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Editorial

Looking back, looking forward at RINAH

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As I prepare to become editor-in-chief at Research in Nursing & Health (RINAH), I am reflecting on the journal's history and imagining its future. I wish to share with our readers my appreciation for the journal's leadership across the years and my goals for the journal.

I was surprised to learn that April 2018 will be the journal's 40th anniversary! I am the eighth editor, following a distinguished lineage that began with Harriet Werley, followed by Margaret Grier, Margaret Williams, Marilyn Oberst, Madeline Schmitt, Judith Baggs, and most recently Margaret Kearney. I am humbled to follow them in leading this premier general nursing research journal. I commend Maggie Kearney for the strides she and the associate editors have made in recent years to maintain the journal's excellent reputation in an era of journal proliferation, globalization, and online media eclipsing print. Personally, I am grateful for Maggie's encouragement and generous tutelage.

Becoming editor-in-chief of RINAH is a dream come true. RINAH has always been the nursing research journal that best fits my broad view of nursing science. My seven publications in RINAH demonstrate this fit. RINAH is the journal I have published in most often.

My vision is to elevate RINAH internationally and with it nursing science. By enhancing RINAH's reputation, we will increase the journal's impact. Reputation attracts the attention of practitioners and policy makers who read it. Increased readership will speed the translation of research evidence into practice and policy. A highly regarded RINAH will aid the advancement of nursing science because regard for nursing research by nurses and other disciplines is essential for nursing research to improve care and health. Thus, I see RINAH as a vehicle for health through nursing science. A stellar reputation also will increase the quantity and quality of manuscript submissions. These synergies will benefit the journal's readers and foster my vision.

Recent health care trends include the advent of data science, and efforts towards both precision and population health. I would enjoy showcasing these new directions in research in RINAH's pages. How to achieve my vision? By conducting targeted outreach to funded scientists and by continuing the fine work of RINAH editors, who have reduced the journal's time-to-publication by substantially reducing reviewer and revision times.

Part of my motivation to become RINAH editor is gratitude for the significance of the journal in my own scientific trajectory. Several of my major publications were published in RINAH. My 2002 paper presented an instrument, the Practice Environment Scale of the Nursing Work Index. On the basis of this paper, the instrument was endorsed by the National Quality Forum as a national nursing performance standard in 2004 it has been endorsed continuously. This instrument has been translated into 23 languages and used internationally to assess the presence of key features in the work environment that support professional nursing practice and improve nurse retention. Our 2010 paper on hospital Magnet status, nurse staffing, and patient falls was the 2nd most downloaded paper from

the journal website in 2016. The opportunity for me to return the favor by serving the research and clinical communities as RINAH editor-in-chief is exciting.

As I perused the last few volumes of the journal, I observed several features of the approximately 40 research papers that RINAH publishes yearly. Three-quarters of the papers are from North American authors. Another 16% are from Asia. We have published a smattering of papers from Europe, Africa, and Oceania. I hope to expand the journal's geographical reach into South America as well as to increase the papers from less-represented continents.

RINAH is celebrating another anniversary. December 2017 marks five years that RINAH has been the official journal of the Southern Nursing Research Society (SNRS). RINAH and SNRS have complementary missions. RINAH's mission is to publish research that informs the practice of nursing and other health disciplines. SNRS's mission is to advance nursing research. The relationship between the journal and the society includes an annual RINAH Authorship Award to a RINAH paper with an SNRS first author. SNRS includes 14 U.S. states spanning the southeastern U.S. from Texas to Virginia, plus (lo and behold!) the Caribbean, Latin America and the Bahamas.

We have a conundrum. Our affiliated research society includes Latin America but we have not published papers from South America. Happily, I have a skill and a role relevant to addressing this gap. I speak Spanish fluently and represent my nursing school on the Pan American Nursing and Midwifery Collaborating Centers (PANMCC) network, under the auspices of the World Health Organization. PANMCC includes institutions in Brazil, Chile, Colombia, Jamaica and Mexico. I have presented at the two recent Pan-American Nursing Research Colloquia. I will exploit this network and the conference to foster a pipeline of potential publications from South America.

Finally, just a word about my institution, the University of Pennsylvania School of Nursing. I have been most fortunate to be at this world-class school, branded "Penn Nursing Science," for many years. I am pleased and proud to bring the editorship to the home of nursing science. I appreciate the support and enthusiasm of my Penn Nursing colleagues and mentors.

As I begin my term as editor, I welcome your suggestions for successful stewardship of our journal. Stay tuned and please consider RINAH for your next paper.

Research Protocols

Toxic stress and protective factors in multi-ethnic school age children: A research protocol

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Abstract

Exposure to stressful environments in early childhood can cause a toxic stress response and lead to poor health outcomes, including obesity, cardiac disease, diabetes, and mental illness. In animals and maltreated children, the presence of a nurturing caregiver can buffer against the physiological disruptions associated with a toxic stress response; however, the specific caregiver and parenting characteristics that best promote a protective relationship in humans remain largely unexplored, particularly in families living in high-risk environments. In this study, framed in an ecobiodevelopmental (EBD) model, a cross-sectional design is being used to study 54 multi-ethnic, urban maternal-child dyads with children at early school age (4–9 years). Mothers' past experiences, mental health, and caregiving patterns and children's hair cortisol, C-reactive protein, pro-inflammatory cytokines, blood pressure, BMI, behavior, and school performance are being analyzed to identify maternal characteristics that may protect against children's toxic stress response in families at high risk for exposure to stressors such as poverty, trauma, or exposure to violence. **Keywords:** emotional states/feelings; family health; health promotion/wellness behaviors; parent-child relationships; prevention; stress and coping

Testing Tele-Savvy: Protocol for a randomized controlled trial

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Abstract

Many informal caregivers of persons with dementia suffer adverse health consequences. Although established psychoeducation programs are known to benefit caregivers, attending in-person programs is challenging for them. To address this challenge, the Savvy Caregiver Program, an evidence-based psychoeducation program with demonstrated effectiveness for caregiving and disease-related outcomes, was transformed into an on-line program, Tele-Savvy. This article describes the rationale for and design of a prospective longitudinal randomized controlled trial (targeted N=215), currently underway. The trial aims to establish Tele-Savvy's efficacy in (i) reducing the negative effects of caregiving on caregivers; (ii) promoting care recipients' quality of life; (iii) improving caregiver mastery; and to explore (iv) Tele-Savvy's efficacy among caregivers of different races/ethnicities. The mediating role of mastery will be assessed. Participants are randomized to the active condition (immediate Tele-Savvy participation), attention control, or usual care. Participants in the two latter conditions will complete Tele-Savvy 6 months post-baseline. Multilevel mixed effects models will be used to examine changes in outcomes and to model group by time (months since baseline) interactions. The exploratory aim will be addressed using analysis of covariance and qualitative analysis. This trial's results may be used by healthcare and community organizations to implement Tele-Savvy in dementia care, increasing caregivers' access to this evidence-based intervention.

Keywords: Alzheimer's disease; caregivers; dementia; randomized controlled trials

Pain self-management plus nurse-led support in young adults with irritable bowel syndrome: Study protocol for a pilot randomized control trial

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Abstract

Irritable bowel syndrome (IBS) is a functional gut disorder that typically manifests in early adult years. IBS patients report that pain is the most distressing symptom with the greatest impact on quality of life. Pain-sensitivity genes and the gut microbiome may influence severity of symptoms as well as response to self-management (SM) interventions. Based on current understanding of the science of SM, pain neurophysiology, and the gut-brain axis, our team developed a pain SM intervention to be added to evidence-based self-management instruction to increase the individual's SM knowledge and skills (self-efficacy, self-regulation, and goal-setting). The purpose of this randomized controlled longitudinal pilot study is to examine the feasibility, acceptability, and preliminary effectiveness of the IBS-pain SM intervention on IBS-pain SM

behaviors and related health outcomes. A sample of 80 young adults (age 18–29 years old) will be recruited and randomly assigned to the experimental or control group. Both groups will receive 10 electronic video modules focused on IBS- pain SM knowledge and skills. The experimental group also will receive nurse- led one- on- one phone consultations to facilitate monitoring and problem-solving. All participants will be followed over 12 weeks. Primary outcomes will be measured at baseline, 6 weeks, and 12 weeks, including IBS- pain SM behaviors, quality of life, and well- being. The influence of pain- sensitivity genes and the gut microbiome on IBS- pain SM behaviors and health outcomes also will be assessed. **Keywords:** genetics; gut microbiome; irritable bowel syndrome; pain; self-management

Research Reports

Relationships between Army nursing practice environments and patient outcomes

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Abstract

Favorable nursing practice environments have been associated with lower patient mortality, failure to rescue, nurse- administered medication errors, infections, patient complaints, and patient falls. Favorable environments have also been associated with higher nurse- reported care quality and patient satisfaction in civilian hospitals. However, limited information exists on the relationship between favorable nursing practice environments and positive outcomes in military facilities. Using 4 years of secondary data collected from 45 units in 10 Army hospitals, generalized estimating equations were used to test the associations between nurses' scores on the Practice Environment Scale of the Nursing Work Index (PES- NWI) and patient outcomes of falls with and without injury, medication administration errors with and without harm, and patient experience. Four significant associations were found between the PES- NWI subscales and the patient outcomes under study. The Staffing and Resource Adequacy subscale was significantly associated with patient falls, the Collegial Nurse Physician Relations subscale was significantly associated with the rate of nurse- administered medication errors, and the Nursing Foundations for Quality Care and Collegial Nurse Physician Relations subscales were both significantly associated with patient experience with nursing care. As in civilian hospitals, favorable nursing practice environment was associated with improved patient outcomes within these military nursing units.

Keywords: military hospitals; nurse-sensitive outcomes; patient safety; quality assurance; work environment

Responding to intimate partner violence: Healthcare providers' current practices and views on integrating a safety decision aid into primary care settings

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Abstract

Supportive care for survivors of intimate partner violence (IPV) remains limited in primary care settings. Low- income and Spanish- speaking survivors of IPV are even more disadvantaged, given the dearth of linguistically and culturally appropriate interventions for IPV. We conducted semi-structured individual interviews with 17 healthcare workers, including physicians, nurses, and social workers, to describe how healthcare workers serving primarily low- income, Latina populations are currently screening and responding to IPV disclosure, and to explore the acceptability of integrating an interactive, personalized safety decision aid application—myPlan app—into the clinic setting. Despite recognition of IPV as a problem, none of the clinical sites had a protocol to guide screening and response to IPV disclosure. Screening practices varied across the sites, sometimes conducted by medical assistants prior to the provider visit and other times by the physician or nurse provider. When IPV was disclosed, it was often during assessment for a presenting problem such as poor sleep or anxiety. Most healthcare workers felt that clinical and community resources were limited for their patients experiencing IPV. The “warm hand- off” to a social worker was the most common response strategy when possible; otherwise, women were given information about available resources such as hotlines and safe houses. We discuss structural, family, and individual barriers to accessing safety resources for underserved women and review how an easily accessible safety decision app, such as myPlan, could be a resource for women to safely tailor an action plan for her situation.

Keywords: decision-aid; intimate partner violence; safety; screening

Spirituality, infertility-related stress, and quality of life in Brazilian infertile couples: Analysis using the actor-partner interdependence mediation model

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Abstract

Infertility has a stressful impact on both partners, with adverse effects on the quality of life of infertile couples. Spirituality is a meaning- based strategy that can protect couples against

infertility's negative impact on quality of life, but analysis of this mediator relationship in infertile couples has not been reported. We adopted a dyadic approach and used the actor-partner interdependence mediation model to examine whether and how women's and men's spirituality was associated with their own and their partners' infertility-related stress and quality of life. In 2014, 152 infertile couples starting their first fertility treatment at a private clinic in Brazil were recruited and completed self-reports of spirituality, infertility-related stress, and quality of life. Results indicated that women's and men's level of spirituality was positively associated with their own quality of life directly and indirectly, by reducing their own infertility-related stress. Their spirituality was associated with an increase in their partners' quality of life only indirectly, by reducing their partners' infertility-related stress. Findings highlight the importance of assessing and promoting spirituality as a coping resource that infertile women and men might use to deal with the stress of infertility and reduce its adverse effects on quality of life.

Keywords: actor-partner interdependence mediation model; dyad; infertility-related stress; quality of life; spirituality

Prevalence of potential sexual abuse in adolescents and young adults and feasibility of an assessment and management plan used in three research projects

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Abstract

The aims of this study were to examine the feasibility of a protocol to assess for assessment and response to potential sexual abuse (defined as self-report of sexual initiation before age 13) among adolescent and young adult research participants in human papillomavirus (HPV) vaccination screening; determine the proportion of participants whose survey responses indicated potential sexual abuse and assess whether age, gender, race, and recruitment site were associated with potential abuse. We pooled data from three cross-sectional studies of 13–26 year-old women and men (N = 1541) recruited at a Teen Health Center (THC) and Health Department (HD). Using written and electronic documentation, we demonstrated feasibility by the following outcomes: 100% of participants who indicated early sexual initiation were interviewed by the research staff, 100% of assessments were disclosed to participants' primary care clinicians, and no adverse consequences of the interviews or referrals occurred. Potential sexual abuse was identified in 95 participants (6.2%). In multivariable logistic regression, the following factors were independently associated with potential abuse: race (Black vs. White, odds ratio [OR] = 3.0, 95% confidence interval [CI] = 1.6–5.7; other race vs. White, OR = 2.6, 95%CI = 1.0–6.5); and recruitment site (HD vs. THC, OR = 2.1, 95%CI = 1.4–3.3). The standardized protocol to identify, assess and refer youth who may have been

sexually abused was feasible and can enable researchers to ensure the safety of study participants.

Keywords: adolescents; clinical research protocol; risk assessment; sexual abuse; young adults

Modifiable correlates of illness perceptions in adults with chronic somatic conditions: A systematic review

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Abstract

When individuals become ill, they want to understand and give meaning to their illness. The interpretation of this illness experience, or illness perception, is influenced by a range of individual, contextual, and cultural factors. Some of these factors may be modifiable by nursing interventions. The purpose of this systematic review was to investigate which modifiable factors were correlated with illness perceptions across studies of adults with different chronic somatic diseases. Using search terms tailored to each of four electronic databases, studies retrieved were reviewed by two independent evaluators, and each relevant article was assessed for methodological quality. Results were standardized by calculating correlation coefficients. Fifteen papers on illness perceptions in a variety of chronic diseases met the inclusion criteria. All used standardized measures of illness perceptions. We identified five groups of modifiable correlates of illness perceptions: illness-related factors, psychosocial factors, medication beliefs, information provision and satisfaction with information received, and quality of care. Our findings add to the knowledge of modifiable factors correlated with illness perceptions, including the importance of illness-related factors and psychosocial factors such as anxiety and depression. Knowledge of these correlates can facilitate understanding of patients' illness perceptions and might be useful in tailoring patient education programs.

Keywords: chronic disease; correlates; illness perceptions; self-regulatory model

Psychometric properties of the postpartum depression screening scale beyond the postpartum period

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Abstract

Accurate postpartum depression screening measures are needed to identify mothers with depressive symptoms both in the postpartum period and beyond. Because it had not been tested beyond the immediate postpartum period, the reliability and validity of the Postpartum Depression Screening Scale (PDSS) and its sensitivity, specificity, and predictive value for diagnoses of major depressive disorder (MDD) were assessed in a diverse community sample of 238 mothers of 4- to 15- month-old infants. Mothers (N = 238; M age = 30.2, SD = 5.3) attended a lab session and completed the PDSS, the Beck Depression Inventory- II (BDI- II), and a structured clinical interview (SCID) to diagnose MDD. The reliability, validity, specificity, sensitivity, and predictive value of the PDSS to identify maternal depression were assessed. Confirmatory factor analysis supported the construct validity of five but not seven content subscales. The PDSS total and subscale scores demonstrated acceptable to high reliability ($\alpha = 0.68-0.95$). Discriminant function analysis showed the scale correctly provided diagnostic classification at a rate higher than chance alone. Sensitivity and specificity for major depressive disorder (MDD) diagnosis were good and comparable to those of the BDI- II. Even in mothers who were somewhat more diverse and had older infants than those in the original normative study, the PDSS appears to be a psychometrically sound screener for identifying depressed mothers in the 15 months after childbirth.

Keywords:

depression; emotional states; instrument development and validation; statistical test development

Focus on Research Methods

Authorship grids: Practical tools to facilitate collaboration and ethical publication

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Abstract

Publication of new findings and approaches in peer-reviewed journals is fundamental to advancing science. As interprofessional, team-based scientific publication becomes more common, authors need tools to guide collaboration and ethical authorship. We present three forms of authorship grids

that are based on national and international author recommendations, including guidelines from the International Committee of Medical Journal Editors, the Committee on Publication Ethics, National Institutes of Health data sharing policies, common reporting guidelines, and Good Clinical Practice standards from the International Conference on Harmonization. The author grids are tailored to quantitative research, qualitative research, and literature synthesis. These customizable grids can be used while planning and executing projects to define each author's role, responsibilities, and contributions as well as to guide conversations among authors and help avoid misconduct and disputes. The grids also can be submitted to journal editors and published to provide public attribution of author contributions.

Keywords: authorship; authorship standards; collaboration; ethics; publishing; team science