



**International Network  
for Doctoral Education *in* Nursing**

## NEWSLETTER

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**WELCOME** to the second INDEN Newsletter. We hope that you find it informative and a useful means to communicate with each other.

### **CHAIRPERSON'S REPORT**

Welcome to the second issue of our Newsletter, and once again, thanks to Dr. Morag Gray, our Editor, for doing such an outstanding job.

I would like to update the INDEN members on progress since my last report in the first issue of this newsletter.

We now have 130 members, of whom 35 are doctoral students (27%). The members represent 20 of the 30 countries in which doctoral education is offered in nursing. We are thrilled with the doctoral student involvement in INDEN, and have begun inviting them to serve on our committees. This is a significant component of our total membership and we are developing special programming to address their needs. ***We need to hear from all of you as to ideas for what is needed by different membership groups in our Network.***

Plans are now complete for the First International Seminar for Doctoral Students. Ten doctoral students will participate in the seminar, to be held on the campus of the University of Melbourne (*June 9-15, 2002*).

INDEN is the sponsor of the seminar, and we are thrilled to have the collaboration of the University of Melbourne and the University of Michigan, who have provided the faculty to carry out the instruction.

Special recognition and thanks are due to *Dr. Judith Parker* and *Dr. Ada Sue Hinshaw*, the heads of nursing at these two institutions, who had the vision to see the possibilities in this type of creative partnership with us. We are most grateful to the three faculty members who will be teaching -- *Drs. Tracey Bucknall, Carol Loveland-Cherry and Elizabeth Manias*. In addition, we would like to thank the INDEN members who served on the student selection committee, and most especially, *Dr. Ingalill Rahm Hallberg*, the chair of the selection committee. The other members are: *Alba Barros, Elizabeth Brough, Julia Mekwa, and Yajai Sitthimonkol*. The student participants at the seminar represent the following six countries: Australia, Germany, Philippines, Sweden, Thailand, United States.

It is that time of year when we will be holding elections for those board members whose terms will be ending. In the near future you will be receiving communication from the elections committee.

Another matter I would like to bring to your attention is membership renewals. As you recall, memberships are for two year periods. Those who became members in June/July/August of 2000 will be receiving reminders for renewal, and *hope all of you will decide to renew, and thereby express your confidence in INDEN*. As we don't have dedicated staff, we are trying to do these administrative tasks as efficiently as possible. It will help us greatly if you respond at the time you are contacted, so that repeated reminders can be avoided. As before, we will do doing this electronically.

The Committee on quality indicators has been hard at work under the leadership of *Dr. Mi Ja Kim*, and they are presenting their interim report in this issue. In the near future we hope there will be a report from the committee formed to explore the idea of having an institutional membership option.

In the first issue our Treasurer presented a report on fundraising. We would like to solicit comments from the members on this report, and whether you are in a position to assist us in various initiatives for fundraising. *This endeavour will be successful only if members collaborate together, share ideas and make the Board of Directors aware of opportunities they become aware of, so a strategy can be developed to tap such resources. Please send your ideas to Dr. Hugh McKenna, or to me.*

Our next biennial meeting will be held in late October or early November of 2003, in Toronto, Canada. We have not begun planning this yet. It will be held in conjunction with the Sigma Theta Tau Biennial convention. *If you have ideas as to the theme of the meeting and what direction it should take, please let us hear from you.* It has been suggested that we have a special program for doctoral students and postdoctoral fellows preceding our meeting.

Remember: all the papers presented at our conferences are on our website, including the papers from our most recent meeting (June 2001). As I attend various international meetings on doctoral education, I have noted that many individuals and groups are using our papers as a major resource, especially those who are initiating new doctoral programs. We are pleased that these papers are serving this important function.

*We have been invited to have the papers from the 2001 and 1999 meetings to be placed in the Educational Resources Information Center (ERIC) database. The Board has approved this, and we are now processing paperwork. This gives increased visibility to INDEN and its scholarly products.*

*It is also of note that I have received a number of invitations to share information on INDEN at various international conferences. I am aware that some board members have received such requests as well. This is great for us as it enables us to spread the word and increase our membership.*

Best regards.

Shaké Ketefian, Chairperson  
May 2002

## **Students' Column**

Thanks to the following Doctoral students for their contributions to this newsletter.

**Auxilia Munodawafa**, PhD student, Case Western Reserve University, Lecturer, University of Zimbabwe, Harare. Auxilia is a Board Member of the International Society of Nurses in Cancer Care. The following is a synopsis of a paper which Auxilia delivered at the ONS Annual Congress in April 2002, Washington D.C. USA.

### **Death & Dying: The Zimbabwean Perspective**

Africa is one of the five continents of the world with 52 countries, with 52 or more variations in cultural practices related to death and dying. Each country is totally different from the next in the language spoken, the political affiliations and the culture. However, a common thread which runs from the Cape to Cairo amongst most African people and that is the belief in ancestral spirits.

Zimbabwe is a land locked country in the southern part of Africa. At the last census, the population stood at 11,365,366. The birth rate is 24.68 and the death rate is 23.28 due to the AIDS pandemic. The population growth is 0.15%.

Most deaths in Africa are regarded as unnatural, and frequently as being due to the evil intentions of others, or even attributed to the anger of ancestral spirits. The general belief of death is being a passage of the body from one physical form to another, and a separation of spirit from the body to a higher world of living spirit.

There is a general belief that short lived illnesses such as colds and coughs which do not resolve are deviant illnesses sent by either Vadzimu (ancestral spirits), or Ngozi (angered spirits), Mashave (alien spirit) or witches for a particular reason.

The ancestral spirits are believed to be the dead kinsmen who continue to take interest in the affairs of their descendants by protecting them from evil. Removal of the protection (as a result of wrongdoing) may result in the ancestral spirits punishing them with illness and, in extreme cases, with death.

Just as the medical practitioner is not only expected to deal with medical problems, but also with a wide range of social ones (holistic care), the traditional practitioner has multiple roles: a religious consultant; a legal and political adviser; a police detective; a marriage counsellor; a social worker and a health care provider. In death and dying, the traditional practitioner is involved from identification of the cause of the illness, investigating the responsible person, prescribing the remedies required, as well as the rituals to appease the angered spirits. If all fails and death occurs, the traditional practitioner performs the burial ceremony just like the priest would. He will also direct the one year after burial memorial ceremony (The Kurova Guva).

When a man is dying, the close relations such as the nephew and brother sit with him. A married man should die in his first wife's hut or kitchen, and she should be by his side. If a woman is dying, her maternal relations should be by her side. The husband does not necessarily be present.

After death, it is customary that there should be open crying and wailing, especially amongst female relations since they may be suspected of causing the death through witchcraft. It is also customary and expected that when a person dies, a designated person offers a beast to be slaughtered as an honour to the deceased as well as to feed the mourners.

The influence of HIV/AIDS: Older parents are now finding themselves nursing dying young adults and burying the same people they would have expected to have handed down oral history and traditional practices. The law of sequence of birth and death has been turned upside down in Africa.

A new culture is emerging which will be a totally different way of death and dying in Africa.

Auxilia's paper has been condensed for the newsletter – if you wish a full copy with related references email on [amunodawafa@hotmail.com](mailto:amunodawafa@hotmail.com)

### **Patrabul Puttahraksa**

Patrabul is a nurse lecturer at Assumption University, School of Nursing Science, Bangkok, Thailand and a second year doctoral student at the Faculty of Nursing, Mahidol University.

My particular area of interest is caregiver's self-efficacy to care autistic child. On numerous occasions I have had the opportunity to counsel for caregivers of autistic children. From these experiences, I have identified some significant challenges/questions that have sparked my interest in the way nurses have had positive impact on caregiving outcomes.

I believe that exploration into the process to enhance caregiver's self-efficacy in caring autistic child is a fertile area for nursing research.

Autistic disorder, first described by Kenner in 1943, is the most severe of pervasive developmental disorders. The neuropsychiatric disorder is characterized by qualitative impairment before age of 3 in verbal and nonverbal communication, reciprocal social interaction, in addition to a markedly restricted repertoire of activities and interests (American Psychiatric Association, 1994). In children, these attributes of autism have been shown to exacerbate levels of parental stress.

Autism is now considered for more prevalent than it was a decade ago, the incidence having more than doubled (from 4-8 per 10,000) to current estimates of 1 per 800-1,000. According to the symptoms of autism, autistic children need caregivers to take care of them. Families have the primary responsibility for organizing and managing their child. If families are to act as their child's therapist, they often need support from health care team.

Nurses should aim to equip families with the knowledge that will allow them to care their child effectively.

In this semester, I have studied an independent study course, after doing an integrated literature review on intervention for autistic children, I am interested in what roles the psychiatric nurse plays in promoting self-efficacy in caregivers of autistic children. For my focus group, I interviewed caregivers about what their experiences have been with autistic children at home. Specifically focuses on what they consider care-giving is, and their opinions regarding the problems of caring their child. I found that the most difficult care-giving is language/communication problem. The others are severe tantrum, activity daily living skill, and play. Nurses should aim to equip families with the knowledge that will allow them to care their child effectively.

As a second year doctoral nursing student. I have finished all my course work in this semester. By the end of proposal seminar course, I have come up with a draft proposal in "Effects of caregiving autistic children program on perceived self-efficacy and caring behaviours in caregivers". This all of my information on innovative thing that I am doing in my doctoral program. *If you have any suggestion, please give to me by e-mail address below.* Thank you very much for your kindness.

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### **Bu-Ngar Tanopas**

Bu-Ngar Tanopas, is a Thai doctoral students from Mahidol University.

For the area of interest, I intended to study coping with marital violence among abused wives. Especially, I would like to explore leaving with marital violence: coping process, the quality of life in abused wives through the process of stop the violence, the responses of informal and formal helpers toward wife abuse. In Thailand, there are various social institutions such as the health care system, the clergy, the justice system and women organisations that help abused wives but the influence how women experience and cope with them are not explored.

To understand the experience of wife abused, I would like to employ the integration of feminist perspective and grounded theory methodology.

In Thailand, there is little nursing expertise in the area of marital violence. *Any suggestion from the INDEN members* or working with an expert to develop my dissertation will give me a chance to improve the quality of my dissertation. From the results of the study I hope to suggest the public service policy to improve quality of life in abused women and for wife abuse to be more conceptualised and theorised in Thai nursing discipline.

Bu-Ngar Tanopas can be contacted by email: [g4336812@student.mahidol.ac.th](mailto:g4336812@student.mahidol.ac.th)

### **INQUIRY – CAN YOU HELP?**

We are trying to locate one of our members, **Gail Armsden**. The email and address we have is not up to date. If anyone knows Ms. Armsden and can provide us with her new contact information, please send an email to [ketefian@umich.edu](mailto:ketefian@umich.edu)  
Many thanks.

**Courses**  
**New BSN to PhD program**

Professor Cecile A. Lengacher is the Director of the BSN to PhD Program and Director of Evaluation in the College of Nursing at the University of South Florida. She and her colleagues would be very interested in having international doctoral students. Professor Lengacher's own area of research expertise lies in the following areas: Women's Health, Psychoneuroimmunology and Breast Cancer; role strain; health promotion; cancer and complementary therapies; organisational redesign; measurement: instrument development and testing; special instruments than can be used in research: women's role strain inventory and use of complementary/alternative therapies survey.

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**Multidisciplinary doctoral  
course in research methodology  
– Swedish/Polish co-operation**

For the second year in co-operation between Karol Marcinkowsky University of Medical Sciences in Poznan, Poland and the Faculty of Health Sciences, Linköping University, Sweden a doctoral intensive course in Research Methodology has been taken part. The group participants have been selected among clinical doctors, biochemists, pharmacists, nurses and other doctoral students in the University of Medical Sciences, one of the prominent institutions in Poland within the health-care sector.

The course leader has been Professor emeritus Elisabeth Hamrin, Linköping University in co-operation with the Vice Rector Professor Wanda Baer-Dubowska, KM University of Medical Sciences in Poznan. Krystyna Jaracz, RN, PhD from the same University, assisted as Course secretary.

The course has consisted of five parts during 2002 (equals 5 points, 5 weeks full-time studies).

**Course design**

***Part 1***

Quantitative methods  
Epidemiological design, choice of sample, clinical trials, diagnostic tests, instrument and instrument development (e.g. Quality of life), reliability and validity, power analysis, multivariate statistics Lectures (28 hours), group work, presentation and discussion (8 hours)

***Part 2***

Qualitative methodology. Orientation within grounded theory, hermeneutics and phenomenology Lectures (6 hours), group work and presentation (2 hours)

***Part 3***

Scientific publication and presentation. Lectures including discussion (4 hours). Introduction to the KMUMS Library (1 hour)

***Part 4***

**Ethics in research.**

Lectures (3 hours), group discussion (1 hour)

***Part 5***

Individual preparation and written presentation of an Examination paper with the emphasis on methodology. This part equals about 60% of the course (3 points). It means individual consultation with the course leader and own scientific tutor, an extensive literature review, designing a new project or evaluating an ongoing project, presentation and defence in a course seminar and also being opponent on a work by one of the other course participants.

The examination seminars have been compulsory for all course participants and consists of one lecture hour/seminar. Main examiner has been Elisabeth Hamrin, co-examiner promoters and other representatives for Karol Marcinkowsky University of Medical Sciences.

*Active participation in the group works* has been part of the course examination

*An extensive literature course* has included most parts in the course including two main course books and scientific papers

#### **Analyse of the course**

The main part of the doctoral students were in the beginning of their studies. They were all very experienced within their professions but lacked methodological training. The participants who had been selected from a larger group of applicants had been interviewed before the course started on a) whether they had the possibility to attend the full course, b) their knowledge in the English language c) their motivation for taking the course. Fifteen attended the full course, from the beginning there were about 25, but some who left the course in the beginning already were PhDs and just wanted to see what the course was all about, and some were prevented to go on because of their duties as medical doctors. The pedagogic model, very much adapted from the Faculty of Health Sciences in Linköping, with multidisciplinary group work, analyse of scientific literature, both quantitative and qualitative methods etc was completely new for most of the students. Their written examinations, however, where each student should do a methodological analysis of their planned or on-going project and present it as a scientific paper with a colleague being an opponent – was astonishing good, even if it for most student was the first time to present in English, which was done very elegantly in a Power Point Programme. One thing which was criticised by the participants was the very narrow time schedule with too little time to prepare for the next day and for the examination seminars. Also, some of the medical doctors still had to be on night duty at times – in spite of that they usually came at 8.30 in the morning!

#### **Future planning**

There will be a third course spring 2003, we will then change the schedule slightly and hopefully more doctoral students among the nurses will take part, some still have a big language problem. However, there is a growing interest among the Faculty at the University of Medical Sciences in Poznan for this type of interdisciplinary and international course and there were several more among the Professors and Senior Lecturers taking part in the course this year compared to 2001. So the trend is encouraging.

Further information about the University of Medical Sciences in Poznan see homepage:

<http://www.usoms.poznan.pl>

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#### **Developing Research and Doctoral Education through University-Government Co-operation**

The following is a synopsis of a paper which Irena Wronska from Poland delivered at the International Conference in Copenhagen in June 2001.

On account of the need for adapting Polish system of nurses' and midwives' education to the European standards defined by legal regulations firm by Poland and in program documents of the WHO, a program of transformation of nurses' and midwives' education has been prepared. The program defines the strategy for government's actions in order to provide adequate number of well-skilled nurses and midwives, and to prepare working schedule.

At present doctoral studies for nurses consist of two parts. First part is a theoretical one with a course of lectures. Some of them are obligatory, others are optional chosen by student in consultation with the director of the studies. The second part consists of preparing dissertation, which forms a fundamental part of doctoral studies.

Doctoral studies are realized in a 3-years-program. However, there are certain problems related to their realization:

1. problem of students' selection for doctoral studies;
2. problem of providing determined standards of dissertation and student's qualifications as a doctor of medical sciences;
3. problem of selection of scientists' staff as reviewers and professors conferring a degree.

It is required to publish two articles, one or two in preparation and prepare an outline of future doctoral dissertation's plan. Many difficulties have to be faced in giving such seminars on account of insufficient number of independent scientific workers (professors).

Public presentation of doctoral thesis is a final requirement determining the quality of doctoral studies. After positive evaluation by the reviewers and professor conferring a degree, an examination commission is appointed.

For a full copy of the paper, please contact Irena Wronska, Department of Pedagogy, Faculty of Nursing and Health Sciences Medical University, Al. Raclawickie 1, 20 - 950 Lublin, Poland  
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### Conferences

#### **Qualitative Research Conference in Health and Social Care, 10<sup>th</sup>-12<sup>th</sup> September 2002.**

Bournemouth University's Institute of Health and Community Studies is hosting their fourth Qualitative Research Conference in Health and Social Care from 10th-12th September 2002 in Bournemouth, Dorset. This is the fourth in the series of these international conferences for health and social care professionals to discuss and debate current themes, issues and dilemmas in qualitative research.

**Keynote speakers** include **Professor Peter Beresford** (Brunel University), **Dr Amanda Coffey** (Cardiff University), **Professor Philip Darbyshire** (Women's & Children's Hospital, Adelaide), **Professor Arthur Frank** (University of Calgary), **Professor Catherine Riessman** (Boston University), **Professor Andrew Sparkes** (University of Exeter), **Professor Harry Wolcott** (University of Oregon), and **Professor Paul Atkinson** (Cardiff University).

**There are also pre-conference workshops!**

**Pre-conference workshops:** Tuesday 10<sup>th</sup> Sept., 10.30am-12.45pm (approx.) Concurrent sessions.

▪**Professor Karin Dahlberg:** Reflective Lifeworld Research; ▪**Professor Philip Darbyshire:** The Contribution of Arts & Humanities to Qualitative Research;

▪**Professor Rosemarie Parse:** Theory of Human Becoming; ▪**Professor Catherine Riessman:** Narrative Analysis.

Cost: £50.00. **Places are limited.**

Contact

[ihcsconferences@bournemouth.ac.uk](mailto:ihcsconferences@bournemouth.ac.uk)

for a booking form.

For further information see

[www.bournemouth.ac.uk/ihcs/html/ihcs\\_conferencing.html](http://www.bournemouth.ac.uk/ihcs/html/ihcs_conferencing.html).

For a full conference leaflet, containing booking and abstract submission forms email:

[ihcsconferences@bournemouth.ac.uk](mailto:ihcsconferences@bournemouth.ac.uk).

**Abstract submissions and conference bookings still being accepted.**

Deadline for submission of items for the next newsletter is the

**30<sup>th</sup> September, 2002**

Items should be emailed to Morag Gray at [m.gray@napier.ac.uk](mailto:m.gray@napier.ac.uk)