



NURSING Dimensions

A Long-Term Commitment to Improving Long-Term Care

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Graduating from the University of Michigan School of Nursing in 1973, Barbara Bowers, PhD, RN, FAAN, snagged her first nursing role at a long-term care facility. There, she observed patient care practices that she deemed neglectful, if not unlawful.

"I was inexperienced and idealistic," says Bowers. "I called the health department to tell them what was going on. 'Surely, they'll be able to fix it,' I thought."



Barbara Bowers, PhD, RN, FAAN
Associate Dean for Research
Helen Denne Schulte Professor of Nursing

The facility's then-director of nursing denied the practices brought to the department's attention by the new-to-practice nurse. Bowers was fired; the facility was closed down a year later.

Since then, Bowers, Helen Denne Schulte Professor at the University of Wisconsin–Madison School of Nursing, has spent the greater part of her career shaping health care policy that affects those who are in need of long-term care: the elderly, the chronically ill, the disabled. Her roles have included consultant for the U.S. Department of Health and Human Services/Office of General Counsel and the Wisconsin Department of Health and Family Services (DHFS).

In the 1970s, Bowers, along with colleagues James Kellerman and Thomas Hamilton, current director of the Survey and Certification Group at the Centers for Medicare and Medicaid Services, constructed the prototype of the Wisconsin Partnership Program. The program combined over forty funding streams

(e.g., Medicaid and Medicare) to meet the acute, primary, and long-term care needs of the consumer. Several sites using the model currently exist, such as Care Wisconsin, Inc., Community Living Alliance of Madison, and Community Care Organization, Inc. in Milwaukee.

Today, Bowers directs the Center for Excellence in Long-Term Care, an alliance between the School of Nursing and DHFS. She is as dogged about

"Giving nursing staff a voice in the organization's decision making related to care practices and work process changes will influence staff retention—an integral part of maintaining quality care."

– Barbara Bowers

improving both quality of care and quality of life for residents in long-term care facilities across Wisconsin as she was when her career began.

"As a nation, we simply don't put the resources into the care of older adults and long-term care in particular," Bowers says. "It's easy to blame the health care industry, but as a nation, there has been a lack of social commitment to those needing long-term care. Our current system is inefficient and does not encourage the delivery of high-quality, long-term care."

Bowers recently completed *Implementing Change in Long-Term Care: A Practical Guide to Transformation*, supported by the Commonwealth Fund. The guide focuses on providing patient-centered care through organizational and cultural change.

"Providing person-centered care," Bowers says, "means that residents are given choices that allow them to determine their patterns of daily life, whom they spend time with, and important activities they are able to continue. Resident-caregiver relationships built on

continuity of care greatly contribute to a resident-responsive living environment."

Retaining nursing staff is necessary to build these relationships, Bowers explains. "Giving nursing staff a voice in the organization's decision making related to care practices and work process changes will influence staff retention—an integral part of maintaining quality care."

Bowers, along with other national experts in aging services, recently assessed a highly evolved model in long-term care called the "Greenhouse Project," which is funded by the Robert Wood Johnson (RWJ) Foundation. The model received a stamp of approval from the U.S. Senate Finance Committee in its *Call to Action: Health Reform 2009*, which states that about 9.4 million adults (5 percent of the adult population) receive long-term care services in the community or in institutions, while an estimated 69 percent of people turning sixty-five will need some form of long-term care assistance.

"A Green House is a regular house on a regular street," says Bowers. "It's outfitted to meet the regulations of a nursing home, but has the feel of home. Things don't get overlooked at a Green House, as they might in a nursing home, because caregivers work closely with each other and the residents. This high level of familiarity among residents and staff makes it possible to identify changes in resident health status very early, preventing serious illness and hospitalization at least some of the time."

In tandem with her directorship role, Bowers is the associate dean for research and sponsored programs at the School of Nursing—a role she has held for the past five years. She heads the Office of Nursing Research and Sponsored Programs (NRSP), which provides consultation and support to faculty, staff, and graduate students with their investigations.

"Our school's research mission is headed in the right direction," Bowers notes. "Our research initiatives line up well with the NIH's Roadmap Initiative to develop and maintain partnerships that represent diverse patient communities interested in working with researchers. Our research should represent Wisconsin's diverse patient population."

The establishment of the UW's Institute for Clinical and Translational Research (ICTR) in February of 2007

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Dean's Message



Katharyn A. May, DNSc, RN, FAAN
Dean and Professor
UW-Madison School of Nursing

When historians look back on these challenging times, they may indeed christen them "the Global Age." Globalism affects our lives in any number of ways. We have a global economy. The Internet brings the globe to our fingertips, and thanks to global communications, we are literally only a cell phone call away from anywhere in the world.

For U.S. nurses, no matter where they live, the rest of the world is now literally at our doorstep. As global health becomes a dominant theme in our lives, what will it mean for nurses and nursing?

I am not an expert in global health or international nursing. However, several of my colleagues in the school are, and through their

commitment, knowledge, and experience, our students are gaining a larger view of nursing and health. For what it's worth, I did gain a certain perspective from leading a school of nursing in another country for six years. It forever changed how I think about the world and about nursing.

Here are three of the lessons I've learned:

- If you think nursing is a big idea—hard to describe and hard to measure—try thinking about global health. We are seeing old diseases in new places, such as diabetes in the Eastern Arctic and Uganda. We are also seeing HIV/AIDS, TB, and malaria in sub-Saharan Africa, with too few nurses to provide care. International travel now makes it possible for a pandemic disease to "jump" countries faster than public health workers can contain it, challenging us to respond in new ways.
- It is very, very difficult to escape what I call the "tyranny of the familiar." At the very moment when you think you have come to appreciate and understand difference, you are most at risk for acting out the part of the "ugly American" for real. The

country we live in is vast, and it is just too varied to take our familiarity with it for granted.

- The world is now right at our doorstep, and we all have a responsibility to help our students leave the house, as it were. Nursing is a powerful force for social good, and our planet needs that, perhaps more than ever before.

Indeed, the era of global nursing is upon us, and we must prepare our current and future nursing students for it. As you read through this publication, you will see a perfect example of how global nursing has come to the School of Nursing's doorstep in international graduate students Amal Muhamad Rashid Abu-Awad, Sasithorn Laimek, and Shamim Usman. The three PhD students—the most recent in a long series of international students to come to the school—have left their respective homes in Palestine, Thailand, and Pakistan to study in America. I am certain that the research knowledge they will gain here will benefit those in their native lands, just as our school and our profession benefit from their presence and from sharing ideas on the global stage.

Long-Term Commitment Continued from page 1

was a research windfall for the NRSP. Creating a strong academic partnership between the schools of nursing, medicine and public health, veterinary medicine, and engineering, "ICTR has the potential to open new avenues for community-based, participatory research through recruitment around Wisconsin," Bowers says.

Beyond her directorship and head of research roles, Bowers maintains a 9,600-mile research partnership with colleagues from Australian Catholic University and La Trobe University in Melbourne. Their goal is to improve quality of care for people with cognitive disabilities who, as they age, must live in community group homes.

"With the aging and death of their parents, the informal caregivers, intellectually disabled older adults have found themselves in need of new services and new caregivers," says Bowers. "Their circumstantial needs must draw together medical, nursing, and social services health care professionals." Current policy, she adds, is based on services either from the disability network or the aging network.

Now in her twenty-fifth year as a nurse researcher, Bowers continues



Barbara Bowers (bottom left) mentors doctoral students whose research addresses the challenges of long-term care—from analgesic pain interventions for patients with dementia to development of staff-resident relationships that improve continuity of care. Among the trainees are (top row from left) Ju Young Yoo, Melanie Krause, I-Hui Chen, and (bottom right) Andrea Gilmore.

to advocate for an elderly population needing long-term care services. "Most of us have heard someone, at some time or another, say, 'I'd rather die than go to a nursing home,'" she says. "We need to change that."

Institute Taps the Leader Within

One's mind, once stretched by a new idea, never regains its original dimensions," said writer Oliver Wendell Holmes, Sr.

Scholars of the inaugural Clinical Leadership Institute (CLI) experienced Holmes's insight for themselves as they stretched their minds and gained knowledge that contributed to improvements in patient care at the University of Wisconsin Hospital and Clinics (UWHC).

The yearlong institute, launched in October of 2007, was the creation of Dean Katharyn May and Maureen P. McCausland, DNSc, RN, FAAN, senior vice president for patient care services and chief nursing officer at the University of Wisconsin Hospital and Clinics. It answered two questions: How can academic and service organizations come together to strengthen nursing, and, together, how can they tap leadership potential and retain leaders within the two nursing communities?

"As the scholars gain skills through training, coaching, mentoring, and stretch experiences, they move into leadership roles within the hospital; subsequently, staff is retained. We worked from this logic model," says Marilyn Haynes-Brokopp, MS, RN, clinical associate professor at the School of Nursing and one of two *program champions*, who led the institute.

"The institute sought applicants who showed a sincere interest in leadership development, a commitment to attend all the CLI sessions, and a willingness to complete a clinical project that required a sharing and synthesis of their learned leadership skills," explains Zeena Engelke, MS'85, RN, director of education and development for nursing and patient care services at the UWHC and co-program champion. "But more than anything, our scholars are learners. They have an active ambition to learn."

The CLI curriculum followed the Robert Wood Johnson Foundation's Turning Point Collaborative Leadership Curriculum based on six collaborative leadership learning modules. A two-day seminar designed around the book *Crucial Conversations: Tools for Talking When Stakes Are High* launched the institute, providing scholars with the how-to's, for example, of resolving disagreements candidly and respectfully and expressing ideas in ways that build collegiality. Presentations by renowned clinical leader Barbara L. Summers, PhD, RN, head of the Division of Nursing at the University of Texas M.D. Anderson Cancer Center; and Bebe Bryans and Chris Clark, head coaches for UW women's and men's crew teams, respectively, helped guide the CLI experience.

For Karen Kritsch, PhD, RD, a transplant nutrition specialist, the program gave her confidence in her leadership abilities. "I feel that I understand my own leadership styles, and I think I am more aware of how my reactions and decisions can be interpreted by others, both professionally and personally," she says.

"I believe the program has enhanced my organizational skills and my ability to prioritize my workload and manage chaos and stress," says Therese Gion, MS, RN, a clinical nurse specialist in rehabilitation. Gion participates in nursing program development, which includes education and review of evidence-based practice.

Reflective thinking is one of the hallmarks of the program, says Engelke. "The scholars are challenged to think about a particular topic and place it in the context of their day-to-day world. They challenge themselves to think, 'How am I assessing my environment? How do I go about promoting clear messages? How do I coach and mentor others?'"



Marilyn Haynes-Brokopp addresses the scholars at a December 2008 celebration given in their honor.



The 2008 Clinical Leadership Institute scholars are (front row from left) Mary Cotter, Vicki Banning, DuAnne Edwards, Therese Gion, (middle row from left) Leanne Hammerschmitt, Kim McPhee, Anne LeClaire-Thoma, (back row from left) Sara Moldenhauer, Nicole Bennett, Karen Kritsch, Cynthia Leeder, Deana Jansa, and Mary Jane Williams.

The CLI project served as a testing ground for the scholars' new skills and improved delivery of services in patient care. "Ultimately," says Haynes-Brokopp, "evidence-based practice outcomes based on scholars' research improve the services delivered outside these walls to the people of Wisconsin."

"Putting a STOP to Patient Falls" focused on patients at high risk for falling in UWHC's acute rehabilitation units. Anne LeClaire-Thoma, BSN, RN, a clinical nurse manager in rehabilitation, designed an action plan to decrease the fall rate by, for instance, creating a patient safety contract with buy-in from patients' families, and raising staff awareness through a listing called "frequent fallers club." Over a year's time (March 2007–March 2008), rehab units underwent a 51 percent decrease in falls.

"Implementation of Pediatric Early Warning System (PEWS)" provided UWHC health care teams with a method for identifying and responding more quickly to patient deterioration. Designed by Leanne Hammerschmitt, MSN, RN, a pediatric specialty clinics manager, the PEWS scoring tool ensured an urgent and synchronized staff response to a change in the patient's



Anne LeClaire-Thoma presents project findings at the CLI celebration ceremony.

condition. The tool was later adopted by the American Family Children's Hospital. In September of 2008, Engelke and Haynes-Brokopp began efforts to usher in the next group of scholars—a group with richly diverse backgrounds: pastoral care, social work, and respiratory therapy, to name a few. The institute's second year began in early 2009.

"I'm most proud of the collaboration shown between the two institutions to get the program off the ground," says Engelke, "and to give the scholars the opportunity to learn and change the way they think of practice. Some of their accomplishments are tangible; others are still to be realized."

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Strategic Plan 2009–2012

In December of 2008, five UW–Madison School of Nursing faculty gathered for a roundtable discussion of the school's Strategic Plan 2009–2012. Participants were Linda Ciofu Baumann, PhD, RN, professor of nursing; Paula Jarzemsky, MS, RN, clinical professor of nursing; Mary Ellen Murray, PhD, RN, associate dean for academic affairs and professor of nursing; Louise Root-Robbins, PhD, RN, director of diversity and community outreach initiatives; and Audrey Tluczek, PhD, RN, assistant professor of nursing. Excerpts from the discussion identify key features of the new plan.

What is the difference between the new strategic plan and its predecessor?

Murray: I think that the emphasis on partnerships distinguishes the two plans. It's a new world from where we were in the last plan, and perhaps the collaborations in this plan communicate a new direction.

Root-Robbins: The development of this plan has been a really dynamic process. It's been just what the literature says it should be. People are engaged; there have been opportunities for them to examine it and to interact with it. The document has not been the result of a couple of days where a couple of people hole up and throw it together, only to have it sit on the shelf or in a drawer. We want it to be a process defining who we are, where we want to be, and how we want to get there. I hope that this process will demonstrate specific methods for accountability—how we actually know if we've hit the target—with input from people throughout the state.

Murray: I think that, for the record, it's important to remember that our process is grounded in appreciative inquiry: We began by thinking about what we do well and, from that, what we want to carry forward.

Baumann: What's different about this strategic plan from our prior ones is the "preferred future" initiative. Also, the plan has a very explicit commitment to diversity. In the past, diversity may have been reflected under other initiatives, but now it's an initiative that stands alone.

What are some of the challenges to achieving the five strategic initiatives?

Advance the science through research and scholarship

Tluczek: We are in tough economic times and, in terms of research, there are more researchers competing for fewer research grant dollars. That said, I think the School of Nursing is doing remarkably well. I was recently in a meeting with three other assistant professors. All of us have funding and very active research projects. So I think that speaks well of the school's capacity to support our efforts in really trying times.

Baumann: Another challenge is that the health sciences campus is a far more complex research environment. The UW Institute for Clinical and Translational Research is both a scientific body and funding source for many academic units. I think it makes our environment more complex.

Prepare nurse leaders for health challenges of the 21st century

Jarzemsky: That funding is decreasing while expectations regarding our graduates are growing is an educational challenge. New competencies have been added to AACN's *Essentials for Baccalaureate Nursing Education*, for example, which place greater emphasis on quality, safety, teamwork, patient-centered care, informatics, and evidence-based practice—not to mention care at the end of life and genomic health. All around us there are higher expectations and requirements for the nursing graduate, so it is a challenge to keep preparing the graduates for the future.

Murray: I think that the DNP is going to be a challenge.

Baumann: I think we've adjusted our programs to the changing world. There's a lot more interest in population health, and we offer a dual master's in nursing and a master's in public health degree option. Maybe the efforts of the faculty will focus more on doctoral education and leadership as well as undergraduate education. It's not clear yet where the MS-prepared nurse is going to fit into the future.

Root-Robbins: I think Paula's point is a very important one. How do we incorporate all that they need to know to be nurses functioning in the workplace as we know it? The hospital has changed tremendously—the level of acuity, the kinds of things that nurses are expected to do. There's much more happening in community health because people aren't in a hospital unless they are gravely ill. How are we preparing nurses for this change?

Baumann: How much do we teach about acute care and illness and how much do we teach about health and prevention? These are real challenges. I'm not sure if an undergraduate degree can or should give equal weight to both areas.

Also, we can't keep adding content without ensuring that this content is practiced and analyzed in well-planned clinical experiences. I believe that educators have to focus more on technology. It's challenging to teach: How do you teach about the technology without having the technology as a hands-on tool?

Tluczek: The health care climate is increasingly complex. There's a much greater volume of information to be absorbed with more specialties and subspecialties. The populations that we serve are increasingly diverse. In addition to technical knowledge, nurses need to have outstanding interpersonal skills and the capacity to work with multicultural families as well as multidisciplinary

teams. We need a more diverse nursing workforce with equally diverse life experiences and skill sets to effectively address all of these areas. That's why the school's commitment to diversity is now more important than ever.

Foster strategic partnerships to promote human health

Baumann: I think that nursing is very engaged in, for instance, the UW Institute for Clinical and Translational Research [ICTR] and the Master in Public Health program, but these partnerships require work and effort outside the School of Nursing. It addresses the whole structural issue: Are we all one large health sciences center, or is working with ICTR a collaboration or partnership with the School of Medicine and Public Health, or is it part of who we are? In this initiative, we are looking to our constituencies. How can we do our work with strategic collaborations that are mutually beneficial? So, what about University Hospital and Clinics and this kind of partnership? They provide opportunities for us; we provide opportunities for them. I think that our partnerships need to be built on formal relationships with organizations outside the school.

Jarzemsky: So the key word is strategic?

Root-Robbins: The partnership has to be mutually beneficial—not a one-way street. Take, for instance, the community organizations that we're trying to partner with. It's not just us going and taking research subjects, or a clinical placement; we have things that we can give. We have services and expertise that people want, and we really need to cultivate that. It's a really important part of our mission—our commitment to service—but I think it also could bring support around our new building and around the profession of nursing.

We have to work harder in helping people understand what nursing is and what we have to offer and that it is mutually beneficial in many forms—for instance, Dr. Baumann's research in the global arena. My involvement with the Great Lakes Inter-Tribal Council is another example. Continuing this partnership could give our students an opportunity to work with the tribal communities and for us to work with them in terms of preparing their students to come to school.

Baumann: Probably the best example of strategic partnerships that I can currently think of is Dr. Susan Zahner's funded work in developing a collaboration between practicing public health nurses and academia to teach competencies in public health nursing. After that funding is gone, is the school going to take on



Participants of the Strategic Plan 2009–2012 roundtable discussion were (from left) Audrey Tluczek, Linda Baumann, Louise Root-Robbins, Mary Ellen Murray, and Paula Jarzemsky.

this commitment and partnership with public health nurses in the state? We are a resource for them, and they're a resource for us, because they teach our students.

Achieve the School of Nursing's commitment to diversity

Root-Robbins: The question is "What specific actions are planned for recruitment and a more diverse staff and student body?" First, the overall makeup or climate of the school must be attractive to everybody, not just people of color or however one wants to define diversity. It could be gender or it could be ability, but ideally, we would be recruiting and retaining more diverse staff and faculty. That would be the goal because that will bring students. But it's hard enough finding faculty, let alone faculty who come from diverse backgrounds.

Our plans are getting better and better in targeting how we find students and how we assist them in getting through school. We do this through the PEOPLE and POSSE programs, the Men Engaged in Nursing (MEN) program, Aspiring Nurses' Association, and the Multicultural Student Nurses' Organization (MSNO).

If we actually had people engaged in the school and felt like their work contributed to the overall good and to creating a climate that is exciting, dynamic, and attractive to people, that would help diversity. It's not based on how many more men we can enroll or how many more students of color we can get; it's looking at these broader issues of diversity and perspective.

Jarzemsky: It's also important to help the clinical faculty and others who are working with a more diverse group of students to better understand how to promote their success in a setting that is going to provide challenges that we're not accustomed to—language and cultural differences, for instance.

Root-Robbins: I think that what we're talking about is creating more connection.

Baumann: I agree. Students comment that one of the reasons they enter the school's Honors Program is to meet with faculty outside of the big lecture class.

Jarzemsky: There needs to be a purpose for getting together that has nothing to do with course work. It could be service learning; it could be other issues that are relevant to the profession or activities, but the interaction must be with faculty.

Root-Robbins: As Paula mentioned earlier, it's not only a competency issue in terms of preparing the students, but also a tolerance issue. How do we have faculty and staff who are prepared not only to deal with cultural competency of patients, but with their students and each other as well? There are definite skills that we need to learn about how to do a better job of teaching and working among ourselves and with students for the sake of patients.

Murray: I think it's even broader. It is not just diversity of ethnicity and culture, but a diversity of one's beliefs and attitudes.

Create the preferred future of the School of Nursing

Murray: I'll claim the words *preferred future*, which comes from Clem Bezold, a health care futurist. According to Bezold, there's a business-as-usual future, and there's the probable future, the possible future, and the preferred future. Possible refers to, for example, given the status quo, where are we likely to go? But the preferred future is thinking more expansively and creatively and from the vantage point of being in control, to some degree, of this future. I think it's a more powerful way of talking about the future: the probable or the possible. Bezold also talks about wild cards. I think a wild card that we could have never anticipated was this economy. That's a wild card that's really changing.

Baumann: I think the term preferred future fits with raising money for the new

building, which would give us visibility. Currently, we have these modules that are in the middle of the construction site that are disconnected from each other.

Root-Robbins: The school's configuration is broken up into these different spaces. Therefore, you don't have that natural passing in the hallways; you don't have the collegiality, the conversations.

Baumann: The School of Nursing should be visible to the public. It should be seen as an active place involving male and female and different ethnicities. I do think that we're forgotten about; we're part of the hospital.

How does the strategic plan support the Wisconsin Idea?

Baumann: I think that we're preparing nurses for the future through dissemination of knowledge and skills that benefit health care consumers being cared for by our nurses—nurses they've employed in their facilities in regions throughout Wisconsin.

Root-Robbins: We create a strategic plan because we want to be as effective an organization as possible. Quality improvement comes about through these kinds of projects and discussions centering on our priorities. This translates into improved quality of care for anybody receiving care from our graduates.

Tluczek: The products of our strategic plan, whether they be human resources or research findings, hopefully will be generalizable and lead the way to improving the quality of care—not only in the immediate Madison area, but also in communities throughout Wisconsin, across the nation, and perhaps, internationally.

Social Support May Be Key to Exercising More, Eating Healthier



Betty Kaiser, PhD, RN, is a postdoctoral fellow in the Training Program in Patient-Centered Informational Interventions at the UW-Madison School of Nursing. The program is funded by the National Institute of Nursing Research.

As a registered nurse with Community Living Alliance (CLA) in Madison, Betty Kaiser, PhD'08, RN, observed numerous barriers to healthy lifestyle behaviors among low-income adults. "Many clients did not know how to cook healthy meals or said they could not afford fresh fruits and vegetables," Kaiser says. "Some lived in neighborhoods where they felt unsafe walking around, and many reported being too tired or too unwell to exercise."

Health promotion and illness prevention activities were a central focus of her practice at CLA. However, Kaiser says, she gradually recognized the need to adopt a systematic approach to her health promotion interventions.

Kaiser entered the UW-Madison graduate program to learn more about the theory and practice of public health promotion so that she could help communities to address barriers to healthy lifestyles. As a doctoral student, Kaiser researched the health habits of low-income people in Dodge and Jefferson counties in Wisconsin. She was also interested in participatory research that would directly involve community members in the research process.

Kaiser learned of an opportunity to collaborate with a health coalition in a rural setting through her adviser, Linda Baumann, PhD, RN, professor of nursing. The Healthy Lifestyles Study resulted from the partnership.

The UW-Madison School of Nursing joined with the Dodge Jefferson Healthier Community Partnership (DJHCP) and the Jefferson County Literacy Council to conduct the study. Kaiser and Baumann worked in partnership with Debra Gatzke, a public health consultant with DJHCP, and Jill Ottow, the executive director of the Literacy Council. The study was funded by a planning grant from the UW School of Medicine and Public Health's Wisconsin Partnership Program for a Healthy Future.

The researchers interviewed 137 people in one-on-one, hour-long interviews using a comprehensive survey instrument developed by Brownson and colleagues at St. Louis University. Additional focus groups were also conducted. The ethnic breakdown of the survey sample was

seventy-six Latinos and sixty-one Anglos.

Eligibility criteria for the study were people eighteen or older with an annual family income at or below 200 percent of the United States Department of Health and Human Services (HHS) federal poverty guidelines. The HHS defines the federal poverty level as \$21,200 yearly income for a family of four, adding or subtracting \$3,600 for each additional person in a household. Data for the study were collected from July 2006 through July 2007.

"Both nationally and locally, racial and ethnic minorities and people with low incomes are disproportionately affected by obesity, experiencing high rates of diabetes, cardiovascular diseases, and other chronic conditions," says Kaiser. "The purpose of the Healthy Lifestyles Study was to describe the influences on physical activity and diet in low-income adults in Dodge and Jefferson counties, including those who speak Spanish as a primary language."

Kaiser discovered that nearly 80 percent of those surveyed said they would eat healthier and exercise more if they had someone to participate with in these activities. Health experts agree that regular exercise and a healthy diet are key to helping prevent or combat chronic illnesses such as diabetes, obesity, and hypertension.

Kaiser noted a number of other findings that will be helpful in developing public health promotion programs:

- 96 percent described their neighborhood as pleasant for walking, running, or biking
 - 91 percent reported some type of physical activity in a usual week
 - 86 percent said that fresh fruits and vegetables were available in their neighborhood or community
 - 70 percent said they walk at least 10 minutes in a usual week
- However, Kaiser also pointed out challenges to these programs:
- 64 percent did not eat five or more servings of fruits and vegetables daily
 - 61 percent did not meet the recommendation for weekly minutes of moderate activity (150 total minutes)
 - 58 percent had no form of health insurance
 - 51 percent reported a history of cigarette smoking
 - 25 percent were current smokers

Common barriers keeping people from exercising more included being too tired, bad weather, not having enough energy, and not having the time. Barriers that kept them from eating healthier food included cost, lack of time, not knowing how to prepare healthy food, and living too far from stores selling healthy food items.

Study participants indicated that social support could help them to adopt healthier lifestyles. Kaiser says that the next step is to design and implement social support interventions, such as walking clubs, and then measure whether healthy behaviors increase.

In Other News

Project HealthDesign, directed by **Patricia Flatley Brennan**, PhD, RN, FAAN, Lillian Moehlman Bascom Professor of Nursing and chair of the Department of Industrial and Systems Engineering, has received a \$5.3 million grant from the Robert Wood Johnson Foundation (RWJF) to enter its second phase of research in the design of personal health record systems. The project, which began in 2006 through a \$4.4 million award from the RWJF, will continue into 2012.

Early-entry doctoral student **Melanie Krause**, MS, RN, and Kathleen Buckwalter, PhD, RN, FAAN, Sally Mathis Hartwig Professor in Gerontological Nursing at the University of Iowa, presented at a symposium at the 2009 Midwest Nursing Research Society's annual conference held in March. They joined Jean Wyman, PhD, RN, Cora Meidl Siehl Endowed Chair in Nursing Research at the University of Minnesota, in discussing long-distance mentorship.

Chris Logterman, MS Ed, undergraduate adviser, has joined with Division of Information Technology (DoIT) to pilot an online appointment schedule for student advising. Students can use the tool to schedule appointments directly with their academic advisor during times set by the advisors.

The American Nurses' Foundation (ANF) chose doctoral student **Anne Chevalier McKechnie**, MS, RN, as its 2008 Chow-Togaski-Breitenbach/ANF Scholar. The award supports her research titled "Parenting after Infant Congenital Heart Defect Diagnosis." The study will advance clinicians' understanding of what parents experience when anticipating the birth or when taking on parenting responsibilities following the birth of an infant with a heart defect.

Audrey Tluczek, PhD, RN, assistant professor of nursing, received pilot funding from the UW Institute for Clinical and Translational Research. Her project, "Wisconsin Model of Family-Centered Genetic Counseling," addresses the cognitive and emotional needs of parents whose newborns register abnormal DNA analyses when screened for cystic fibrosis.

Earlise Ward, PhD, LP, assistant professor of nursing, received pilot funding from the UW Institute for Clinical and Translational Research to support her project "Oh Happy Day—Depression and Alcohol Intervention." It addresses the need of middle-aged African Americans with mental illness and alcohol-related problems to receive effective mental health counseling and education on healthy coping behaviors.

She Who Dares Nothing ...

Who dares nothing, need hope for nothing.

—J.C.F. von Schiller

Daring and sacrifice characterize the journeys of Amal Abu-Awad, Shamim Usman, and Sasithorn Laimek—three international students enrolled in the PhD program at the University of Wisconsin-Madison School of Nursing.

"If you want to improve life for your children, you must improve yourself," says Abu-Awad, a Fulbright Scholar who knew opportunity would entail sacrifice. She left Jerusalem, where her husband and two children live, taking a leave of absence from Ibn Sina Nursing and Midwifery College in Beitunia, Palestine, in order to pursue her goals.

Abu-Awad's research aims to improve the skills of public health nurses in Palestine in order to provide community-based health care for mothers and infants discharged from the hospital. "In Palestine, there is a high mortality rate of infants below five years of age," Abu-Awad says. "Both moms and children experience a high rate of anemia, malnutrition, and diabetes. Families need more awareness about the foods they eat."

As dean at Ibn Sina and with prior practical experience as a neonatal nurse, Abu-Awad understands not only the compelling needs of infants and children, but the need to improve nursing standards of practice in order to better health outcomes. "Quality improvement of health practices remains a big challenge to the nursing and education professions," says Abu-Awad. "We have no national licensure exam, like the NCLEX in the U.S., to guarantee the quality of education."

Political unrest in Palestine's Gaza Strip threatens the activities of daily life. "For the patient, just getting to the facility is difficult; for the health care nurse, getting to the residence is very conflicted," Abu-Awad says, adding that the turnover of key personnel because of government upheaval makes improvements to practice difficult.

Under the mentorship of Susan Zahner, DrPH, RN, associate professor of nursing, Abu-Awad will examine methods of public health nursing education and ways to improve practice. "Research provides opportunities to investigate what is best for societies based on evidence, culture, needs, and personal values," says Abu-Awad. "My PhD education can prepare me to participate in reforming Palestine's health care system, which is suffering from a shortage of health planners and a very complex political situation."

Like Abu-Awad, classmate Shamim Usman is a distinguished Fulbright scholar. Because Pakistan offers no doctoral nursing program, Usman also dared to leave family and career to seize educational opportunity.

Completing her baccalaureate degree from the Aga Khan University (AKU) in Karachi, Usman began as head nurse in the AKU Hospital's newborn ICU. She later accepted the role of pediatric nurse manager.

Participating in strategic conversations with hospital decision makers, Usman says, "made me want to better understand the terms of finance, economics, and hospital administration." She decided to pursue her MBA at the International University in Missouri/Pakistan Campus. Leadership roles ensued as associate director at Children's Hospital Quetta and as director of quality management at Karachi's Patel Hospital, from which she has currently taken leave of absence.

"Nursing curriculum and infrastructure need to meet the requirements of the growing demands of the nursing profession. When a robust, quality educational environment exists, nursing leadership skills are cultivated."

—Shamim Usman

Under the mentorship of Mary Ellen Murray, PhD, RN, who studies health care systems using economic analysis strategies, Usman is examining the building of effective health care systems through prudent use of human resources. Leadership development within the nursing profession is crucial to the infrastructure, notes Usman, adding that nursing leadership is lacking in Pakistan's hospitals.

"Pakistan is, historically, a patriarchal society," Usman says, "but female doctors exude leadership skills, assertiveness, and confidence, as do women in other professions. Therefore, I believe the challenge does not necessarily lie in socio-cultural factors, but within the health care environment."

"Most of the schools of nursing are under hospital administration," Usman says. "Nursing curriculum and infrastructure need to meet the requirements of the growing demands of the nursing profession. When a robust, quality educational environment exists, nursing leadership skills are cultivated."

Usman's pursuit of learning, she says, has also exacted a toll on those closest to her. "My father sacrificed to give me a quality education as a young girl. My husband and children, Asma and Muhammad Farhan, have sacrificed as well to advance my career. I hope that I am able to give back through the research I'll conduct here at UW-Madison."

Also under Murray's guidance, Sasithorn Laimek left home and family to research ways of improving health care services in Thailand. Her early experiences as an RN in the early 1990s triggered concerns over ineffective use of resources in delivery of care.

"I worked in a tertiary care setting



International graduate students (from left) Amal Abu-Awad, Sasithorn Laimek, and Shamim Usman came to the School of Nursing in the fall of 2008 to research and share ideas on global health.

that served eight provinces," Laimek says. "One doctor took care of more than one hundred patients a day in an outpatient care unit. Not only was access to care difficult, because many patients traveled long distances, but many were Muslim and could not speak Thai—a real challenge to quality care."

Some years later, Laimek moved to Madison as the spouse of a visiting faculty member to the UW. During her two-year stay, she earned an MBA from Edgewood College. While putting together a year-end team project, recalls Laimek, one of the team members raised the issue of nurses' pivotal role in effective health care systems. "This was key to the direction I would take," she notes.

Returning to Thailand, she secured a lecturer position in the Department of Administration of Nursing Education and Nursing Services at Prince of Songkla University. Here, she researched the relationship of stress, coping, and quality of life with quality of nursing services among clients in the Yala and Narathiwat provinces.

"As nurses, we can influence the level and effectiveness of received services, but it takes managing of resources differently," says Laimek. This conviction drove her to search for a suitable PhD program in nursing.

Laimek found what she wanted at the UW-Madison—a program providing a strong scientific base in nursing theory and early and continuous training in the conduct of research. "Change is guided by research," says Laimek. "I'm just a tiny part of a large profession, but the research gained at this university will serve me well in helping to improve nursing services in Thailand."

Fighting Flu Season

Fall marks flu vaccine season on the UW–Madison campus. This past fall, the Student Nurses’ Association joined University Health Services (UHS) in mounting a charge against the infectious virus.

Under the auspices of UHS, nursing students and clinical faculty joined its fall campaign to offer free vaccination clinics across campus. Inoculation sites included the walk-in clinic at UHS, University Housing residence halls, and the Health Sciences Learning Center (HSLC).

Clinical faculty Diana Girdley, MS, RN, and Susan Yadro, MS, RN, supervised vaccinations administered by the nursing students at Liz Waters and Chadbourne halls and Holt and Gordon commons areas. Susan Tipple, MSN, RN—assisted by colleagues Teresa Pellino,

PhD, and Mary Jo Borden, MSN, along with graduate student Robyn Silber, MS, supervised the HSLC site. There, nursing students vaccinated approximately 230 health sciences students over a three-hour period, including medical, pharmacy, and nursing students.

“The flu shot clinic offered at the HSLC increases the number of health sciences students who are vaccinated each year,” says Tipple. “The goal is to vaccinate all health care employees, including students in clinical rotations, in order to decrease the spread of influenza, especially to patients who are vulnerable due to illness and immunosuppression.”

According to Sarah Van Orman, MD, executive director of UHS, nursing students’ efforts were part of the reason why the 2008 vaccine

campaign was so effective. By early December, UHS reported 7,444 influenza vaccines administered throughout campus, two thousand of which were administered by nursing students.

In a letter to Dean Katharyn May, Van Orman and UHS staff members Annette D’Acquisto, BSN, RN, and Marjorie Wall, BSN, RN, saluted the efforts of nursing students and clinical faculty. “With the help of the School of Nursing,” the letter read, “this has been the most organized influenza vaccination season UHS has ever had. UW–Madison students who received the vaccinations had nothing but praise for the nursing students and their efficiency, professionalism, skill, and friendliness.”

Top photos from left: Clinical faculty Susan Tipple (standing) guides nursing student Nina Parsons in taking the proper steps for administering a vaccine (first three photos). Nursing student Samantha Thurs applies a Band-aid to the injection site of medical student Elliza Chen.

Bottom photos from left: Samantha Thurs removes air from syringe prior to injection. Rachel Zeman vaccinates nursing student colleague Margaret Rodgers. Nursing student Renee Reger-Kelsey inoculates a health sciences student. Nursing student Carrie Sabo addresses a question before administering the flu vaccine.



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