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SCHOOL OF NURSING



International Network for Doctoral Education in Nursing

Newsletter

2007 INDEN Board

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Volume 7, Number 1

March 2008

President's Greeting



Dear INDEN Members:

Greetings to each of you on behalf of your elected board members! I hope this edition of the INDEN Newsletter find you well and experiencing success in your professional endeavors.

I hope you are making a note on your calendar about plans to attend our next biennial meeting. As in past years, we will be coordinating our biennial meeting with the ICN Quadrennial Congress. The ICN meetings will be held in South Africa with the tentative dates of June 20-27, 2009. The theme for the ICN meetings will be "Leading Change, Building Healthier Nations" which is a theme we can all identify with. Specific details on the dates and location for our INDEN meeting will be available this summer. Planning has already begun!

In past newsletters, you have seen a discussion about the database of nursing doctoral programs that INDEN is in the process of creating. To that end, I'm reminding each of you to be sure that

information about the doctoral program you are affiliated with is reflected in the database. Please help INDEN by completing the survey about your program. We ask that the survey be completed by an individual who has broad knowledge of the doctoral program. The survey can be found at: <http://surveymonkey.com/s.asp?u=507211469111>.



Also, I remind all members of the renewal process for your membership fees. If you haven't done so yet, please renew your membership today!

If you are interested in being involved in any of the INDEN initiatives, or have suggestions for additional activities, please contact any of the board members. We are always looking for input and active involvement of our members and would welcome your engagement. INDEN will only be a vital organization if all members participate actively.

Best regards to each of you!

Richard W. Redman
President, INDEN
University of Michigan
Ann Arbor, MI, USA



INDEN COMMITTEE UPDATES

Letter from the Editor



Dear INDEN members,

I hope you are all having a productive spring semester. In this month's edition of the INDEN newsletter we have some interesting and thought provoking articles as well as the usual conference reports and committee updates. I would like to encourage any members to write in and share their views on the opinions expressed.

We start off with a focus on doctoral education in India where we hear about some of the challenges faced by nurses wanting to undertake higher degrees. We also hear about an exciting and innovative collaborative model that has been developed in an attempt to meet the increasing need for doctoral education. It is fascinating to read about the nursing and doctoral education structure in India and I would strongly encourage other scholars from other countries to write in and share their own country experiences with INDEN.

In this issue we also have news of a new doctoral research network based in Ulster (Northern Ireland), and have a thought provoking opinion piece on how nursing should respond to the increasing diversity in available doctoral provision. What do you think? Finally, we hear about some papers presented by doctoral students at the University of Pennsylvania where the question is posed: What is it about the nursing paradigm that sets our profession apart in the way we practice and in the research questions we ask? What do you think? Let us know!

Catrin Evans
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FOCUS ON INDIA

Doctoral Education in India: An Embryonic Stage

Munikumar Ramasamy
University of Nottingham

Background

India is one of the leading developing Asian countries. However, it is a surprise that in this country of one billion, the nurse: population ratio is 1: 2,250. This can be compared with 1:150 to 200 in other similar developing countries like Indonesia, Kenya, and Sri Lanka. Although the last two decades of nursing education in India have resulted in a tremendous increase in nursing education programmes at universities, the graduates of these programmes do not stay long in the country to meet national needs, but rather rapidly migrate to work abroad.

Structure of Nurse Education

The structure of Indian nursing education is linear. There is the diploma level (3 years), the degree level (4 years), the post graduate (Masters) level (2 years), and the doctoral education level (3-6 years). At present there are 1,591 nursing schools offering a diploma in Nursing, 580 nursing colleges offering a BSc in nursing and 77 colleges that offer MSc programmes in

nursing (Indian Nursing Council, 2006). The educational curriculum is designed by the Indian Nursing Council which is an autonomous body under the Government of India, Ministry of Health & Family Welfare. However, universities are free to enhance the recommended core curriculum to meet local educational needs.

Doctoral Education

The massive change in nursing opportunities in the last decade have had an impact on the Indian nursing education system. In particular, nurse educators have increasingly begun to pursue higher qualifications, particularly doctoral education, either to retain or develop their jobs in academia. However there are still only approximately 100 nurses holding doctoral degrees in the whole of India (Indian Nursing Council 2007).



FOCUS ON INDIA

Doctoral Education in India...(continued)

Interdisciplinary Nursing Doctorates

Historically nursing education entered higher education in 1946, when RAK College of Nursing, New Delhi, started to offer a BSc in Nursing. The same college began to offer India's first MPhil/PhD programme in 1986. However, nurses gained their doctoral qualifications from interdisciplinary departments such as community medicine, oncology and education rather than from schools of nursing. Therefore existing programmes have not been tailored specifically for nursing scholars.

The trend of inter-disciplinary doctorates has been continuing, particularly during the last decade, due to the internal pressures for nurse educators to gain higher qualifications. Therefore, they have registered themselves for PhD programmes in medical departments or in other disciplines. Although a PhD is a fulltime programme, most of the candidates study

part time as there are no explicit studentships, fellowships or any kind of funding support.

National Consortium for PhD in Nursing

Beside the existing opportunities for Indian nurses to get a PhD, in 2005 a new initiative was developed to streamline doctoral education in India. The Indian Nursing Council has formed a national consortium for PhD in Nursing with technical assistance from the World Health Organisation. The goal is to promote doctoral education in various fields of Nursing.

The consortia links six nursing colleges as 'study centres' across the country. These centres are connected by Video conferencing facilities. Research supervisors are registered as "PhD guides" with the Indian Nursing Council. The national level entrance examination selects 30 students annually and the centres will deliver a nationally-developed doctoral curriculum for the students. The demand for such a programme is indicated by the number of applications received. In 2006 and 2007,

there were more than five times the number of applicants per place.

Conclusion

Doctoral education in India remains in an embryonic stage. There is, as yet, no published literature about doctoral education and its challenges in India. However, the establishment of the national PhD consortium indicates an encouraging commitment to doctoral nursing from the government. There is a need for international collaboration to help guide the participating universities to deliver doctoral education in nursing.



Empowering Nursing through Doctoral Education: An Indian Context

T.R. Udaya Kumar
SRMM College of Nursing



Almost every country and health care system has witnessed a growing demand for health care services over the last two decades. At the same time, the health care delivery system is facing numerous challenges. These include increased disease burden, limited financial resources, socio-demographic changes, rising health care cost, increased demand of quality health care by the public and a shortage of health professionals to address the demand.

To overcome these challenges, it is crucial that nurses are able to take part in clinical nursing research to ensure evidence based practice. In India, a national consortium for PhD in Nursing has started from 2006- 07, supported by the Indian Nursing Council in collaboration with Rajiv Gandhi University of Health Sciences. This consortium is primarily supporting intervention studies in order to provide evidence to influence policy and practice.

The most significant goals of doctoral education are the graduation of scholars who can make a major contribution to the discipline of nursing. There are many issues and debates about the essential criteria for quality in doctoral programs that create and promote scholarship in India. In developing a scholarly doctoral program, the focus should be on developing standards and protocols for effective implementation of research findings. The government should also provide doctoral scholarships in order to motivate young research-

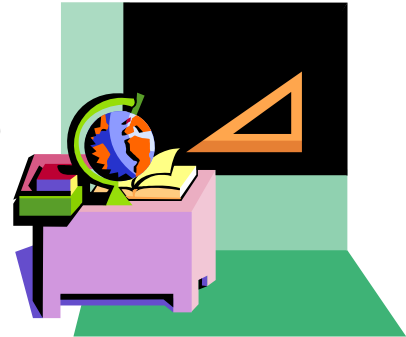
FOCUS ON INDIA

Empowering Nursing through Doctoral Education...(continued)

ers. Necessary steps should be taken to start post doctoral studies in India, which would further enhance the quality of nursing care and pave the way for professionalism.

As doctoral studies are in infant stage in India, we need to develop supportive systems to encourage and to help nurse researchers. We have full time (3 years) and part time (4 years) PhD programs in India. Most of the researchers undergo part time studies. In my own case, I was the youngest doctoral nursing researcher in India and it was a challenge for me to complete my studies, to seek guidance, and to even identify examiners for my thesis.

To conclude, an international supportive forum such as INDEN could be developed to empower nurse researchers globally.



NEW DOCTORAL RESEARCH SOCIETY

Introducing a New Doctoral Midwifery Research Society in Northern Ireland

Marlene Sinclair
University of Ulster

The Doctoral Midwifery Research Society (DMRS) has been founded by Ireland's first Professor of Midwifery Research, Professor Marlene Sinclair at the University of Ulster, Northern Ireland and is currently funded by the Northern Ireland Research & Development Office. It was launched in April 2007 and three major research meetings have already taken place.

The main objective of the DMRS is to provide quality support and guidance to doctoral and post doctoral midwife researchers regionally, nationally and internationally. The Society is based within the University of Ulster and can be accessed at <http://www.doctoralmidwiferysociety.org/>

The Doctoral Midwifery Research Network Society is primarily for academic midwife researchers and their supervisors. These tend to be based in higher education and practice, but a warm welcome is extended to midwives studying for Master's degrees, research active midwives and doctoral students who are studying midwifery related doctorates. Other academics and clinicians are welcome to join as affiliate members and to avail of the services and support networks that will be available. The Society is evolving and will change to meet the need of its members.

The Society aims to meet 2-3 times a year and the programme



content will follow a familiar pattern: news update, professor of midwifery research lecture, pre and post doctoral papers, launch of post doctoral research summaries, professor of obstetrics lecture, women's voices (voluntary groups) and meeting of research interest groups. The events last a full day and they are free thanks to funding from the R&D Office. However, places are limited to 50. The next meeting is on the 3rd October, 2008.

A major commitment of the DMRS is to provide a platform for midwife researchers to undertake, present and disseminate midwifery research, and implement the findings. This is in keeping with the strategic plan for research and development in Northern Ireland (HPSSNI, 2007) and the DMRS aims to play its part in:

- Developing an enabling infrastructure to support midwifery research that will impact on maternity care, management and service delivery
- Building the research confidence and skills of midwives working in the HPSS
- Working in partnership with the HPSSR&D, related institutions and organizations to strengthen the quality and impact of midwifery research
- Supporting midwives to develop models of dissemination to effectively transfer and diffuse key outcomes for public health

NEW DOCTORAL RESEARCH SOCIETY

Introducing a New Doctoral Midwifery Research...(continued)

- Ensuring patient and public involvement in HPSS R&D

The DMRS places a strong emphasis on doing and using research for the good of society and for the advancement of midwifery practice. The Society intends to use modern technology such as video technology, podcasts and articulate technol-



ogy to build a research repository for its members. People joining network societies want "information" that is relevant, meaningful, manageable and in a user-friendly format. Face to face communication is preferable but this is not always practical for organizations where time is money and rapid networking is the underpinning work ethic.

DIVERSITY IN DOCTORAL EDUCATION

Wanted: Doctorate in Nursing or a Related Field

Alison Witte DLitt et Phil
Glenville State College/West Virginia University

Advertisements for faculty positions in nursing education often specify the requirement for a "master's degree in nursing and doctorate in nursing or a related field". Faculty in nursing education have traditionally held the PhD in nursing or one of the social sciences, or the EdD in education. However, in the contemporary scene, the growth of DNS and DNP programs and the development of new models of nursing education have resulted in greater educational options for nurses. A brief perusal of programs described on the INDEN website illustrates the wide variety of traditional and non-traditional approaches to doctoral education in nursing.

Given this availability, one might expect a doctorate in nursing to become a standard expectation in academic and advanced practice settings. However, it seems that the trend is toward diversity, and not uniformity.

In the past year, three of my nursing colleagues have embarked on programs of doctoral education. The first is a nurse practitioner who has enrolled in the state

university's new DNP program while she continues to work part time as a nurse practitioner. Online synchronous distance education is used to deliver classes. Another colleague is a nurse practitioner who is working full time and has recently enrolled in a well established distance



education university. She is pursuing a doctorate in psychology and counseling. Her courses are offered online via asynchronous distance education. Short residencies are also required. The last is a full time nursing faculty member who has enrolled in a new distance education program in health education offered by a Midwestern osteopathic university. Her courses are offered online via asynchronous distance education and do not require any residency. The degrees these nurses pursue are the DNP, the PhD and the DHEd, respectively. These educational choices reflect not only personal interests and career aspirations but also the compatibility of each program's

learning modalities and degree requirements with the nurses' personal and professional responsibilities.

The current development of new programs in nursing and the increasing accessibility of programs in other fields raises several questions: First, will the multiplicity of degrees now available fall into a hierarchy of acceptability? That is to say, will degrees with "nursing" in the title come to be seen as preferable to the nursing profession? Or will the title of PhD, regardless of discipline, confer a special prestige because of its familiarity to the public and the academic world?

Second, will the increasing numbers of non-nursing doctorates available through various forms of distance education compete with new doctoral programs in nursing? Some distance education universities in the United States have been in operation for 30 or more years; they have well established marketing programs, technical expertise and experience in meeting the needs of working professionals. Will nursing doctoral programs, especially those offered in a traditional model, have the capabilities required to compete for students?

DIVERSITY IN DOCTORAL EDUCATION

Wanted: Doctorate in Nursing or a Related Field...(continued)

Last, will the discipline of nursing itself be enhanced or harmed by the burgeoning opportunities for nurses to develop doctoral research and practice opportunities in fields peripheral to nursing? The nurse mentioned above who is studying health education is conducting research on a nursing education issue, but the nurse beginning her doctorate in psychology and counseling may not feel constrained to explore research in an area specific to nursing practice.

Doctoral education is a joy and a privilege, and its increasing availability is to be lauded for all nurses. Still, it is important to consider the implications of current trends in the growth and diversity of programs.

UPDATE FROM THE INDEN NEWSLETTER AND PUBLISHING COMMITTEE AND THE EDITORIAL TEAM



Dear INDEN Members,

We have been discussing, quite a lot, during the fall of 2007, how we could stimulate the submissions to the Newsletter during this year 2008. The on-line meeting that we had in 2007 produced excellent ideas that from the very first glance looked like interesting themes for the newsletter. The newsletter committee and editorial team has determined that each of the issues in 2008 should try to focus on a particular theme. The themes are as follows:

1. **March 2008:** Models of doctoral education (including split-site, distance, e-learning, collaborations & consortia)
2. **July 2008:** Plagiarism & doctoral research
3. **November 2008:** Experiences of international PhD students & their mentors, including post-doctoral & early career research support.

During the fall of 2007, we also started a discussion regarding the need to revisit and revise the mission statement, goals and purpose of the newsletter. This work is continuing later this spring and we hope to report the committee's proposals in the July issue. The third exciting initiative and attempt to stimulate contributions will be the development of author guidelines. The idea is that the guidelines assist and support any INDEN member to contribute columns or short commentary papers for the newsletter. We hope that ultimately these papers are possible to expand and publish in a peer reviewed journal or special theme issue that organizations such as the Sigma Theta Tau and the Eastern Nursing Research Society are publishing. Dr. Laurel Eisenhauer has volunteered to develop the guidelines in collaboration with the editorial team.

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CONFERENCE NEWS

International Nursing Collaboration Conference: Report from the University of Pennsylvania School of Nursing

*Compiled and Submitted by: Carol Larach
University of Pennsylvania*

Conference Overview

*Marjorie Muecke
University of Pennsylvania*

On February 1, 2008, faculty, students and fellows at the University of Pennsylvania School of Nursing (SoN) participated in a one-day conference, "International Nursing Collaboration: Opportunities and Challenges," at the Yale University School of Nursing. Penn Nursing presented four papers at the meeting. Dr. Marjorie Muecke gave an invited presentation entitled "Strategies for Productive International Nursing Research." Pre-doctoral student Kelly Delaney spoke on her experiences addressing acute malnutrition in Sub-Sahara Africa. Pre-doctoral student Christopher Lee reported on a collaborative research project with Jom Suwanno, PhD, of Walailak University School of Nursing in Thailand entitled "Adequate Self-Care is Associated with Better Health Status in Persons with Heart Failure – Thailand." Post-doctoral fellow Allison Squires reported on a collaborative research project with Ni Sindi, M.D., in Iraq, that examined health system reconstruction priorities of Iraqi health care professionals; and she also presented on methodological considerations for conducting international nursing research. The diversity and richness of the presentations and the ensuing discussion generated a rich exchange of ideas and underscored the need for international collaborations. Summaries from two papers from this conference are given below.

Doctoral Student Paper: In the Field - The Nursing Paradigm in the Global Community

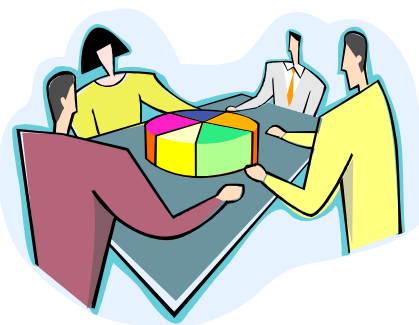
*Kelly Delaney
University of Pennsylvania*



As a first year doctoral student, I am constantly being challenged to think about what constitutes nursing science. Specifically, what is it about the nursing paradigm that sets our profession apart in the way we practice and in the research questions we ask? Grappling with these questions often leads me back to the two years I spent managing emergency

feeding programs in Kenya and South Sudan. During this time, I had the privilege to work with nurses from Kenya, Uganda, England, Canada, France, and Ireland. Despite our cultural and training differences, there were some obvious similarities in the way we thought about and approached our work. Each brought a nursing

perspective from our respective countries, and we all became better nurses for the information sharing that ensued. However, it was the underlying similarities in the way we practiced, the paradigm of nursing, which differentiated our nurse program from other programs in the regions. Whether practicing as a nurse at a state of the art hospital or under a tree in Sudan, I could not help but notice the following underpinnings to nursing, which globally unites nurses across countries and



transcends cultures. Nurses:

1. **Focus on the person, not the disease.** I will forever be grateful to the fantastic Kenyan nurses I worked with. They taught me how to truly listen to the patient and their families – we did not have lab tests or imaging to tell the story of each child – the story was told by the children and their parents. The Kenyan nurses were able to combine their physical assessments with the child's story to understand what was happening with the child's health.
2. **Are patient advocates.** We advocated for our patients in many ways. Whether it was talking with local leaders so that the mother could be excused from her home responsibilities to care for her ill child, or national level advocacy for patient needs in a region – everyday we would make sure that our patients voices were heard.
3. **Promote health by beginning in the community.** We were constantly in the community, assessing what needs we could address. I will never forget when one of the Kenyan nurses asked me to support her in the development of a breastfeeding support group in a Sudanese village. We combined her knowledge of the community and my knowledge of evidence-based care research, and initiated a very successful support group for the women of the community.
4. **View support for the family as just as important as support for the patients.** In our programs, we emphasized the importance of self-care, and provided education classes for our patients' family on culturally appropriate ways to keep their families healthy. We also used the barriers addressed by the families during these sessions as part of our advocacy for the communities in which we worked.
5. **Link environment and disease.** This link was something we knew all too well. The children we treated were malnourished

CONFERENCE NEWS

International Nursing Collaboration Conference...(continued)

as a consequence of environmental issues, which included drought, floods, and lack of access to clean drinking water. Linking the environment to disease allowed us to understand and respond to the health status of the children and of the communities we served, as well as to anticipate future challenges and to prepare the communities for future health threats.

Globalization is a cross disciplinary concept which has increasing importance every day. For nursing, I hope it will lead to further collaboration between nurses across the globe. There is much to learn from each other, and, through a global representation of our profession, we can significantly impact the health status of our global community.

Doctoral Graduate Paper: Cross-National Exploration of Nurse Burnout

Lusine Poghosyan
University of Pennsylvania

Dr. Poghosyan successfully defended her doctoral dissertation entitled "Cross-National Exploration of Nurse Burnout: Predictors and Consequences in Eight Countries."

Nurse burnout is an important phenomenon to investigate, particularly in times of severe



nurse shortage, because it has been significantly linked to nurses' intention to leave jobs and quality of patient care. Her study utilized a comprehensive approach to explore nurse burnout in eight countries. First, the study addressed burnout measurement issues in cross-national research and demonstrated that Maslach Burnout Inventory (MBI) is a valid research tool to measure burnout cross-nationally. MBI has a three-factor structure, and all its items loaded on the same factors across countries. Second, the study measured burnout in countries and demonstrated the features leading to nurse burnout. The levels of burnout varied across countries, with high burnout among nurses in Japan, and the U.S., and lower burnout among nurses in Germany, Russia, and Armenia. Despite the variable levels of burnout, across all countries, nurse staffing and resource adequacy, support from nurse managers, and collegial relations at the work setting were significant predictors of burnout. Finally, the study investigated the consequences of burnout for patient care and nurse outcomes. Controlling for nurse and job characteristics, it was found that burnout, particularly the emotional exhaustion dimension, significantly increases the risk of poor quality of care, job dissatisfaction, and nurses' intention to leave their jobs. Despite country specific differences, there are similar predictors and consequences of nurse burnout internationally. This evidence may help researchers, policy makers, and administrators to collaborate internationally and address nurse burnout.

Conference Report New Frontiers in Primary Health Care: Role of Nursing and Other Professions

Joanna Hendry
Chiang Mai University

Conference organised and presented by:

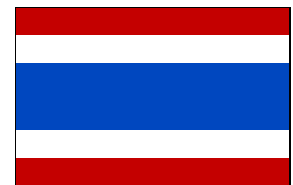
Faculty of Nursing, Chiang Mai University
February 4th – 6th 2008

Supported by: China Medical Board
Co-sponsors: University of Washington, Seattle, USA
University of Michigan, Ann Arbor, USA
Johns Hopkins University, USA
University of Southampton, UK
University of Western Sydney, Australia
Yamaguchi University, Japan

It is with great pleasure that we are sharing with you our news of the International Conference on 'New Frontiers in Primary Health Care: Role of Nursing and Other Professions'

which was hosted by the Faculty of Nursing, Chiang Mai University. It was an honour and privilege that Her Royal Highness Princess Maha Chakri Sirindhorn resided over the opening ceremony and we are deeply thankful for her attendance.

It has now been 30 years since the Alma Ata Declaration and the WHO has been initiating a revitalisation of PHC, moreover,



CONFERENCE NEWS

Conference Report: New Frontiers in Primary Health Care...(continued)

World Health Day 2008 is dedicated to the improvement and awareness of



Her Royal Highness Princess Maha Chakri Sirindhorn delivers her speech at the opening ceremony.

PHC. It was for these reasons that the Faculty of Nursing, Chiang Mai University and its co-sponsors organised this conference to serve as an important forum for academic exchange and explored PHC in an international context with interdisciplinary approaches. The conference promoted global collaboration and excellence in PHC education, research, and practice. It served as an excellent opportunity for participants to develop collaborative relationships at the international level. There were over 750 participants from 33 countries who registered for the conference giving it a truly international feel.

During the conference, we heard the words of 41 very distinguished speakers, panelists and moderators who represented 12 countries and assorted institutions and organizations. In addition to the keynote and panel speakers, there were 163 oral and 60 poster presenta-

tions of participants from 21 countries. Furthermore, there were successful pre and post conference programs on: Evidence Based Practice in Nursing; in conjunction with the Joanna Briggs Institute and the Thailand Center for Evidence Based Nursing and Midwifery, e-learning and innovative teaching-learning, and policy creation in the nursing profession. On the second day of the conference a doctoral education forum was held and co-sponsored by International Network for Doctoral Education in Nursing (INDEN).

The conference gave participants an opportunity to listen and contribute to discussions and ideas from many colleagues from all over the world, all with one common goal, to revitalize primary health care. A number of speakers mentioned their dreams and visions of a world with health for all, based on PHC with nurses at the center. Health care professions were offered this challenge thirty years ago with the Alma Ata Declaration and so far the vision has not been made a reality. The speakers highlighted that nursing and other professions cannot allow the opportunity to pass again.

The Faculty of Nursing, Chiang Mai University is extremely proud and delighted to announce that in concurrence with the international conference, a draft of the Chiang Mai Declaration on Nursing and Midwifery for Primary Health Care was developed. The draft declaration was presented to more than 750 nurses, midwives, physicians, and other health professions who participated in the conference. The draft was provisionally accepted at the conference and an international task force was created. The draft declaration has been sent to all delegates for comments and suggestions. After long deliberations

and inputs from many experts the final copy is now complete. The declaration pledges to disseminate, advocate and work towards fulfilment of the recommendations laid out in the declaration by working in partnership with healthcare organisations, communities, universities, GOs, NGOs and the private sector at the regional, national and international levels to strengthen PHC and accelerate achieving the Millennium Development Goals. The CM Declaration can now successfully move forward towards action and it will be integrated into major global events this year: the Global Forum in Kampala in March, the World Health Assembly, and the World Health Report 2008.

The Faculty of Nursing, Chiang Mai University would like to express sincere thanks to all participants, co-sponsors, supporters and speakers of the conference for their valuable contributions and assistance, both with the conference and the formation of the Chiang Mai Declaration.



HRH Princess Maha Chakri Sirindhorn receives a gift from Prof. Dr. Pongsak Angkasith, President, Chiang Mai University (CMU) and Dr. Wipada Kunaviktikul, Dean, Faculty of Nursing, CMU.

CONFERENCE NEWS

International Conference
on
New Frontiers in Primary Health Care: Role of Nursing and Other Professions
organised by
Faculty of Nursing, Chiang Mai University
February 4th – 6th 2008
Lotus Pang Suan Kaew Hotel, Chiang Mai, Thailand



HRH Princess Maha Chakri Sirindhorn, China Medical Board, co-sponsor, Faculty (FON) and University (CMU) representatives



Main Conference Hall at Lotus Pang Suan Kaew Hotel, Chiang Mai

CONFERENCE NEWS

Conference Report: 3rd International Students' Conference Spirituality: The Human Dimension in Care 25th-26th October 2007

Donia Baldacchino
University of Malta

The 3rd international students' conference was organized by the Nursing and Midwifery Studies, Institute of Health Care, University of Malta. The aims of the conference were to define the two terms *spirituality* and *spiritual care*, to become aware of the current research on spirituality in patient care and to link theory to practice of holistic care.

The opening speeches of the Hon Dr Louis Deguara, Minister of Health and Community Care and Dr Sandra Buttigieg, the director of the Institute of Health Care, emphasized the importance of providing holistic care and teamwork in the various services provided by the members of the multidisciplinary team.

The Keynote speech by Professor John Rizzo Naudi, chairperson of the Institute of Health Care, outlined the history of nursing and medical care in Malta which originated from the Knights of St John who spent nearly three centuries in Malta

from 1530 to 1798. The first nursing education in Malta started on the 28th September 1947 while the nursing and paramedical education was integrated within the University of Malta in 1988.

Various eminent speakers presented papers on definitions of spirituality and current research on spirituality in care. An innovative feature of the conference was a presentation by students who presented dramatized case studies on psychiatric, medical, midwifery, trans-cultural and orthopaedic care drawing attention to some mistakes performed unintentionally by the health care professionals. While demonstrating the negative impact on patients, students enacted the correct mode of care in each case study.

The conference was attended by 450 participants from Malta, Belgium, United Kingdom, Wales, Ireland, Norway, Netherlands, Nigeria and Kenya. It is hoped that this conference has served as an opportunity for personal growth and an inspiration to provide holistic patient care.



CONFERENCE NEWS

INDEN Co-Sponsors Scientific Sessions with Other Organizations

Shaké Ketefian
University of Michigan

During an international conference on primary health care (February 2008), sponsored by the Faculty of Nursing, Chiang Mai University, Thailand, a session was held on doctoral education, which was co-sponsored by INDEN. It was most popular, attended by an international group of educators and doctoral students. The session focused on the international quality criteria (standards and indicators developed by INDEN) and the implications/applicability of these criteria for the Thai context, the provision of research experiences for doctoral students, and the discussion of an example of ongoing international research involving the evaluation of doctoral program quality using the INDEN document. INDEN members involved in the session were Drs. Siriporn Chirawatkul, Warunee Fongkaew, Somchit Hanucharunkul [from Thailand], Shaké Ketefian and Mi Ja Kim [U.S.].

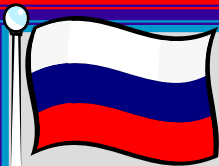
In another example of such collaborative work and sponsorship with other organizations, INDEN will co-sponsor a pre-conference with the Midwest Nursing Research Society [MNRS] during its annual meeting in late March 2008. MNRS

is the largest membership organization in the United States focused on research, and has had an international research committee for several years. Most of the members of this committee are also INDEN members [Dr. Shaké Ketefian, Chair, Drs. Violet Barkauskas and Elizabeth Madigan, members; Dr. Charuwan Kritpracha is a member of the International Research Committee as well]. The focus of the pre-conference will be on "Issues in International Research, Models and Approaches." The purpose of the pre-conference is to increase awareness among the members of MNRS on: (1) the issues and challenges of international nursing research, and (2) the types of models used to build collegial networks around the world that have been successful in facilitating collaboration among peers while building the capacity of individuals and institutions.

INDEN invites its members to look for opportunities to co-sponsor sessions related to international research and doctoral education, and to work with INDEN officers to present these co-sponsored sessions.



ANNOUNCEMENTS



Conference Announcement

There will be a Doctoral Student Nursing Conference of the Association of Pacific Rim Universities (APRU) on July 14-18, 2008 at the Far Eastern National University, Vladivostok, Russia.

For more details, see <http://www.fenu.ru/?a=page&id=696>



Online Nursing Journal

OJIN: The *Online Journal of Issues in Nursing* is a journal of the American Nurses Association (ANA). All the content posted since the journal began is available free of charge to all interested readers with the following exception: Articles on the current topic (issue) are available only to ANA members and to students until the next topic (issue) is posted. This process provides a benefit to ANA members in that only members have access to the current topic being addressed, and it offers an important resource to students who may need the content to complete a paper that is due in the immediate future.

The *OJIN* website is <http://www.nursingworld.org/ojin/>

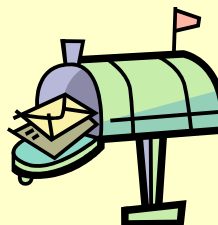
INDEN BULLETIN

INDEN Membership Registration —Temporary Payment Process

Payment for INDEN membership via our website changed in February 2008 as required by the University of Michigan to be compliant with Payment Card Industry Data Security (PCI DSS) regulations. We removed our former web-based registration form and in the coming months, INDEN will announce a new payment vendor that will handle online transactions. The new payment process will be communicated to the members via email and posted on the INDEN website.

This change was necessary to meet industry standards. We cannot receive credit card information via email, so in the meantime, INDEN members can make membership payments by using one of three options:

- Fax the INDEN office using the INDEN office private fax number.
INDEN Fax: 1-734-615-3798, attention Janie McMillen
- Mail/post via postal service.
Postal mail address:
Janie McMillen, INDEN
University of Michigan ~ School of Nursing
400 North Ingalls, room 3216
Ann Arbor, MI 48109-5482 USA
Tel: 734-763-6669
Fax: 734-615-3798
- Telephone the INDEN office, leaving a voice message if office is unattended.
INDEN telephone: 1-734-763-6669

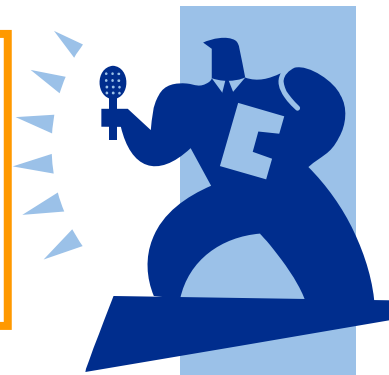


We appreciate your patience as INDEN makes this payment method change. As you know, the INDEN membership year is from July 1 through June 30, so next year's invoices will be sent in June. If you have questions, please contact Janie McMillen at: janiem@umich.edu or INDEN at: inden@umich.edu

REMINDERS/OTHER**Write an article for the newsletter!**

The next edition of INDEN will be published in July 2008. The deadline for submissions is June 10th, 2008.

Please submit your articles to Dr. Catrin Evans at catrin.evans@nottingham.ac.uk.



If you would like additional information on the International Network for Doctoral Education in Nursing, please contact:

**Office of International Affairs
University of Michigan
School of Nursing
400 N. Ingalls, Room 3216
Ann Arbor, MI 48109-0482**

**Email: inden@umich.edu
Fax: 734/615-3798**

