or "There is a correlation between popcorn lovers and the number of movies they watch". While used often, correlation is a term with special meaning.

The word correlation has an interesting background. It has been part of the English language since the 16th century. The Latin origin for correlation is the root "co" which means with, together, or join. By the 19th century, correlation became a term many disciplines adopted for their own uses. Therefore, it is important to be aware that when one employs correlation in research and statistics, it has its own unique use.

The best way to define correlation is to say that it is a relationship existing between phenomena, sets of data, or variables which tend to vary, be associated, or occur together and are not expected to do so by chance alone.

The purpose of correlation in research and statistics is to provide information about the relationship between sets of data or variables. As a statistical measure correlation indicates the extent to which two or more sets of data or variables may or may not fluctuate together. When this happens, it does not imply "causation" but rather in correlation the reason for fluctuation is that the sets of data or variables occur at the same time. For example, when there is a strong relationship between the number of people who smoke and who also drink alcohol, it does not mean there is a causal relationship between the two but rather one is associated with the other in a particular way. So, in correlation the focus is not on cause but on the strength and also the direction of the relationship.

Possible correlations can range from +1 to -1. A zero correlation indicates there is no relationship between the data or variables. A correlation of -1 points to a perfect negative correlation, meaning as one goes up, the other goes down. For example, the more miles a person drives, the less fuel there is in the car. A correlation of +1 implies a perfect positive correlation, meaning both move together in the same direction. For example, as people age, their height increases.
These scatterplots of data below show different correlational directions. Also noted are the strength of each. The closer to +1 or -1, the greater the strength of the relationship.


Statistically, correlation is appropriate for examining relationships between quantifiable data (e.g., temperature, weight) rather than categorical data such as gender or a person’s favorite sport and it is measured using a coefficient of correlation. The statistical tool most familiar is Pearson Product Moment Correlation where a linear relationship (as above) is examined. Here interval level data are required. When measured in a population Pearson Product Moment Correlation is labeled by use of rho (ρ). When in a sample, by the letter "r"; sometimes called Pearson’s r. For example, a resulting correlation coefficient r might be +.85 which would be interpreted as a strong positive correlation.

There are limitations to using correlation.

- While helpful in analysis, it does not completely speak to all one wants to know about the data and results.
- Outlying data/variables can strongly influence the correlation coefficient.
- It does not work as well with curvilinear relationships, those that do not follow a straight line. For example, if the relationship being examined is age and the use of complementary therapies, while they may be related, the relationship may not follow a straight line. Younger adults may use a variety of different therapies than those who are older.
- If the sample size is small, correlation should not be used alone. Here, significance level is important because it will provide information about how likely the correlation may be due to chance because of a random sampling error.

While, Pearson Product Moment tends to be the most used statistical tool when examining correlational relationships, there are others that are appropriate for different levels of data. If there are two ordinal level variables, Spearman Rank Correlation Coefficient (rho) or the Kendall Rank Correlation Coefficient (tau) can be selected.
Correlation is one of many ways of reporting research results. While, it determines the strength and direction of a relationship which is most helpful it can also offer a launching point for more detailed analyses in later studies.

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

American Holistic Nurses Association
100 SE 9th St., Suite 3A, Topeka, KS 66612-1213 ● (800) 278-2462 ● Fax: (785) 234-1713
info@ahna.org ● www.ahna.org

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