Advances in Nursing Doctoral Education & Research

Official Journal of the International Network for Doctoral Education in Nursing (INDEN)
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Journal Purpose

The goals of *Advances in Nursing Doctoral Education & Research* are to:
- Promote academic debates and reports about nursing doctoral education
- Provide an academic platform for doctoral educators to share their innovations and experiences in providing nursing doctoral education
- Publish high quality nursing and interdisciplinary research
- Share best practices and procedures to enhance the diversity and quality in nursing doctoral education

Author Guidelines

Manuscripts submitted will be reviewed for their match to the journal’s aims by the editors. If the manuscript is a match for the journal’s aims, the editor will identify two editorial board members or manuscript reviewers with expertise in the area of the manuscript topic to review it and make recommendations regarding whether to publish it and any editing needed. The process will be ‘blinded’, neither the author(s) nor the reviewers will know the others’ identity.

Papers may be on any topic relevant to the goals of the publication and INDEN. (Please refer to the INDEN website for its aim and objectives in detail) This may include those focused on research, theory, program evaluation and other scholarly papers related to nursing doctoral education and research topics. Some issues of the journal may focus on a particular theme such as “Measuring quality in nursing doctoral education.”

Guidelines for the submission of a manuscript for the peer review section

1. Relevance to aims of this publication
2. Follow format guidelines for manuscripts
3. Length – 2500-3000 words with 12 Arial font and double line spacing.
4. Format for research manuscripts:
   - Abstract (limited to 350 words)
   - Key words (3-4)
   - Introduction and Background
   - Methodology
   - Analysis
   - Conclusions
   - Discussion
   - Implications for practice and future research
5. Format for non-research manuscripts:
   - Abstract (limited to 350 words)
   - A concise summary of the argument or proposed course of action and conclusions
   - 3-4 key words
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Greetings from INDEN President

The 2013 INDEN Biennial conference in Prague in the Czech Republic this past July “Strategies for Quality Doctoral Education” was a great success thanks to the contributions of our INDEN member participants and their commitment to advancing nursing doctoral education in their own countries and the world. One of the highlights of the conference was the workshop lead by Dr. Mija Kim from the U.S. and her colleagues that involved all participants in refining the items on a doctoral program quality measure. The scale was based upon the INDEN Quality Criteria, Standards, and Indicators (QCSI) for Doctoral Programs in Nursing (nursing.jhu.edu/excellence/inden/documents/doctoral_quality_criteria_inden.pdf). The scale included dimensions of curriculum, faculty, students, and resources and promises to be highly useful to faculty members who continually strive to advance nursing doctoral education in their universities. We will look forward to reading about the refined doctoral program quality instrument from this group and how it may serve as a guide to promoting quality in nursing doctoral programs.

Presentations by scholars in several developing nations who are advancing nursing doctoral education on university budgets that are a fraction of what is available in other countries were inspirational. The presentations by the Sigma Theta Tau (STTI)-INDEN postdoctoral fellows demonstrated how we can help and learn from one another in this regard. In the upcoming year, our STTI-INDEN scholars are from Nigeria, Jordan, and Turkey.

As INDEN President, I have been contacted by many faculty and students in nursing practice doctoral programs over the past year regarding INDEN membership. INDEN from its founding has focused on the research doctorate which is traditionally the PhD but includes other research degrees such as DNSc. The practice doctoral degree prepares nurses to serve as leaders in the application of research to practice instead of the generation of original research which is the focus of the research doctoral degree. The number of nursing practice doctoral programs is growing in the U.S., Canada, and Australia although many countries do not have this degree. At the Biennial Conference, members decided to have a Task-Force examine whether INDEN should include the practice doctorate in its mission. Drs. Richard Redman, former INDEN President from the University of Michigan in the U.S. and Dr. Sonja McIlf atrick, INDEN Board Member from the University of Ulster in the UK have graciously agreed to co-chair a Task-Force to examine this issue and make recommendations to the INDEN Board and membership. I know that some members have strong feelings about including or not including the practice doctorate in the work of INDEN. In the near future, the Task-Force will survey INDEN members to determine your thoughts on this important issue. We will also look forward to featuring diverse views on this in the next issue of Advances in Nursing Doctoral Education & Research (ANDER). I hope that during this important period of discernment we will stand in solidarity and fidelity to one another and to the mission of INDEN of advancing the quality of nursing doctoral education globally.
Letter from the Editors

Greetings from the Editors of Advances in Nursing Doctoral Education and Research (ANDER). In this second issue of the ANDER, the theme is “Quality in Doctoral Education in Nursing”.

Why this theme? We would like to challenge all our readers – faculty and students – to think about and discuss the question: Why is quality in doctoral education in Nursing important? The question may sound trivial first, but in fact it is not: there are multiple ways and layers to consider. Maria Helena Nazaré, President, European University Association has highlighted interesting and important thoughts in her foreword of the “Quality Assurance in Doctoral Education – results of the ARDE project” report:

“...we need well-trained researchers to meet the challenges that we are facing... it is essential that... universities have the capacity to train new researchers who can think innovatively and creatively; researchers who will form an essential element of overcoming our common challenges through new ideas and intellectual leadership. The importance of training researchers has been recognized as a central part of the development of knowledge societies in the last decade – and even longer. The number of doctorate holders...has risen sharply, and many countries today graduate twice as many as they did just ten years ago. It is an astonishing feat that such growth has been possible in an area as resource-intensive as doctoral education...” (Byrne, Jørgensen, & Loukkola, 2013)

So, it is indeed important to look at closely where nursing doctoral educations are today, and also consider the future and ask of ourselves: what knowledge and skills are required today and for the next generation of doctorally prepared nurses and researchers? How are external and internal evaluations used to monitor and modernize or improve doctoral education? Are there common, efficient practices, which help us in monitoring doctoral candidates’ progress during the program and after the graduation?

The "What’s New and Upcoming in Doctoral education" section provides the reference information regarding the newly published report, cited above, and also for an article giving an overview of the doctoral reform that has been taking place in Europe. The answers to the questions above are available in these references and both are easy to access on line. Interesting materials for all our readers!

In this issue, we are publishing two peer reviewed articles. Dr. Misuzu F. Gregg and colleagues paper is from Japan; it reports interesting survey results on the quality of the doctoral education. The second paper, submitted by Dr. Liu and colleagues from China discusses a doctoral student’s role in a study involving a community and the importance of clear strategies and consideration of cultural nuances.
The INDEN Biennial Conference took place in July 21-11, 2013 in Prague, Czech Republic. Dr. Marie Nolan, President, INDEN, Ms. Jiayun Xu Executive Director, INDEN and Dr. Kristiina Hyrkas, Associate Editor, ANDER attended this conference. Ms. Xu has summarized a conference report and it is available in this issue. We have also the great pleasure to include here five photos and 12 abstracts from the conference.

In the ‘Perspectives’ section we have very interesting student profiles around the theme of the issue. The students from Australia, China and Japan, all pursuing their doctoral degrees, have great stories to tell us and how they are envisioning their career trajectories.

The next ANDER issue will be published in January 2014. The deadline of the submissions is December 1, 2013.

As always, we welcome feedback from our readers about this journal and encourage everyone to submit manuscripts or items for the various sections of the journal. We hope that this journal will serve both the members of INDEN and the wider community by disseminating knowledge about doctoral education in nursing from around the world.

*Note: Manuscripts may be submitted on any topic relevant to the goals of INDEN and the journal. See author guidelines about submission of manuscripts at: nursing.jhu.edu/inden

Quality in Doctoral Nursing Education in Japan

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Abstract: The purpose of this paper is to describe the state of doctoral nursing education and quality assurance in higher education in Japan, and discusses how we can improve the quality of doctoral nursing education in Japan. All Japanese universities and colleges must be evaluated by certified evaluation and accreditation organizations. However, this evaluation requirement does not apply to all programs such as the doctorate in nursing. The Japan Association of Nursing Programs in Universities (JANPU) has been trying to establish an evaluation system for nursing education. The association has proposed evaluation standards for graduate schools, and these have been used for three master’s programs in nursing. It is necessary to identify if the evaluation standards are appropriate for doctoral nursing programs. This paper also outlines the findings from the evaluation study, which used the Japanese version of the “Survey of the Quality of Nursing Doctoral Education” (Kim, McKenna, & Ketefian, 2006). The results of this study indicated that we need more faculty development and a better education system. The quality of doctoral nursing programs in Japan will improve by using international collaborations as well as internal suggestions by Japanese doctoral nursing programs.

Key words: Quality assurance, evaluation, doctoral nursing programs, Japan

Doctoral Nursing Education in Japan

The first doctoral program in nursing offered by a graduate school of nursing was started in 1988. Prior to the 1980s, a doctoral program that included nursing was within a graduate school of health sciences. The number of doctoral programs in nursing has increased rapidly from 16 in 2002 to 71 in 2012, reflecting the increase in the number of baccalaureate programs in nursing. Although about 70% of the nursing schools in Japan still run three-year hospital-based diploma courses, the number of baccalaureate programs has increased from 98 in 2002 to 211 in 2012, and these programs are available in 19.6% of all nursing schools (Japanese Nursing Association, 2013).

Of the 71 doctoral nursing programs in place in 2012, 24 were in graduate schools of nursing. Fourteen programs were in graduate schools of medicine and the others were mostly in graduate schools of health sciences. The graduate schools of nursing accept a small number of students ranging from 2 to 12 annually. The graduate schools of health sciences usually have a major in health sciences, and accept nursing students as well as other students in health science fields such as physical therapy. All of these are research-focused doctoral programs; however, some schools award a Doctor of Nursing Science, not a Ph.D. in Nursing.

Quality Assurance in Higher Education

Higher education in Japan is offered at universities, colleges, graduate schools, junior colleges, colleges of technology, and profes-
sional training colleges. In this paper, using the term of higher education is limited to education at universities, colleges, and graduate schools. A graduate school is a school offering degrees beyond the bachelor's degree. Three different kinds of programs exist in Japanese graduate schools; Master’s programs, professional degree programs, and doctoral programs. In nursing, only one professional degree program of midwifery exists at the Master’s level, and there is no advanced practice degree at the doctoral level such as a Doctor of Nursing Practice.

Regular evaluation for higher education in Japan is performed by internal self-monitoring or self-evaluation and external third party evaluation. The purpose of the evaluation is to assess and improve the quality of education and research activities. A quality assurance and accreditation system, which is an external third party evaluation, was introduced in 2004 to assess whether each university or college meets the appropriate level as a higher education institution. The School Education Law dictates that all universities and colleges must be evaluated by certified evaluation and accreditation organizations at least once every 7 years (Higher Education Bureau, Ministry of Education, Culture, Sports, Science and Technology, 2009). Three such certified evaluation and accreditation organizations exist. One of the organizations’ evaluations includes 10 areas: mission and goals, educational and research structure, faculty members and faculty structure, educational program/instruction and outcomes, student admissions, student services, educational and research environment, social cooperation and social contribution, administration and financial affairs, and internal quality assurance (Japan University Accreditation Association, 2010). The evaluation is required by law; however, the result is not subject to regulation. From the results of the evaluations from 2004 to 2009, less than 1% of universities or colleges were judged as nonconforming. The criticism that the evaluation is not strict enough to assure the quality of institutions exists (Tozawa, 2011). Furthermore, these certified evaluation and accreditation organizations only evaluate a university or a college as a whole; they do not evaluate specific programs such as doctoral nursing programs. The Central Education Council proposed the necessity of establishing a specific program evaluation system (Central Education Council, 2005). This specific program evaluation system was established only for professional degree programs to date.

Activities by the Japan Association of Nursing Programs in Universities (JANPU) for the Quality Assurance of Graduate Schools in Nursing

JANPU was founded in 1974 to advance nursing education and promote the improvement of academic research by encouraging alliances and cooperation between higher education facilities involved in nursing science. All nursing colleges and universities with a nursing department in Japan joined JANPU voluntarily.

Since 2001, JANPU has been advocating an established evaluation system for nursing education. In 2005, JANPU established the Steering Committee for the Evaluation System for Nursing Programs in Universities (SCESNPU). The committee proposed evaluation standards and developed an appraisal system for undergraduate and graduate level of education in nursing. This was followed by an actual evaluation in 2007 for two undergraduate programs. In the same year, the committee visited the Commission on Collegiate Nursing Education in the U.S. to critique the evaluation system used in North-America for nursing education.

The proposed evaluation standards for graduate schools in nursing include 10 areas: clarifying the educational objectives of graduate
schools and reform, curriculum and educational activities, student selection, the student support system, the educational support/evaluation standards for a master's thesis and dissertation, completion certification, the faculty, faculty development, the environment for education/research/learning, and self-examination/evaluation. Compared to the evaluation standards by the Japan University Accreditation Association described in the above section, the proposed standards by JANPU were focused on nursing education in detailed evaluation items. For example, the educational objectives of the graduate school and the reform focused on identifying the contribution to nursing science and nursing practice, and in the faculty section, they require the appropriate numbers of faculty members whose specialty is nursing.

As part of a mutual evaluation in 2009, these standards were used for three Master's programs in nursing. It is necessary to identify if the proposed evaluation standards are appropriate for doctoral nursing education and if they are useful to improve the quality of education in doctoral programs.

Evaluation of Doctoral Nursing Programs and the Improvement of the Programs

The Steering Committee for the Evaluation System for Nursing Programs in Universities (SCESNPU/JANPU) surveyed doctoral nursing programs in Japan using the Japanese version of the “Survey of the Quality of Nursing Doctoral Education” developed by Kim (Kim et al., 2006) in 2008 (Nagata, Gregg, Miki, Arimoto, Murashima, & Kim, 2012; Arimoto, Gregg, Nagata, Miki, & Murashima, 2012; Miki, Gregg, Arimoto, Nagata, & Murashima, 2012). This survey included 38 items in three sections that evaluated the quality of doctoral education: those about the program (17 items), faculty (12 items), and resources (9 items) with three additional questions about the quality of the curriculum, teaching, and overall program quality. Respondents were asked to strongly agree, agree, disagree or strongly disagree that a quality criterion was present in their doctoral program. For this paper, the two agree categories were combined and the two disagree categories were combined. This study was supported by a research project grant for university evaluation and accreditation commissioned by the Japan Ministry of Education, Culture, Sports, Science and Technology in 2008.

Forty-six doctoral nursing programs were in place in 2008, and the directors of 28 of these programs (60.9%) agreed to participate in this study. Participants included 127 doctoral students, 24 doctoral graduates and 85 faculty members who teach in the doctoral programs (Nagata, Gregg, Miki, Arimoto, Murashima, & Kim, 2012). The graduate schools accepted an average of 7.5 students each year (ranging from 2 to 26 students). Approximately 60% of the directors answered that their graduate schools required no coursework. Even in doctoral programs with a requirement for coursework, the number of required credits was very small, averaging only 10.3 credits. On average, a student needs 13.6 credits (ranging from 6 to 23) to graduate from a doctoral program.

The results indicated that doctoral nursing education in Japan relied heavily on mentorship during the dissertation research. The Central Education Council pointed out the problem of educating doctoral students by their research supervisors only, and the necessity of providing coursework including a theory development course which is important to foster research abilities (Central Education Council, 2005). In the U.S., the formal course in doctoral nursing program includes nursing theory, philosophy of science, advanced research methods, research and theory in areas of nursing science, and so forth (Kim, Wilson-Barnett, & Rodrigues, 2005). It is important to consider the content of coursework for doctor-
al nursing students in Japan to pursue intellectual inquiry and conduct independent research for expanding nursing knowledge. Most doctoral nursing programs do not have sufficient coursework; therefore, a preliminary examination is not conducted at any school in Japan. However, it is crucial to be able to determine whether a doctoral student is ready to start independent research in doctoral education. We have to consider what is necessary to assess student readiness for dissertation research.

In the final examination, defending their dissertation and demonstrating their ability as a scholar are important criteria. However, the process of the assessment needs to be clear. For example, no standards exist for the number of examiners, inclusion of external examiners, and requirement of publications for peer-reviewed journals. It is important to have these standards implemented to assure the quality of doctoral nursing programs.

When evaluating nursing doctoral programs, 80-89% of the students, graduates, and faculty members agreed that the program goal and curriculum were consistent with the philosophy and mission of the school. Most also agreed that educational resources, such as libraries and computer systems were available (74-97%). On the other hand, only 30-42% agreed that adequate administrative systems were in place to ensure that the faculty carried out regular and appropriate supervision of the students’ progress (Nagata, Gregg, Miki, Arimoto, Murashima, & Kim, 2012). The data suggested that there was no regular evaluation of the programs either by students or faculty members at most of the schools. A regular self-evaluation system including receivers and providers of the education should be implemented at all schools.

In most cases, the students and graduates rated the quality of teaching in the doctoral program as good (62% and 74% respectively) while 55% of the faculty members rated it as fair. Even though the quality of teaching was rated as good by many students, only 59% of the doctoral students agreed that faculty members devote significant time to students’ dissertation research. The doctoral students’ evaluations were similar as that of graduates (Nagata, Gregg, Miki, Arimoto, Murashima, & Kim, 2012).

The results of this study suggest that more faculty development and a better educational system are needed. Many faculty members who have to serve on the dissertation committees lack the experience to teach doctoral nursing students because there have not been many doctoral nursing programs until recently. As part of faculty development, many doctoral programs have now introduced an open (public) dissertation examination. We believe that this opportunity will help all faculty members to continue to advance their knowledge and skills in teaching doctoral students. However, we should implement further measures to improve the teaching carried out by faculty members. For example, we can exchange information about coursework and teaching methods, discuss ways to facilitate a dissertation process, and consider the mentoring process inside and outside the school. We also need to create a system to facilitate doctoral students’ learning through consistent faculty supervision. Furthermore, we can refine the evaluation standards by JANPU using other countries’ standards, such as the Indicators of Quality in Research-Focused Doctoral Programs in Nursing by the American Association of College of Nursing (American Association of College of Nursing, 2001). The indicators of the faculty are more focused on their abilities, such as extramural grant awards, peer-reviewed publications, and create an environment of mentoring and socializing students in a community of scholars. We should consider evaluation standards, which are focused on
faculty members’ abilities to teach doctoral nursing students.

Doctoral nursing education in Japan is still at an early stage. We hope that the quality of the programs will improve as a result of collaboration among various schools in Japan and with other countries. Conducting international collaborative research about doctoral nursing programs is one strategy to advance doctoral education nationally and internationally. Furthermore, including faculty members who teach doctoral nursing students outside Japan on the evaluation committee is another way to enrich doctoral nursing education here in Japan.

References


Abstract: Community-based participatory research (CBPR) is helpful in screening for mild cognitive impairment and dementia in China. Successful use of this method is built on longstanding community trust, and it can be challenging to involve graduate students in CBPR if they are new to the community under study. Unlike CBPR in other countries, in China there are levels of government at the community level that must be engaged in the CBPR process. The successful recruitment of eligible and voluntary subjects is an essential element of CBPH. This paper describes three main recruitment strategies which have been used in the study: establishing a trusting relationship with the community; involving gatekeepers in the recruitment; and using public media to facilitate recruitment. In the present study, the current investigators have also begun to involve Master’s and doctoral students in their research. Including graduate students in the research of faculty with long-standing relationships with the community can help to prepare the next generation of investigators who use CBPR.

Key Words: Community-Based Research, Recruitment, China, Graduate students

Introduction

Community-based participatory research (CBPR) has been used in China for issues such as child health promotion (Liu, McCauley, Leung, et al., 2011) and for mental health in minority populations outside China (Stacciarini, Shattell, Coady & Wiens, 2011). Individual studies with caregivers of persons with dementia in China have demonstrated caregiver distress (Au, Li, Lee et al, 2010; Liu, Insel, Reed et al, 2012), but limited studies were found using CBPR for screening for mild cognitive impairment (MCI) and dementia in China. Liu and colleagues (2011) have noted that there is a need for capacity building to use CBPR in China. Successful use of this method is built on longstanding community trust, and it can be challenging to involve graduate students in CBPR if they are new to the community under study. Unlike CBPR in other countries, in China there are levels of government at the community level that must be engaged in the CBPR process. Therefore, the purpose of this paper is to describe recruitment strategies in a CBPR study in China and how graduate students were involved in this work.

Background

Dementia which has been increasing with the aging of the population is becoming a challenging public health concern for countries around the world. Early detection and treatment is considered an effective way to delay the progress of disease, reduce the medical cost, decrease the family caregiver burden and promote the quality of patient care/quality of life. Therefore, the World Health Organization (WHO) and Alzheimer’s...
Disease International (ADI) issued a call for early detection of mild cognitive impairment (MCI) and mild AD among community-dwelling elderly (ADI, 2011). Community nurses should be sharing this role with primary care physicians.

**Methodology: Recruitment strategies**

The authors are investigators engaged in an ongoing study to explore the applicability of two instruments in the detection of MCI and Mild AD in a community-based population. The results of this study are expected to provide an effective screening tool for community health care personnel to early detect MCI and mild AD among the community-based elderly.

The successful recruitment of eligible and voluntary subjects is an essential element of CBPH. Many researchers (Areán & Gallagher-Thompson, 1996; Gill, McClain, Gahbauer, et al, 2001; Sauner, Greaney, Lees, et al, 2003) have reported that recruitment of older adults can be especially difficult because many have chronic illness and are easily fatigued. Elderly persons may also feel vulnerable and lack trust in researchers (Crosby, Ventura, Finnick, et al, 1991; Dibartolo & McCrone, 2003). In the present study, the investigators began recruitment in October, 2012, building upon their longstanding relationship with and shared understanding of the health needs of the community to overcome the anticipated challenges in the recruitment process.

**Strategy 1: Establishing a Trusting Relationship with the Community**

The way in which researchers approach a community and attempt to gain entry can significantly influence the outcome of a project. In China, community residents are very close to each other, and often do not trust outsiders. Therefore, a trusting relationship between the community and the research team is essential for successful conduct of research. Investigators in the current study have been working with the community for several years prior to this study. The shared interest in identification and treatment of AD between the investigators and the community members was developed from the team’s participation in public health education activities in community senior centers, and research-related or teaching-related activities in the Community Health Care Centers. Through these relationships, trust has been established.

**Strategy 2. Involving Gatekeepers in the Recruitment**

The investigators have also negotiated with gatekeepers of the community and engaged them in the research. In China, gatekeepers of a community are usually leaders from two organizations. One is the Community Neighborhood Committee which is a governmental organization. The other is the Community Health Care Center. These gatekeepers are very trusted by the community residents since they have been working in the local area for many years. Other extended gatekeepers might include residents elected by other community members. They may be in charge of each building or a small sized area of the community. They can help to inform community members of research and health promotion events that they consider valuable. In order to engage the gatekeepers in the recruitment, the investigators arranged a meeting to present the research proposal and gave them a chance to ask questions regarding the research. It was important to explain the significance of the study clearly. This enabled the gatekeepers to explain the research purpose to other community residents. When ‘word-of-mouth’ referrals increase, this also means that community residents begin to participate. The investigators have found that community residents often choose to participate if they see the opportunity to help others and to give something
meaningful back to society.

**Strategy 3 · Using Public Media to Facilitate Recruitment**

In order to effectively access some isolated subjects, the investigators used the neighborhood bulletin boards (located at the entry door of the community or the community senior center) to illustrate the study. They hung some posters on bulletin boards which are specifically designed for elders. The font size is larger and the color is green or dark blue which can be seen more readily. They also placed brochures in professional or physician offices, and offices in the Community Neighborhood. They included information about the study and how to contact the research team. The investigators also planned to design a website to illustrate the study with findings from their previous studies to demonstrate the significance of this type of research and encourage potential subjects to participate the current study.

**Capacity Building for CBPR in the Future with Graduate Students**

The current investigators have also begun to involve Master’s and doctoral students in their research. This allows the development of the next generation of CBPR investigators. If students are not already part of the community being studied, the investigators include them in community health education activities so that the community members become familiar with them and begin to build trust with them. The investigators also introduced the students to the Community Neighborhood Committee and the members of the Community Health Center.

**Conclusions**

In summary, in China, it is critical for researchers to develop relationships with community government and health center officials in order to learn what health problems are important to the community members and to engage them in research studies that address these health problems. Including Master’s and doctoral students in the research of faculty with long-standing relationships with the community can help to prepare the next generation of investigators who use CBPR.

**References**


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Xin Zhang, MSN, RN
Visiting PhD Student, Johns Hopkins University School of Nursing

I am a second-year PhD student at the Peking Union Medical College (PUMC) School of Nursing. In July of 2013, I was fortunate to participate in an educational program on grant writing and writing for publication as part of the PUMC-Johns Hopkins University (JHU) nursing doctoral program partnership. This program also involves a short-term (6 months) training period at JHU School of Nursing supported in part by funding from the China Medical Board of New York.

Professor Marie Nolan, the Director of China Doctoral Program Partnership at JHU, oversees the training program which includes coursework, conferences, and other scholarly activities available at JHU in health care research. These are enhancing my doctoral studies. Professor Huping Liu is my dissertation advisor at PUMC and I will also have a co-advisor from JHU who will be assisting me in developing the doctoral dissertation proposal and advancing my knowledge of nursing research and practice this semester.

I finished my MSN degree at PUMC in 2007. My research focused on developing family-centered care in our neonatal intensive care unit (NICU). High numbers of patients, few nurses and limited visiting hours in the NICU are significant barriers for the implementation of family-centered care. My advisors and I found a way to improve the status through “training-research-practice”, with the help of Sylvia Lee who is an Associate Professor in the Georgia State University School of Nursing. This year, we finished the fourth training program about patient safety in NICU which led to the focus of my PhD studies on risk management in NICU, particularly in the area of medication safety. I believe that family-centered care in NICU can significantly enhance patient safety.

My long-term goal is to positively influence preterm infant and parent health globally through research. My experience at JHU and my dissertation project on risk assessment of medication safety among nurses in NICU will be the first step!

Rui Sun, RN, MSN
PhD Student, Peking University Health Science Center

I am a second-year PhD student at Peking University Health Science Center mentored by Dr. Guifang Guo. I earned a MSN (Master of Science in Nursing) degree from the China Medical University. My research focus is on exploring the frailty assessment methods and preventive interventions targeting the aging population in China. I am particularly interested in the development of frailty and aging issues in older women, availability of health care resources, and how frailty in women differs from the frailty issues in men.

Last semester, I attended a course, “Social Security and Welfare of Old-age” organized by the Institute of Population Research at Peking University, which covered “challenges and suggestions, comparisons of social security system, Chinese public pension system, social medical security system, unpaid caregiving in an ageing society, and long-term care for the elderly”. The course broadened my perspective on ageing issues and I gained deeper insight into problems that underlie the ageing in mainland of China. By exchanging ideas with teachers and students in other specialties, I learned to understand and analyze the ageing problem from multiple aspects and this is greatly benefitting my research.
As people grow older, it is not surprising that an increasing number of people live with chronic disease, such as heart disease, diabetes, arthritis, as well as lose some degree of independence in daily activities and physical functioning. The presence of frailty significantly predicts disability and other adverse outcomes among older adults. In addition, frailty status has been determined to be reversible to some degree. So far there is little research on frailty in Chinese Mainland older adults with respect to frailty assessment (methods) and interventions. China has the world’s largest population and it has also a rapid, increasing ageing problem, while only limited health care resources are available for all older adults, especially for the poor. Therefore, frailty assessment and interventions have broad implications for the public health of China.

The culture in China is different from that of other developed countries, and also the ageing problem has its own unique characteristics. Therefore, assessments and interventions of frailty in previous published articles may not be applicable in Chinese older adults (China Mainland). This semester, I am starting to compare and analyze the existing frailty scales. I hope that my research on frailty in older adults will contribute to the development of gerontological nursing by addressing frailty assessment methods and targeted interventions in mainland China.

Yuri Kasamatsu, MSN, RN
PhD student, Kobe City College of Nursing, Japan

I am a second-year PhD student at the Kobe City College of Nursing. I am also a nurse manager who has 27 years of work experience in nursing and at a college hospital.

In 2012, I finished my Master’s program at this college and continued into the Doctoral program. My research focuses on nurse managers’ education because I am interested in nurse manager’s career development. My core research questions are: What is a nurse manager career? How do nurse managers develop during their careers?

I desired to be mentored by Professor Gregg and I have been granted the opportunity to study with her and several other doctoral students. During the dissertation seminars, we share our opinions with each other. There are a lot of things that I am learning from these seminars and they also confirm the importance of pursuing different types of research phenomena. I don’t yet know how to explain everything and write intelligibly about the things that I have started to understand. My research skills are clearly getting better and I would like to improve them even more. In addition, my English language has also improved. In truth, I was not good at English when I started the graduate school, but I have worked hard at improving this vital skill so that now I enjoy learning about research in English. I would also like to be able to communicate in English with nurse managers from other countries.

Doctoral studies require a significant amount of energy, vitality, and memory, and all this is a challenge for a person like me in my 40s, but I am truly committed to learning. There are still a few nurse managers, like me, who enter doctoral programs in Japan. My hope is that my experience and, leading by example, will inspire more nurse and nurse managers to consider doctoral studies. It is my ultimate goal that my research will advance nurse manager education in Japan.
Caleb Ferguson
PhD Student, University of Technology Sydney, Australia

Caleb Ferguson, a 28 year old Lecturer and PhD Student from Scotland, came to Australia in 2005 on a one year holiday visa. Caleb smirks as he reflects on how he chose Australia; “I was reading the Nursing Standard Journal and there was a photo of Bondi Beach on the back cover. I remember thinking to myself, this looks like a great place for a holiday.” Caleb’s trip to Australia offered more than the sand and waves of Bondi Beach.

His vibrant personality and dedication to cardiovascular health opened a number of doors for work in Australia. When the end of his one year stay drew near, Caleb decided to stay in Australia and apply for citizenship, which was eventually granted in 2009.

He worked in acute stroke at Concord Hospital, Prince of Wales Hospital, and Neuro-intensive care at Royal Prince Alfred (RPA) Hospital, before moving into the education system at the University of Tasmania’s (UTAS) Rozelle Campus. There, he was instrumental in establishing the course outline for the graduate certificate of Neuroscience Nursing.

After a year with UTAS, Caleb became a lecturer here at UTS for the next two years, lecturing in surgical nursing and evidence based practice for second and third year nursing students.

In 2012, Caleb was accepted into his PhD, focusing on patients with atrial fibrillation, heart failure and their adherence to stroke prevention medication. In conjunction with his PhD, Caleb was delighted to receive a three year doctoral scholarship saying; “It’s great to have the scholarship, it gives me the freedom to study full time and focus on my PhD.”

While completing his PhD, Caleb is currently the Treasurer of the Australasian Neuroscience Nurses Association NSW Chapter, a member of the Australian Nurse Teachers Society and the Australian College of Nursing, and he teaches third year Complex Medical Surgical Nursing at UTS.

Caleb remains humbled and grateful for the opportunities he has at UTS, saying; “Coming to the Centre (Centre for Cardiovascular and Chronic Care) was a great decision, I feel supported in the work I do here, and I have the privilege of working alongside a number of leading experts in the field.”

Since commencing his PhD, Caleb’s research has taken off, receiving a $5000 grant from the Australian College of Nursing and being published in the Journal of Vascular Health and Risk Management. “It’s great to know the Australian College of Nursing, see enough value in the project to provide funding. It’s reassuring to see my hard work paying off and getting recognized” he said.

Caleb one day hopes to be an independent researcher, building his own program of research.
PERSPECTIVES

Sakuntala Anururang
PhD Student, University of Technology Sydney, Australia

Moving to a foreign country can prove daunting for anyone, starting a PhD at the same time makes it all the more challenging. Sakuntala Anururang was a lecturer in the Faculty of Nursing in Thailand before coming to Australia.

She has been studying her PhD at the Centre for Cardiovascular and Chronic Care at UTS since July 2012, under the co supervision of Professor Patricia Davidson; Dr. Louise Hickman; and Professor Debra Jackson. Her PhD looks at promoting self-management in elderly Thai hypertensive patients. “I want to improve quality of life and address lifestyle behaviours that leave people predisposed to hypertension” she said. Sakuntala is driven by an effervescent enthusiasm for research and improving quality of life; “I never get tired of my studies because this is my ambition, I work hard every day to be the best researcher I can be.”

Her enthusiasm and hard work has not gone unnoticed. She was recently accepted to give a fifteen minute oral presentation in Prague, at the Sigma Theta Tau International Nursing Research Congress in July 2013. “It’s (The Sigma Theta Tau International) very well regarded in the field of nursing so I’m honoured to give a presentation there” she said. At the congress, she will present community based interventions and discuss how it can promote self-management for elderly Thai people.

As many patients don’t present with obvious symptoms of hypertension, it can be difficult to detect and address the problem before health complications emerge. Sakuntala believes; “The government spends too much on treating stroke, I want to prevent this by managing hypertension in its early stages.”

Sakuntala thrives at the Centre for Cardiovascular and Chronic Care, with regular workshops and the support of her colleagues. “It’s like a family here, plus to work with Professor Patricia Davidson is an honour. She has lots of experience and is a great mentor.”

In the future, Sakuntala hopes to return to Thailand, either as a researcher or lecturer, determined to improve the quality of life in elderly people. “I want to develop my country (Thailand). I think we need more nurse researchers to improve the quality of life of elderly people with chronic conditions” she said.

Leanne Hunt
PhD Student, University of Technology Sydney, Australia

The Intensive Care Unit (ICU) is a dreaded place for many, but for Leanne Hunt, this was where she spent the last 20 years, working as an ICU nurse at Liverpool Hospital. “I still work there once a week, I’ll always be there, I love it.” …“I’ve wanted to be a nurse since I was 5 years old I was fascinated by health; it’s something I have always been interested in” Leanne said.

Leanne developed her research in healthcare, enrolling in a PhD here at the Centre for Cardiovascular and Chronic Care, which she hopes to complete this year. Her PhD investigates the health implications of intra-abdominal
hypertension (pressure in the abdomen), a condition she became familiar with working in the ICU. “I find it fascinating that pressure in the abdomen can cause significant health issues such as decreased cardiac output and decreased renal function” she said.

Completing her PhD under the supervision of Centre Director Professor Patricia Davidson has helped Leanne keep her ambitions in perspective. “I don’t know how she (Trish) keeps perspective she’s phenomenal.”

Leanne currently works in a Teaching role at the University of Western Sydney but hopes to move into a governance role within the University. In the meantime, Leanne aims to add to the existing research in Intra-abdominal Hypertension, which she feels is lacking. “There’s no real nursing voice around Intra-abdominal hypertension and I hope my research can build on that” she said.

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**John Rihari-Thomas**  
PhD Student, University of Technology Sydney, Australia

John Rihari-Thomas is the clinical emergency response system (CERS) clinical nurse consultant (CNC) at St Vincent’s Hospital, where he is also responsible for the running of the rapid response team. This team ensures patients’ who suffer sudden adverse clinical events are swiftly given treatment, preventing death and other complications.

John previously spent 12 years working on a cardiac arrest team at Prince of Wales Hospital. There he saw countless patients suffer cardiac arrest; “There were response systems in place but they weren’t standardised and organised. If there was more consistency lives could have been saved in the past” he said.

With a light-hearted, outgoing personality, John makes the best out of any situation which is crucial in a high pressure job where lives are at risk. He believes the rapid response system currently in place is an improvement on past measures; “Systems in place in the past were reactive rather than proactive, patients were dying because their conditions were deteriorating without being noticed. We now try to pre-empt patient deterioration to prevent these adverse clinical outcomes.”

John’s line of work intertwines perfectly with his PhD research, supervised by Professor Patricia Davidson, Dr Phillip Newton and Professor David Sibbritt at the Centre for Cardiovascular and Chronic Health. John’s PhD is focused on risk management of the deteriorating patient in an Acute Care Setting (RACS study). This study looks at effective facilitators and potential barriers in current Rapid response systems in acute care hospitals, with the aim of providing recommendations for improvement.

John thrives working with the Centre for Cardiovascular and Chronic Care, saying: “It’s probably the most supportive study environment I have ever been a part of. It doesn’t matter what problem you have there’s always someone in the centre that can help you”

He sees staff of the centre as more than just colleagues, they are a ‘family’ that supported him through difficult times,
nursing.jhu.edu/inden

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particularly when he lost function in his right eye. “I had an accident two years ago where I lost sight in my right eye and one of the first people at my bedside was Trish, offering reassurance and support. She sorted things out here at the university; organised to put my studies on hold; and really went above and beyond her professional obligations” he said.

In the future, John hopes to promote effective rapid response abroad, targeting countries most resistant to change. “I'd like to do some post-doctoral studies internationally. I want to go to a country where there is a huge power difference between nurses and doctors and research how well a rapid response system would work, because these rapid response

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**Naser Al Abed**
PhD Student, University of Technology Sydney, Australia

Naser Al Abed migrated from Jordan in 2004 and has since gone on to complete a master of nursing at Sydney University. In 2012, Naser began his PhD under the Supervision of Professor Patricia Davidson here at the Centre for Cardiovascular and Chronic Care.

Naser has keen interest in aged health care: his PhD research topic looks at health care needs and quality of life in elderly Arab Australians. “The elderly have devoted their lives to improving ours and I want to give back some of what they provided. I want to be the voice for these minority groups and improve healthcare for them” he said.

With an Arabic background, and experience as a nurse, he has a first-hand insight into the challenges elderly minority groups face when accessing healthcare. Factors such as: language barriers; cultural differences; and cultural misconceptions all play a part in limiting aged care patient access. “I hope my research will help healthcare providers better understand the culture and experiences of elderly Arabic people, in order to provide them with better healthcare” he said. Naser’s PhD looks at the health status of elderly Arab Australians holistically, studying factors such as immigration experiences, mental health and cultural differences.

Along with a PhD to complete, Naser has a wife, three children and a part-time job as a registered nurse. “It's a big responsibility looking after your family, working and studying. It can be a lot to juggle but you need to find the right balance between all these things, which can be challenging at times” he said.

A devotion to improving aged health care and the will to make a difference through his research is what keeps him going; “I'm very enthusiastic about studying elderly populations and I really want to improve aged care services for them” he said.

Naser aspires to become a researcher in aged care sector and to be involved in improving aged care services nationally and internationally. At this stage he remains focused on building his research skills, while continuing to learn from others in the centre; “Working in the centre has been great, it's a very friendly environment and everyone brings their own expertise to the table so it's great to learn from them.”
A new report *Quality Assurance in Doctoral Education-results of the ARDE Project* by the European University Association (EUA) focuses on quality assurance for doctoral education including how it differs from the quality assurance for other degrees. Also of interest is the movement to establish doctoral schools that focus on a specific subject or theme. The report can be found at: [http://www.eua.be/Libraries/Publications_homepage_list/EUA_ARDE_Publication.sflb.ashx](http://www.eua.be/Libraries/Publications_homepage_list/EUA_ARDE_Publication.sflb.ashx)

**Contributer:** Laurel Eisenhauer, RN, PHD, FAAN, Boston College, USA

A useful article by Alexandra Bitusikova providing an overview of the doctoral reform that has been taking place in Europe can be found at: [http://www.aaup.org/article/reforming-doctoral-education-europe#.Uhy1VRbfaat](http://www.aaup.org/article/reforming-doctoral-education-europe#.Uhy1VRbfaat)

**Contributer:** Laurel Eisenhauer, RN, PHD, FAAN, Boston College, USA
2013 Biennial Conference summary

The International Network for Doctoral Education in Nursing (INDEN) held its Biennial Conference on “Strategies for Quality in Doctoral Education in Nursing” in Prague, Czech Republic from July 21-23rd. This year’s conference was co-sponsored by Sigma Theta Tau International (STTI) and 4 other academic institutions: University of Michigan, University of Pennsylvania, University of Alberta, and Johns Hopkins University. A total of 72 individuals from 15 countries attended the conference.

Dr. Marie T. Nolan, President of INDEN, began the meeting with an overview of the conference and INDEN’s history and the need to focus on quality in nursing doctoral education. She recognized several of the early faculty leaders of INDEN who were present at the meeting. These included Dr. Hugh McKenna, University of Ulster, Dr. Mija Kim from the University of Illinois SON in Chicago, Dr. John Daly, from University of Technology Sydney, in Australia, UK, Dr. Wipada Kunaviktikul, Chiang Mai University, Thailand, and Dr. Fongcum Tilokskulchai, Mahidol University, Thailand.

Dr. Hae-Ra Han, Treasurer of INDEN, provided treasurer reports. Ms. Jiayun Xu, Executive Director of INDEN, and PhD Student at JHU SON, moderated a panel discussion on the experiences of three STTI-INDEN post-doctoral fellows. She was also recognized by the INDEN Board for all of her work in organizing the conference which greatly contributed to the success of the event.

Jeanne Alhusen, PhD, RN, Assistant Professor at JHU SON led a 4-hour doctoral student workshop on Grant Writing and Writing for Publication for PhD students attending the INDEN conference. Students from four countries participated; Nigeria, Brazil, U.S. and Italy.

The conference also featured international leaders in doctoral education such as Dr. Hester Klopper, the President-Elect of STTI, who presented a keynote on Promoting Quality in Doctoral Education. Additionally, Dr. Mi Ja Kim led an interactive symposium and workshop on Measuring Quality in Doctoral Education with her esteemed colleagues from 6 countries (Thailand, United Kingdom, South Africa, Japan, Australia, South Korea). Other presentations addressed important issues in quality doctoral education such as distance learning and international partnerships/collaborations. Dr. Richard Redman, past INDEN Pres-
ident from the University of Michigan and Dr. Sonja McIlfatrick, INDEN Board Member from the University of Ulster, provided a session on mentoring approaches for PhD student development.

17 posters were presented from individuals in 6 countries (Brazil, P.R. China, Nigeria, Philippines, Thailand, USA).

Two new INDEN Board members, Dr. Li Zheng from Peking Union Medical College and Dr. Yu Liu from Peking University, both of Beijing, were recognized as the first INDEN Board Members from China, reflecting the rapid growth of nursing doctoral education in this country.

The next INDEN Biennial Conference will be in 2016 with the location to be announced at a later date.

Biennial Conference Abstracts: Presentations

Quality of Nursing Doctoral Education Survey Symposium

Mi Ja Kim, PhD, RN, FAAN
University of Illinois at Chicago, Illinois, USA

Wipada Kunaviktiku, DSN, RN
Chiang Mai University, Thailand

Hugh McKenna, CBE, PhD
University of Ulster, Coleraine, United Kingdom

Hester Klopper, PhD, MBA, RN, RM; FANSA
University of the Western Cape, Cape town, South Africa
President-Elect Sigma Theta Tau International

Siedine Knobloch Coetzee, PhD, RN, RM
North-West University, Potchefstroom, South Africa

Misuzu F. Gregg, PhD, RN
Kobe City College of Nursing, Hyōgo, Japan

John Daly, RN, BA, B.HSc, MEd, PhD
University of Technology, Sydney, Australia

So Hyun Park, MSN, RN
University of Illinois at Chicago, Illinois, USA

Chang Gi Park, PhD
University of Illinois at Chicago, Illinois, USA

Background
Seven countries participated in the Quality of Nursing Doctoral Education questionnaire survey during 2007-2010. The total number of participants who responded to the Questionnaire survey were: deans (98), faculty (414), and students/
graduates (1,149). The number of schools that participated in the survey by country was: Australia (7), Japan (28), Korea (14), South Africa (12), Thailand (3), UK (5), and USA (29). The ultimate goal of this workshop is to publish the Global QNDE instrument for wider dissemination and use.

Symposium Content and Presenters (Approx. 50 minutes)
The questionnaire survey consisted of items for faculty (providers) and students/graduates (receivers) of doctoral education and evaluated the QNDE in four domains: Program, Faculty, Resources, and Evaluation. Two types of questionnaires (i.e. with and without coursework, Group A and Group B respectively) were used. Findings of the QNDE from 7 countries will be presented in 3 segments:

Findings of the QNDE from 7 countries will be presented in 3 segments:
Findings of the 7 countries combined -- presented by Mi Ja Kim
Group A: Presented by Shake Ketefian and Wipada Kunaviktiku
Group B: Presented by Hugh McKenna and Hester Klopper

Workshop Content and Presenters (Approx. 1 hour and 10 minutes):
Dr. Chang Gi Park and So Hyun Park (PhD candidate) will co-lead the Workshop. They will present their general observation/experience of using the QNDE instrument before the small group workshop.

Seven country representatives will share their experiences in using the QNDE instrument and offer insights/recommendations in the small group workshops. They will then co-lead the small group workshops in which all participants of INDEN conference will review and refine the Global QNDE instrument that was used in the 7-country study. Group A: Discussion led by Dr. Chang Gi Park and co-led by Phanida Juntasopephun and Hugh McKenna Group B: Discussion led by Siedine Coetzee and co-led by Misuzu F. Gregg and John Daly.

The Global Synchronous Doctoral Classroom: Beyond Bricks, Boundaries, Borders and Blogs (B5) to Connect Students and Experts in Research Dialogue

Veronica D. Feeg, PhD, RN, FAAN, FNYAM
Molloy College, Rockville Centre, New York, USA

Donna M. Nickitas, PhD, RN, NEA-BC, CNE, FAAN, FNYAM
Hunter College CUNY, New York, New York, USA

Linda Shields, MD, PhD, FACN
James Cook University, Townsville, Queensland, Australia

Hicran Çavuşoğlu, PhD
Hacettepe University, Ankara, Turkey

Judith Hunter, MA, BSc (Hons), RN
City Hospitals Sunderland NHS Foundation Trust, Sunderland, United Kingdom

In a technological era that co-exists with a shrinking globe, doctoral education programs can implement virtual classes using modest, existing resources to connect students, faculty, researchers, and a world of potential collaborators on questions of common interest. The Internet provides a platform that can stimulate opportunities for organizational collaborations and interpersonal partnerships such as multi-site, multi-national research of shared interests.

In prior efforts, participants in B3 and B4 have expanded to include faculty of noted expertise who live in different parts of the world, including professors and directors of PhD programs, research organizations and a large hospital. In this third expansion of Beyond Bricks, Boundaries and Borders (Phase 3), this team of faculty, administrators and researchers co-
Continue the trajectory of global classroom “meetings” using synchronous and asynchronous communication. In the first phase (2011), the real-time “virtual” classroom allowed participants from 4 countries to discuss research that stimulated doctoral student participation in multisite research. Over the subsequent phases, the connections have been sustained and the projects and seminars have produced meaningful data and research results. This session will introduce the successful development of the virtual space with evaluation data from students and exemplars of activities that were launched, including one large multinational project, several cross-ocean consultations, and a shared “blog” for capturing student–faculty narratives about the global classroom and civic engagement. These opportunities have supplemented the traditional curriculum to increase the research experiences for students in residencies or cognates outside of their own region of the world.

Educational opportunities are no longer tethered to their physical location. Doctorally prepared graduates must have an understanding of international scope and potential of their research questions. This project has afforded 28 students in one region to reach across oceans to chat and brainstorm ways to engage with civic responsibility as global citizens.

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The Nurse as Advocate: A Grounded Theory Perspective

Pennie J. Sessler Branden, PhD, CNM, RN
Nursing, Southern CT State University, New Haven, CT

Objective: Explore the range of opportunities for international collaboration to promote quality in nursing doctoral education from both a faculty and doctoral student perspective.

Purpose: The nursing profession is entering an exciting time of new professional opportunities and is positioned to determine the trajectory of health care and policy as related to the global health crisis. However, nurses are underrepresented in major forums where they could be change agents. Being a change agent could be accomplished through the nurse’s role as advocate for the patient, nursing education, the profession, and health policy. The aim of this research investigation was to increase the current knowledge about the nurse advocate role and its complexities, and to discover and explicate substantive theory about this role.

Methods: This investigation used the grounded theory methodology of Corbin and Strauss to examine and discover the advocacy process as it informs the role of the nurse advocate. Thirteen peer-identified FAAN nurse leader/advocates were chosen purposively to form a varied and highly experienced study group. These participants were interviewed and their interview transcripts were used as the primary data sources in addition to the researcher’s field notes, memos and participants’ curriculum vitae.

Results: Transcripts were coded using open and axial coding techniques that allowed the emergence of a theoretical definition of advocacy, the core phenomenon to advocate and five categories and their subconcepts. The product was a unique advocacy matrix theory that has implications for nursing education, practice and research.

Conclusion: This study has contributed to the extant knowledge of the nurse advocate and has explicated that role. The data suggest that this advocate role can be modeled and taught to any nurse willing to engage in the process. Educators must begin to model and teach this role to all students. This theory bridges the existing knowledge with a theory that can be applied to and utilized by any nurse or nursing group in any situation where advocacy is needed.
A Doctoral Peer Mentoring Program: Sustaining Resilience

Donna M. Nickitas, PhD, RN, NEA-BC, CNE, FAAN
The Graduate Center, City University of New York, New York, USA

The doctor of philosophy in nursing at a large public university in New York City recently established a new peer-mentoring program. The purpose of the program is to provide increased satisfaction, support, and a sense of resilience with the doctoral education experience. All newly admitted students (mentees) were paired with second or third level students (mentors) for a total of ten student-student dyads. Mentee-Mentor pairing was based on shared research interest and personality characteristics. The are a total of 62 full-time students enrolled in the program.

The presentation describes the mentee-mentor pairing selection process as well as the critical elements of the comprehensive peer mentoring program including, using of the concept of resilience. Resilience was selected as the philosophical underpinning and core element of the peer mentoring program. Using resilience as measure, student’s performance and progression within the doctoral program students learn effective coping, mastery and positive adaption skills. Effective coping is the ability to effectively managing the adversity; mastery is possessing great skill or knowledge; and positive adaptation is rebounding or recovering from a disruptive event with a recovery that is beneficial or effective (Earvolino-Ramirez, 2007).

The doctoral peer-mentoring program seeks to provide resilience-based interventions that promote personal structure and competence as well as social support and competence for all mentees and mentors. The peer student-student dyads will complete the Resilience Scale for Adults (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003) at the end of the spring 2013 academic semester. This scale will help determine if the peer mentoring program increased satisfaction, support, and as sense of resilience with the doctoral education experience.

*Please note: Primary findings will be available at the time of this presentation.

References:


Nursing Staff Attitudes Related to the Nursing Process

Diná de Almeida Lopes Monteiro da Cruz, RN, Dean
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Erika de Souza Guedes, RN, M.Sc. in Sciences
University of São Paulo School of Nursing. São Paulo, SP, Brazil

Ruth Natália Teresa Turrini, RN, Ph.D., Professor
University of São Paulo School of Nursing. São Paulo, SP, Brazil
Regina Márcia Cardoso de Sousa, RN, Full Professor  
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Valéria Troncoso Baltar, Ph.D., Post-Doctoral Fellow  
University of São Paulo School of Public Health, SP, Brazil

The nursing process (NP) is a nursing care instrument to be taught, and used in nursing practice. Nevertheless, little is known about the variables that are potentially associated with the use of the NP in health services. This study is part of a broader project at outpatient clinics and hospitals in Brazil. The aims of this study were to describe nurses’ positions towards NP and their perception of power; and to analyze associations between positions on NP, power perception and selected variables. This cross-sectional study was carried out with a convenience sample of 1,605 baccalaureate nurses and auxiliary nurses (86.9% female, mean age=44.12 years, SD=9.55) recruited at the health care agencies under the direct administration of the São Paulo State Health Secretary, Brazil. Data were collected by self-report using the Positions on Nursing Process (PNP) tool (possible score range: 20 – 140; the higher the score, the more favorable the position towards the NP; Cronbach’s alpha coefficient for the 20-item instrument equaled 0.954); and the Power as Knowing Participation in Change Tool – Brazilian version (PKPCT) – to measure the perceived clinical power (48-item questionnaire with 4 subscales; possible range from 12 to 84 points for subscales, and from 48 to 336 points for the total scale; Cronbach’s alpha=0.964 for 48 items). The mean score on PND was 112.37 (SD=22.28); on PKPCT was 281.12 (SD=38.72); and baccalaureate nurses had statistically higher scores on PNP and PKPCT than auxiliary nurses. There was positive and moderate correlation between PNP and PKPCT scores. Auxiliary nurses’ scores on PNP were associated with sex and postgraduation; auxiliary nurses’ scores on PKPCT were associated with sex. For baccalaureate nurses, there was association between PKPCT and administrative position. Further studies should be developed to identify variables potentially associated with the use of the nursing process in clinical practice.

Experiences of a Distance Education Doctoral Program’s Graduates: A Questionnaire Survey

Prof Valerie Janet Ehlers  
Department of Health Studies, University of South Africa (Unisa)

Prof Dirk Mostert van der Wal  
Department of Health Studies, University of South Africa (Unisa)

Background: From 2000 till 2010, a total of 66 students obtained D Litt et Phil (Health Studies) degrees, offered by distance education by the University of South Africa. Students possessing relevant master’s degrees are admitted to this program comprising a thesis which should make an original and unique contribution to the health and/or nursing sciences.

Objective: The purpose of the study was to identify Litt et Phil graduates’ experiences during their studies. This information could be used to assist current and future D Litt et Phil students to address identified challenges, enhancing their chances of successfully completing their theses within reasonable periods of time.

Design, setting and participation: A quantitative descriptive design was adopted. Postal or e-mail questionnaires were sent to the population of 66 D Litt et Phil graduates, requesting their voluntary participation in completing and returning the questionnaires. Only 37 (56.1%) graduates returned the completed questionnaires, comprising the sample for this study.
Methods: The questionnaires comprised a biographic section and sections addressing possible experiences encountered by D Litt et Phil graduates. Although only 37 graduates participated in the study, demographic information of all 66 graduates could be obtained from the university’s statistics.

Results: Most graduates were female nurses with an average age of 50.9 at graduation. Although the average time taken to complete their theses was 4.6 years, 80.6% of the graduates managed to do so within four years. The major challenges related to role overload and to a lack of time for their studies. Some students would have preferred submitting their documents to a panel of academic experts rather than one or two supervisors.

Conclusions: The D Litt et Phil programme offers opportunities to nurses and other healthcare workers to obtain their doctoral qualifications without leaving their homes, jobs or countries. However, most graduates experienced severe levels of overload trying to balance simultaneous demands related to work, home and studies. Current and future doctoral students might benefit from better time management, better language and computer skills, more contact with the supervisors and group activities. Most graduates were satisfied with the university’s services and with their academic supervisors.

Building Capacity and Sustainability for Doctoral Level Nursing Education in China --
A Joint Faculty Development Program by
Peking University Health Science Center and Fudan University

Yu Liu, PhD, RN, Associate Professor
Peking University School of Nursing

Guifang Guo, PhD, RN. Dean & Professor
Peking University School of Nursing

Yan Hu, PhD, RN. Dean & Professor
Fudan University School of Nursing

*This project is supported by China Medical Board of New York (CMB).

Background: China needs high quality nursing PhD programs which focus on advancing nursing knowledge. Missing core nursing components in most existing Chinese nursing PhD programs has led to vague focus of doctoral nursing education, and affected both identity and characteristics of graduates. Lack of well-prepared faculty for doctoral education affects the capacity and sustainability of delivering core nursing courses.

Project Goals: to develop a demonstration project of building capacity and sustainability for doctoral level nursing education in China; and to promote interaction and collaboration among nursing schools and scholars nationally and internationally.

Implementations: Three sets of activities are designed to achieve project goals: 1) curriculum development: PIs’ Nursing PhD advisory committees worked closely with American experts to design the doctoral curriculum and confirmed core courses. The core courses emphasized on three major areas: Philosophy of Nursing Science and Theory Development; Research Methodology; and a Substantive Area Research. 2) Faculty preparation: Faculty members have participated to take the University of Arizona (UA) “Global Research Core Certificate for Credit” program which focuses on three major courses: N705 Philosophy of Nursing Science; N706 Theory Development and Evaluation; and N732 Advanced Qualitative Methods in Clinical Nursing Research. In addition, faculty members also visited research intensive universities in the US.
for co-instructing and co-mentoring experiences. They worked with American faculty on course preparation/instruction, and mentoring student research activities. 3) Core nursing courses offered in Chinese on site or online to faculty and students from network schools by faculty members from PKU and FU Schools of Nursing.

Outcomes: A model for doctoral faculty preparation has been established; selected faculty members from eight CMB Network nursing schools have be trained and prepared to lead the doctoral nursing education in China; core nursing courses have been suggested to install in PhD education programs in CMB network universities.

IDEAS FOR THE FUTURE: A project of international collaboration

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The doctoral program in nursing started in 2004 at Lisbon University with the cooperation of the Lisbon Nursing College. The Program is already accredited by the Agency A3ES (Agency for assessment and Accreditation of Higher Education). The deliberation of the A3ES Administration Council was a favorable decision (2011, December).

The doctoral program in nursing has 180 ECT’s (according to the European System of Transfer), developed at least in 6 semesters. The first 2 semesters are dedicated to an Advanced Training Course (60 ECT’s).

Since the program started the University and the Scientific Commission with the support of the scientific advisory Panel have highlighted the importance of internationalization strategies as a tool in increasing the quality of the course.

The Doctoral program in nursing of the Lisbon University has already teachers exchange with Turku University and UCSF, but since 2012 we have been seeking to create an international scientific collaboration between national and international doctoral programs. We understand Scientific collaboration in different ways - mobility experiences of doctoral students; joint committees and juries; comparative research; teachers exchange- but also and especially the creation of a research environment where doctoral candidates can be active participants in the on-going research. In line with the Salzburg Principles (2005), the goal of doctoral education is to cultivate the research mindset and for attended this purpose the students’ research practice must take place in a diverse and inclusive research environment.

So, we want to share our research interests: lived experience and nursing interventions (complex interventions) and to create large research and supervision networks. A project of international collaboration is a way to improve quality and success.
Predictor factors of decreased cardiac output after coronary artery bypass surgery

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The nursing diagnosis (ND) Decreased cardiac output (DCO) has been part of NANDA-I taxonomy since 1975. It is defined as "inadequate blood pumped by the heart to meet metabolic demands of the body", a frequent complication after coronary artery bypass surgery (CABG) associated with high risk of morbimortality. After cardiac surgeries, patients demand intensive care by a multidisciplinary team. In order to early recognize patients with DCO, nurses must be acquainted with and alert to risk factors of this phenomenon. The nursing approach in the postoperative period can influence the achievement of satisfactory outcomes or not, leading to increase or decline of the morbimortality rate. Thereby, this ongoing doctorate study aims to identify predictor factors of DCO in the immediate postoperative period of CABG. It is a cross-sectional study with data collection to be performed in a PO intensive care unit (ICU) of a reference hospital in Cardiology in São Paulo, Brazil. Inclusion criteria are patients at 18 years old or older, submitted to CABG. Exclusion criteria are patients whose data are missing in the medical charts. The sample size statistically calculated is 420, considering a significance level of 5% and a sample power of 80%. In order to collect data from medical charts, an instrument has been constructed containing pre, intra and postoperative variables based on the literature. The primary outcome will be the presence of the defining characteristics of the ND DCO within the first 24 hours after surgery. The secondary outcomes will be the need for vasoactive drugs in order to maintain mean arterial blood pressure over 60mmHg. The results of this study will provide nurses with knowledge to safely and promptly deal with patients at risk of DCO in this clinical situation.

Blueprint for Establishing a Research-Focused Nursing Doctoral Program

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Creating a research-focused nursing doctoral program is an exciting challenge that demands vision, expertise in nursing science and transdisciplinary areas. The PhD is the highest degree awarded by a university and focuses on the discovery of new knowledge. Initial activities set the tone for quality in all phases of development. The first steps in planning include determining whether the proposed program is consistent with the mission of the school and university and has the support of the faculty, dean, board of trustees and president.
Consultation and collaboration with leaders of existing doctoral programs is essential. They can provide advice on plans, policies, and curriculum. Collaboration can also be a source of capacity building to augment the number of faculty with an established program of research. Visiting professors and partnerships with other schools of nursing can be an additional source of research and content expertise. Also, visiting researchers can mentor both junior faculty and students. Interaction with healthcare executives and foundations can serve as a source of student recruitment, and lead to scholarships for students and endowed chairs for faculty. Faculty from other disciplines can also be helpful in meeting the growing global expectation for transdisciplinary perspectives.

Marketing recruitment and retention require design of a marketing plan with multiple strategies. It must include research to identify potential students, promotional strategies to reach all constituencies, and efforts to provide academic and financial support for student retention. Evaluation is also a pivotal aspect of a program that should start immediately and be ongoing. Examining the quality of the faculty, students, and program is important. The International Network for Doctoral Education in Nursing (INDEN) has been a leader in evaluating the quality of research-focused doctoral programs.

Development of a research-focused nursing doctoral program is an extensive and quality driven endeavor that will make a significant contribution to individuals, the nursing profession, and society at large.

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**Risk for bleeding post-cardiac surgeries**

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Prevention of excessive bleeding (EB) post-cardiac surgery is an important concern because reoperation and the amount of red cells transfused are associated with higher morbidity and postoperative mortality. Surveillance of the patient is an important nursing role, which allows the early recognition of patients at risk of EB. For such purpose, nurses can count on the nursing diagnosis (ND) Risk for bleeding. Although the incidence of EB post-cardiac surgeries is high, Risk for bleeding has not been explored in this clinical situation. In order to choose proper interventions, nurses must know specific risk factors (RF) of the ND. This ongoing doctorate project aims to identify predictor factors of bleeding in the immediate postoperative period of cardiac surgery. It is a cross-sectional study with data collection to be performed in a PO intensive...
Parent Need and Impact on Family for Parents whose Children have Special Healthcare Needs

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Statement of the Problem: Parenting a child with special healthcare needs adds to the everyday parenting challenges as parents become caregivers. When providing care for a child with special healthcare needs often the increasing needs of parents are overlooked. Unmet parental needs may lead to stress, anxiety, and depression.

Purpose: To examine the relationship among a child’s special healthcare need, parent need, and family impact; and to identify attributes that mitigate parent risk and maladaptive behaviors.

Subjects: A convenience sample of 33 parents/guardians of children enrolled in a mid-Atlantic coordinated health service plan has been identified, invited and signed consents. Each parent/guardian had at least one child with special healthcare needs. HSCSN is a Washington, DC Medicaid health plan exclusively for children and young adults with special healthcare needs.

Methodology: This research is a mixed quantitative and qualitative descriptive methodology that combines measures of parents' needs and impact on the family with open-ended interview questions probing personal experiences of parenting a child with special healthcare needs. Parent Needs were measured using the Parent Need Scale (PNS) and impact on the family was measured using the Impact on Family Scale (IFS). The interview was a, rehearsed, semi-structured set of questions conducted via telephone in privacy lasting 20-30 minutes, transcribed and prepared for analyses. The reason for combining both quantitative and qualitative data is to gain a better understanding of how a child’s special healthcare need effects the family system and parental need; as well as to gain a better understanding of the attributes mitigate parent risk and maladaptive behaviors.

Results: Findings from the qualitative interviews suggest that this sample of parents and guardians demonstrate personal strength and have environmental support. Themes identified were hope, determination, self-reliance, optimism, acceptance, connection and involvement. Scores from the scales represent parents and guardians reported level of need and illness impact on the family. Mean scores on the Parent Needs Scale for both “Parenting in General” and “Parenting a Child with Special Healthcare Needs” represent how parents report problems at this time. On average these parents and guardians indicated a low level of need at the time of the interview (m=1.1, 0.8). Mean scores on the Impact on Family Scale may represent a level of illness that is not acute. On average these parents and guardians agreed with statements indicating their child’s special healthcare need did have a “Total Impact”, “General Impact” and “Financial Impact” on the family (m = 2.6, 2.5, 2.6); however on average they disagreed with statements indicating there was a “Disruption of Social Relations” (m=2.3). The mean score for “Coping” showed that these parents and guardians agreed with statements indicating they are positively coping with the impact their child’s special healthcare need has had on the family (m=1.7). There is a statistically significant correlation among factors in both scales. The PNS may be a better tool to understand parents’ needs. Participation in support groups offered through HSCSN appears to have had a positive effect on the parents reported level of need and illness impact on the family. “Participation in Support Groups” uniquely accounts for 19% of variance in the dependent variable “Parenting a Child with Special Healthcare Needs” (β = -.546, t = -2.643, p = .016).

Implications: Nurses foster individual strength and assist parents and guardians in the navigation and negotiation of support services. Measuring parents’ needs allows nurses to offer appropriate interventions to support parents and guardians as they care for their child. Future implications may suggest how education, policy, practice and research be used to better fit the needs of parents and guardians of children with special healthcare needs.