October 2014

Be Part of a "Wealth of Riches"

Editorial by Michalene King

I started a new faculty position in August. I am one of four who were hired this academic year. Each of us happily brought to the University our unique talents. As a result, our nursing administrators refer to us as a "wealth of riches." The reason for this story will become apparent soon.

I am the editor-in-chief of this e-newsletter. With my two co-editors, Dr. Pamela Crary and Dr. Sue Roe, we produce this research e-newsletter four times a year. We work to secure members of the Research Committee to be Guest Editors and interested members as "Cameos" or to share a research term. When we are not able to secure someone to assist us, we write these features ourselves. We are happy to share our talents with all who receive this newsletter.

So how does this fit in with my original story? I believe we also have a "wealth of riches" within our Research Committee and membership. Many of you are doing great research that we would like to highlight. Some of you may have a topic you would like to discuss in an editorial or a special research term you would like to share with others.

I am asking each of you to think about what you can contribute. We have a volunteer for the research term for the January newsletter, but we still need a guest editor, a Cameo and a student to highlight in our "Student's Corner." Please share your experience and talents with others.
I can't remember the exact words of the saying, but it has to do with many hands and making the task lighter. We ask that you lend us a hand. I look forward to hearing from you. Please contact me at kingm@rmu.edu or michalene1@comcast.net.

Thank you.

Michalene A. King

Opportunity for Researchers

AHNA Research Grant Opportunity
The AHNA is offering a competitive research grant for $5,000. Completed research proposals are due no later than Sunday, February 15, 2015. Please refer to the AHNA website at 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.

Poster Abstracts and Research Papers and Panels presenting study results on selected topics will be accepted until Monday, December 1, 2014, 11:59 pm PST. Eligible proposals must reflect the theme, purpose, and objectives of the conference and topics may apply to practice, education, research, aesthetics and personal & professional development.

Note: Proposal Space (www.proposalspace.com) is the vendor AHNA uses for submission of Conference Proposals in all categories. You must register for a LOG IN on the Proposal Space site in order to submit a proposal (your individual AHNA website log in will not work on this site). This allows you to register your demographic information, establish a password so that as you are submitting proposals (up to 3) you can save them and go back and edit them before the final submission deadline. Again, you must specifically register at their site separately unless you have registered there to submit a proposal in 2012 or 2013.

Research Profile: Debbie Harbinson, BSN, MHI, RN, CNOR, HNB-BC
Tell us a little bit about your research.
I am interested in the use of laughter as therapy for wellbeing. It is fascinating to me how laughter connects people; it is universal and intergenerational. Furthermore, regardless of the severity of a person's disease or distress, those who use laughter and humor as a strategy to cope appear to have much more resilience and a stronger capacity to physically and/or emotionally heal.

As I pursued a method to bring people of all ages and different cultures together in a community setting, I discovered an organization, the World Laughter Tour (WLT). What intrigued me about this group was their large advisory board of not only practitioners, but researchers as well. I soon joined WLT and became not only a Certified Laughter Leader-Expert, but also a Master Trainer. In addition, I am the nurse planner for AHNA CEs for nurses participating in the Therapeutic Laughter workshop through WLT.

Most of my applied work has centered on the therapeutic efficacy of laughter derived from spontaneous laughter (triggered by external stimuli or positive emotions) and self-induced laughter (triggered by oneself at will), both occurring with or without humor and laughter exercises.

What are some of your biggest challenges, surprises, and joys in doing holistic nursing research?
My greatest joy in holistic nursing research is learning about all the incredible discoveries of our universe through the lens of the science of nursing and the art of the nursing profession. For instance, I am thrilled when a current medical finding reaffirms a conclusion of Florence Nightingale, as I believe there is so much untapped wisdom in our souls for health and wellness.

As for challenges, research on laughter does not attract pharmaceutical or medical device companies, so it can be difficult to fund. This is true of most holistic nursing research as we are investigating mind, body, and spirit strategies that use our innate abilities for healing and wellness. More specific to my work, people take laughter and humor for granted; hence it is difficult to find those interested in ascertaining whether it makes a significant difference in the health of someone. This is the same for other holistic strategies.

Probably the greatest surprise has been that though a nurse is licensed and credentialed in a holistic therapy, there remains resistance from our nurse
colleagues, who follow a more traditional medical model, as we collaborate on behalf of patient care. I believe as a profession we are gaining ground in mutual respect and trust, however we still have much to learn in creating an interdisciplinary environment of shared understanding to advance holistic care.

**What are some of the benefits and challenges to conducting research in the field?**

Most of my work with laughter therapy is with older adults. Therefore, having a consistent group of people enrolled in my groups as well as finding organizations to participate is a struggle.

The benefits are that I am constantly aware of the importance of the relationship between the participants and myself as I teach and guide them through a holistic approach for their chosen outcome. This also allows me a deeper consciousness in my own self care.

**Any advice you would like to share with Holistic Nurses just getting started in research?**

I would suggest the article, "Research Paradigms and Methods for Investiging Holistic Nursing Concerns" (2007). The authors reference the Mariano (2006) model for holistic nursing research, which discusses openness, being awake, reflection, caring and humor. The ideas mentioned in the reading may provide impetus for new knowledge or offer a framework for current work.

Finally, though well-designed research is warranted in laughter therapy, I have been encouraged by leading researchers in gelotology (the study of laughter) that until all the science is straightened out, get in all the laughter you can!

So though there may not be enough research on your topic, if it is your passion, live it and share it with as many people as you can, the science will catch up!


**Member Reflections on AHNA**

When I think about an organization that reflects every part of me and my wholeness, without hesitation, I think of AHNA. In my employment and in my world I try to focus on being transformational and inspirational. This is a polarity and I've come to know that we need both in our world. It isn't about one or the other and AHNA's values, mission, and beliefs reflect this way of thinking to me. Thus, I will want to be a part of AHNA when my employment days are far behind me.

~Evelyn Clingerman
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

Effect of Music on Infants in the NICU
by Hayley Jambor, RN, BSN, MSN

Abstract
The purpose of this study was to explore the effects of selected recorded lullaby music on the vital signs (heart rates, respiratory rates, oxygen saturation levels) and behavioral states (quiet sleep, active sleep, drowsy, quiet alert, active alert, and crying) in infants greater than or equal to 32 weeks gestation in the Neonatal Intensive Care Unit (NICU). There were four research questions: 1) Is there a difference in the mean heart rates in premature infants receiving music therapy compared with premature infants not receiving music therapy, 2) Is there a difference in the mean oxygen saturation rates in premature infants receiving music therapy compared with premature infants not receiving music therapy, 3) Is there a difference in the mean respiratory rates in premature infants receiving music therapy compared with premature infants not receiving music therapy, 4) Is there a difference in behavioral states in premature infants receiving music therapy compared with premature infants not receiving music therapy.

Thirty infants participated in the quasi-experimental quantitative study. A crossover research design was used in which infants served as their experimental and control groups, respectively. The experimental group received music therapy (the
independent variable) on days one, three, and five. On days two, four, and six, infants served as their own control group. Some infants were discharged prior to the sixth day. The crossover design controlled for variability among the sample. Music was played on a CD player in the infant's room and was set at 60 decibels as recommended by Chen et al., 2003. Heart rates, respiratory rates, oxygen saturations, and behavioral states were recorded ten minutes prior to the first evening feeding, five minutes into the feeding, and ten minutes after the feeding was complete.

Statistically significant findings (at the p< 0.05) included heart rates (p= 0.000), oxygen saturations (p = 0.015), and behavioral states (p = 0.015). The application of music therapy was found to be significantly associated with decrease in heart rate and crying (26.7%) as well as a significant increase oxygen saturation levels and quiet sleep (70.6%). In addition, the application of music therapy enhanced feeding because infants spent more time significantly in the quiet alert (57.8%) and active alert (51.4%) states. The application of music therapy was not statistically significant for respiratory rates. Results of the study indicate that music therapy is associated with achieving optimal behavioral states that promote neurological and behavioral development in infants in the NICU.

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 kingm@rmu.edu or michalene1@comcast.net We look forward to reading about your scholarly work.

AHNA Researchers in Action


Dr. Colleen Delaney (PI) and Dr. Cynthia Barrere (Co-I) were awarded a $5,000 Virginia S. Cleland Scholar grant from the American Nurses Foundation for the study: Testing of a Statewide Initiative to Enhance Depression Care in Older Home Care Patients. The purpose of this study is to examine the effects of a statewide initiative to enhance depression care among older home care patients. The aim is to determine the effectiveness of the depression screening and intervention program in 1) improving home care trainers and trainee’s knowledge and self-efficacy related to geriatric depression screening and care; and (2) increasing identification of patient depression, increasing referral and access to culturally appropriate services of older home care patients who screen positive for depression, and decreasing all causes of hospitalization.

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).

Research Term:
Grounded Theory: Applications in Holistic Nursing Research and Practice
by Wendy Stiver, RN, BSN, MA

Introduction and History
Grounded Theory (GT) is an inductive methodology that leads to the generation of theory from systematic research processes. GT was developed by sociologists Barney Glaser and Anselm Strauss in the 1960s, and is a general method that can be applied in any field, including nursing. GT is most often discussed within the context of qualitative research. Other types of qualitative research include phenomenology, hermeneutics, ethnography, and historical research (Zahourek, 2013).

Key Concepts
Andrews and Scott (2013) point out that the term Grounded Theory refers to the research method and the resulting theory grounded in the data. The first step in GT methodology is to identify the substantive area, or the area of interest for exploration. The second step is to collect data relevant to the substantive area. One of the features of GT is that data can be a mix of qualitative and quantitative, including interviews, observations, reflective journals, media reports, and even emails or smartphone texts. The researcher approaches the subject with an open mind and receptivity to whatever answers are found. "GT helps us to see things as they are, not as we preconceive them to be....GT orients us to seeing our behavior and the behavior of others as data" (Glaser, 2014, p. 48). A typical GT study may
include in-depth interviews of varied numbers of participants, along with other data sources. A key principle of GT is that everything is data, and the researcher analyzes and then codes written data to identify the core category, which explains the main concern of the participants.

The researcher uses the constant comparative method of data analysis to compare elements or themes identified among the interviews or data sources. Another key dimension of GT is memoing. "Memos are the written records of the researcher’s thinking, both conscious and preconscious realizations as the research and the researcher grows....There are no rules for writing them.....Memoing is not optional...memos ensure the quality of the emerging theory" (Glaser, 2013, p. 2). Memos contain the intellectual processes of the researcher and capture the evolution of the theory itself. Memos are sorted as the researcher moves toward the writing and rewriting phases of the research methodology. The sorting stage is also when the researcher may review pertinent literature to look at more data and to compare what has emerged from the coding process.

The outcome of the GT method is the emergence of a Grounded Theory that fits the data, works to account for how participants solved their main concern, is relevant to the field, and is modifiable in further development (Giske & Artinian, 2007).

**Application to Holistic Nursing**

Grounded Theorists strive to understand peoples' lives and concerns (Gelling, 2011), thus making GT relevant to holistic nursing research and practice. Both qualitative and quantitative research contribute to expanding our knowledge of human experiences and our "inner lives"; thus, a general method such as GT can be very useful in holistic nursing research.

Zahourek (2013) points out that holistic nursing research must incorporate holistic frameworks into the research process from conceptual origins through to interpretation of findings. An example of such research is Zahourek's article in 2005, "Intentionality: Evolutionary Development in Healing. A Grounded Theory Study for Holistic Nursing". The article show how the GT methodology was employed, the sampling processes, and the development of the theory of intentionality: the matrix for healing.

**Summary**

In summary, Grounded Theory is a systematic research approach which, when done well, results in a grounded theory that fits the pertinent data set and can speak to the broader human condition. GT has been embraced by a number of nurse researchers and has informed holistic nursing research and literature.

**References**


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

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*Connections in Holistic Nursing Research*

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Although the AHNA supports the concepts of holism, it refrains from endorsing specific practitioners, organizations, products, services or modalities. Opinions expressed in this eNewsletter may not reflect the position of the AHNA.