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Is there Evidence that New Year's Resolutions Make a Difference?

Guest Editorial by Sue Roe, DPA, MS, BSN, RN

It’s that time of the year when some of us decide we need to think about setting goals for the New Year. Many identify “new” resolutions they would like to achieve by year's end. Others “recycle” those from years before. In either case, the question is “what evidence do we have that setting New Year's Resolutions will assist us in realizing desired goals?”

Let's first explore current research about New Year's Resolutions. The number of Americans who intend to make New Year's Resolutions can be as high as 60%. The Marist poll indicates that only 40% actually make them. People under the age of 30 more typically make resolutions. Those who are older are less likely to do so.

For those working with clients and patients on wellness issues you will be happy to find out that according to USA.gov the most popular New Year’s Resolutions are losing weight, quitting smoking, getting fit, eating healthy food, managing stress, taking a trip, and drinking less alcohol. Other common resolutions are volunteering to help others, getting a better education and job, saving money, managing debt, and recycling. According to the Marist Poll, weight loss is the top resolution for 2015 followed by exercise and improving one’s health.
Once resolutions are made, how well are they kept? The statistic seen most often is approximately one-half of those making resolutions retain them for at least part of the year. Men are more likely than women to keep their resolutions (Marist Poll). John Norcross at the University of Scranton, an expert on behavior change, indicates that 25% of those people who make resolutions break them quickly. At the end of a month, it is likely that 50% will have done the same.

Can we improve these statistics? Lally and others (2010) conducted a study to determine the length of time needed to form a new habit. We have often heard that it takes 21 days. In this study, the habits (repeated behaviors) of 96 people were examined over a 12-week period. The participants selected one new eating, drinking or activity habit for the 12 week period. Daily reports focused on whether or not the new habit was performed and how automatic the associated behavior felt. It was found that, on average, it took 66 days.

Further results of the study showed that it did not influence habit formation if participants missed an opportunity to perform the behavior or made a mistake once or twice. The lesson learned was that habit formation is not an all or nothing process. What is important is getting back on track quickly.

Knowing it can take up to 3 or possibly more months to realize a resolution, what are some strategies to strengthen the process of habit formation? Norcross (2012) believes it is a 5 step process which begins with getting ready for the change, planning before leaping, taking action, managing slips, and then maintaining the change.

Here are some strategies you may want to consider.

- Choose your resolutions wisely and confidently.
- Make them realistic and attainable. They should be set for the right reason.
- Share your resolutions with others.
- Develop an action plan containing small steps. Track progress regularly.
- Reward your successes.
- And, never admonish yourself up if you miss a day or make a mistake.
If you have made 2015 resolutions, I hope this information has been helpful to you. If you haven't, there is still time!


**Research Profile: Carey S. Clark, PhD, RN, AHN-BC, RYT**

In this issue we interview Carey S. Clark, PhD, RN, AHN-BC, RYT. Carrie is an Assistant Professor, University of Maine at Augusta.

Carey S. Clark

**What is your current area of research?**

I am currently focusing on caring-integral approaches in nursing education. I recently completed two Rogerian Narrative Analyses on outcomes from the caring-integral curriculum we developed and the results were published. I just received IRB approval to do a nation-wide study on nursing students' ACES (adverse childhood events scores) to see if our profession tends to attract a population that has higher, lower, or simply equivalent ACES compared to the general population. The results of this study will help inform nurse educators about the importance of emphasizing self-care, healing, and stress resilience in our curricula.

**Could you tell us how you got started in research and how it evolved over the years?**

My first glimpse into research was during my Master’s program, where I was able to work with a professor doing some grounded theory around the nature of spiritual care that nurses provide. During my doctoral program at the California Institute of Integral Studies, I was blessed to be able to connect with the Nurse Manifest Project, and we used Rogerian Narrative Analysis to look at nurses' experiences. You can view the results [here](#).

My doctoral dissertation focused on Jean Watson’s Theory of Human Caring; it was theoretical and I attempted to expand and explicate her theory, by placing it clearly in the interdisciplinary realms.

I did a post-doctoral research internship with the Institute of Noetic Sciences, where we did basic qualitative analysis and coded interviews with transformative leaders. This was great practice in simply coding and analyzing a lot of data.
I feel as if some 10 years after completing my dissertation I am just now coming into my own as a researcher. I have been very busy the last few years focusing on University of Maine at Augusta's nursing program's holistic RN- BSN creation and accreditation, and now it is time to continue to expand the research in those areas of curricular outcomes. I would also like to look at how nurses can best use yoga for their own healing and how this impacts patient care; and I have a strong interest in looking at the use of medical cannabis with PTSD patients in a holistic setting from the patient perspective. Stress management and psychoneuroimmunology are also fascinating, and my own delving into these areas has supported my passion around the importance of self-care for nurses and supporting patients and nurses in use of modalities such as yoga and meditation. I personally made a strong commitment to daily meditation after learning how meditation activates the anti-oxidative genes and protects one against illness.

What were some of your biggest challenges, surprises and joys in doing holistic nursing research?
It’s exciting to see the outcomes emerge, but of course there is a lot of work involved with researching: getting IRB approval and looking for funding remain challenges for holistic nursing and for nurse educators. The joy really remains in the discovery, and in the case of looking at curricular outcomes, the awareness that the curriculum works and students are changing and growing lights me up and provides me with renewed energy for all of the work around teaching and researching.

What excites you about the future of Holistic Nursing Research?
I am excited to see how we can best move the profession back into balance, into a place of caring and healing. The more we can generate evidence that holistic-integrative modalities are valuable and support healing and prevention of disease, the greater our opportunities will be for the practicing of holistic nursing from that heart centered place of unity with all.

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](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.

**The John W. Kluge Center at the Library of Congress is currently accepting applications for the David B. Larson Fellowship in Health and Spirituality**
The deadline is **April 17, 2015**. This post-doctoral fellowship is designed to continue Dr. Larson's legacy of promoting meaningful, scholarly study of these two important and increasingly interrelated fields. The Fellowship seeks to encourage the pursuit of scholarly excellence in the scientific study of the relation of religiousness and
spirituality to physical, mental, and social health. The Fellowship provides an opportunity for a period of six to twelve months of research at the Library of Congress through residency in the Library's John W. Kluge Center. The stipend is $4,200 per month. To see full eligibility and application details; visit [www.loc.gov/kluge/fellowships/larson.html](http://www.loc.gov/kluge/fellowships/larson.html)

Call for Workshop Proposals at the 19th Annual Conference for Healing Beyond Borders

The 2015 Conference, "The Joy of Healing", will be held in Naples, Florida October 1-4, 2015. Submit proposals through the Proposal Space website by **February 16, 2015**. For more information, or to submit a proposal, visit: [www.healingbeyondborders.org](http://www.healingbeyondborders.org)

### Manifesto for a Post-Materialistic Science

This manifesto was written and signed by Mario Beauregard, PhD (University of Arizona), Gary E. Schwartz, PhD (University of Arizona), and Lisa Miller, PhD (Columbia University), in collaboration with Larry Dossey, MD, Alexander Moreira-Almeida, MD, PhD, Marilyn Schlitz, PhD, Rupert Sheldrake, PhD, and Charles Tart, PhD. It notes that the current predominant 'scientific paradigm' is an ideology, and not true science. It describes the impact of this materialist ideology on science, and the need for an open-minded, truly scientific, post-materialist paradigm for science, spirituality, and society.

[http://www.opensciences.org/about/manifesto-for-a-post-materialist-science](http://www.opensciences.org/about/manifesto-for-a-post-materialist-science)


### Student’s Corner

Submitted by Rayna Hilary Rowgowski Nursing Student at New York University, New York, NY

Namaste Nurses is a student organization at New York University (NYU) that offers co-curricular opportunities to gain and exchange knowledge and skills related to holistic and integrative nursing practice and professional community. On November 6th, 2014, Namaste Nurses co-hosted a panel discussion called, "Holistic Nursing and Integrative Interventions in Research." NYU College of Nursing faculty presented, including Dr. Joyce Anastasi, Dr. Babette Biesecker, Dr. Janet Standard, and Dr. Susan Sullivan-Bolyai. Dr. Anastasi is the
principal investigator of several clinical trials funded by the National Institutes of Health, and has published extensively in the area of symptom management using non-invasive interventions. Dr. Anastasi has received numerous awards for her contributions and expertise in acupuncture and symptom management research. Dr. Babette Biesecker is one of the first three holistic nurse practitioners in the U.S. Her PhD dissertation focuses on the lived experience of mothering following cesarean birth using hermeneutic phenomenologic qualitative research method. Dr. Sullivan-Bolyai has focused her research on preparation, education and support for families to help manage childrens’ care in the home and community settings. Her main areas of expertise are clinical interventions that address parent social support and education for Type 1 Diabetes day-to-day management, including the innovation of using a child-size human patient simulator for parent and child education. Dr. Janet Standard holds a graduate certification in holistic nursing, and her doctoral research focused on stress reduction in college students using mindfulness meditation.

Namaste Nurses student leaders are thrilled for the opportunity to present a workshop at the 2015 AHNA Conference called, "Holistic Nursing: Grounded in Nursing Education." Rayna Rogowsky BA, BS, RN, RYT-200 & Flannery Shanklin BA, BSN.

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.

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](http://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.

AHNA Researchers in Action


In choosing a research design the researcher wants to be free of bias from any threats to the validity - accuracy of the outcome of the research study. What are some risks that can affect the outcome of the study?

When conducting quantitative research the researcher is testing whether the independent variable is truly what is making the difference in the dependent variable. And that the results are generalizable to the population selected and replicated in other populations or environments.

To establish internal validity, knowing the dependent variable was impacted by the independent variable the researcher considers possible threats that could have influenced the outcome of the study. These threats are history, maturation, mortality, testing, instrumentation, and selection bias.

**History** - During the time that the research study is taking place another event can impact the outcome of the study. This event is the influence that results in the change of the dependent variable and not the independent variable. For instance a study is being conducted on eating a low fat, healthy diet in reducing heart disease for patients 20-25 years old with elevated cholesterol. The intervention is an educational video program, that is the independent variable and lower cholesterol levels is the dependent variable. During the time this study was taking place the most famous Rock Singer has a heart attack, and it is on the news and in the newspapers that he had a very high fat, unhealthy diet. It may be that event that influenced the study participants to change their diet and not the educational video.

**Maturation** - Participants of the study change over time during the course of the study. It can be physical (growth, healing, fatigue), cognitive (learning new information or skills), or developmental. These changes can be the influences on the dependent variable.
**Mortality** - Participants leave the study before its completion. If this leaves the groups being studied not equal, this may impact the outcome of the study.

**Testing** - Participants that are tested prior to the study are sensitized to the information or attitudes that are being studied. They may have altered scores or changed attitudes due to this rather than the independent variable.

**Instrumentation** - The actual instrument can change during the course of the study. If the instrument is a scale it needs to be tested and calibrated. The instrument can also be individuals scoring or rating an activity. Such as the judges at the Olympics scoring a triple toe loop jump in ice skating. Judges can go through training at the beginning of the study and and either become more proficient than other judges during the course of the study or less proficient as the time from the training elapses. The change in the instrumentation can impact the outcome of the study.

**Selection Bias** - This occurs most often when participants in the study are not randomly selected. There can be different characteristics in those who are hand selected or volunteer to participate in the study than those in the population that were not included. The differences in the groups can impact the dependent variable and it may not be due to the independent variable.

**Threats to External Validity**

Research designs are selected to help minimize these threats to internal validity. An example is the Solomon four group. There are 2 experimental groups and 2 control groups. One of each group takes the pretest and the other does not. All groups take the post test. The results are analyzed to see if knowledge from the pretest impacted the outcome in the groups.

The ability to generalize the outcomes of the study is **external validity**. There are 3 threats to external validity, **reactivity effects**, **selection effects**, and **measurement effects**.

**Reactivity** - is also known as the Hawthorne effect. Participants respond because they are being studied and not due to the independent variable.

**Selection** - the sample from the population was selected may not be representative of the population being studied. Therefore, it is not generalizable to the population.
Measurement - the participants of the study are sensitized by taking a pretest to what is being measured in the study. This may impact the participants' outcome limiting the researchers' ability to generalize the outcomes of the study to the population being studied.

In selecting the research design, the researcher attempts to minimize the possibility of threats to external validity.

Resources


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