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# International Network for Doctoral Education in Nursing

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## President's Message

### The Methods and Ends of Nursing Doctoral Education and Research

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English scholar John Henry Newman in his book, *The Idea of a University*, explained that the university "...educates the intellect to reason well in all matters, to reach out towards truth, and to grasp it." (1917, p.126). But what aspects of truth are we nurse researchers seeking to grasp?

This issue of the INDEN Newsletter is devoted to the topic "Methodological Perspectives in Doctoral Education" The reviews of mixed methods research, action research, and research approaches to studying exceptionally vulnerable subjects provided below by our colleagues from the U.K., China, and the U.S. demonstrate the many ways that nurse researchers address our understanding of how health and illness are embodied in the human experience. For example, the research approach described by Drs. Haiou Zou and Li Zheng to study the self-management of persons with schizophrenia and their family caregivers in China most certainly adds to our understanding of this illness within the Chinese health care system and culture but at a higher level, it also reveals how severe illness is experienced as a family unit whether one is in China, Ethiopia, or the U.S. For as human beings, we are interdependent social beings. At this level, the discussion of our research reveals as much about our methods as it does about our ends. When we place ourselves as nurse researchers in solidarity as human beings with the individuals, families and communities whom we are committed to understanding and serving, the ends of our research and doctoral education are to promote human flourishing across the varied dimensions of human experience such as disease, health, culture and nationality. Our INDEN mission to promote quality nursing doctoral education globally is grounded within this objective.

We look forward to an exciting 2013 in INDEN. This issue focused on research methods in dissertation research reflects the evolution of the newsletter into a peer-reviewed publication, *Advances in Nursing Doctoral Education and Research* which will premier in March 2013. I sincerely thank our INDEN Newsletter Editors Group and the INDEN Board for their leadership in developing what we anticipate will be a transformative international publication in nursing doctoral education.

Please plan to join us for the 2013 INDEN Biennial conference in Prague in the Czech Republic from July 21 to July 22 with a special workshop for doctoral students on July 23rd. Our conference with its theme, Strategies for Quality Doctoral Education will provide valuable information for current and future leaders in nursing doctoral education. By immediately preceding the Sigma Theta Tau Research Congress at the same location, participants have the opportunity to participate in two international meetings in one trip. Please see the end of the newsletter for the call for abstracts and further information on this conference.

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We are pleased to announce the transformation of the INDEN Newsletter to Advances in Nursing Doctoral Education and Research as the official journal of INDEN effective with the March 2013 edition. Our new name more specifically represents the mission of INDEN to promote doctoral education in Nursing and conveys the new peer-reviewed nature of the publication. We will still include features that will update INDEN members on the business of INDEN such as meetings, the publication award, and the INDEN-STTI Postdoctoral Fellowship. And we will still feature updates from doctoral students around the world

The goals of Advances in Nursing Doctoral Education and Research will be:

- 1.promote academic debates and reports around nursing doctoral education
- 2.provide an academic platform for doctoral educators to share their innovations and experiences in providing nursing doctoral education
3. publish high quality nursing and interdisciplinary research
- 4.share best practices and procedures to enhance the diversity and quality in nursing doctoral education.

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

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

**Guidelines for submission of manuscript for the peer review section:**

1. Relevancy to aims of this publication
2. Follow format guidelines for manuscripts  
<http://nursing.jhu.edu/academics/programs/doctoral/phd/inden/newsletters.html#submission>
3. Length – 2500-3000 words with 12 Arial font and double line spacing.
4. Format for research manuscripts would be:
  - Abstract (limited to 350 words)
  - Key words (3-4)
  - Introduction
  - Methodology
  - Analysis
  - Conclusions
  - Discussion
  - Recommendations for practice and future research
5. Format for discussion manuscripts would be:
  - Abstract (limited to 350 words)
  - A concise summary of the argument or proposed course of action and conclusions.
  - 3-4 key words

In this issue (December 2012) we focus on Methodological Issues in Nursing Doctoral Education. One article discusses mixed methods research and describes one school's analysis of types of methodologies used in dissertations, noting an increase in dissertations using mixed methods. Another discusses the study of vulnerable populations in dissertation research. A final two articles describe action research as a methodology in dissertation research and provide valuable insights into what is involved in this type of research. We also have several contributions by doctoral students as well as an interesting reflection on whether or not to pursue a post doctoral fellowship.

We are very excited about the evolution of the INDEN newsletter into a peer-reviewed journal. This opportunity rises from the increased number of high quality submissions as well as the desire to bring the knowledge about doctoral education in nursing to the forefront of the nursing and education communities throughout the world.

**• Future topics and deadlines:**

- March 2013 (Deadline February 1, 2013) Challenges in mentoring and teaching International students
- July 2013 (Deadline June 1, 2013, 2013) Quality in doctoral education
- December 2013 (November 1, 2013) Are we preparing our doctoral students for teaching?

## INDEN News

### Update on the STTI/INDEN International Postdoctoral Fellowship in Nursing

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I am delighted to bring you an update on the jointly sponsored STTI/INDEN International Postdoctoral Fellowship in Nursing. The fellowship was initiated in Academic Year 2006 – 2007, and three fellows are chosen each year.

The purpose of this fellowship is to enhance the quality of doctoral education worldwide by:

- providing opportunities to nurse faculties in doctoral programs to strengthen their research skills and learn about doctoral education and mentoring in an international context;
- laying the foundation for future international research collaboration and multi-site studies; and opening avenues for international exchange of scholars.

Fellows are placed in research-intensive environments with a mentor in the fellow's area of research. The fellowship is for 3 months, and provides a stipend to cover living expenses for the fellow (up to a maximum of US \$1600/month) as well as a small honorarium for the mentor.

Please join me in congratulating this year's fellows! For the 2012 - 2013 academic year (September to May) the following fellows were chosen: Dr. Mohammad Hosseini (Iran); Dr. Ahmad Al-Nawafleh (Jordan); and Dr. Claudia Viera (Brazil). Dr. Hosseini is already with Dr. Patricia Davidson at the University of Technology in Sydney Australia working to develop cardiac rehabilitation guidelines. Dr. Al-Nawafleh will begin work with Dr. Michelle Aebersold at the University of Michigan later this month, focusing on collaboration between nursing academics and service. Dr. Viera will travel in January to the University of Pennsylvania where she will work with Dr. Barbara Medoff-Cooper, following up on preterm infants and their families 3 years after NICU discharge. A hearty "Thank you!" to review committee members who came from both STTI and INDEN: Dr. Nancy Sharts-Hopko, Dr. Patrice K. Nicholas, Dr. Cathy Catrambone, Dr. Lynn Sommers, Dr. Catrin Evans, Dr. Sonja McIlpatrick, and Dr. Mei Ching Lee.

To be eligible for the fellowship, applicants must be recent (within five years) doctoral graduates from low- and middle-income countries who are appointed to faculty positions in doctoral programs and who do or will supervise student research. Applicants must also be members of both STTI and INDEN, and be competent in English. If you are interested in learning more about the fellowship, please visit the INDEN website: <http://nursing.jhu.edu/academics/programs/doctoral/phd/inden/announcements.html>. A new call for applications for the STTI/INDEN International Postdoctoral Fellowship in Nursing for the 2013-2014 academic year will be posted on the INDEN website early in 2013. Finally, we would like to gratefully acknowledge Sigma Theta Tau International's ongoing partnership and support in this jointly sponsored program.

## **Methodological Perspectives in Doctoral Education**

### **Mixed Methods in Dissertation Research**

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#### **What is mixed methods research?**

Many of us—if not all—will agree that the nature of contemporary health issues that nurse researchers are trying to address (e.g., health disparities, multiple chronic conditions that co-exist, genetics as well as environmental and behavioral factors contributing to obesity) is complex and requires multi-level perspectives. As such, methodological approaches used in recent research studies are becoming increasingly diverse, often involving more than one (e.g., surveys combined with in-depth interviews). While "mixed methods" or "multi-methods" refer to the use of two or more quantitative and/or qualitative approaches, the most common and popular mixed methods employ "combined" quantitative and qualitative research (Creswell et al., 2011).

### **Growing acceptance of mixed methods research in dissertation studies**

A recent search of the Dissertation Abstract database by Plano Clark (2010) revealed that the number of dissertations identified as mixed methods grew exponentially between 1997 and 2008, from less than 50 to 700+. At our School of Nursing at Johns Hopkins University, as the use of mixed methods increased among our faculty researchers, the use of mixed methods research in the dissertation studies of our PhD students also increased. Since the inception of our PhD program in 1993, 31 and 10 students completed quantitative and qualitative dissertations, respectively, while 7 used mixed methods. All of the mixed methods dissertations but one (completed in 2001), occurred after 2004. Topical areas of the mixed-methods dissertations varied from parental decision making for critically ill neonates to occupational risk factors for tuberculosis among health care workers in an international setting. Six of them used combined quantitative and qualitative approaches and one used multiple quantitative methods (medical records and surveys). Contrary to what we predicted, the mixed methods dissertations took slightly less time to complete as a quantitative dissertation (mean – 4.97 versus 5.24 years). We cannot conclude that mixed methods dissertations take about the same time to complete as a quantitative dissertation due to our small sample size. However, in an institution with faculty experienced in mixed methods approaches, dissertations using these methods should not be discounted due to the feasibility/time factor.

### **Methodological challenges in conducting mixed methods research**

The main assumptions that set mixed methods research apart from other research, which might also collect both forms of data (i.e., quantitative and qualitative) but keep them separate, are that: 1) the mixed methods approach involves “intentional” collection of both quantitative and qualitative data based on the nature of the question and theoretical orientation; and 2) these different forms of data go through an “integration” process to maximize the strengths of each type of data (Creswell & Plano Clark, 2011). Many scholars raise questions about how well research approaches can be combined in a way that maintains the philosophical underpinnings of the approaches individually. Key questions exist about the appropriate use, best application, and viability of mixed methods. Given that the field of mixed methods research is still emerging, doctoral students and their faculty mentors, especially those new to the approach, may find it difficult to design a mixed methods dissertation with a theoretical and conceptual orientation that supports the needs of the study and a clear data integration plan.

In August 2011, the National Institutes of Health (NIH) in the United States released best practice guidelines for mixed methods research in the health sciences (Creswell et al., 2011). The guidelines were developed specifically to assist NIH investigators using mixed methods, but the core principles are applicable to PhD students within and outside the United States whose dissertation employs a mixed methods design. One of the key guidelines is that mixed methods components need to be embedded into the aims and research strategy of the proposed study. When developing a mixed methods study, the researcher needs to clearly identify the rationale for collecting both types of data based on the study questions and aims (and not the methodology driving the research question). The NIH document includes specific examples of study aims that call for a mixed methods approach (e.g., aims addressing multiple levels of influence such as theory development and testing) (Creswell et al., 2011, p. 17). In addition, the researcher needs to have a clear plan as to how to merge quantitative and qualitative data for comparing, relating, and synthesizing. Most importantly, the skills and perspective of the researcher are paramount in successful studies; it will be even more so in mixed methods research.

### Conclusion

The interest in mixed methods research is growing among faculty and doctoral students as evident through the increasing number of mixed method dissertations. As a young area of research, it will be interesting to see the continual development and progression of mixed methods in the future. Preparing a high quality mixed methods dissertation research within an acceptable timeline could be a challenge. Nevertheless, students and their faculty advisors will need to think through the mixed methods components of a research plan in advance and allow sufficient time to develop and refine the overall mixed methods plan into a coherent and logical study.

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## ACTION RESEARCH: METHODOLOGY IN ACTION

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### Introduction

Action research has a long and established history as a methodology for bringing about social change in a systematic way whilst simultaneously developing new knowledge about the processes involved and the outcomes achieved. In this article we will present an overview of action research as methodology and illustrate the methods involved through a reflection on the experience of doing action research for doctoral studies. The paper will particularly focus on emancipatory and transformational action research as a methodology for enabling meaningful change grounded in the realities of practice and with philosophical underpinnings derived from critical social theory.

### A Short History of Action Research

Action research has its origins in the 1940s when Kurt Lewin, a German social psychologist developed group participatory processes for addressing problems in organisations.

Lewin discovered that social change was more effective when team members collaborated on the reaching of solutions to problems of effectiveness in organisations. Lewin coined the phrase 'action research' to capture the cycles of problem identification, planning for action, taking action, reflection on action, learning from action and re-planning for action. Lewin observed that meaningful change arose from group collective action that was systematically planned through multiple cycles of problem identification, planning, action, reflection and learning. Thus Lewin (1946) described action research as research into the conditions for bringing about meaningful social action and evaluation of the effects of such action on social change. Lewin emphasised the reflexive nature of the processes involved and the need to compare the outcomes for action with the social context in which they are located.

Since Lewin's work, there have been many developments in advancing the theory and practice of action research, including the work of 'The Tavistock Institute' in London which adopted a 'social-technical systems theory approach (see Trist & Murray, at <http://moderntimesworkplace.com/archives/archives.html> ) and Educational Action Research with the work of the educational philosopher, John Dewey who believed that educators should engage in community problem-solving in order to address social issues through educational action. These early pioneering developments in social action and research informed and shaped theoretical and methodological developments in research that legitimised the integration of action with theory generation and challenged dominant positivist world-views.

In order to achieve the dual purposes of bringing about social change through action whilst simultaneously generating and testing theory, a number of principles underpin the practice of action research, including:

- Meaningful action arises when participants improve and develop better understandings of practice.
- Capacity for innovation is realised and change is facilitated.
- Practice values are realised.
- Professional learning and reflective practice is facilitated.
- Practitioners are helped to research their own practice.
- Professional practice is democratized and reformed
- ... And simultaneously generating and testing theory

However, how these principles are achieved depends on the paradigmatic framework underpinning the research and the methodology adopted. Action research can be seen to be located within 4 different paradigms. The technical paradigm that shaped Lewin's work is influenced by the empirico-analytical paradigm and focuses on achieving solutions to problems through measurement, testing, explaining and generalising. The early action researchers like Lewin, worked through experimentation with different strategies and solutions. Whilst technical action research adheres to the principles of participation, the power and expertise for decision-making lies with the researcher/lead facilitator. In contrast the practical approach to action research which underpins the work of the Tavistock Institute and approaches to practitioner research (McCormack 2009) is located in an interpretative paradigm where the emphasis is on 'meaning making' and the taking of action arising from the development of shared interpretations of social reality. Actors shape their reality through their interpretations of the social world and therefore there are multiple interpretations of reality and thus multiple potentials for action. Developing a shared understanding of potential action is important to this way of working. Emancipatory action research is located within the critical paradigm. Social structures and culture shape practice and people need to be empowered to take action and change social structures when these are seen to be oppressive or limit the potential of actors to achieve emancipation. Emancipatory action research has been influenced by the work of Habermas (1974; 1981), Freire (1987) and Fay (1987). More recently, transformational action research has been described (2006).

Drawing on principles of co-operative inquiry (Heron & Reason 1997) and creative imagination (Titchen & McCormack 2008), transformational action research promotes action through creative imagination and artistic expression, and derived from an eclectic understanding of knowledge – whilst empirical knowledge is important, transformational action research aims to access embodied and artistic knowledge, as well as emotional and spiritual intelligences. These varying forms of knowledge and intelligences are seen as critical to enable ‘human flourishing’ which is the ultimate purpose of transformational action research.

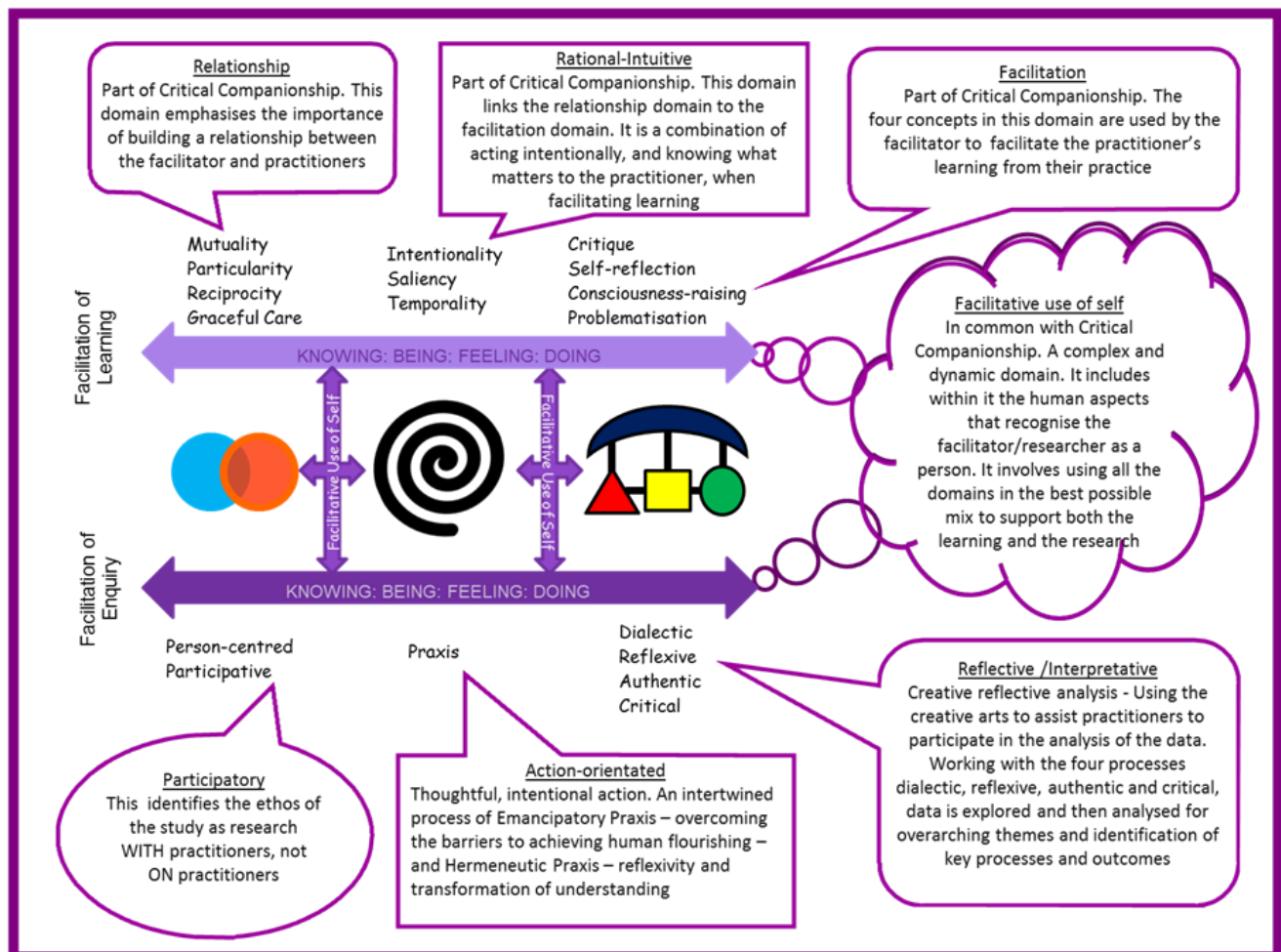
This overview of action research is best illustrated through the work of one doctoral student’s programme of research. Caroline Williams’ work illustrates the methodology of transformational action research and illustrates the systematic approach adopted to the development of methodology as well as the methods of engagement with participants and data collection/analysis methods used.

### A Case Study of Action Research in a Doctoral Programme

#### Background to my study

I work as the Nursing Development Facilitator in an NHS Health Board in Wales, UK. My role involves supporting the Registered Nursing workforce with their professional and practice development through work-based learning. In February 2009 I had a meeting with Professor Brendan McCormack in which I asked him, “I can tell them all about the programme, I can do all the teaching...but how do I actually make it work?” Brendan’s response, “That sounds like a PhD...” started me off on the journey that in January 2010 formally became my PhD work, under the supervision of Professor McCormack and Professor Tanya McCance at the University of Ulster in Northern Ireland, UK and Professor Melanie Jasper from Swansea University, in Wales, UK.

Fig. 1: Critical Companionship as methodology





My aim through my study is to understand the role of the facilitator in enabling work-based learning, and I am specifically working with Registered Nurses who are not undertaking an academic course. I am doing the PhD part-time as I continue in my present post, so in effect I am researching my work. My study was always going to be action-oriented, partly because this was my work, but also because I wanted to actually make a difference as I researched and learned. Knowing how to do something 'in theory' is never quite the same when it is separated from knowing how to do it 'in practice', and it is the combined knowledge that I needed and wanted.

### Developing my Methodology




My methodology has been specifically designed for this study around the conceptual framework of 'Critical Companionship' (Titchen, 2000), which is both a framework and a metaphor for an experienced practitioner supporting another practitioner with their experiential learning. I had always intended to use this framework as guidance for my facilitation activities with the practitioners, but in developing it into a methodology I explored the theoretical work of Carl Rogers (humanistic learning) and Paulo Freire (emancipatory learning) that underpinned the original framework, and combined this with the theoretical work of Jack Mezirow (transformative learning). The whole is supported by my philosophical stance, which is humanistic existentialism. Using a creative approach I re-visioned these three strands into the following methodological map that is now guiding me through the research process.

### Operationalising my study

As the research has to be manageable to fit alongside my work it was decided that I should work with 5 practitioners at any one time. The practitioners come from different fields of nursing to my own area of clinical expertise, so I do not work with them in clinical practice, but rather I help them to think critically about their practice, using the four processes from the facilitation domain in the methodology diagram above. The study can be represented diagrammatically as follows.

Fig. 2: Operationalising the Study



Symbol	Meaning
	Me as the facilitator, acting as critical companion to five individual practitioners, facilitating the research, and 'holding' the study
	Five individual practitioners, working in a critical companionship relationship with me, to learn through their work, developing themselves and their practice individually through their own praxis spirals (and evidencing the same)
	The coming together of all research participants (the five practitioners and me) to develop a deeper understanding of the facilitation of WBL, and the constraints inherent in the culture and context of work.

I meet with each practitioner individually every 2-4 weeks, the actual frequency being decided by them, and I record our 1:1 sessions (although only part of these are transcribed). Immediately following each session the practitioners and I verbally review the process, and then I write factual and reflective field notes, and consider how I have used Critical Companionship during the session. One aspect of the study that has changed since the beginning is that I now return the factual notes to the participants as soon as they are written, so they have a contemporaneous record of the session to support their learning and development.

Undertaking action-orientated research is not simply 'doing' something and then 'recording the doing' as data. My doing has to be focussed and planned, the recording of all aspects of the doing has to be systematic, and any change to the process has to be intentional. As befits my philosophical stance I am researching with the participants and not on them, so the methods for the facilitation, the data collection and the data analysis have also had to be made understandable and achievable by all of us. We all come together for a 'data analysis' day every 4 months. During the day we work as a group, initially using a creative approach to help 'unpick' the key features of the practitioners' individual experiences, and then through an open yet focussed discussion we try to make sense of it in relation to each other's experiences and to the learning process as a whole. We also consider the factors that are preventing the practitioners taking any necessary actions, and by doing this, hope to support and encourage them to take further action. The day is completed by relating what we have been discussing to the research questions.

#### **My reflections on the experience to date**

I am currently half-way through my field work. The five practitioners I am working with for this first year are all developing in their own individual way; they are working on completely different things, some focussing on their professional development, some on the development of their practice through the implementation of a project, and some have moved through both processes.

My main experience is that as an action researcher it is very easy to get caught up in the 'doing' at the expense of learning. In this respect I have mirrored the participants who were so caught up in their 'everyday' practice that they did not have time to stop, think and learn. At times I too have become so involved in 'doing' the facilitation, 'doing' the field notes, 'doing' the data analysis etc that I have not really focussed on the 'being' and 'becoming' aspects of the study as they relate to me. So whilst I have inevitably learned something from simply doing, I now recognise that I need to intentionally focus on developing myself and my skills as a facilitator, so I can turn this new knowledge back into the study. So the diagrammatic representation of the study also needs a spiral in each of its 'inner arms' to demonstrate my development. In addition, if the diagram could be seen in 3D, it would become apparent that my growth and the growth of the practitioners are working together in the form of a 'double-helix'.

Having completed a phenomenological study for my Masters degree where I undertook and analysed semi-structured interviews, and now doing this action-oriented research for my PhD, I feel that I am in a position to provide at least a simple comparison of some of the benefits and difficulties with the action-oriented approach to research. Firstly, I believe that my current research is making a difference while I am doing it. After my research for the Masters there was always the thought "so what am I going to do with it now" and the very real problem that after all the work and the dissemination process the report simply gets filed on a shelf somewhere. With the action-oriented research that I am currently involved in, I know that I have already made a difference to the practitioners and their practice. I also believe that there will be fewer problems in translating the research into practice, simply because it has originated in practice.

Secondly, considering some of the difficulties, it is certainly more 'all consuming' to have to undertake the action, collect the data, analyse it with the participants, learn from it, revise my actions, collect more data all the while the study is moving on. There is no time to pause as the practitioners are still working, still arranging meetings, still learning and growing as their practice continues. There are times in the middle of a busy week - when I have to drive 70 miles for a 2hr meeting with a participant that I know will generate at least a further 2hrs of work - that I wish I could just have a pile of static data to analyse in my own time, by myself, in my office; but then I would miss so much, in particular seeing the practitioners I am working with really starting to flourish. Thirdly, and of relevance to my current situation, action-oriented research is ideally suited to a part-time PhD because there is time in the 6 years to actually facilitate and realise lasting change.

So would I recommend action-oriented research as an approach for your PhD? Yes definitely, but only if you have supervisors who can facilitate and guide you through the parallel processes of your study, participants who are willing to 'step into the unknown' with you, and a very accommodating home life!

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## Action Research / Practitioner Research Community of Practice

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**Fig 1: CoP logo**

It is increasingly recognized that being a PhD student can be a lonely experience, and this is compounded when you are also part-time and not based in the same country as your fellow students. In addition, using participative and creative methodologies can sometimes cause difficulties in accessing relevant research training. To address some of these issues, PhD students from within the Person-centered Practice Research Centre (PcPRC) of the Institute of Nursing and Health Research at the University of Ulster have set up a Community of Practice (CoP). The CoP meets in the University twice a year, and members travel from The Netherlands, Norway, Wales, England and the Republic of Ireland to join up with those in Northern Ireland. Current membership includes three Professors, demonstrating the ethos of shared life-long learning.

The international CoP was set up to enable the sharing of experiences and to develop knowledge on issues related to methodology, facilitation and researching practice development, using action-oriented methodologies. The meetings take place over one or two days, with the agenda containing relevant and actual issues identified by the participants, and agreed prior to the meeting. Individual members can also request a 'slot' in the meeting if they have a particular issue in their study they wish to discuss. Topics have varied from cultivating the CoP philosophy; writing an action research report; identifying and developing the philosophical principles underlying each individual study; testing out creative approaches that will be used in the workplace with participants; and critical dialogues and storytelling on participation, data collection, action and evaluation activities within Action Research. The CoP is additional to each student's individual supervision sessions and therefore provides a safe space for students' to explore in more depth their shared issues, concerns and questions, even those that at first sight might appear to be quite obvious or just 'part of the process'.

Two students, Caroline, in the middle of her PhD, and Famke, nearing the end, here share their personal experiences of being a member of the CoP.

### Caroline's Story

I work as the Nursing Development Facilitator in Hywel Dda Health Board in south west Wales, UK, and am currently two and a half years into my 6 yr part-time PhD. The Health Board employs 3,100 Registered Nurses but at present I am the only one undertaking a PhD. The academic isolation is one of the biggest challenges that I have faced on this journey so far. Not having anyone around me with whom to discuss ideas, compare problems or simply ask advice and talk informally through the things that I am confused about, has on more than a few occasions, led me to believe that I am the only person in the whole world who has ever had difficulties with their research - a belief that can easily become self-destructive.

I was very lucky therefore that the CoP began when I was just coming towards the end of the first year of my research. The CoP has put me in contact with other students who are using similar methodologies and who have supervisors in common. It has provided me with a safe space in which to ask the stupid question, or work through a more complex problem. At our formal meetings during the day I have learned how to do Creative Hermeneutic Data Analysis; I have experienced using authentic movement to express how I 'discovered' my philosophical stance; I have participated as a 'guinea-pig' for another student who was exploring the possibility of using dance as a method to uncover understandings around leadership. I myself have requested some time in our next meeting to rehearse my presentation for my upcoming assessment seminar, and I feel confident that in this supportive environment I will receive challenging feedback that will enable me to improve not only the presentation, but also the defence of my work to date.

In the evenings, during our informal social gatherings I have also been able to get some practice at explaining my study to another student who is not as far along in her journey – a very memorable evening spent trying to coherently articulate how my method of data analysis was influenced by my underpinning philosophical stance!

Without wanting to appear overly dramatic, the CoP has been a lifeline for me. I have made friendships, received support and, as I move along in my journey and gain in confidence I am now starting to offer support to others.

#### **Famke's Story**

I am a fifth-year part-time PhD student at the University of Ulster, and work as a senior lecturer at the Master of Advanced Nursing Practice at Fontys University of Applied Sciences in The Netherlands. Although action research (AR) is well known within the field of Education, it does not have a long tradition in Nursing in the Netherlands. Living out the principles underlying this methodology, as a facilitator of change in a nursing context, raises different challenges. I believe that learning, which is key in AR, is not valued in the same way in nursing as it is within an educational setting. This is also acknowledged by findings/outcomes in various studies of Fontys' Knowledge Centre 'Implementation and Evaluation of Evidence based Practice' (article submitted in International Practice Development Journal (IPDJ), 2012) that work and experiment with these principles. I am a member of this Knowledge Centre.

I have experienced that sharing different perspectives and engaging in critical dialogues with those 'speaking the same language' and recognising the struggles, fear, as well as the joy of doing this kind of 'work', has widened my scope. Yet, besides the welcome empathy and camaraderie amongst us about issues, I believe there is still a need to have an expert in the CoP to actually take the group further and to inspire us to develop and test out strategies in practice. Therefore we welcome the participation of our 3 members who are already 'experts', and we intend to invite more guest speakers to both share their stories and provide us with further challenge and support.

In the CoP we live out what we practice in the practice setting, and recently one member developed the tulip logo that you can see at the start of this piece, to include our CoP principles. I'm grateful to the University of Ulster for hosting this CoP. It is great for a PhD student to have such a group of research peers walking a similar journey. I personally have perceived this CoP as strengthening my system of support. Support systems are essential when facilitating AR, in particular when you are new to the methodology, and this is something which I demonstrate in my findings of my, nearly finished, PhD study.

### Dissertation Research with a Highly Vulnerable Population

Haiou Zou, PhD,  
School of Nursing, Peking Union Medical College

Zheng Li, PhD,  
Associate Dean, School of Nursing, Peking Union Medical College

Doctoral students are novice researchers, so the guidance of a skilled mentor is critical when the dissertation research involves a highly vulnerable population. One might argue that all human subjects who are managing an illness are vulnerable. However, there are some populations who are especially vulnerable because their illness is stigmatized by society and their resources for care are limited. It is helpful when the doctoral student and the mentor have a level of expertise regarding the illness and health needs of the population under study. If the mentor does not have expertise in the population under study, a dissertation committee member with this expertise can be identified to work closely with the faculty mentor. This paper will present how the research mentor and doctoral student worked together to ensure the protection of a vulnerable population that the doctoral student studied for her dissertation research. The dissertation study examined the self-management of persons with schizophrenia and the caregivers of persons with schizophrenia.



Zheng Li and Haiou Zou

#### Research Ethics

Although there are many ethical codes to guide research, one of the more well known codes is the Declaration of Helsinki that was adopted by the World Medical Association in 1964 and was updated most recently in 2008 (World Medical Association, 2012). This code explains the importance of informed consent for research, voluntary participation, protection of participant privacy, and the need to minimize harm to subjects. It also recommends that for vulnerable populations, the research should be responsive to the needs of this population and that there should be a reasonable likelihood that this population or the community will benefit from the research.

#### Case Presentation

This paper will describe the responsibilities and actions of the doctoral student faculty mentor and the doctoral student in protecting human subjects in a dissertation study focused on a vulnerable population.

The doctoral student (HZ) is a nurse with 8 years of experience in psychiatric nursing. She is familiar with the illness of schizophrenia and the standard of care for persons with this illness in China. She decided to study this population for her dissertation because little data exist regarding self-management perceptions and strategies used among Chinese patients and caregivers. In addition, no instrument about self-management among people with schizophrenia exists in China. Bear in mind that psychiatric services in China are not easily available or accessible. Schizophrenia is life-long, therefore it is crucial to understand how people manage their condition based on each individual's experiences. It should also be noted that cultural norms and values may influence self-management perceptions and practices. Therefore, self-management experiences reported in western literature may not apply to Chinese patients.

The faculty mentor of the doctoral student is the Associate Dean at the PUMC, School of Nursing (ZL). She is an experienced researcher and is well informed about the institutional review board process at PUMC and is also knowledgeable about the health needs of persons with schizophrenia and their family members.

Working together, the doctoral student and faculty mentor developed several strategies to support informed consent, protect the privacy of the research participants, and promote the benefit to either the participants of this study or the community by disseminating research findings to improve the care of persons managing their schizophrenia or their caregivers.

To ensure informed consent, the doctoral student fully explained the study's purpose and procedures to both the participants and their caregivers; written consent both from patient and caregiver was obtained before the interview. In addition, participants were informed that participation was voluntary, and that they could withdraw from the study at any time without reason.

To ensure the privacy of participants, the doctoral student and other research team members conducted the research in a private consultation room in order to protect participants' privacy. In addition, participants were given a choice about whether wanted their family present in the meeting room. All interviews were tape recorded with the permission of the participants. They were assured that the content of the interviews would not be discussed with any person outside the research team, and that findings would be de-identified and only reported in scientific publications.

In case a participant became deeply distressed during the interviews, the research plan called for referring the patient to his/her doctor.

The faculty research mentor helped the doctoral student to develop the protocol that would protect the participants in this study. She also assisted the doctoral student in having her protocol reviewed by the PUMC research ethics committee/process.

To ensure that all ethical standards were followed, the faculty mentor reviewed the procedures with the student, arranged regular meetings and discussions with the doctoral students and the research team, and visited the study site.

### **Conclusion**

It is possible for doctoral students to study a highly vulnerable population for the dissertation but it requires the careful guidance of a faculty mentor who has an expertise in the area of the vulnerable population or has dissertation committee members with this expertise. The study referred to in this article has been completed and is in press.

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## Student Perspectives

Ellen M. Volpe, PhD, CRNP  
Ruth L. Kirschstein NRSA Post-Doctoral Fellow  
Research on Vulnerable Women, Children & Families  
University of Pennsylvania Center for Global Women's Health

This September, Dr. Marilyn Sommers led a team representing the Center for Global Woman's Health back to a small woman's clinic in Ormylia, Chalkidike- a northern rural area of Greece. The team also consisted Dr. Kathleen Brown, an expert in woman's health, Dr. Maureen George, a specialist in asthma and myself, an adolescent health nurse practitioner. Brother Charlie, the director of the health center, invited us to return to Greece to conduct a small conference for over 50-community health and lay workers of Greece.



Ellen M. Volpe

The interactive sessions contained content on the development screening for children and primary care prevention (Volpe), management of asthma and pesticide exposure (Dr. George), cervical cancer screening and visual inspection with acetic acid (VIA); Dr. Brown), and behavioral change with brief intervention (Dr. Sommers). The Greek audience was very receptive, eager to learn, and very gracious. The end of the program concluded with a reception at the center with additional health professionals, community activists, and adolescents. A great variety of people gave short presentations to familiarize all with a number projects being done in the area, our work at Penn, and the role of nurses in the United States. The reception presentations provided a great opportunity for us to hear the people of Greece speak about the nations' gaps in health care delivery but also about their commitment and dedication to address these gaps. Even a representative from the adolescent group spoke eloquently about their health and education concerns. They were very eager to talk at the reception and plans were laid for specific aims of future visits.

Dr. George was honored by the U.S. State Department and went to Athens to present her work to the Embassy staff. The rest of the team joined a day later and the visit ended with a reception hosted by US Ambassador Daniel B. Smith and Mrs. Smith at their home. Also in attendance were our Penn connection, Dr. Philip Kivits and Susan Marx, as well as Brother Charlie. The Ambassador and his Embassy staff were a keen audience for a discussion about health needs of woman and children in Northern Greece and our current collaboration with the Ormylia Foundation. The remainder of the program was supported by the Center for Global Woman's Health at Penn.



Kamila A. Alexander, PhD(c), MSN, MPH  
 Doctoral Candidate, University of Pennsylvania

I am a doctoral candidate at the University of Pennsylvania School of Nursing mentored by Dr. Loretta Sweet Jemmott. My research examines the influences of affective processes on the meanings of sexual health and sexual safety among 25 young women ages 18-25 who reported ever having sexual experience with a man. Most were recruited from beauty salons. I performed a critical narrative analysis of the interview data and found that 1) concepts of sexual safety should be broadened to include protective actions to promote emotional well-being; and that 2) an additional concept is needed, sexual security, which describes an ongoing, patterned state of being that women use as a gauge for motivating behavioral decisions.



Kamila A. Alexander

A practicing public health nursing since 2001 and former Peace Corps Volunteer (Ecuador '96 – '99), I have worked with varied populations for over 15 years. I have a particular passion for doing research and developing programs that aim to improve the health and well-being of women. During my doctoral studies, I developed concentrations in gender, women's, and sexuality studies as well as pedagogy and earned specialty certificates in these fields. I will be completing my PhD in December 2012 and plan to begin interdisciplinary postdoctoral work at the Johns Hopkins University Schools of Nursing and Public Health in January 2013. My goals include advancing my program of research through further training and obtaining a tenure-track faculty position at a research-intensive university in the next several years.



Grace Olamijulo

Grace Olamijulo, BSN, RN  
 Ruth L. Kirschstein Pre-doctoral Fellow  
 University of Pennsylvania School of Nursing  
 Center for Global Women's Health and Center for Health Equity Research

I am a recent graduate of the Hope College Nursing Program in West Michigan. After completing the program in 2011, I moved from my hometown in New York to serve as an oncology nurse at Hahnemann Hospital in Philadelphia. A desire to serve vulnerable populations has always been a significant driving force in my work. Health problems largely plaguing women and children are of particular interest to me. As a pre-doctoral student, under the direction of Dr. Loretta Sweet Jemmott and Dr. Marjorie Muecke, I will be pursuing my research interest in improving sexual health education and STI prevention among adolescents using technologically innovative measures as a pre-doctoral student.

The average teenager today thinks about sex and technology constantly. The disturbing number of adolescents contracting STI's or becoming pregnant is perhaps not so surprising when one thinks about the number of new technologically sophisticated or creative ways teens have gained access to sexually explicit material and of communicating with each other. Despite having some form of sexual health education by the end of high school many teens, still become pregnant or contract an STI. This fact highlights the need for improved and more effective sexual health education. It is my goal to help foster the development of generation-appropriate sexual health education measures using the very technological tools that have captured the minds of adolescents today.

Terease S. Waite, MS, RN, JD  
 Ruth L. Kirschstein NRSA Predoctoral Fellow  
 Research on Vulnerable Women, Children and Families  
 University of Pennsylvania School of Nursing  
 Center for Global Women's Health and Center for Health Equity Research



Terease S. Waite

I am a graduate of Yale University (B.A., Sociology), Howard University School of Law (J.D.), Thomas Jefferson University School of Nursing (BSN), and the University of Pennsylvania School of Nursing (M.S.). I retain my attorney license in the state of Pennsylvania and am admitted to practice in the United States District Court for the Eastern District of Pennsylvania. I have been a Bridges to the Doctorate Fellow (funded by the National Institute of General Medical Sciences) and a Fontaine Fellow. Currently, I am a Ruth L. Kirschstein NRSA Predoctoral Fellow, Research on Vulnerable Women, Children, and Families (T32NR007100), under the auspices of the Centers for Global Women's Health and Health Equity Research at the University of Pennsylvania School of Nursing.

I am interested in investigating differences in participation in cancer clinical trials among underrepresented populations, such as ethnic/minority groups, women, LGBT individuals, and older adults. My dissertation research will involve investigating, via mixed methods and mobile technology, the experiences of African American cancer patients in cancer clinical trials. More specifically, I am interested in the factors that influence African Americans to enroll and to continue to participate in cancer clinical trials, as well as the legal and bioethical policy implications of cancer care and cancer clinical trials. I expect to graduate from the University of Pennsylvania School of Nursing in August 2014 with a PhD and MBE (Master of Bioethics). Terease is mentored by Dr. Connie Ulrich and Dr. Marilyn Sommers.



Jessica Rearden and Marilyn (Lynn) Sawyer Sommers, PhD, RN, FAAN, the Lillian S. Brunner Professor of Medical-Surgical Nursing, Director of Center for Global Women's Health

Jessica Rearden, MS, RN  
 Ruth L. Kirschstein Pre-doctoral Fellow  
 University of Pennsylvania  
 School of Nursing Center for Global Women's Health and  
 Center for Health Equity Research

Jessica Rearden is a 4th year MS/PhD student and pre-doctoral fellow supported by the Ruth L. Kirschstein NRSA Institutional Research Training Grant (T32) for the Centers for Health Equity Research and Global Women's Health. Her primary mentor is Dr. Lynn Sommers, with co-mentorship from Dr. Connie Ulrich and Dr. J. Margo Brooks-Carthon. Jessica's doctoral study aims to promote health equity through an examination of opportunity for cancer clinical trial participation among underrepresented groups, including racial and ethnic minority populations and women and the socioeconomically disadvantaged. Her experience as an oncology nurse and a clinical research nurse supervisor in the University of Pennsylvania's Clinical Research Unit has shaped her inquiry. She aspires to build a program of research as a nursing faculty member that includes the development of directed interventions to improve opportunity for cancer clinical trial participation in a variety of practice settings.

She aspires to build a program of research as a nursing faculty member that includes the development of directed interventions to improve opportunity for cancer clinical trial participation in a variety of practice settings.

Linda Xiao Kang  
Hillman Scholar  
University of Pennsylvania



Linda Xiao Kang

I wanted to be a Hillman Scholar for Nursing Innovation at the University of Pennsylvania because it would provide me with the resources I needed to build my capacity as a nurse researcher to serve patients, families and communities better, and enable me as a future nurse faculty to help others to achieve their potential. The Hillman Scholar program at Penn “is a highly competitive integrated BSN-to-PhD program to educate a new cadre of nurse scientists to develop innovative solutions in healthcare.” It gives all of us in the program the support we need to build a solid foundation for our future as innovative nurse scientists and leaders. So far it has been an eye-opening journey into the vast expanse of knowledge aided by my mentors and advisors Dr. Linda Aiken and Dr. Matthew McHugh at the Center for Health Outcomes and Policy Research at Penn’s School of Nursing.

As a Hillman scholar this past summer I presented at an international nursing conference in Beijing, China. The Rita and Alex Hillman Foundation made this trip a possibility for me. The conference had nurse leaders and researchers from all over the world in attendance and was a wonderful experience for me. After attending the conference I was fortunate in spending part of my summer in China conducting research with fellow Penn nursing student, Wendy Zhang, at urban community health clinics under the mentorship of two professors at the Peking University’s School of Nursing. Wendy and my connection with the Peking University’s School of Nursing started with Professor Yu Liu and Professor Qian Lu coming to the Center for Health Outcomes and Policy Research as visiting scholars at the University of Pennsylvania last spring. Associate Professor Liu and Professor Lu gave us much encouragement in our discussions with them concerning issues and interests we had in the Chinese health care system. We continued this discussion after they went back to Peking University. When we asked them about studying health issues in China further, Dr. Liu and Dr. Lu connected us to community health nurses who were all great resources for us in our research during our stay in Beijing, China. We were able to travel throughout this metropolis and learn about and observe the conditions and developments of community health care first hand for ourselves. This was an amazing opportunity to hear insights and exchange information and knowledge with some very dedicated health care professionals working on the frontlines of primary health care that is desperately needed in China. We hope to continue these exchanges in the future and make a profound impact on the large health care landscapes of both China and the United States.

### **To do a Postdoc or not do a Postdoc—That is the Question?**

Dr Siedine Knobloch Coetzee (PhD, RN, RM)  
School of Nursing Science  
North-West University (Potchefstroom Campus)  
South Africa

A postdoctoral scholar (“postdoc”) can be described as an “individual holding a doctoral degree who is engaged in a temporary period of mentored research and/or scholarly training for the purpose of acquiring the professional skills needed to pursue a career path of his or her choosing “ (NPA, 2012).

A postdoc is highly recommended when you are considering a career in research. In fact, in most developed countries, postdoctoral studies are required for obtaining a tenure-track faculty position, especially at research-oriented institution. However, in South Africa, a national study conducted with all faculty involved in doctoral education (N=65; n= 38), only three (7.9%) faculty members had completed a postdoc, although 60.5%-62.5% of faculty, doctoral graduates and doctoral students felt that a postdoc should be required upon the completion of doctoral studies (Coetzee & Klopper, 2012). In this context, my postdoctoral fellowship journey began. Of course I would never have embarked on this journey, if it were not for two great mentors in my life - Dr Hester Klopper and Dr Nancy Edwards - who encouraged me to apply for a postdoctoral fellowship and sent me many different postdoc options to choose from. On the 15th June 2011, I submitted my application for the International Postdoctoral Fellowship in Nursing, sponsored jointly by the International Network of Doctoral Education in Nursing (INDEN) and Sigma Theta Tau International (STTI), for the 2011 - 2012 year; and on the 26th July 2011, I was notified that I was one of two participants awarded the fellowship. The purpose of this fellowship is to enhance the quality of doctoral education worldwide by: providing opportunities to nurse faculties in doctoral programs to strengthen their research skills and learn about doctoral education and mentoring in an international context; laying the foundation for future international research collaboration and multi-site studies; and opening avenues for international exchange of scholars.

I commenced my post-doctoral fellowship on the 27th March 2012 (until the 22nd June 2012) at the Arthur Labatt Family School of Nursing, University of Western Ontario, Ontario, Canada, under the mentorship of world-renown research scientist, Dr Heather K. Spence Laschinger. Dr Laschinger is a distinguished university professor and Arthur Labatt Family Nursing Research Chair in Human Resource Optimization with a research program that focuses on the impact of nursing work environments on nurses' empowerment for professional practice, their health and well-being, and the role of leadership in creating empowering working conditions.

The goals of my postdoctoral fellowship was to develop a reliable, validated compassion fatigue and compassion satisfaction instrument, to develop a focused research programme with objectives for the next five years, to develop my skills in quantitative research and to further develop skills in postgraduate supervision, article and grant-writing.

The post-doctoral fellowship had an immense benefit to me and my institution. On a personal level, the fellowship experience developed and focused my research programme by providing me with the expertise, mentorship and time I needed to develop: a model for compassion practice, an instrument for compassion fatigue and compassion satisfaction, and a focused research programme with objectives for the next five years. A further benefit to me was the research training that I received in quantitative methods and measures including instrument development, model development and model testing, the use of statistical software packages (SPSS and AMOS) and meta-analysis. Another benefit was the opportunity to attend doctoral and master student defenses at the University of Western Ontario and learn more about mentoring of postgraduate students, as well as build networks with other researchers in my field of interest. Another benefit was that I could learn how an established research unit functions, and learn how they manage staff, and coordinate every step of the research process, from planning a proposal to the dissemination of data to stakeholders. Benefits experienced by my institution are of course my increased knowledge in quantitative methods and measures, my increased capacity for postgraduate supervision, and the various outcomes of my fellowship.

The main outcomes that have resulted from my post-doctoral fellowship are that I have a compassion fatigue and compassion satisfaction instrument, which was reviewed by a panel of experts for content validity. I have since received a North-West Universtiy institutional grant to pilot the questionnaire, and conduct validity and reliability testing.

Furthermore, I have developed a model for compassion practice, which will soon be submitted for publication, and I have since applied for a national grant, to begin testing the compassion practice model. I have also been asked to make various presentations, give lectures and submit reports on my postdoc fellowship. Also, I have two PhD students that will directly gain from my experience, as they will be focusing on two aspects I was mentored in during my postdoctoral fellowship – instrument development and model-testing.

I engaged in a variety of learning experiences during my postdoc – too many to mention. From lectures in quantitative measures and methods, to hands on practical training in statistical software, to shadowing Dr Laschinger in her many roles, reading theories and working on models until I found that perfect fit! One of the learning experiences I will most treasure is the data dissemination workshops that Dr Laschinger and her research staff arranged. Truly, I had never seen data disseminated in this way; and I was really amazed to see how politicians, managers and nursing staff discussed findings from the projects and developed strategies and recommendations for nursing education, practice and policy. I could never begin to list all that I learned, but I can say that I learnt more than I ever dreamed I would.

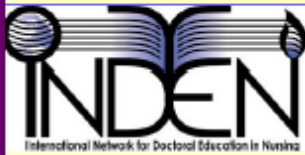
So then the question remains to do a postdoc or not to do a postdoc? I would absolutely recommend a postdoctoral fellowship to anyone who has completed their doctoral studies – it truly is a life changing experience. The reason I would recommend it is threefold, firstly it is probably the only time in my entire academic career that I was given the opportunity to solely focus on my research and just eat, sleep, drink and think research every second of every day; secondly, it is an eye opening experience to work in a research intensive environment in another country and learn all about their organization, procedures and see the product that years of experience and hard work has resulted in; thirdly, the mentorship experience is inspiring and one of the experiences I will treasure most from my postdoc fellowship. Not only did Dr Laschinger mentor me with regard to the goals I had for my postdoc; but she taught me the value of theory in the development of meaningful research in developing a program of research and the importance of theory in attempting to build useful explanations of phenomenon of interest to nursing practice, and also taught me more about the practical issues of research – such as funding applications, articles and research projects. More than that, I was in the fortunate position to discuss my career plans and goals with two mentors - Dr Laschinger and Dr Carol Orchard who freely shared their wisdom, experience and knowledgeable advice with me. I can truly say that there is no question to be asked – a postdoc is a MUST!

“If I have seen further it is by standing on the shoulders of giants.”

Isaac Newton

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## 2013 BIENNIAL MEETING

**"Strategies for Quality in Doctoral Education"**  
Prague, Czech Republic  
July 21-23, 2013

***Just before the Sigma Theta Tau Conference on July 22-26, 2013 in the same location:***

- Attend two international conferences in one trip!
- Hear International Leaders in Nursing Research and Doctoral Education

### ***CONFIRMED SPEAKERS:***

**Hester C. Klopper, PhD, MBA, FANSA**

President Elect (2011-2013) Sigma Theta Tau International  
Chairperson: FUNDISA  
University of the Western Cape, South Africa

**Fongcum Tilokskulchai, PhD, RN**

Dean, Faculty of Nursing  
Mahidol University, Bangkok, Thailand

**Peter Griffiths, PhD, BA, RN**

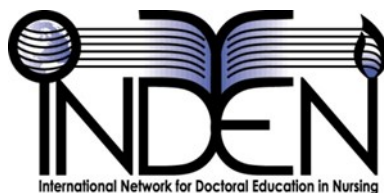
Executive Editor International Journal of Nursing Studies  
Chair of Health Services Research, Faculty of Health Sciences  
University of Southampton, UK

**Richard Redman, PhD, RN**

Ada Sue Hinshaw Collegiate Professor of Nursing  
University of Michigan School of Nursing, Ann Arbor, MI, USA

**Sonja Mcilpatrick, PhD, RN**

Reader, Postgraduate Tutor PhD Programme  
University of Ulster Institute of Nursing and Health Research, UK



## INTERNATIONAL NETWORK FOR DOCTORAL EDUCATION IN NURSING

### Call for Abstracts from INDEN Members for Biennial Conference, July 21-22 2013 Prague, Czech Republic

The INDEN Board of Directors and Conference Planning Committee are pleased to invite abstracts from members of INDEN for paper presentations at its biennial conference to be held in Prague, Czech Republic. The abstracts should address one or more of the conference objectives, listed below. The submissions may be research studies, educational innovations that have been undertaken, or proposed ideas for the future, and should have clear international dimensions or implications. Projects presented should have been completed and should have evaluative components, where feasible. Presentations are a total of 45 minutes with 30-35 minutes to present and 10-15 minutes for questions.

INDEN Biennial conference theme: *Strategies for Quality in Doctoral Education in Nursing.*

#### CONFERENCE OBJECTIVES:

- Demonstrate the application of quality criteria for doctoral education in nursing including those relevant to the student, faculty, program, resources, and evaluation.
- Explore the range of opportunities for international collaboration to promote quality in nursing doctoral education from both a faculty and doctoral student perspective.
- Identify opportunities for organizational collaborations to leverage existing resources to promote quality in doctoral education in nursing.
- Review evidence-based strategies to promote quality in doctoral education.

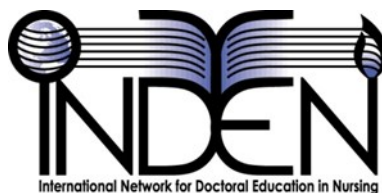
#### SUBMISSION INFORMATION:

1. At the minimum, the first author of the abstract should be an INDEN member.
2. Submit two copies of abstracts, one with full identifying information on authors and institutional affiliation, one without author names or information.
3. Use Microsoft Word, font 12 size. Length should not exceed 300 words.
4. Presenters are expected to attend the conference and pay the registration fee.
5. Note that the conference language will be English.

Submission deadline is February 21, 2013. Abstracts **must** be submitted on-line to [inden@jhu.edu](mailto:inden@jhu.edu) by February 21, 2013.

Notification of acceptance will be sent by email in mid-March, 2013.

**Once notified of acceptance, presenters must register for the INDEN conference. Conference fees are the responsibility of the presenters.**



## INTERNATIONAL NETWORK FOR DOCTORAL EDUCATION IN NURSING CALL FOR POSTER ABSTRACTS TO NURSING DOCTORAL STUDENTS

### Call for Poster Abstracts from INDEN Members for Biennial Conference, July 21-22 2013 Prague, Czech Republic

The INDEN Conference Planning Committee invites doctoral students to submit Poster Abstracts, which will be displayed during the two days of the conference at the meeting site. Students must follow all instructions and submission guidelines, and an INDEN membership is required prior to submission. At the minimum, the first author of the abstract should be an INDEN member.

**Poster boards will be provided to put up posters.** Handouts may be used, but audiovisual equipment will **not** be available.

INDEN Biennial conference theme: *Strategies for Quality in Doctoral Education in Nursing.*

#### Definition of a Student Poster Presentation

Reports of completed research or research in progress may be presented. The 300-word abstract should include: title, statement of the problem, theoretical/conceptual framework, subjects, methodology, results and implications. For research in progress, the anticipated method of analysis should be included.

#### Review Criteria

Posters will be reviewed and judged based on scientific merit. A committee of INDEN members will rate the submitted abstracts using the following criteria, as appropriate:

- Clarity of the problem/question
- Theoretical/conceptual framework or philosophical foundation
- Soundness of methodology and design
- Appropriateness of analysis
- Interpretation of findings
- Relevance of research to nursing

#### Submission Information and Deadlines

1. Abstracts **must** be submitted on-line to [inden@jhu.edu](mailto:inden@jhu.edu) by February 21, 2013.
2. Two copies must be submitted, one with no name/identifying information, the other with name and all contact information.
3. Notification of acceptance will be sent via email by mid March, 2013.

**Once notified of acceptance, if students agree to present their posters, they must register for the INDEN conference. No abstracts will be presented in the absence of the student author. Conference fees are the responsibility of the student.**



**Submit manuscripts for publication in the first issue of “Advances in Nursing Doctoral Education and Research”**

The next edition of INDEN will be published in  
March 2013

The deadline for submissions is  
February 1, 2013

Please submit your articles to  
indeneditors@umich.edu

**March Topic:**  
Challenges in mentoring & teaching  
International students



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

[www.nursing.jhu.edu/inden](http://www.nursing.jhu.edu/inden)

