

# Carolina NURSING



THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF NURSING • Winter 2002



FROM THE  
*Associate Dean*

Dear Alumni and Friends,

It is with great pleasure that I write this letter for our annual edition of the *Research Chronicle*. The past academic year was an extremely busy and rewarding one for the University of North Carolina at Chapel Hill School of Nursing's researchers. Funding for the year exceeded \$6.25 million, a leap of nearly \$1 million from the year before. This was due, in part, to the funding the nursing faculty received from the National Institutes of Health, which, over the past five years, has made the SON one of the top five nursing programs in the country in receipt of NIH funding. Fifty SON faculty members served as principal investigators, co-principal investigators or co-investigators on extramurally funded studies, and 14 served the same roles on studies funded by the SON. Communities in 77 of North Carolina's 100 counties were served through major SON research projects.

While the numbers are impressive, it is the work that these faculty members are doing and the patient's lives that they are affecting which are important. Research initiatives at the SON this past year tackled some of society's most serious health problems, including obesity, type 2 diabetes, HIV/AIDS, cancer uncertainty, cognitive decline among seniors and urinary incontinence. The School's faculty members were not alone in their research endeavors, either. Many students, ranging from undergraduates to post-doctoral fellows, participated in and performed innovative research. One example is Emelia Amoako, a third-year doctoral student who this year was awarded a \$100,000 Hartford Foundation grant to support her studies on diabetes and uncertainty management in older African American women. Not to be outdone, the School's former students, now distinguished alumni, are changing the face of healthcare as well. Featured in this edition of the

*Chronicle* are two "triple-alums," Debbie Brandon (BSN '76, MSN '81, PhD '00) and Jill Hamilton (BSN '82, MSN '89, PhD '01), who are working with those considered among society's most vulnerable, preterm infants and the elderly.

On behalf of all of these valued researchers, I thank you for taking the time to learn more about the SON's research endeavors. Your support is greatly appreciated.

Sincerely,



Sandra G. Funk, PhD, FAAN  
*Professor and Associate Dean  
for Research*

RESEARCH CHRONICLE



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*On the cover: Dr. Barbara Jo Foley (BSN '67), a clinical associate professor and director of the School's Continuing Education Department, discusses her current study on workplace satisfaction for nurses with Krista Horne (BSN '00), a nurse at UNC Hospitals and a master's student at the School of Nursing.*



*The good, the bad and the ugly: all words that describe the current state of nursing in the United States. While many nurses still find the profession rewarding, many more are turning elsewhere to pursue less demanding, more lucrative careers. The existing workforce, which is beginning to “gray out,” is finding itself with fewer recruits to fill the rising vacancies.*

# A CURE FOR WHAT AILS US

*Add to this the aging baby-boomer population, the cost-cutting measures of insurance companies and healthcare facilities and the varying definitions of quality care, and you’ve got a situation of crisis proportions. Is nursing at a crossroads, and are there any answers to the difficulties plaguing the profession? Several researchers at the School of Nursing are exploring some of the complex issues facing the profession, including workplace satisfaction, standards of care, turnover and retention costs and staffing adequacy. What they are finding is that while it’s not too late to act, healthcare leaders must work toward fair and intelligent policies immediately, before the situation becomes just plain ugly.*

## Military Medical Center Nurses: More Satisfied than the Average Nurse?

by Sunny Smith Nelson

Dr. Barbara Jo Foley (BSN '67) served in the U.S. Army Nurse Corps for 30 years before becoming a professor at the School of Nursing in 2000. As a nurse researcher, she has read many studies on the relationship between nurses' workplace satisfaction and patient outcomes in civilian hospitals, but found little documentation on the nursing environment in military hospitals. Working with fellow nurse researchers from military and civilian organizations, she created two studies, the first of their kind in nursing administration research, with the goal of providing a comprehensive portrait of nurses, nursing care and patient outcomes in military medical centers.

Foley's first study centered on 100 military and civilian nurses in two Army medical centers. She and her research team asked basic demographic questions of the nurses, including age, race, gender, years of education, clinical experience and certifications. More subjective questions included inquiries into the nurses' perceived levels of autonomy, clinical expertise, control over practice and relationships with physicians. "We were interested in learning if factors central to the military medical center environment—such as the BSN education requirement for active duty nurses and the officer status of all Army nurses—influenced the nursing environment and in turn affected patient outcomes," she says.



**Dr. Barbara Jo Foley is currently studying workplace satisfaction in a comparison between military and civilian medical centers.**

Foley found that military medical center nurses scored higher on the workplace satisfaction areas of autonomy, control over practice and relationships with physicians than is typical for civilian hospitals. The workplace satisfaction of the nurses in the Army medical centers even approached or exceeded the satisfaction of nurses in some of the Magnet Hospital studies. "Most notably, the patient outcomes on the nursing units where these nurses practiced were also positive," says Foley.

Now into the second study, funded, as the first study was, by a grant from the TriService Nursing

Research Program, Foley and her colleagues are collecting data in two additional Army medical centers and comparing them to data collected in a similar civilian medical center. "No studies have compared the study variables in military hospitals to the same variables in civilian hospitals," she explains. "The comparisons will make it easier to name and preserve the nursing care elements that are most advantageous to Army nurses and hospitals and the elements that might need refinement. The ultimate goal of this study is to identify the nursing elements that lead to work satisfaction for the nurses and optimal health outcomes for patients." ■

# The Value of a Good Nurse

by Sunny Smith Nelson

While the causes of nurse turnover have been studied extensively in the past, the economic costs have not. When Dr. Cheryl Jones published her first study on the costs of turnover in the nursing workforce in 1990, she found that study hospitals lost over \$10,000 every time a nurse left to pursue other opportunities, resulting in an average loss of \$1 million a year at each hospital. These costs accrued from expenses such as the overtime paid to other nurses to meet the needs of their patients, payments to temporary agencies to fill nursing vacancies, closing patient beds due to vacancies, advertising and bonuses paid to recruit and hire new nurses and the orientation and training of newly hired RNs.

Twelve years later and funded by a Faculty Research Opportunity Grant, Jones is fine-tuning that study to learn how those costs have changed and what they amount to in today's dollars. Putting money into retaining the current workforce makes economic sense, explains Jones, as hospitals will save on the high costs associated with vacancies caused by nurse turnover, nurses will have jobs that fulfill and sustain them and patients will receive more consistent, high quality care.

"Nurses are an organizational asset that add value to healthcare organizations," Jones explains. "If a long-term, highly experienced nurse leaves, it can mean a significant financial and organizational loss to that hospital. While none of the hospitals I worked with in 1990 had conducted this type of detailed investigation before, each knew intuitively that there were costs associated with nursing turnover, and they commented on the value of this new information."

Working with an expert panel of nurse researchers, economists and administrators, Jones has created an updated set of direct and indirect nursing turnover costs to hospitals. She is now working with an acute care hospital to compare these costs across several different units and expects to have her data ready in the next few months. "It will be interesting and important to see how these costs have changed over time and if different retention strategies are needed to target the costs of turnover," she says.

Jones also is conducting a separate study funded by a UNC Junior Faculty Development Award to examine differential nursing employment patterns by race, ethnicity and geographic location. While minorities represent a significant portion of the population in the United States, they are an underrepresented group in nursing. According to the U.S. Census, African-Americans and Latinos make up 25% of the population, but only 7% of the nursing workforce. Recruiting and retaining minority nurses is crucial to the profession in order to improve access to needed healthcare and ensure the best patient care, explains Jones.

Existing data will be used to examine characteristics of the nursing workforce and corresponding characteristics of the populations they serve. Patterns of nursing employment will be studied by comparing nurses who stay in their jobs, change jobs or drop out of the workforce altogether. "Little is known about patterns of employment among nurses, and whether these patterns vary by race, ethnicity or geographic location," says Jones.

"We hope the information can help guide the development of strategies aimed at recruiting and retaining a highly qualified and diverse nursing workforce to meet the changing needs of society and to improve patients' access to care." ■

## Categories of Nursing Turnover Costs

### Pre-Hire Costs

#### Advertising & Recruiting

- Recruitment personnel
- Supplies
- Job fairs, seminars
- Advertising

#### Vacancies

- Temporary nurses
- Overtime
- Closed beds
- *Adoption of new staffing programs\**
- *Decreased productivity of other unit staff*
- *Patient deferrals*

#### Hiring

- Interviewing
- Employment processing
- Bonuses
- *Search firm costs*

### Post-Hire Costs

#### Orientation & Training

- Training personnel
- Supplies
- Equipment
- Perceptors

#### Decreased New RN Productivity

- New RN employees
- *Supervisor/co-workers*

#### Decreased Pre-Turnover Productivity

- *Departing RN*
- *Co-workers*
- *Supervisor*

#### Termination

- Exit interviews

\* Italicized items are new categories identified in the literature as important in estimating turnover costs.

## A New Standard for Home Healthcare

*by Jennifer Nardone*

For most of us, the term “service industry” conjures up images of chain restaurants and hotel check-in desks, when, in fact, home healthcare makes up the fastest growing service industry in the United States. Unfortunately, however, healthcare professionals know very little about what constitutes successful home care for patients. “We don’t actually know what quality home healthcare is,” says Dr. Mary Lynn, who is working on a four-year study of the home healthcare industry in an effort to better understand the process of caring for patients within their home. “We need to better understand what goes on during the process of home care and whether or not it makes a difference.”

Lynn received a grant from the National Institute of Nursing Research at the National Institutes of Health to fund the project, which will focus on interviewing 1,100 home healthcare patients and 160 nurses from the Triangle and eastern North Carolina about their experiences during the home care process.

The patients will be interviewed at three separate stages of their care for the study: immediately following their release from the hospital, upon completion of their home care and a month after completion of their home care. The participants in the study will range from patients who require home care for only a few weeks to those who rely on home care for up to nine months.

There are several important factors that indicate how successful home care is for a particular

patient, says Lynn, such as whether that patient or patient’s permanent caregiver is able to care for the patient once the home care has ended and whether the patient is satisfied with the home care process.

Lynn’s questions for the patients will focus on the relationship between the provider and the patient. The patients will be asked to rank the validity of statements such as, “My nurse treated me like a real person,” and “My nurse put forth a lot of effort in working with me.” Lynn says that these types of questions reveal how the day-to-day process of home care affects patients’ abilities to care for themselves.

The nurses will be interviewed during the study about their experi-

ences of the home healthcare process. “In home healthcare, the relationship between a patient and a provider is like a negotiation,” says Lynn. “We need to better understand what it is that we are doing, or not doing, that impacts the patients’ ability to care for themselves.”

Although the primary focus of the study will be the relationship between the patient and provider, other statistical data such as patient charts and OASIS (Outcome Assessment and Information Set) information will be included in the study as well. OASIS, a data set developed for the former Health Care Financing Administration, is currently used by home healthcare agencies to assess adult patient care. ■



***Dr. Mary Lynn is working toward a new definition of quality home healthcare.***

## Nurse Staffing and Patient Outcomes: A Reevaluation

by Jim Vickers

When Dr. Barbara Mark arrived from Virginia Commonwealth University in January 2001 to occupy the Sarah Frances Russell distinguished professor chair, she brought two related research projects. One, "A Model of Patient and Nursing Administration Outcomes," recently received funding from the National Institute of Nursing Research at the National Institutes of Health for a second five-year period. The Agency for Healthcare Research and Quality recently funded the second,

"Nursing Staffing, Financial Performance and Quality of Care."

For the NINR project, she and her associates are collecting data from staff nurses, patients and administrators in 160 hospitals to gain a better understanding of two matters that affect quality of patient care and efficacy of hospitals: adequacy of nurse staffing and the unit management structure that supports nurses' decision making, their freedom to practice professionally and their relationships to other healthcare professionals.

"Prior studies," Mark explains, "have concentrated on measuring nurse staffing in terms of the number of registered nurses on a unit or the proportion of the staff who are registered nurses. They haven't gone beyond those simple kinds of measures, so their findings suggest that

one nurse is just as good as any other nurse. We believe that is most likely not the case, so we're also looking at nurses' education, their experience, their expertise and their commitment to care. We're also looking at the professional factor — the professional practice milieu on the unit. Does it have any impact on what patients think about nurses' contributions to care?"

She also questions the tendency to think that every problem can be solved by adding nurses. "We're projected to be in significant nursing shortage by 2010," she says, "so a policy recommendation that focuses on 'we need more nurses' doesn't make sense in the real world. We need to figure out how to redesign the work of nursing to get maximum efficiency and maximum effectiveness from the nurses we have."

The AHRQ study parallels the NINR investigation, using federal government data sets that have allowed Mark's team to examine how changes in nurse staffing affect quality of care and how the level of HMO penetration and the hospital's status as investor-owned or not-for-profit relate to the relationship between change in staffing and change in quality of care. For example, by comparing the number of patients who died in a hospital to the number expected to have died, Mark's team has found that the addition of nurses will reduce mortality ratios in high HMO penetration hospitals when levels of nurse staffing are low. However, when levels of nurse staffing are high, adding another nurse will cause mortality ratios to rise, suggesting, Mark says, that adding nurses doesn't always improve quality of care.

"My findings will be somewhat controversial," she says, "because they go against conventional wisdom." ■



*Dr. Barbara Mark believes one answer to the nursing shortage is redesigning the work of nurses.*



# Gender, Migration and AIDS Risks Among Mexicans

by Sunny Smith Nelson

\*Julio gets up early each morning, hoping to beat the heat before the sun comes up. Painting houses in the Research Triangle area of North Carolina is a hard, hot way to make a living in the summer, but the wages he makes beat what he would see in Mexico. He sends the majority of those wages back home to his wife, kids and mother, and when he has earned enough to last him for the year, he returns back to his community. It can be hard living alone in a foreign country, not having your family and friends around to fill your mental, emotional and physical needs. Loneliness and social isolation often result from living in an unfamiliar culture with an unknown language. Julio says that all he does here is work, and even if he had time for fun, there is no place to go. That's why, Julio explains, he has visited prostitutes in the past. And why, as he recently found out, he is one of the many Mexicans who have contracted HIV in the United States and taken it back to their community in Mexico.

Mexico now ranks second only to the United States in the number of HIV cases in the Americas, in part due to its close relationship with its northern neighbor. The number of cases continues to rise despite the fact that HIV/AIDS education and awareness campaigns have taken off in the United States. Dr. Chris McQuiston, working with El Centro Hispano in Durham, North Carolina, was perplexed by this phenomenon. Why, with all the information out there, were Mexican immigrants continuing to contract the disease?

"To be effective, HIV/AIDS interventions need to be culturally and linguistically appropriate and must

occur within the context of the specific community in which they are delivered. The Center for Disease Control model that was in use wasn't culturally accessible to the Mexican population I interacted with in Durham," she explains. "After working with individuals and focus groups in Durham's Mexican immigrant community, we came up with 'Protegiendo Nuestra Comunidad,' a lay health advisor program that empowers community members to teach HIV prevention to fellow Latinos. It's proven to be very successful."

Building on this program, McQuiston is now working with Ivan Parra of El Centro Hispano and Dr. Emilio Parrado of Duke University to learn what effect migration and gender have on sexual behavior among the Mexican population. Funded by the National Institute of Nursing Research at the National Institutes of Health, she is continuing her work with the Durham Mexican immigrants' community and will soon be conducting research in two of the sending communities in Mexico. This will include ethnosexual surveys with 700 study participants.

"The study aims to learn more about prevalent sexual behaviors among Mexican men and women,

including condom use, use of commercial sex workers, number of partners, sex outside of marriage and male-to-male sexual encounters, and how migration affects these behaviors and the structures of labor, power and emotional energy among the population," she says. "We ultimately hope to take this information and create a data-derived culture- and gender-specific model of sexual behavior to aid in the development of HIV interventions for at-risk immigrant groups."

The study is especially relevant with the Hispanic population boom the United States is experiencing, says Dr. Sandra Funk, associate dean for research. According to a study by the Pew Hispanic Center and the Brookings Institution, the percentage of Mexican immigrants in the Triangle area increased over 1100% since 1980. "The results of the study are likely to change how healthcare workers look at HIV prevention education for immigrants," says Funk. "A more culture-specific approach makes sense in reaching people who haven't understood how to make prevention fit comfortably with their cultural beliefs. This research hopefully will move us closer to saving many lives in our growing Hispanic community." ■

## HIV/AIDS interventions

- culturally and linguistically appropriate
- occur within the context of the specific community in which they are delivered



PHOTO COURTESY OF DR. CHRIS MCQUISTON

**Dr. Chris McQuiston recently visited three health care facilities like this one in Maravatio, Michoacan, Mexico. Of the three, this was the only facility that gave migrants returning home information on STDs and HIV.**

\*Based on actual cases

# RESEARCH 101:

## *Students Learn the Ropes of Research through Original Projects*

*by Jim Vickers*

Say the words “student research,” and many people think of doctoral candidates concentrating on research projects for their dissertation. Ben Roberts, Tracy Jarrell Carroll and Chris Berge, all students enrolled this past year in the BSN and MSN programs at the School of Nursing, will argue differently, however. Under the helpful auspices of SON faculty, they each created and implemented their own undergraduate and graduate research projects. And while the work of a full-time student combined with the efforts of becoming a researcher oftentimes proved strenuous, the lessons learned will last them a lifetime.

### **Ben Roberts, 14-Month Second Degree Option**

Ben Roberts graduated from Carolina with a BS in biology in May 1999. He took a position as a nursing assistant in Surgical Services at UNC Hospitals, where he immediately came to appreciate the quality of the work and character of the nurses on his unit.

“Nurses seemed to make or break a patient’s stay in the hospital,” he recalls. “I was really impressed with both their knowledge of medicine and their ability to manage the healthcare team. Every nurse exuded confidence in their role, and despite multiple challenges, they always put the patient first. I knew this was where I wanted to be, almost instantly.”

Following through on his instinct, he enrolled in the SON’s 14-Month Second Degree BSN Option in May 2001. Only months into his studies, he started honors program research under the direction of Clinical Education and Resource Center Director Carol Durham. To gather data for his project, “Job Satisfaction of New Baccalaureate Nurses,” he sent surveys to 343 nurses who had graduated with a BSN from Carolina in 2000 and 2001. His results revealed that some problems “are unique to the specific area of practice, but new nurses overall feel a lack of voice and control in their environment.”

Roberts graduated with highest honors in August, receiving the School’s Tammy Flake Award and a Sigma Theta Tau Award. He is once more employed at UNC Hospitals, working in the Cardio-Thoracic ICU, the very position that inspired him to attend the SON.

### **Tracy Jarrell Carroll, 24-Month Traditional BSN Program**

Tracy Jarrell Carroll graduated with highest honors in May 2002 after conducting research, with Dr. Gayle Davis as her honors program advisor, on the project “Health Education and Obesity in Children: Changes in Nutrition and Exercise Choices of Middle School Students, One Year after Health Teaching.” Carroll developed a survey to measure whether health education in a regional school had an effect on

*Ben Roberts speaks with Sherri Morris, a recent nursing graduate, to learn how satisfied she is with her career.*



the eating and exercise habits of seventh graders a year later. She found a strong link and offered suggestions for further research.

The turn of the century was eventful for the Henderson, North Carolina native. She graduated in May 1999 from Wake Forest University with a BS in health and exercise science, questioned her plans to enter medical school, and decided while continuing to work as a nursing assistant to become a nurse because, she explains, "It involved caring for people in various stages of health and illness, it allowed me to have quality contact with my patients and a flexible schedule, and it guaranteed great job security."

She entered the SON in May 2000, and entered the honors program in August 2001. Her SON experiences are standing her in good stead at the Heart Center at UNC Healthcare where, she says, "So far, I seem to feel more prepared than some of the

new graduates from other schools, even though," she adds, "I'm still nervous and excited!"

### **Christopher Berge, Adult Nurse Practitioner Program, MSN Program**

Christopher Berge graduated with an MSN in May after he and his research partner Thanh Vuong completed an investigation of the "Differences in Job Satisfaction among Male and Female Army Nurses." Carol Durham directed the project, which involved conducting secondary analysis of data collected by Dr. Barbara Jo Foley for her study, "Nurses Influence on Patient Outcomes in U.S. Army Hospitals."

After examining data gathered from 103 army nurses, 70% female and 30% male, Berge reports, "We found no significant differences in job satisfaction between women and men, which we feel is an

important finding for nursing given the current shortage and the efforts to attract and retain employees. Many health systems are focusing certain recruitment efforts at males to increase the number of males in nursing, but our study shows that perhaps instead of stratifying efforts to attract and retain males versus attracting and retaining females, we just need to look at nurses as nurses."

Originally from Iselin, New Jersey, Berge graduated in May 1995 with a BS in nursing from the College of New Jersey. His original intention was to pursue graduate studies in medicine, but his undergraduate courses and clinical experiences convinced him that nursing offered the satisfaction and challenge he wanted in a career. After graduation, he worked first on a surgical unit in a 120-bed suburban hospital in New Jersey and then in the cardiac catheterization lab at the Robert Wood Johnson University Medical Center before taking a similar position at Duke University Medical Center. He returned to DUMC after graduation from UNC and now works as a nurse practitioner with cardiology associates.

Inspired by his work with Durham as a student researcher and teaching assistant in the CERC, Berge said he hopes to return to the School of Nursing to earn his PhD one day. "I want to return to a teaching and research position sometime soon," he says. ☐

*Tracy Jarrell Caroll discusses her honors project on children's health education with Mr. and Mrs. Jimmy Flake. The Flakes established a fund in memory of their daughter Tammy to celebrate the accomplishments of honors graduates.*

PHOTO COURTESY OF CHRIS BERGE



**Chris Berge says his graduate research has inspired him to explore the SON's doctoral program.**



# A Day in the Life of a Student Researcher

by *Emelia Amoako MSN, GNP*

## EDITOR'S NOTE:

Emelia Amoako is a PhD student in her third year at the School of Nursing. She is studying illness-related uncertainty as a factor in the poor management of diabetes in older African American women and uncertainty management interventions under the mentorship of Dr. Merle Mishel, Kenan professor of nursing. In January, Emelia learned that she was chosen to receive a John A. Hartford Foundation Geriatric Nursing Scholarship for her leadership potential and commitment to a career in gerontological nursing research and education. The highly competitive scholarship provides Emelia with \$100,000 over the next two years to support the completion of her doctoral education and dissertation research.

I started the journey of a student researcher with a clearly identified problem: as a geriatric nurse practitioner, most of the women I worked with were older African American women, most had multiple chronic diseases and one in four suffered from diabetes. My desire became developing an intervention to improve the management of diabetes for older African American women. I quickly discovered that research requires a laborious and continued effort.

I started the meticulous research process by defining the research problem, conceptualizing the problem in a theoretical framework and looking for a funding agency to provide financial support for my work. That work led me to write a proposal for funding from the Hartford Foundation to support my course of study.

It is easy to feel overwhelmed by the volume of work to be done each day as a student researcher. On a typical day, I leave my home in Greensboro at 7 a.m. and arrive at school close to 9 a.m., just in time for my morning classes. Classes are intensive with discussions on major research concepts and how to apply those concepts to the student's research work. During mid-morning break, I often have quick discussions with my classmates on topics such as poster presentations for upcoming research conferences.




**Emelia Amoako discusses progress on her doctoral research with advisor Dr. Merle Mishel.**

Class time always goes by fast, and I often attend meetings in the afternoons. One instance is the T32 meeting, a seminar for federally funded pre- and postdoctoral students. The meetings are informal but most informative. Most topics are about the research process, publication and faculty roles. At the end of the T32 meetings, I move on to more classes. I arrive at my afternoon classes with the same preparedness to engage in discussions as in my meetings.

In the afternoons, I sometimes check in with my mentor and the chair of my dissertation committee, Dr. Mishel. Even after such a full day and a commute to Greensboro ahead of me, I know my day is still not complete. Now, for instance, I am writing an article on a conceptual model developed for older African American women with diabetes.

The model was derived from part of the uncertainty in illness theory developed by Dr. Mishel.

The next step in my research work is to modify Dr. Mishel's intervention for managing uncertainty in cancer patients to make it appropriate for older African American women with diabetes. Past work with Dr. Anne Skelly on her study of African American women with diabetes and Dr. Mishel's study on men with localized and advanced prostate cancer helped strengthen my research skills, and I will continue to work with Dr. Mishel on her research studies to further develop skills for my career as a researcher.

The life of a research student is relentless, but with perseverance I know I will achieve my aim — becoming Emelia Amoako, PhD, RN. 

# Stopping a Growing Epidemic: SON Researchers Battle the Rise of Type 2 Diabetes

*by Jim Vickers*

Principal investigator Dr. Joanne Harrell's "Physical Activity in Youth—Preventing Type 2 Diabetes" is a representative example of the continuity common to many of the major research projects in the School of Nursing. Funded by the National Institute of Diabetes and Digestive and Kidney Diseases, the new multi-site study will test a school-based intervention designed to serve as a national model for the reduction of obesity and prevention of type 2 diabetes in children and adolescents.

The study continues, builds on and expands the data and findings generated by Harrell as principal investigator of three "Cardiovascular Health in Children and Youth" studies (CHIC I, II and III), funded by the National Institute of Nursing Research at the National Institutes of Health from December 1989 through July 2004, and several projects carried on and funded by the SON's Center for Research on Preventing and Managing Chronic Illness in Vulnerable People.

While the CHIC studies concentrate on the reduction of cardiovascular risk factors in youth and "Physical Activity in Youth" study seeks to reduce risk factors for type 2 diabetes, both are school-based, hope to increase physical education classes in schools, promote out-of-school improvements in physical activity and eating habits and use many of the same data-collection measurements. Measurements include height, weight, body composition, blood pressure, lipid profiles, physical activity and eating

habits and glucose, insulin and physical fitness levels.

"The specific aim of this new study is to test a longitudinal school-based intervention to prevent type 2 diabetes, which recent research has shown to have increased 10-fold in children over the past few decades," says project manager Kabira Kirby. "Although the team of investigators is still discussing the details of the intervention, the primary focus of the intervention will be to add a prescribed physical activity program to the school curriculum and to modify access of youth to soft drinks at school. Additional components of the intervention will be classes to increase knowledge and influence attitudes about physical activity, nutrition and diabetes and some involvement of parents."

The NIDDK investigation is a cooperative agreement which includes Baylor University, the University of California-Irvine, the Children's Hospital of Pittsburgh, the Children's Hospital of Philadelphia, Yale University and the University of Colorado. Next spring, in the prevention phase of the program, researchers at Baylor and California-Irvine will conduct parallel feasibility

studies with Harrell's team to evaluate procedures for glucose-tolerance testing in the school setting. The other four institutions are currently working to set up the treatment phase of studies.

After the study protocol receives SON Institutional Review Board approval, Kirby and her assistant, doctoral student Chris Baggett, will hire the research assistants and nurse practitioners who will draw blood and gather data from students in four North Carolina schools with a significant minority enrollment. The study ultimately will involve about 4,000 elementary and middle school subjects recruited from 25 to 30 schools in North Carolina counties with populations that are more than 50% non-Caucasian. If this intervention proves successful in decreasing obesity and risk factors for diabetes in children, it will be disseminated nationally. [u](#)

*Graduate research assistant Debo Odulana takes the blood pressure of a young study participant.*



# Forget Something?

## SON Researcher Studies Oxygen Levels and Cognitive Decline

*“Cognitive decline has a lot to do with independence. Developing a way to decrease decline now may keep adults out of hospitals and nursing homes when they get older.”*

DR. BARBARA WAAG CARLSON

by *Natascha Worthington*

Some of us can't remember what we did two minutes ago, let alone two months or even two years ago. As we grow older, memory starts to fade for many of us and can have an adverse effect on our daily lives. Scientists agree that cognitive decline is an important area of concern for all healthcare professionals who care for older adults, but early interventions to slow memory decline have not been possible because little is known about what triggers cognitive decline in the elderly.

Barbara Waag Carlson (MSN '91, PhD '97, Post Doc '00), an assistant professor and associate director of the Biobehavioral Laboratory (BBL) at the School of Nursing, believes that changes in brain oxygen levels while sleeping may have an effect on memory and cognitive decline as we grow older. This summer, she started a five-year National Institute of Nursing Research-funded study that measures brain oxygenation in adults over the age of 70 as they spend two consecutive nights in the sleep lab located in the BBL.

One goal of the study, Carlson explains, is to determine what comes first in the sequence of cognitive decline: declines in brain oxygen levels that cause brain cells to die, or vice versa. From the data collected, she hopes to develop interventions to slow or possibly prevent cognitive decline. Possible interventions may include administering oxygen at night or adjusting the timing of daytime activity or medications that may affect oxygen levels.

Carlson's research is different from previous studies because she is interested in evaluating how the oxygen in the brain changes during sleep. Using a new procedure called cerebral oximetry that measures the amount of oxygen present in the brain, she places sensors on the foreheads of her subjects. A light-emitting diode bounces light along the surface of the brain to a light-detecting diode. The amount of light measured by the light-detecting diode correlates with the amount of oxygen the patient has in the brain.

Each study subject will receive a yearly physical assessment by two SON doctoral students who are licensed nurse practitioners. At six and 18 months the participants will receive home visits from undergraduate nursing students who will take their vital signs and check their medications and overall health.

“We didn't want to just gather information on older adults and send them home. This study is our way of giving back to the community,” she says. “We send our nursing students out into areas of Orange and Chatham counties to those who don't have access to yearly health check-ups.” The students also benefit from these visits because they get to see firsthand a diverse population of older adults living in the community and learn what healthcare concerns they may have. “We want the participants to feel that they are a part of our research team and that together we are working to improve the future healthcare needs of everyone.”

And improving the overall health of the elderly is the goal Carlson hopes to achieve through her new study.


“Cognitive decline has a lot to do with independence. Developing a way to decrease decline now may keep adults out of hospitals and nursing homes when they get older,” she says. “I see my research as a part of nursing's mission to improve health and healthcare.” 



PHOTO COURTESY OF DR. BARBARA WAAG CARLSON

**Dr. Barbara Waag Carlson spends time with Minnie Sasso, a participant in her study. Once Sasso falls asleep, Carlson will measure oxygen levels in her brain.**

# SON Supports MOMS, Preterm Infants Through Research

by Jim Vickers

Imagine yourself as the brand new mother of a premature baby. You live in a rural area, have little money and know of few resources. Where do you turn to help your child who is struggling to make up for those last developmentally crucial weeks missed in the womb?

If you're lucky enough to live in Orange or Pitt counties, you can turn to Drs. Diane Holditch-Davis, Margaret S. Miles, Linda Beeber, Suzanne Thoyre and Michael Belyea.

They are the lead researchers of "Nursing Support Intervention with Mothers of Prematures," or MOMS, a five-year study funded by the National Institute of Nursing Research at the National Institutes of Health that began on April 1, 2002.

"The purpose of the study is to address the critically important problem of prematurity in rural African Americans," explains Holditch-Davis, the principal investigator of the study. "Prematurity is twice as common in the African American population as in the Caucasian population. Premature African American children also typically have more perinatal problems and face poorer health outcomes. And, unfortunately, only small percentages of mothers of premature infants, and particularly rural African American mothers, are using early intervention services now available in the community.

"MOMS is a study to try to improve the developmental outcome of rural African American premature infants by working with their mothers to help them resolve their negative neonatal intensive care unit experiences and use early-

intervention services."

The researchers plan to recruit 212 African American mothers, half from UNC Hospitals and half from Pitt County Memorial Hospital in Greenville, North Carolina, when their high-risk preterms are in intermediate care and follow them until the infants are 24 months of age, corrected for prematurity.

To date, among their start-up activities they have hired research staff at both sites, trained them in research protocol, set up data entry procedures, developed enrollment questionnaires for prospective subjects and recruited the first handful of African American mothers.

Thoyre, a co-investigator on the MOMS study, is working simultaneously on her own research project on preterm health. "Contingent Feeding of Preterms to Reduce Hypoxemia" is a three-year, NINR-funded study to test an intervention designed to reduce hospitalized preterm infants' bouts with hypoxemia, or lack of oxygen in the blood, during bottle feeding. She will work with subjects from UNC Children's Hospital.

"What we have found is that preterms often do not breathe or swallow effectively during early bottle feedings, especially if they have acquired lung disease," says Thoyre. "Difficulties during feeding typically lead to fatigue and early cessation of feeding. In addition, when infants are fatigued, their chances increase for having mistimed swallowing or failing to finish their feeding, and it becomes difficult to rally them."

From her previous studies Thoyre knows that when preterms become exhausted, resting is



PHOTO COURTESY OF DR. DIANE HOLDITCH-DAVIS

**SON researchers are helping mothers and babies like Jackie Fowler Pilgrim and her son, Hunter, deal with health issues resulting from prematurity.**

insufficient to rally them to complete feeding. She now is looking over her existing data to discover the point at which infants start to become fatigued in order to understand what leads to fatigue. She believes interventions can be designed to prevent fatigue rather than respond to it. "I think," she predicts, "taking a preventative approach will take us in a more fruitful direction."

Now in the beginning stages of the study, she is concentrating on learning more about fatigue by working with Holditch-Davis on coding sleep states in an effort to discover whether variables such as deep, active or drowsy sleep or wakefulness will help reveal the onset of fatigue. She also is working with Dr. Kristen Brackett, a feeding specialist with UNC Children's Hospital, on swallowing issues to try to determine early signs that predict the development of swallowing problems.

"Understanding the physiologic mechanisms that contribute to preterm infants' feeding skills will allow us to expand and strengthen the interventions we offer," says Thoyre. ■

*"The purpose of the study is to address the critically important problem of prematurity in rural African Americans."*

DR. DIANE HOLDITCH-DAVIS

# Distinguished Among Their Peers

by *Chryis Bullard and Sunny Smith Nelson*

Scholars, teachers, researchers, nurses: the six distinguished professors at the School of Nursing represent a level of excellence for which the School has come to be known. Though these professors' research interests are varied, it was the single spirit of generosity shown by Carolina alumni and friends that made these endowed professorships possible. And while the professorships indeed benefit the faculty, they also increase the value of a Carolina nursing degree by attracting top-caliber professors to the School. "Endowed professorships are one of society's investments in the work of nursing," says Dean Linda Cronenwett. "They provide visible evidence that we're ensuring our ability to lead in the profession, the University, the state and the world."



**Dr. Molly Dougherty**

## **Dr. Molly Dougherty, Frances Hill Fox Professor of Nursing**

"This endowed chair really is the ideal faculty role for me," says Dr. Molly Dougherty, who has served as the Frances Hill Fox professor since the position was established in 1996. "I have enjoyed helping others succeed with their research as their faculty mentor and colleague."

Her words echo the sentiment behind the establishment of the professorship by Fox, a member of the School's advisory board from 1954 to 1991 and an honorary life member.

Dougherty's work with colleague Dr. Jean Kincade, funded by the National Institute of Nursing Research, focuses on developing and testing behavioral management strategies for urinary incontinence in women through self-monitoring and biofeedback. If the women in the study learn how to recognize the causes behind their incontinence, exercise to strengthen their pelvic muscles and obtain feedback on how well they are doing, they will be better equipped to manage their continence problems, she explains.

"It is unlikely that our research will result in a cure for incontinence in women. Rather, our goal is to prevent or forestall the onset of incontinence, to alleviate it when possible and to manage it with scientifically tested techniques. This type of research is important because it empowers women to become involved in self-care and to better understand the relationship between their activities and their bodies."

## **Dr. Barbara Germino, Beerstecher Blackwell Professor in Thanatology**

"This position has special meaning for me because it is a particular memorial to someone who was a potential contributor to this field," says Dr. Barbara Germino, speaking of Carol Ann Beerstecher Blackwell after whom the endowed chair she holds is named.

Beerstecher Blackwell was an undergraduate alumna and master's student when she passed away from brain cancer in 1979, though not before she worked with terminally ill patients and lectured to healthcare colleagues about the

importance of studying death and dying. "It was a really amazing gift to be able to do work in the area and have support when end-of-life care was not very well recognized," says Germino.

Germino's research through the years has focused on the experience of life-threatening illnesses for patients and their families. She currently serves as a co-principal investigator with fellow endowed professor Dr. Merle Mishel on two NINR and National Cancer Institute-funded studies dealing with uncertainty management in former or current patients with cancer. One study works with men with advanced prostate cancer, while the second explores the role of intervention in assisting breast cancer survivors as they struggle with fears of recurrence and the long-term side effects of treatment.

"My work in both teaching and research has been and continues to be about maximizing life quality," says Germino. "I believe that work is true to the goals of the Beerstecher Blackwell chair and to the values of Carol Beerstecher Blackwell and her family."



**Dr. Barbara Germino**



**Dr. Barbara Mark,  
Sarah Frances Russell  
Distinguished Professor  
in Nursing Systems**

Dr. Barbara Mark became the School's second Sarah Frances Russell distinguished professor in 2001, shortly after Dean Cronenwett, the previous chair holder, took over leadership of the School. The professorship was established in 1996 by Carl Russell, husband to Sarah Frances, to commemorate the legacy of leadership his wife established in working to create national standards for nursing supervisors and administration.

"It was forward thinking to establish a professorship in systems of care," says Mark. "We have one of the few endowed professorships devoted to the study of nursing services and the provision and organization of care to patients."

Mark is a national leader among researchers who monitor hospitals on key indicators of patient safety. To read more about Mark's current research, see the article *A Cure for What Ails Us*.

**Dr. Merle Mishel, Kenan  
Professor of Nursing**

Kenan professorships are among the most prestigious positions on campus. Established through an endowment in 1917 by Mary Lily Kenan Flagler Bingham, the professorships provide for the support of outstanding faculty members campus-wide. Recipients hold the honor for their full academic life.

Dr. Merle Mishel received the appointment in 1996 based upon her groundbreaking work in uncertainty management, including the development of the first comprehensive explanation of how uncertainty affects patients and families during illness. Her Uncertainty in Illness Scale has been translated into eight languages and has been used in more than 200 studies worldwide. Working with fellow distinguished professor Dr. Barbara Germino, she is studying the best techniques for helping former or

current cancer patients deal with their feelings of uncertainty in managing their health.

"From the research done over the past 15 years by a number of investigators, we know that enduring uncertainty is one of the most psychologically painful experiences in illness," she says. "The people Dr. Germino and I are working with have commented that our intervention is the best thing that has happened to them since they got sick."

In addition to her own research, Mishel teaches others the basics of research design through doctoral and postdoctoral classes and leadership of a T32 training grant on interventions for preventing and managing chronic illness.

**Dr. Mary H. Palmer, Helen  
W. and Thomas L. Umphlet  
Distinguished Professor in  
Aging**

"The Helen W. and Thomas L. Umphlet distinguished professorship is a tremendous gift to the School of Nursing," says Dr. Mary H. Palmer, the first recipient of the appointment. "This endowed chair is evidence of the value the School of Nursing places on the importance of the elderly in our society and the need for compassionate, effective and informed care."

Palmer, a nationally recognized leader in gerontology, describes her focus as urinary incontinence, a condition she says has multiple underlying causes that adversely affects the lives of a significant portion of the population, both young and old. She hypothesizes that primary prevention strategies can be developed to reduce the number of new cases of incontinence in adults. By proactively addressing physiologic, psychological, environmental and other factors that play a role in the development of incontinence, unnecessary distress, discomfort and cost could be eliminated.

She recently completed a manuscript on the results from a study she started before joining the School in January on men living with incontinence that often occurs

as a result of treatment for prostate cancer. "I'm calling this a study of 'stoic courage,' because that's what these men are displaying," she says. "Many of these men are embarrassed and try to deal with the problem on their own. When they aren't able to find a solution for themselves, they often lose hope. We're working to help these men better deal with the condition, lessening its negative impact on their daily lives."

**Dr. Margarete  
Sandelowski, Boshamer  
Distinguished Professor  
of Nursing**

The School's latest faculty member to become a distinguished professor, Dr. Margarete Sandelowski, is a leader in qualitative nursing research and women's health. Sandelowski joined the School in 1986, nearly 17 years after Cary C. Boshamer established an endowment to support outstanding faculty from around campus. She is the School's first professor to receive the honor.

"I was pleased to hear of this professorship," she says. "I am especially appreciative of the School of Nursing, which has offered a vibrant environment in which to develop a scholarly career. I have accomplished what I have in part because of the School's outstanding faculty and students."

Sandelowski's research focuses on gender and technology and qualitative methodology. Her latest book, *Devices and Desires*, is a social history of technology in nursing. Along with Dr. Julie Barroso, she is currently in the third year of a five-year NINR-funded study to develop procedures for synthesizing the findings of qualitative studies in health and illness.

"My hope is that this work will enhance the use of qualitative research in evidence-based practice," she says.

Sandelowski also serves as the director of the School's annual Summer Institutes in Qualitative Research. ■



**Dr. Barbara Mark**



**Dr. Merle Mishel**

PHOTO BY GARY JACKSON



**Dr. Mary H. Palmer**



**Dr. Margarete Sandelowski**

# Alumnae Researchers Aid Society's Most Vulnerable

by *Natasba Worthington*

Each year students leave the School of Nursing's doctoral program determined to make a difference. Their contributions are varied, from working with healthcare agencies, to teaching students at colleges and universities, to performing groundbreaking research. Drs. Debra Brandon (BSN '76, MSN '81, PhD '00) and Jill Hamilton (BSN '82, MSN '89, PhD '01) are two such alumnae contributing to advances in nursing science with research that focuses on those considered among the most vulnerable in our society, infants and the elderly.

## The Effects of Cycled Light on Preterm Infants

Working with some of the sickest and smallest preterm infants at Duke University Medical Center, Dr. Debra Brandon knows they require more care than full-term infants in order to grow and develop normally. Being brought into the world with underdeveloped organs and expected to function as if they were carried to full-term is stressful on their small bodies. The environment to which preterm infants are subjected after birth greatly affects their growth and development.

With knowledge gained from first-hand experience as a neonatal clinical specialist at DUMC's intensive care nursery, Brandon, who is also an assistant professor at Duke University School of Nursing, embarked on a research study to determine the effect of cycled light on the growth and development of preterm infants. "Previous research has demonstrated that dimming room light to near darkness to mimic the light environment of the womb resulted in less stress than continuous bright room light. A comparison of near darkness to cycled light had not been conducted, however," she says.

The goal of her study, funded by the National Institute of Nursing Research, Duke's Neonatal Perinatal Research Institute and UNC-Chapel Hill School of Nursing, was to evaluate the effectiveness of cycled light versus near darkness on preterm infants. While in the mother's womb, infants grow and develop in a near-dark environment and become accustomed to the circadian rhythms of the mother. Infants born earlier than expected are taken out of this environment and put into a situation unfamiliar to them. The purpose of the cycled light is to provide a circadian rhythm stimulus similar to the rhythms of the mother.

Brandon explained that during the course of the study three groups of preterm infants were provided cycled light at different ages and the effects on the infants were recorded. Brandon found that preterm infants receiving cycled light at birth until 36 weeks post-conceptual age (PCA) gained weight faster than those who

Photo courtesy of Duke University Medical Center



*Dr. Debra Brandon (BSN '76, MSN '81, PhD '00) is studying the effects of cycled light on preterm infants.*

received cycled light later than 36 weeks PCA. Several neonatal intensive care units from across the United States have implemented changes in their light protocols based on Brandon's findings.

Brandon credits Carolina, and specifically her SON faculty mentor, Dr. Diane Holditch-Davis, with providing her the educational foundation that enabled her to conduct this type of research.

"I feel like I've learned all the research process I need to conduct my own research from the UNC-Chapel Hill School of Nursing. They have a very rich doctoral program with excellent mentors who are willing to help you with whatever you need," says Brandon.

### The Importance of Support After Diagnosis

When living with a chronic, life-threatening illness, we often need support and help from our family members and friends. But, for older adults with limited resources and less than desirable social situations, this help may not be available. These limitations often determine the types of support older adults receive when facing a life-threatening illness and can possibly have an effect on long-term results of their medical treatment.

Dr. Jill Hamilton, a postdoctoral fellow in gerontology at the Oregon Health & Science University School of Nursing in Portland, Oregon, has developed a program of research based on her doctoral dissertation to find ways to help family members and friends better support those who have been diagnosed with a life-threatening illness such as



**Dr. Jill Hamilton (BSN '82, MSN '89, PhD '01) is studying ways to better support older African Americans with life-threatening illnesses.**

cancer, stroke or heart disease.

In her dissertation study with older African Americans, Hamilton was able to identify the kinds of help and support valued by older persons stricken with cancer. These data have been used to develop a questionnaire to determine the kinds of help and support available to these patients. Because the questionnaire was developed using the experiences of older African Americans, it will be more culturally relevant for this population.

"I first developed the idea from reading research articles and realized that researchers often concluded that African Americans in these studies lacked social support and were socially isolated," says Hamilton. "I also was reading research articles from sociology and African American history and found that when African Americans were interviewed about the support they received when stricken with health-related problems, they reported

receiving support from their family, friends and churches and were satisfied with this support."

Hamilton returned to Chapel Hill this summer with postdoctoral fellowship funding from OHSU to interview older African Americans to figure out the types of support they are receiving. She hopes this data collection will help her capture a way to create questionnaires and research interventions for persons with other life-threatening illnesses that are more culturally relevant to the older African American community.

"The exposure to the SON, with doctoral faculty who are experienced researchers, prepared me with the necessary skills to be able to handle a project of this magnitude," says Hamilton, whose faculty mentor was Dr. Margarete Sandelowski. "Now that I am developing my own program of research, I really value my education at UNC." ■

## IN BRIEF

### Students REAP Benefits of Program

#### 2002 REAP Graduates:

Bridgette Brown  
Sgt. Balthazar G. Catarroja  
Monique Grinnell  
Katie Gwynn  
Carlos Jara-Acosta  
Camille McLeod  
Chenille L. Parker  
Daisy Wilson  
Dama Yekeson-Koffa

HIV/AIDS prevention, college alcohol consumption and spirituality for African-American breast cancer survivors were among the research topics presented by Research Enrichment and Apprenticeship Program participants at their end-of-year celebration April 24, 2002. The nine minority nursing students from UNC-Chapel Hill and North Carolina Central University were the first students to complete the program, and all had high praise for the experience. "I gained an immense amount of respect for

nurse researchers," said one student. "The program definitely sparked my interest in pursuing a career in research."

Funded by the National Institute of Nursing Research, REAP is part of a nationwide effort to eliminate health disparities experienced by racial and ethnic minorities, said UNC program coordinator Dr. Jean Goepfinger. Dr. Betty Dennis, the program coordinator from NCCU, said, "These students did what no other students have done before. I believe we are at the beginning of a program that will continue to



**Dr. E. Joyce Roland presents REAP graduate Dama Yekeson-Koffa with a plaque commemorating her participation in the program.**

reward nursing students and researchers for many years to come."

### SON PhD Student Graduates from NINR Genetics Institute

Renee Therriault graduated from the Summer Genetics Institute at the National Institute of Nursing Research this past summer. She was one of only 18 individuals to graduate from this year's program, which is designed to offer a foundation in molecular genetics for clinical practice and research. As a partici-

part in the program, Therriault attended lectures, labs and seminars held by some of the country's most respected genetic researchers. Among the topics covered during the two-month program were ethical, clinical practice and legal issues, the role of the nurse in genetics, the detection of genetic

disease and the counseling of individuals and families.

"The Summer Genetics Institute provided a wonderful opportunity for me to gain laboratory experience in genetics. This will contribute to my research in parental knowledge of newborn genetic screening," says Therriault.



**SON PhD student Renee Therriault receives her 2002 Summer Genetics Institute diploma from NINR director Dr. Patricia Grady.**

### Researcher Explores History of Care of Chronically Ill

With the North Carolina Nurses Association celebrating its 100th anniversary this year, Dr. Janna Dieckmann's research seems more than timely. Dieckmann, an assistant professor at the School of Nursing, is working on three separate studies on the history of care of the chronically ill, and by learning about the past, she hopes to affect future policy. "We really have no idea how our current system of chronic care and the public policy surrounding it developed," she says. "Through my research, I'm exploring gender, race, class and worthiness issues that relate to how we

provide care, particularly in the period from 1930 to 1970, in the hope of learning how this relationship came to develop into the underpinnings of our current system. I believe it's important that we decide what type of system we want and what we're willing to afford."

Dieckmann's studies, funded by the School's Center for Research on Chronic Illness, a Junior Faculty Development Award and a SON Faculty Research Opportunity Grant, have taken her to a number of archives in New York, Virginia, North Carolina and South Carolina to investigate how different states

developed their systems of care for the chronically ill. And though the brittle, yellowing papers she has pored over reveal much of the official history, she now wants to learn about personal experiences. She soon hopes to begin conducting oral histories with nurses and nurses' aides from around central North Carolina who practiced in the '40s, '50s and '60s to learn about their experiences in caring for the chronically ill. If you would like to learn more about Dieckmann's study, you can contact her at (919) 966-5686 or janna\_dieckmann@unc.edu.



**Carolyn Pearson (BSN '61) cares for a patient.**

# Faculty Research Grants 2001–2002 Academic Year

## BOWEL DISORDERS

**Jia, H.**, Co-Investigator. Drossman, D., Principal Investigator. *Multi-Center Trial of Functional Bowel Disorders*. US Department of Health and Human Services, 1995-2002.

## CANCER

**Dalton, J.**, Principal Investigator. Baldwin, M., Beasley, C., **Carlson, J.**, Hackett, J., and **Youngblood, R.**, Co-Investigators. *Searching for Disparities in Pain Management*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2000-2002.

**Dalton, J.**, Principal Investigator. Keefe, F., and **Carlson, J.**, Co-Investigators. *Tailoring Cognitive Behavioral Treatment for Cancer Pain*. National Institute of Nursing Research, National Institutes of Health, 1997-2002.

**Mishel, M.**, Principal Investigator. **Germino, B.**, Co-Principal Investigator. **Dalton, J.**, and **Speakman, M.**, Co-Investigators. **Belyea, M.**, Co-Investigator/Statistician. *Managing Uncertainty in Advanced Prostate Cancer*. National Institute of Nursing Research/National Cancer Institute, National Institutes of Health, 1998-2003.

**Mishel, M.**, Principal Investigator. **Germino, B.**, Co-Principal Investigator. Gil, K., Carlton-LaNey, I., and **Belyea, M.**, Co-Investigators. *Managing Uncertainty in Older Breast Cancer Survivors*. National Cancer Institute, National Institutes of Health, 1999-2004.

**Mishel, M.**, Co-investigator. Mohler, J., Principal Investigator. *Racial Differences in Prostate Cancer: Influences of Healthcare Interaction and Host and Tumor Biology*. United States Department of Defense, 2002.

## CARDIOVASCULAR DISEASE

**Cheek, D.**, Principal Investigator. **Schwartz, T.**, Statistician. *Regulation of Vascular Blood Flow by Endothelial Cells*. American Heart Association, 2001-2002.

**Fleury, J.**, Principal Investigator. **Bunker, B.**, Co-Investigator. **Carlson, J.**, Statistician. *Community-based Intervention to Promote Cardiovascular Health*. American Heart Association, 1999-2002.

**Fleury, J.**, Principal Investigator. **Belyea, M.**, Statistician. *Motivation in the Maintenance of Physical Activity*. National Institute of Nursing Research, National Institutes of Health, 1997-2001.

**Harrell, J.**, Principal Investigator. McMurray, R., Bangdiwala, K., and Davenport, M., Co-Investigators. *Cardiovascular Health in Children and Youth (CHIC III)*. National Institute of Nursing Research, National Institutes of Health, 2000-2004.

**Harrell, J.**, Principal Investigator. McMurray, R., Co-Principal Investigator. Bangdiwala, S., Co-Investigator. *Energy Expenditures of Physical Activities in Youth (EEPAY)*. National Institute of Nursing Research, National Institutes of Health, 1998-2002.

**Harrell, J.**, Principal Investigator. McMurray, R., Bangdiwala, S., Hackney, A., and Chapman, J., Co-Investigators. *Physical Activity in Youth-Preventing Type 2 Diabetes*. National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, 2002-2009.

## CAREGIVING

**Eaves, Y.**, Principal Investigator. *Caregiving Transitions: Long-Term Care Decision-Making in Rural African-American Families*. Minority Investigator Supplement to Parent Grant, Advancing Minority Aging Research Efforts (Elizabeth Mutran, Principal Investigator). National Institute of Nursing Research, National Institutes of Health, 1999-2002.

**Rasin, J.**, Principal Investigator. *Caregiving Stress in Family Care Homes*. Junior Faculty Development Award, The University of North Carolina at Chapel Hill, 2002.

**Rasin, J.**, Principal Investigator. *Caregiving Stress in Family Care Homes*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2001-2002.

## CHRONIC ILLNESS

**Dieckmann, J.**, Principal Investigator. *Pilot Study on the History of Care for the Chronically Ill in North Carolina, 1930-1970*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 1999-2001.

**Dieckmann, J.**, Principal Investigator. *Caring for the Chronically Ill in North Carolina and Two Neighboring States, 1930-1940*. Junior Faculty Development Award, The University of North Carolina at Chapel Hill, 2002.

**Dieckmann, J.**, Principal Investigator. Hall, J., and **Rasin, J.**, Co-Investigators. *Nursing Care for the Chronically Ill: An Oral History of Nurses and Nursing Assistants, 1950-1970*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 2002-2003.

**Harrell, J.**, Principal Investigator. **Funk, S.**, Co-Principal Investigator. **Leeman, J.**, Co-Investigator. **Holditch-Davis, D.**, **Mishel, M.**, and **Dougherty, M.**, Core Directors. *Center for Preventing/Managing Chronic Illness in Vulnerable People*. National Institute of Nursing Research, National Institutes of Health, 1994-2004.

**Harrell, J.**, Principal Investigator. **Funk, S.**, Co-Principal Investigator. **Leeman, J.**, Co-Investigator and Co-Project Director. **Goepfinger, J.**, and Dennis, B., Co-Project Directors. *Preventing/Managing Chronic Illness in Vulnerable People: Administrative Supplement - 2*. National Institute of Nursing Research, National Institutes of Health, 2001-2002.

**Goepfinger, J.**, Operations Committee Member. Cross, A., Principal Investigator. *Prevention Research Centers Program*. Centers for Disease Control, 2000-2003.

## CYSTIC FIBROSIS

**Christian, B.**, Principal Investigator. **D'Auria, J.**, Co-Principal Investigator. Retsch-Bogart, G., and **Belyea, M.**, Co-Investigators. **Holditch-Davis, D.**, Senior Research Consultant. *Building Life Skills in Children with Cystic Fibrosis*. National Institute of Nursing Research, National Institutes of Health, 1998-2002.

## DEPRESSION

**Beeber, L.**, Principal Investigator. **Holditch-Davis, D.**, **Ferreiro, B.**, Canuso, R., Consultants. *A Pilot Intervention for Depressive Symptoms in Low-Income Mothers of Infants/Toddlers*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2000-2001.

**Beeber, L.**, Principal Investigator. Hackney, T., Co-Investigator. *Measurement of Adherence to an Increased Activity Protocol and Changes in Psychomotor Retardation in Mothers with Depressive Symptoms*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 2001-2002.

## DIABETES

**Skelly, A.**, Site Principal Investigator and Co-Investigator. Quandt, S., Principal Investigator. *Rural Elders' Diabetes Self-Management: Ethnic Variations*. Wake Forest University. National Institute on Aging, National Institutes of Health, 2001-2005.

**Skelly, A.**, Principal Investigator. **Dougherty, M.**, Arcury, T., Cravey, A., and Gesler, W., Co-Investigators. *Type 2 Diabetes: Ethnic Variation in Knowledge and Beliefs*. National Institute of Nursing Research, National Institutes of Health, 2000-2003.

## ELDERS

**Carlson, B.**, Principal Investigator. Dogra, S., Co-Principal Investigator. **Carlson, J.**, and Mascarella, J., Co-Investigators. *Respiratory Periodicity and Cerebral Oxygenation During Sleep in Older Adults with COPD*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 2001-2002.

**Carlson, B.**, Principal Investigator. Hartman, M., Co-Investigator. Dogra, S., Co-Investigator. **Carlson, J.**, and **Neelon, V.**, Co-Investigators. *Respiratory Periodicity and Cognitive Decline in Elders*. National Institute of Nursing Research, National Institutes of Health, 2002-2006.

**Carlson, B.**, Principal Investigator. **Neelon, V.**, **Carlson, J.**, and **Rowsey, P.**, Co-Investigators. *Core Body Temperature Rhythm, Cytokines and Respiratory Periodicity During Sleep in Older Adults With and Without Age-Associated Memory Impairment*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 2002-2003.

**Hudson, M.**, Principal Investigator. **Carlson, J.**, Co-Principal Investigator. **Belyea, M.**, Psychometric Consultant. **Fishel, A.**, Field Tester. *Elder Abuse: A Screening Protocol*. National Institute on Aging, National Institutes of Health, 1997-2001.

**Palmer, M.**, Subcontract Principal Investigator and Study Co-Investigator. Baumgarten, M., Principal Investigator. *Locus of Care and Pressure Ulcers After Hip Fracture*. University of Maryland. National Institutes of Health, 2002.

## GENETICS

**Van Riper, M.**, Principal Investigator. Knafelz, K., Magnuson, T., Juengst, E., Grabowski, G., and Gregory, P., Mentors. *Family Experience of Genetic Testing: Ethical Dimensions*. National Institute of Nursing Research, National Institutes of Health, 2001-2003.

**Thoyre, S.**, Co-Principal Investigator. **Van Riper, M.**, Co-Principal Investigator. Brackett, K., Co-Investigator. *Feeding Issues for Young Children with Down Syndrome and Their Families*. Center for Research on Preventing/Managing Chronic Illness in Vulnerable People, School of Nursing, The University of North Carolina at Chapel Hill. National Institute of Nursing Research, National Institutes of Health, 2002-2003.

## HIV/AIDS

**Barroso, J.**, Co-Investigator. Leserman, J., Principal Investigator. *HIV: Neuropsychiatric and Psychoimmune Relationships*. National Institutes of Health to The University of Pennsylvania, 2001-2002.

**Fogel, C.**, Principal Investigator. *Testing Interventions Directed Toward HIV Risk Reduction for Incarcerated Women*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 1999-2002.

**McQuiston, C.**, Principal Investigator. **Dougherty, M.**, Sponsor. *Culture Specific HIV Interventions for Mexican-Americans*. National Institute of Nursing Research, National Institutes of Health, 1998-2002.

**McQuiston, C.**, Principal Investigator. Parrado, E., Co-Investigator. **Flippen, C.**, Project Manager. Massey, D. and Flakerud, J., Consultants. *Gender, Migration and HIV Risks Among Mexicans*. National Institute of Nursing Research, National Institutes of Health, 2001-2005.

**Pletsch, P.**, Co-investigator. Stevens, P., Principal Investigator. Keigher, S., Co-Investigator. *In-Depth Longitudinal Study of HIV-Infected Women*. National Institute of Nursing Research, National Institutes of Health, 2000-2002.

**Woodard, B.**, Principal Investigator. *The Process of Using Spirituality in Living with HIV: A Grounded Theory Study*. North Carolina Nurses Association, District 11, 2001-2002.

## INCONTINENCE

**Boyington, A.**, Principal Investigator. **Dougherty, M.**, Sponsor. *A Knowledge-Based System for Continence*. National Institute of Nursing Research, National Institutes of Health, 1999-2002.

**Boyington, A.**, Principal Investigator. *Enhanced Recruitment for Phase 3: A Knowledge-Based System for Continence*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2001-2002.

**Kincade, J.**, Principal Investigator. **Dougherty, M.**, Co-Principal Investigator. **Carlson, J.**, Co-Investigator and Statistician. Busby-Whitehead, J., and Wells, E., Co-Investigators. *Efficacy of Biofeedback to Treat UI in Women*. National Institute of Nursing Research, National Institutes of Health, 2000-2004.

**Kincade, J.**, Principal Investigator. **Dougherty, M.**, Principal Investigator. **Carlson, J.**, Co-Investigator and Statistician. Busby-Whitehead, J., Co-Investigator. *Effectiveness of Self-Monitoring to Treat UI in Women*. National Institute of Nursing Research, National Institutes of Health, 2001-2004.

## INFANTS AND CHILDREN

**Holditch-Davis, D.**, Principal Investigator. Scher, M., **Miles, M.**, **Schwartz, T.**, and Hack, M., Co-Investigators. *Assessment of Biological and Social Risk in Preterm Infants*. National Institute of Nursing Research, National Institutes of Health, 1998-2003.

**Holditch-Davis, D.**, Principal Investigator. **Miles, M.**, Co-Principal Investigator. **Beeber, L.** and **Thoyre, S.**, Co-Investigators. **Belyea, M.**, Statistical Investigator. Pedersen, C., and Biddle, A., Consulting Investigators. **Black, B.**, Project Manager. Hubbard, C., and Wereszczak, J., Clinical Investigators. *Nursing Support Intervention for Mothers of Prematures*. National Institute of Nursing Research, National Institutes of Health, 2001-2006.

**Thoyre, S.**, Principal Investigator. *Getting Started: Do Preterm Infant Behaviors at the Outset of Oral Feeding Indicate Physiological Readiness?* Summer Research Award, School of Nursing, The University of North Carolina at Chapel Hill, 2001.

**Thoyre, S.**, Principal Investigator. **Holditch-Davis, D.**, Sponsor. **Carlson, J.**, Statistical Investigator. Veness-Meehan, K., Consulting Investigator. *Contingent Feeding of Preterms to Reduce Hypoxemia*. National Institute of Nursing Research, National Institutes of Health, 2002-2005.

## NURSING SYSTEMS AND OUTCOMES

**Cronenwett, L. R.**, Steering Committee Member. Roper, W., Principal Investigator. *Program on Health Outcomes*, School of Public Health, The University of North Carolina at Chapel Hill. Glaxo-Wellcome Foundation, 1999-2003.

**Esposito, N.**, Principal Investigator. **Beeber, L.**, Psychiatric Nurse. **Schwartz, T.**, Statistician. *Women Drug Abusers and Post Sexual Assault Care*. National Institute on Drug Abuse, National Institutes of Health, 2001-2002.

**Foley, B.**, Principal Investigator. **Bingham, M.**, Kee, C., Minick, P., and Harvey, S., Co-Investigators. **Schwartz, T.**, Statistician. *Nursing Processes and Patient Outcomes in U.S. Army Hospitals*. Triservice Nursing Research Program, 2002-2004

**Jones, C.**, Principle Investigator. *Calculating the Costs of Nursing Turnover in Hospitals*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2001-2003.

**Jones, C.**, Principal Investigator. *Differential Nursing Employment Patterns: Racial and Geographic Characteristics*. Junior Faculty Development Award, The University of North Carolina at Chapel Hill, 2002.

**Lynn, M.**, Principal Investigator. **Mark, B.**, Nursing Systems Analyst. Bollen, K., SEM Analyst. Morgan, J., Data Analyst. *Testing a Model of Quality Care in Home Health*. National Institute of Nursing Research, National Institutes of Health, 2002-2007.

**Mark, B.**, Principal Investigator. *Nurse Staffing, Financial Performance, and Quality Care*. Agency for Healthcare Research and Quality, 1999-2002.

**Mark, B.**, Principal Investigator. **Jones, C.**, **Eck, S.**, and **Belyea, M.**, Investigators. *A Model of Patient and Nursing Administration Outcomes*. National Institute of Nursing Research, National Institutes of Health, 1995-2007.

**Mark, B.**, Principal Investigator. *Sample Selection Process for the Outcome Research in Nursing Administration II Project*. Faculty Research Opportunity Grant, School of Nursing, The University of North Carolina at Chapel Hill, 2001-2002.

**Mark, B.**, Co-Sponsor. Radwin, L., Principal Investigator. *Testing a Model of Quality Care in Home Health*. University of Massachusetts at Boston. Agency for Healthcare Research and Quality, 2001-2006.

## RESEARCH SYNTHESIS

**Sandelowski, M.**, Principal Investigator. **Barroso, J.**, Co-Principal Investigator. *Analytic Techniques for Qualitative Metasynthesis*. National Institute of Nursing Research, National Institutes of Health, 2000-2005.

## RESEARCH TRAINING

**Hogue, C.**, Principal Investigator. Devellis, R., and Marshall, V., Co-Directors. *Predocctoral and Postdoctoral Training Program on Healthcare and Aging Research*. National Institute on Aging, National Institutes of Health, 2001-2006

**Mishel, M.**, Principal Investigator. **Holditch-Davis, D.**, Co-Principal Investigator. *Interventions for Preventing and Managing Chronic Illness*. Institutional National Research Service Award, National Institute of Nursing Research, National Institutes of Health, 1996-2006.

## SMOKING CESSATION

**Pletsch, P.**, Principal Investigator. *Relapse Prevention Strategies of Pregnant Women Who Are Spontaneous Quitters: A Longitudinal Qualitative Study*. University of Wisconsin-Madison Medical School. National Institutes of Health, 2000-2002.

## THERMOREGULATION

**Rowsey, P.J.**, Principal Investigator. *Beneficial Effects of Exercise on Health and Disease*. National Institute of Nursing Research, National Institutes of Health, 1999-2004.

# Educational and Professional Grants *2001–2002 Academic Year*

**Barlow, J.**, Principal Investigator. *Community Pathways: Early Intervention for Hospitalized Children*. The Duke Endowment, 2001-2002.

**Barlow, J.**, Principal Investigator. *Hospital Early Head Start*. Orange County Early Head Start, 2001-2002.

**Barlow, J.**, Principal Investigator. *Community Transition Coordinator*. North Carolina Women and Children's Health, 2001-2002.

**Cronenwett, L. R.**, and **Miller, M.**, Co-Directors. *Advanced Education Nurse Traineeship*. Health Resources and Services Administration, Division of Nursing, 2001-2002.

**Davidson, S.**, Principal Investigator. *New Clinical Site Development: Britthaven of Chapel Hill*. AHEC Grant for Development of New Clinical Training Sites for Nursing, 2001-2002.

**D'Auria, J.**, **Miller, M.**, and **Thompson, D.**, Co-Directors. *Distance Education: RN/BSN and Wake MSN*. Office of the Provost, University of North Carolina at Chapel Hill, 2001-2002.

**Fishel, A.**, and **Fogel, C.**, Faculty Liaisons. **Jia, H.**, TCM Practitioner. **Curtis, P.**, Principal Investigator. *Integrating CAM into Health Professions Education*. National Institutes of Health, 2000-2005.

**Fogel, C.**, Principal Investigator. **Moos, M.**, Co-Investigator. *UNC Women's Health Training Collaborative Grant*. Women's and Children's Health Section, North Carolina Department of Health and Human Services, 1999-2002.

**Goeppinger, J.**, Project Director. *Community-Oriented Primary Care for Rural Populations*. Health Resources and Services Administration, Division of Nursing, 2000-2003.

**Henderson, M.**, and **Hanson, L.**, Co-Principal Directors. *A Quality Improvement Model of Improving Nursing Home Care for the Dying*. Duke Endowment, 2001-2002.

**Kjervik, D.**, Member, Steering Committee. *Evidence-Based Practice Center*. Research Triangle Institute/University of North Carolina at Chapel Hill, Agency for Care Policy and Research, 1997-2002.

**Miles, M.**, Faculty Member. **Ornstein, P.**, Director. *Center for Developmental Science*. National Institute of Mental Health, National Institutes of Health, 1998-2003.

**Miles, M.**, Co-Director. **Elder, G.**, Director. *Human Development: Interdisciplinary Research Training*. National Institute of Child Health and Human Development, National Institutes of Health, 1998-2003.

**Miller, J.**, Principal Investigator. **Hoffman, S.**, Clinical Faculty. **Haynes, L.**, DNS. **Cobb, B.**, Assistant CNS. *The Clinical Teacher Model: Working with Long-Term Care and Community Hospitals to Prepare Baccalaureate Nursing Students*. AHEC Grant for Development of New Clinical Training Sites for Nursing, 2000-2002.

**Miller, J.**, Faculty Advisor. **Bailey, D.**, Principal Investigator. *Integration of Advanced Gerontological Nursing Knowledge Care to Men with Prostate Cancer*. *Integration of Advanced Knowledge in Direct Clinical Relevance into Undergraduate Nursing*

*Education*. School of Nursing, The University of North Carolina at Chapel Hill, 2001-2002.

**Miller, J.**, Principal Investigator. *Nursing Care of Frail Elders*. Service Learning Course Development Grant, Carolina Center for Public Service, The University of North Carolina at Chapel Hill, 1999-2002.

**Miller, M.**, Co-Investigator. **Moore, K.**, Co-Investigator. **Singleton, N.**, Co-Investigator. *Discovering Tomorrow's Nurses Today-NEW*. Triangle Community Fund, 2001-2002.

**Pierce, S.**, Principal Investigator. *Creating Leaders in Ethical Deliberation*. Helene Fuld Trust, 2001-2003.

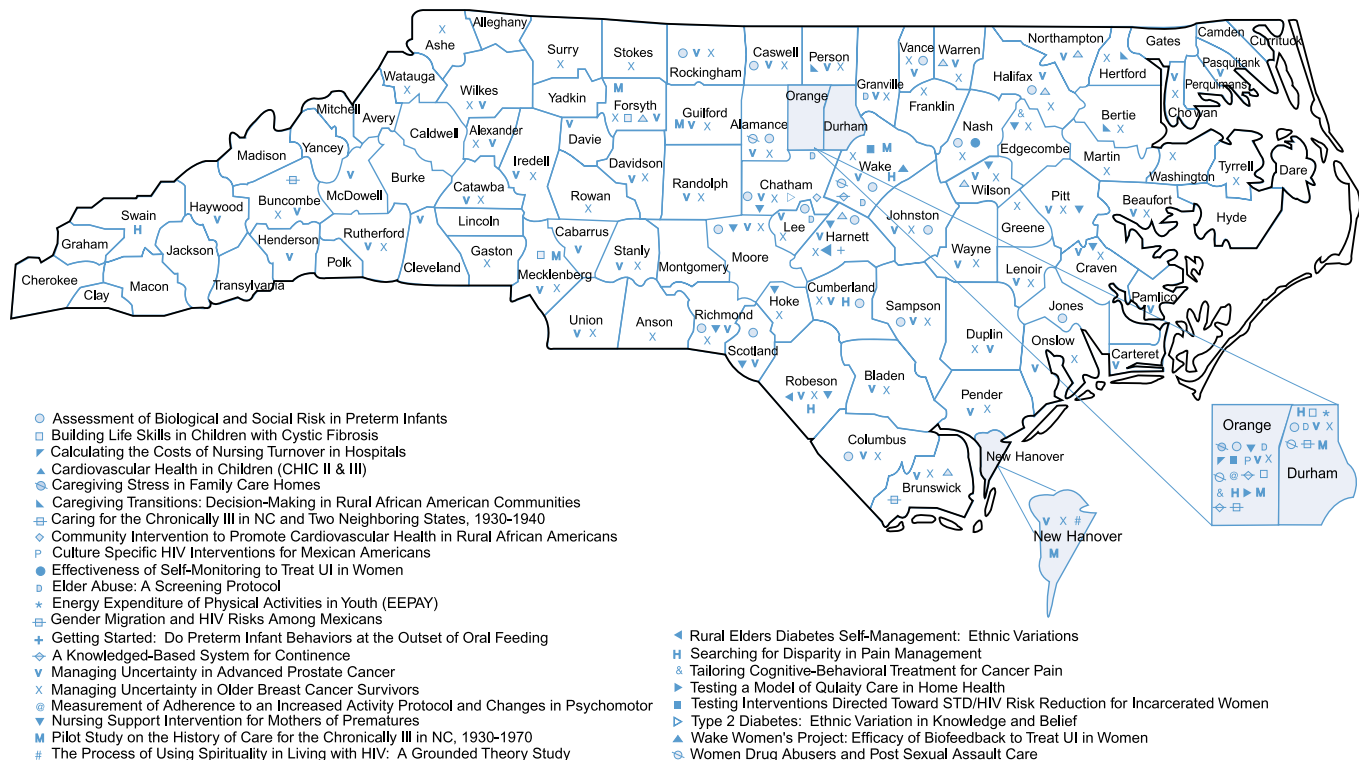
**Rasin, J.**, Principal Investigator. *Building Capacity in the Nursing Workforce: Caring for Diverse Elders*. John A. Hartford Foundation, 2001-2004.

**Thompson, D.**, Principal Investigator. *Distance RN/BSN Program in Montgomery Community College and Area LAHEC*. AHEC Educational Mobility Grant, 1998-2002.

**Thompson, D.**, Principal Investigator. **Foster, B.**, Co-Principal Investigator. *RN/BSN Distance Learning Program*. Nursing Special Projects Program, Health Resources and Services Administration, Public Health Service, 1999-2002.

**Thompson, D.**, Principal Investigator. *RN/BSN Distance Learning: Transition from Cohort Model to Anytime-Anywhere*. Office of the Provost, The University of North Carolina at Chapel Hill, 2001-2002.

## Major Research Projects: Sites July 2001 – June 2002



# Faculty Publications 2001–2002 Academic Year

## **Baggett, Christopher D.**, *Research Instructor*

Ainsworth, B. E., Harrell J. S., Baggett C. D., and McMurray, R.G. (2001). Energy expenditure of physical activity in youth: The need for a pediatric compendium. *Medicine, Science, Sports and Exercise*, (33), S95.

McMurray, R.G., Harrell, J. S., Deng, S., Baggett, C. and Bangdiwala, S. I. (2001). Effects of gender, age and developmental stage on energy expenditure: The EEPAY study. *Pediatric Exercise Science*, (13), 325.

## **Barroso, Julie**, *Assistant Professor*

Barroso, J., and Sandelowski, M. (2001). In the field with the Beck Depression Inventory. *Qualitative Health Research*, 11(4), 491-504.

Barroso, J. (2002). HIV-related fatigue: Nursing interventions to help patients manage. *American Journal of Nursing*, 102(5), 83-86.

Barroso, J., and Lynn, M. R. (2002). Psychometric properties of the HIV-Related Fatigue Scale. *Journal of the Association of Nurses in AIDS Care*, 13(1), 66-75.

Sandelowski, M., and Barroso, J. (2002). Reading qualitative studies. *International Journal of Qualitative Methods*, 1(1), Article 5 [On-line]. Available <http://www.ualberta.ca/~ijqm/>.

## **Beeber, Linda S.**, *Professor*

Beeber, L. S., and Miles, M. S. (2001). Turning danger into opportunity: Teaching psychiatric nursing in the aftermath of disaster. *Issues in Mental Health Nursing*, 22(5), 533-548.

## **Belyea, Michael J.**, *Research Associate Professor*

Brandon, D. H., Holditch-Davis, D., and Belyea, M. J., (2002). Preterm infants born at less than 31 weeks gestation have improved growth in cycled light compared with continuous near darkness. *Journal of Pediatrics*, 140, 192-199.

Fogel, C. I., and Belyea, M. J. (2001). Psychological risk factors in pregnant inmates. *Journal of Adolescent Health*, 26(1), 10-17.

Mishel, M., Belyea, M. J., Germino, B. B., Stewart, J. L., Bailey, Jr., D. E., Robertson, C., and Mohler, J. L. (2002). Helping patients with localized prostate carcinoma manage uncertainty and treatment side effects: Nurse delivered psycho-educational intervention via telephone. *Cancer*, 94(6), 1854-1866.

## **Boyington, Alice R.**, *Assistant Professor*

Dougherty, M. C., Dwyer, J. W., Pendergast, J. F., Coward, R. T., Vogel, W. B., Duncan, R. P., Rooks, L., Tomlinson, B. U., and Boyington, A. R. (2002). A randomized trial of behavioral management for continence with older, rural women. *Research in Nursing and Health*, 25, 1-11.

## **Brown, Linda**, *Clinical Assistant Professor*

Amella, E. J., Brown, L., Resnick, B., and McArthur, D. B. (2001). Partners for NP Education: The 1999 AANP Preceptor and Faculty Survey. *Journal of the American Academy of Nurse Practitioners*, 13(11) 517-523

## **Bye, Margaret**, *Clinical Assistant Professor*

Bye, M., Clark, K., Luikart, C., and Farlow, P. (2002). From outreach to outcomes: The NC AHEC Program. *Advance for Nurses* (pp. 10-13, 42). Chapel Hill, NC: NC AHEC Program.

## **Carlson, Barbara**, *Assistant Professor*

Carlson, B.W., and Neelon, V. J. (2002). Evaluation of variables to characterize respiratory periodicity during sleep in older adults. *Biological Research in Nursing*, 3(4):176-88

## **Cheek, D.J.**, *Assistant Professor*

Buxton, I.L.O., Kaiser, R.A., Oxhorn, B.C., and Cheek, D.J. (2001). Evidence supporting the nucleotide axis hypothesis: ATP release and metabolism by coronary endothelium. *American Journal of Physiology: Heart and Circulatory*, 281, 1657-1666.

Cheek, D.J. (2001). Genomics and nursing. *Central lines* 17(3), 14

Moser, T.L., Kenan, D.J., Uma, K., Ashley, T.A., Roy, J.A., Goodman, M.D., Cheek, D.J., and Pizzo, S.V. (2001). Endothelial cell surface F<sub>1</sub> F<sub>0</sub> ATP synthase is active in ATP synthesis and is inhibited by angiotensin. *Proceedings of the National Academy of Sciences*, 98(12), 6656-6661.

Tinkle, M., and Cheek, D.J. (2002). Human genomic: Challenges and opportunities. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 31(2), 30-38.

## **Cronenwett, Linda**, *Professor and Dean*

Cronenwett, L. R. (2001). Educating health professional heroes of the future: The challenge for nursing. *Frontiers of Health Services Management*, 18(2), 15-21.

Cronenwett, L. R. (2002). Research, practice and policy: Issues in evidence based care. *Online Journal of Issues in Nursing*. Available [http://www.nursing-world.org/ojin/keynotes/speech\\_2.htm](http://www.nursing-world.org/ojin/keynotes/speech_2.htm).

## **D'Auria, Jennifer P.**, *Assistant Professor and Director, Master's Programs*

D'Auria, J. P. (2002). Fever. In J. Fox (Ed.), *Primary Health Care of Children* (2nd ed., pp. 704-709). St. Louis, MO: Mosby.

D'Auria, J. P. (2002). Pallor. In J. Fox (Ed.), *Primary Health Care of Children* (2nd ed., pp. 483-486). St. Louis, MO: Mosby.

D'Auria, J. P. (2002). The respiratory system. In J. Fox (Ed.), *Primary Health Care of Children* (2nd ed., pp. 642-669). St. Louis, MO: Mosby.

## **Davis, Leslie**, *Clinical Assistant Professor*

Davis, L. (2002). Chest Pain. In M. J. Goolsby (Ed.), *Nurse Practitioner Secrets* (pp.105-112). Philadelphia, PA: Hanley and Belfus, Inc.

Davis, L. (2002). Congestive Heart Failure. In M. J. Goolsby (Ed.), *Nurse Practitioner Secrets* (pp.113-122). Philadelphia, PA: Hanley and Belfus, Inc.

## **Dieckmann, Janna L.**, *Assistant Professor*

Dieckmann, J. L. (2002). The history of public health and public/community health nursing. In M. Stanhope and J. Lancaster (Eds.), *Foundations of community health nursing: Community-oriented practice* (pp. 15-31). St. Louis, MO: Mosby.

## **Docherty, Sharron**, *Assistant Professor*

Docherty, S., Miles, M. S., and Holditch-Davis, D. (2002). Worry about child health in mothers of hospitalized medically fragile infants. *Advances in Neonatal Care*, 2(2).

Holditch-Davis, D., Docherty, S., Miles, M. S., Burchinal, M., and Goldman, B. (2001). Developmental outcomes of infants with bronchopulmonary dysplasia: Comparison with other medically fragile infants. *Research in Nursing and Health*, 24, 181-195.

## **Dougherty, Molly C.**, *Frances Hill Fox Distinguished Professor*

Dougherty, M. C., Dwyer, J. W., Pendergast, J. F., Coward, R. T., Vogel, W. B., Duncan, R. P., Rooks, L., Tomlinson, B. U., and Boyington, A. R. (2002). A randomized trial of behavioral management for continence with older, rural women. *Research in Nursing and Health*, 25, 1-11.

Dougherty, M.C. (2001). *Nursing Research* and official journal status. *Nursing Research*, 50(1), 3.

Dougherty, M.C. (2001). *Nursing Research* reviewers. *Nursing Research*, 50(3), 135

Dougherty, M.C. (2001). Our 50th anniversary—Celebrate with us. *Nursing Research*, 50(5), 259.

Dougherty, M.C. (2001). Reading for writing. *Nursing Research*, 50(2), 67.

Skelly, A., Arcury, T., Gesler, W., Cravey, A., Dougherty, M. C., Washburn, S., and Nash, S. (2002). Socio-spatial knowledge networks: Appraising community as place. *Research in Nursing and Health*, 25, 159-170

## **Eaves, Yvonne D.**, *Assistant Professor*

Eaves, Y. D. (2001). A synthesis technique for grounded theory data analysis. *Journal of Advanced Nursing*, 35(5), 654-663.

Eaves, Y. D. (2002). Rural African American caregivers' and stroke survivors' satisfaction with health care. *Topics in Geriatric Rehabilitation*, 17(3), 72-84.

## **Esposito, Noreen**, *Assistant Professor*

Esposito, N. (2001). From meaning to meaning: The influence of translation techniques on the interpretation of non-English focus group data. *Qualitative Health Research*, 11(4), 568-579.

## **Flippen, Chenoa A.**, *Research Assistant Professor*

Flippen, C. A. (2001). Residential segregation and minority homeownership. *Social Science Research*, 30, 337-362.

Flippen, C. A. (2001). Racial and ethnic inequality in homeownership and housing equity. *The Sociological Quarterly*, 42(2), 121-149.



- Flippen, C. A. (2001). Social disorganization in the case of White to Hispanic succession. *Social Problems*, 48(3), 229-321.
- Fogel, Catherine I., Professor**
- Fogel, C. I., and Belyea, M. J. (2001). Psychological risk factors in pregnant inmates. *Journal of Adolescent Health*, 26(1), 10-17.
- Foley, Barbara Jo, Clinical Associate Professor**
- Foley, B.J., Kee, C., Minick, P., Harvey, S., and Jennings, B. (2002). Characteristics of nurses and hospital work environments that foster satisfaction and clinical expertise. *Journal of Nursing Administration*, 32(5), 273-282.
- Foley, B.J., Minick, P., and Kee, C. (2002). How nurses learn advocacy. *The Journal of Nursing Scholarship*, 34(2), 181-186.
- Funk, Sandra G., Professor and Associate Dean for Research**
- Leeman, J., Harrell, J. S., and Funk, S. G. (2002). Issues in clinical nursing research: Building a research program focused on vulnerable people. *Western Journal of Nursing Research*, 24(1), 103-111.
- Mason, D. J., Leeman, J., and Funk, S. G. (2002). Living with illness: Is nursing care adequately addressing the needs of the chronically ill? [Editorial]. *American Journal of Nursing*, 102(2), 7.
- Germino, Barbara B., Beerstecher Blackwell Distinguished Professor**
- Germino, B. B. (2002). Research in chronic illness. In I. Lubkin and P. Larson (Eds.), *Chronic illness: Impact and interventions* (5th ed., pp. 385-399). Boston, MA: Jones and Bartlett.
- Germino, B. B., and Martinson, I. (2002). Home care of the patient and family dealing with cancer. In I. Martinson and A. Widmer (Eds.), *Home Care Nursing* (2nd ed., pp. 328-339). New York, NY: Grune and Stratton.
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- Mishel, M., Belyea, M. J., Germino, B. B., Stewart, J. L., Bailey, D. E., Robertson, C., and Mohler, J. L. (2002). Helping patients with localized prostate cancer manage uncertainty and treatment side effects: Nurse delivered psycho-educational intervention via telephone. *Cancer*, 94(6), 1854-1866.
- Goeppinger, Jean, Professor**
- Strauss, R. P., Sengupta, S., Quinn, S. C., Goeppinger, J., Spaulding, C., Kegeles, S. M., and Millett, G. (2001). Role of community advisory boards: Involving communities in the informed consent process. *American Journal of Public Health*, 91(12), 1938-1943.
- Hammond, Rosalie, Clinical Assistant Professor**
- Aytech, L. S., Hammond, R., and White, C. (2001). Seizures in infants and young children: An exploratory study of family experiences and needs for information and support. *Journal of Neuroscience Nursing*, 33(5), 278-285.
- Harrell, Joanne S., Professor**
- Ainsworth, B. E., Harrell, J. S., Baggett, C. D., and McMurray, R.G. (2001). Energy expenditure of physical activity in youth: The need for a pediatric compendium. *Medicine, Science, Sports and Exercise*, (33), S95.
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- Hackney, A. C., McMurray, R. G., Judelson, D., and Harrell, J. S. (2001). Influence of gender, diet and physical activity on leptin, cortisol and thyroid hormones in adolescents. *Medicine, Science, Sports and Exercise*, (33), S286.
- Harrell, J. S., Bomar, P., McMurray, R.G., Bradley, C. B., and Deng, S. (2001). Leptin and obesity in mother-child pairs. *Biological Research for Nursing*, 3(2), 55-64.
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- Henderson, Martha, Clinical Assistant Professor**
- Doron, M., Henderson, M., Peck, M., Priolo, D., and Massey, S. (2001). Ethics forum: Use of resources for illegal immigrants. *Journal of Burn Care and Rehabilitation*, 22(6), 435-439.
- Henderson, M., Hanson, L. C., and Reynolds, K. (2002). *Improving nursing home care of the dying: A training manual for staff*. New York: Springer.
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- Holditch-Davis, Diane, Professor and Director, Doctoral and Post-Doctoral Programs**
- Brandon, D. H., Holditch-Davis, D., and Belyea, M. J. (2002). Preterm infants born at less than 31 weeks' gestation have improved growth in cycled light compared with continuous near darkness. *Journal of Pediatrics*, 140, 192-199.
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- Miles, M. S., Burchinal, P., Holditch-Davis, D., Burnsses, S., and Wilson, S. (2002). Preception of stress, worry, and support in black and white mothers of hospitalized, medically fragile infants. *Journal of Pediatric Nursing*, 17(2) 82-88.
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- Jones, Cheryl B., Associate Professor**
- Jones, C.B. (2001). Review of the book: Budgeting Concepts for Nurse Managers (3rd ed.). *Nursing Leadership Forum*, 6(1), 27.
- Kincade, Jean E., Research Associate Professor**
- Kincade, J. E., Peckous, B. K., and Busby-Whitehead, J. (2001). A pilot study to determine predictors of behavioral treatment completion for urinary incontinence. *Urologic Nursing*, 21(1), 39-44.
- Kjervik, Diane K., Professor**
- Kjervik, D. K. (2001). Charting by exception. *Journal of Clinical Systems Management (formerly CurtinCalls)*, 3(8), 9
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**Skelly, Anne**, Associate Professor

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**Thoyre, Suzanne**, Assistant Professor

Thoyre, S. (2001). Bottle feeding the preterm infant: Are they starving for oxygen? *Pediatric Feeding and Dysphagia Newsletter*, 2(2), 4-5.

**Van Riper, Marcia**, Associate Professor

Van Riper, M. (2001). Factors influencing family functioning and the health of family members. In S. Hanson (Ed.), *Family health care nursing: Theory, practice, and research* (2nd ed., pp. 122-145). Philadelphia: F. A. Davis.

Van Riper, M. (2001). Maternal perceptions of family-provider relationships and well-being in families of preterm infants. *Heart and Lung*, 30, 74-84.

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**Waldrop, Julie B.**, Clinical Assistant Professor

Waldrop, J. B. (2001). Childhood vaccination update: A new weapon against pneumococcal bacteria. *Advance for Nurse Practitioners*, 9(2), 34-40.

Waldrop, J. B. (2001, January 25). Making a name for ourselves. *The Clinical Advisor*, 94.

Waldrop, J. B. (2001, February 25). Add to your lifesaving skills. *The Clinical Advisor*, 82.

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**Woodard, Elizabeth K.**, Clinical Assistant Professor

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## Doctoral Student and Post-Doctoral Fellow Activities 2001–2002 Academic Year

### GRANTS

**Bailey, D.**, Principal Investigator. **Mishel, M.**, Sponsor. *Uncertainty and Watchful Waiting in Older Men with Prostate Cancer*. Predoctoral Fellowship, Lineberger Comprehensive Cancer Center, The University of North Carolina at Chapel Hill, 1999-2001.

**Bartlett, R.**, Principal Investigator. **Holditch-Davis, D.**, Sponsor. Predoctoral Fellowship, Center for Developmental Science, The University of North Carolina at Chapel Hill, 2001.

**Bond, S.**, Principal Investigator. **Neelon, V.**, Sponsor. *Differentiating Patterns of Delirium in Terminally Ill Cancer Patients*. Predoctoral Fellowship, John A. Hartford Foundation, 2001-2003.

**Bond, S.**, Principal Investigator. **Neelon, V.**, Sponsor. *Differentiating Patterns of Delirium in Terminally Ill Cancer Patients*. Predoctoral Fellowship, American Cancer Society, 2001-2003.

**Brunssen, S.**, Principal Investigator. **Holditch-Davis, D.**, Sponsor. *Effect of Perinatal Interleukin-6 Elevation on Neurodevelopment*. National Research Service Award, National Institute of Nursing Research, National Institutes of Health, 1999-2002.

**Stewart, J.**, Principal Investigator. **Mishel, M.**, Sponsor. *Test of a Model of Uncertainty in Children with Cancer*. Oncology Nursing Society, 2002-2004.

**Stewart, J.**, Principal Investigator. **Miles, M.**, Sponsor. Predoctoral Fellowship, Center for Developmental Science, The University of North Carolina at Chapel Hill, 2002-2003.

### INSTITUTIONAL NRSA AWARD RECIPIENTS

#### PREDOCTORAL STUDENTS

**Amoako, Emelia (Mishel, M., sponsor)**. *Testing the Uncertainty Management Intervention with Older African-American Diabetic Women*, 2000-2002.

**Brown, Elizabeth (Christian, B., sponsor)**. *Qualitative Research in the Area of Interventions to Prevent and Manage Chronic Illness in School-Age Children and Adolescents*, 2001-2003

**Campbell, Carol (Beeber, L., sponsor)**. *Depression in Disadvantaged Young Women and Mothers*, 2000-2002.

**Cho, June (Holditch-Davis, D., sponsor)**. *Effects of Gender and Ethnicity upon the Interaction of Mother and Child with Chronic Health Problems*, 2001-2003.

**Knobel, Robin (Holditch-Davis, D., sponsor).** *The Area Dealing with Critically Ill Infants and Dying Infants and Their Parents to Develop Nursing Interventions to Help Parents Cope with These Stressors*, 2001-2003.

**Larson, Kim (Sandelowski, M. and McQuiston, C., sponsors).** *To Reduce Adolescent Pregnancy and Sexually Transmitted Diseases, Especially HIV/AIDS, Among Hispanic Adolescents by Delaying Sexual Activity and/or Providing Communication Skills that Enhance Healthy Sexual Choices*, 2000-2002.

**Polzer, Rebecca (Miles, M. and Skelly, A., sponsors).** *The Effect of Spirituality on Self-Care Management of Diabetes in Hispanic Women*, 2000-2002.

**Rasmussen, Susan (Dalton, J., sponsor).** *Pain Beliefs, Pain Description and Pain Relief Measures of Chronic Pain Patients, Family Members and Nurses*, 2001-2003.

**POSTDOCTORAL STUDENTS**

**Burns, Dorothy (Mishel, M. and Skelly, A., sponsors).** *Factors that Influence Self-Care Management of African-Americans with Type II Diabetes*, 2001-2003.

**Hughes, Linda (Mark, B., sponsor).** *Discretion in Clinical Decision Making and Its Relationship to Patient Outcomes*, 2001-2003.

**Stephenson, Nancy (Dalton, J., sponsor).** *A Comparison of the Effects of Two Complementary and Alternative Therapies on Pain and Anxiety Among Women with Metastatic Breast Cancer*, 2000-2002.

**PUBLICATIONS**

**Appel, S. J., Harrell J. S., and Deng, S.** (2002). Socioeconomic and Racial Differences in Cardiovascular Risk Factors Among Southern Rural Women. *Nursing Research*, 51, 140-147.

**Bailey, D. and Stewart, J.** (2001). Merle Mishel: Uncertainty in illness. In A.M. Tomey & M.R. Allgood (Eds.), *Nursing Theorists and Their Work* (5th ed., pp.560-583). St. Louis: Mosby.

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**Lin, S.** (2001). Urinary incontinence and behavioral therapy. *Journal of Nursing*, 48(5), 16-21.

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**Minichiello, V.** (2002). DNA Vaccine: What nurses need to know. *Journal of the American Academy of Nurse Practitioner*, 14(2), 73-81.

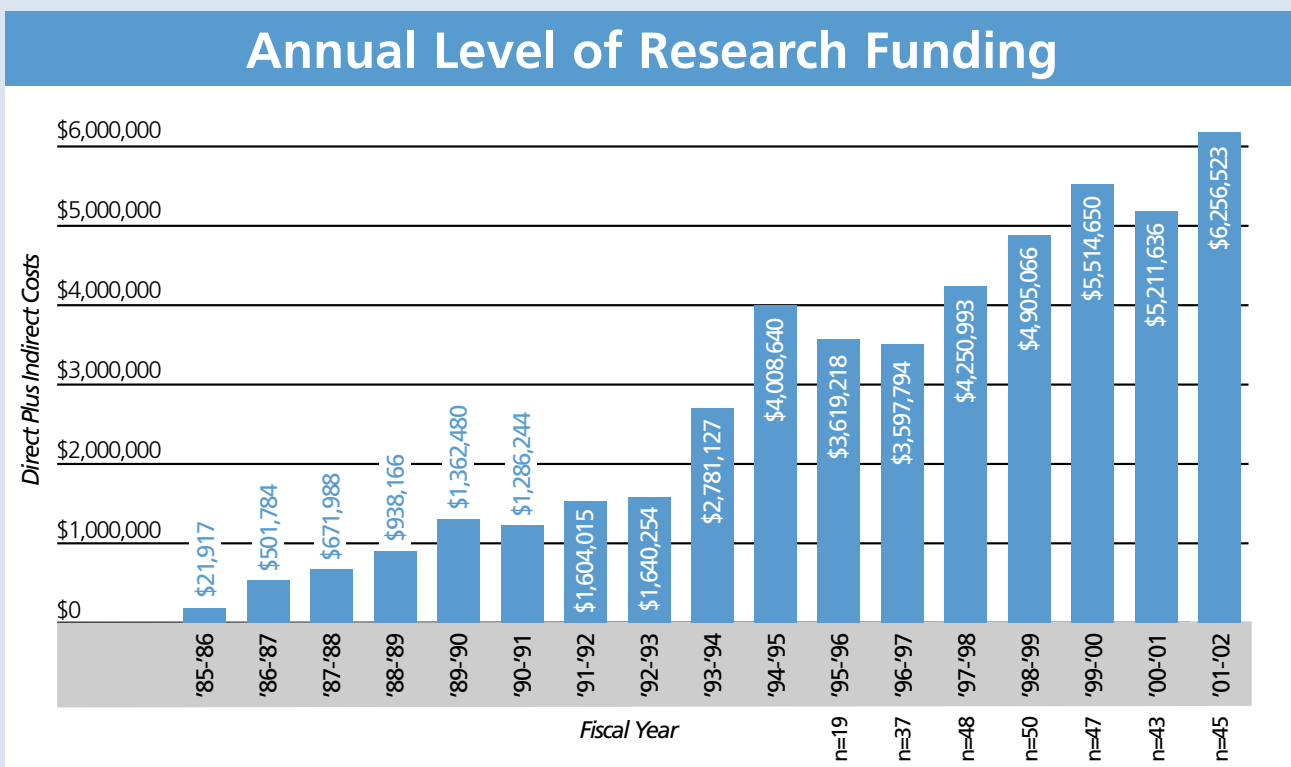
Panzarella, C., Baggott, C., Comeau, M., Duncan, J., Groben, V., Woods, D., and **Stewart, J.** (2002). Management of disease and treatment-related complications. In C.R.Baggott, et al. (Eds.) *Nursing Care of Children and Adolescents with Cancer* (3rd ed., pp. 279-318). Philadelphia: W.B.Saunders.

**Rhee, Hyekyun** (2001). Risk factors and sequelae of headaches in school children: Clinical implications from a psychosocial perspective. *Journal of Pediatric Nursing*, 16, 392-401.

Rockelli, L. and **Campbell, C.** (2001). 2001 APNA delegation to China: An educational sojourn to remember. *American Psychiatric Nurses Association News*, 13(5), 1, 4-5.

**Van Horn, E., Fleury, J., and Moore, S.** (2002). Family interventions during the trajectory of recovery from cardiac event: An integrative literature review. *Heart and Lung: The Journal of Acute and Critical Care*, 31, 186-198.

**West, V. and Balch, D.** (2002). Telemedicine program at ECU: Dermatology and the prison. In R. Wootten and A. Oakley (Eds.), *Dermatology*, 81-94. London, UK: The Royal Society of Medicine Press.





Please send your survey and news to:

Associate Director of Alumni Affairs
School of Nursing
UNC-Chapel Hill
Carrington Hall, CB #7460
Chapel Hill, NC 27599-7460
Fax: (919) 843-8241
E-mail: sonalum@unc.edu

MAKE YOUR OPINION Count

We want to know how we can best serve you, the nearly 6,000 distinguished alumni who are an important part of the School of Nursing family. Please take a moment to fill out and return this short survey to make your opinion count.

1. What kinds of alumni programs interest you?

Please rank each of the following on a scale of 1-5.

1 = very interesting 2 = somewhat interesting 3 = neutral
4 = not so interesting 5 = not interesting at all

Table with 5 columns (1-5) and 4 rows: Academic/Continuing Education Programs, Regional Programs, Athletic Events, Other: \_\_\_\_\_

2. What types of articles do you most enjoy reading in Carolina Nursing magazine?

Please rank each of the following on a scale of 1-5.

1 = very interesting 2 = somewhat interesting 3 = neutral
4 = not so interesting 5 = not interesting at all

Table with 5 columns (1-5) and 5 rows: Stories about alumni, Stories about the school and faculty, Student features, Current issues in nursing, Other: \_\_\_\_\_

3. Would you like to plan a reunion for your class? [ ] No [ ] Yes

4. Are you interested in participating on the Alumni Board? [ ] No [ ] Yes

5. Are you interested in helping to plan or host an alumni activity?
[ ] No [ ] Yes, I'd like to help with: \_\_\_\_\_

6. What can your Alumni Association do to better serve you?:
\_\_\_\_\_

Name (please include maidenname): \_\_\_\_\_
Class Year: \_\_\_\_\_ Degree: \_\_\_\_\_

Thank you for taking the time to fill out this survey. We look forward to incorporating your ideas into our alumni programs! Please return the survey by fax, e-mail or snail mail.



Please send news and nominations to:

Associate Director of Alumni Affairs  
School of Nursing  
UNC-Chapel Hill  
Carrington Hall, CB #7460  
Chapel Hill, NC 27599-7460  
E-mail: sonalum@unc.edu

## ALUMNI AWARD. *Nominations*

The School of Nursing Alumni Association is now taking nominations for the following alumni awards. Please nominate that colleague or friend who has meant much to the profession and the School of Nursing.

**The Alumna/us of the Year Award** is earmarked for that person known for their distinction in the area of nursing, either through their scholarly endeavors, their promotion of health care or their tireless service. This person must be a graduate of a program in the UNC-Chapel Hill School of Nursing.

**The Honorary Alumna/us Award** goes to that person who possesses distinction in the area of nursing and has demonstrated outstanding support for the School of Nursing. This person is not a graduate of any UNC-Chapel Hill School of Nursing program.

**The Carrington Award for Exceptional Community Service** is awarded to that person who has given remarkable service to the community, state or other beneficiary organization and has reflected favorably on the School of Nursing through their extraordinary efforts to benefit society (though not necessarily through direct nursing activity).

Name of Nominee: \_\_\_\_\_ Class Year: \_\_\_\_\_

For which award are they being nominated?: \_\_\_\_\_

Reasons why this person should receive this award: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name: \_\_\_\_\_ Class Year (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

## WHAT'S NEW *With You?*

Keeping up with each other is hard to do these days. Please let *Carolina Nursing* share your news! Whether it's a new job, a new address, or a special accomplishment, we'll be happy to get the word out for you.

Name (please include maiden name): \_\_\_\_\_ Class Year: \_\_\_\_\_

My address has changed. My new address is: \_\_\_\_\_

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News: \_\_\_\_\_

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# Calendar of Events

## *December 2002*

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Urinary Incontinence: What Nurses Can Do	December 5, 2002
Polishing Your Presentation	December 6, 2002
SON Graduation	December 20, 2002

## *January 2003*

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Substance Abuse Update	January 9, 2003
Nursing Update RN Refresher Course	January 13-June 6, 2003
Advanced Practice: Musculoskeletal Update	January 16, 2003

## *February 2003*

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Diabetes Review Course	February 6-7, 2003
History Taking and Physical Examination: Sharpening Your Skills	February 7, 14, 21 and 28, 2003
New Horizons in the Treatment and Management of Patients Receiving Chemotherapy	February 19-20, 2003
The Belly Aches of Gastroenterology	February 27, 2003

## *March 2003*

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Online Teaching	March 1, 2003
Neonatal — Caring for the Neonata	March 6, 2003
History Taking and Physical Examination: Sharpening Your Skills	March 7, 14, 21 and 28, 2003
Ethical, Legal and Social Indications of the Human Genome Project	March 20, 2003
14th Annual PACU and Ambulatory Surgery Conference	March 22, 2003
Career Opportunities in Clinical Research: Understanding the Roles and Responsibilities of CRA and CRC	March 22 and 29, 2003

## *April 2003*

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Cutting Edge: Focus on Transplant Care	April 3, 2003
Critical Care Update	April 4, 2003
Career Opportunities in Clinical Research: Understanding the Roles and Responsibilities of CRA and CRC	April 5, 12 and 26, 2003
Women's Health: Focus on Menopause	April 9, 2003
Caring for the Geriatric Patient	April 11, 2003
First-Ever Doctoral Alumni Reunion	April 12, 2003
Spring Lectureship honoring retirement of former Associate Dean Carol Hague; guest speaker Dr. Kitty Buckwalter, associate provost at the University of Iowa	April 12, 2003
Pediatric Review Course	April 23-25, 2003
Latino Culture and Language	April 24, 2003
The 15th Annual Psychiatric/Mental Health Institute	April 25, 2003
End of Life Care Conference: Focus on Spiritual Care	April 29, 2003

*Distinguishes School of Nursing events from Continuing Education events*

For more information on School events, contact the Office of Advancement.

E-mail: [sonalum@unc.edu](mailto:sonalum@unc.edu)  
Phone: (919) 966-4619  
FAX: (919) 843-8241  
[www.unc.edu/depts/nursing](http://www.unc.edu/depts/nursing)

For more information or to register for a Continuing Education program, contact the School of Nursing Office of Continuing Education.

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