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Level II
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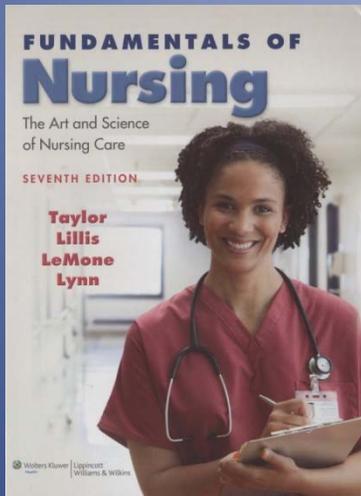
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Blue background slides = Level I
White background slides = Level II

Definitions

- **Research** – systematic inquiry that uses orderly, disciplined methods to answer questions or solve problems
- **Evidence Based Practice (EBP)** – the use of the best clinical evidence in making patient care decisions

Identifying Research Articles



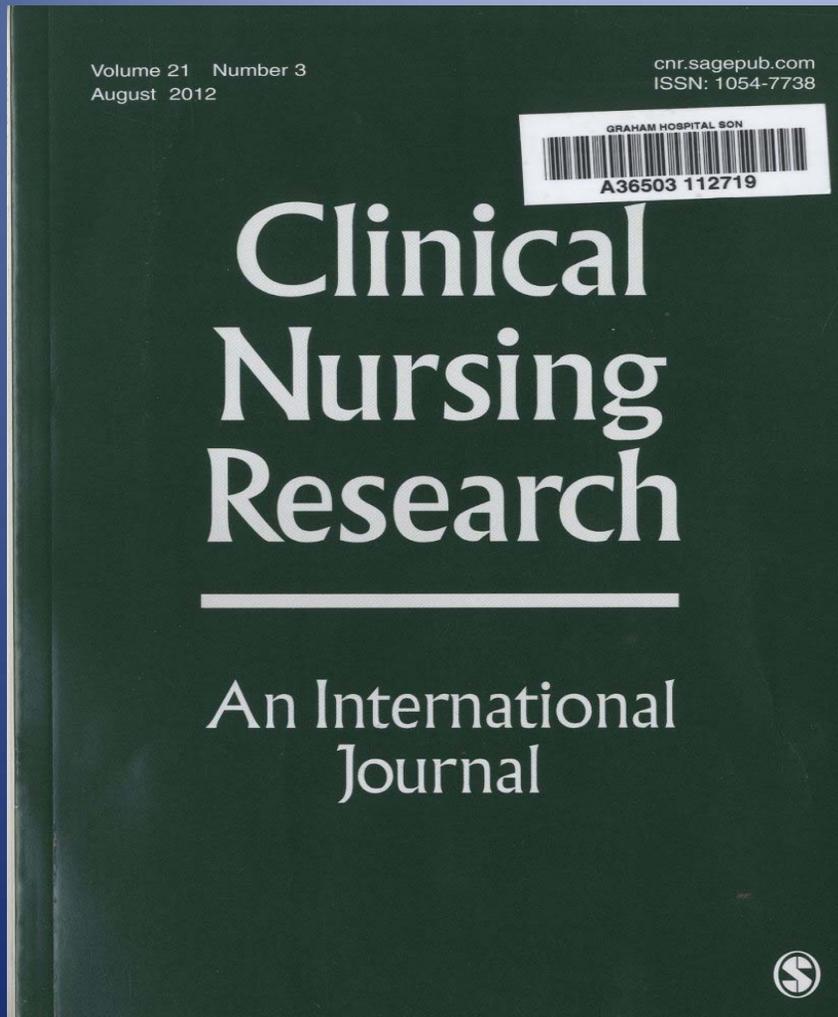
Taylor, C., Lillis, C., Lemone, P., & Lynn, P. (2011)
Fundamentals of nursing: The art and
science of nursing care (7th ed.).
Philadelphia, PA: Lippincott Williams &
Wilkins.

Parts of a Research Journal Article-Page 79, Table 5.5

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Abstract	The abstract is at the beginning of the article. It summarizes the entire article and usually provides the purpose of the study, a description of the subjects, data collection and data analysis, and a summary of important findings.
Introduction <ul style="list-style-type: none">• Review of the literature• Statement of the purpose	The literature review discusses relevant studies that have been conducted in the area of this study. A statement of the specific goals or purpose of the study often follows the review.
Method <ul style="list-style-type: none">• Subjects• Design• Data collection• Data analysis	The methods section provides in detail how the study was conducted, including who and how many subjects, what research design was used, what data were collected and how, and types of analysis done. There should be enough information so that the study could be replicated (repeated).
Results	The results (findings) are often presented both in words and in charts, tables, or graphs. It is important to understand what the results were and if they are meaningful.
Discussion (conclusion)	The discussion section reports what the results mean in regard to the purpose of the study and the literature review. It may also include suggestions for further research and application to nursing education or practice, as appropriate.
References	The references are at the end of the article and include a list of articles and books used by the researcher.

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Self-Care and Health Outcomes of Diabetes Mellitus

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Abstract

Studies show that self-care improves diabetes mellitus (DM) outcomes; however, previous studies have focused on self-care maintenance, and little is known about self-care management. The objective of this study is to examine the influence of DM self-care maintenance and management on number of hospitalizations and hospitalization days. A cohort design with secondary analysis of data from the Health and Retirement Study 2002-2004 was used. Data from 726 adults with DM were analyzed with logistic regression and negative binomial regression adjusting for covariates. Self-care maintenance and management were significant determinants of hospitalization outcomes. Establishing a goal for HbA1c (self-care management) and eating ≥ 2 snacks or desserts per day (self-care maintenance) were associated with a decrease in hospitalizations (IRR = 0.860, $p = .001$; IRR = 0.914, $p = .043$, respectively). DM self-care maintenance and management influence health outcomes but in different ways. These data provide evidence that both elements are needed in the education of patients about DM.

Keywords

diabetes mellitus, self-care, health outcomes

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Introduction

Diabetes mellitus (DM) is a chronic and debilitating illness that affected approximately 26 million people aged 20 years or older in the United States alone in 2010 (Centers for Disease Control and Prevention [CDC], 2011). Total DM prevalence is projected to increase from 14% in 2010 to 21% of the U.S. adult population by 2050 (Boyle, Thompson, Gregg, Barker, & Williamson, 2010). The increase in DM is particularly significant because its effects on the micro- and macro-vascular system (Saydah, Fradkin, & Cowie, 2004) make it a major risk factor for cardiovascular disease (American Diabetes Association, 2010). Approximately two thirds of deaths among persons with DM is due to cardiovascular diseases (National Diabetes Data Group, 1995).

Effective self-care has been shown to improve health outcomes in persons with DM. The routine self-care behaviors involved in treatment adherence have been shown to positively influence glycemic control and result in fewer cardiovascular complications (Skelly, Leeman, Carlson, Soward, & Burns, 2008; Sousa, Zauszniewski, Musil, Price Lea, & Davis, 2005). These behaviors also have been shown to positively influence quality of life, health care costs, and perceived health in persons with DM (Balkrishnan et al., 2003; Davis, Bruce, & Davis, 2007; Martin et al., 2006; Rubin & Peyrot, 1999; Sokol, McGuigan, Verbrugge, & Epstein, 2005; Tillotson & Smith, 1996; Toljamo & Hentinen, 2001a, 2001b).

In addition to routine treatment adherence behaviors, decision-making or "problem-solving" behaviors directed at maintaining appropriate blood glucose levels are also thought to reduce long-term complications of DM (Koro, Bowlin, Bourgeois, & Fedder, 2004; Thorne, Paterson, & Russell, 2003; Whittemore, D'Eramo Melkus, & Grey, 2005). Previous studies (Hernandez, Bradish, Rodger, & Rybansky, 1999; Paterson & Thorne, 2000) supported the importance of a dynamic process of reacting to bodily cues in DM self-care. Hernandez et al. (1999) reported that enhanced awareness of contextualized (specific to a patient's life circumstances) and unique (individualized) signs and symptoms of DM may lead to better self-control of glucose levels. Paterson and Thorne (2000) further demonstrated that the efficacy of self-care decision making is affected by a patient's familiarity with situation or causes that can affect their glucose levels. There is a growing body of research examining how these behaviors influence health outcomes for patients with DM. Investigators have examined the influence of patient problem solving on: (a) physiological outcomes such as glycosylated hemoglobin (HbA1c), non-high-density lipoprotein cholesterol (Glasgow, Fisher, Skaff, Mullan, & Toobert, 2007; Hill-Briggs et al., 2007), (b) treatment

adherence such as diet or physical activity (Glasgow et al., 2007; Hill-Briggs et al., 2007), and (c) psychosocial outcomes such as depressive symptoms (Elliott, Shewchuk, Miller, & Richards, 2001; Hill-Briggs et al., 2006). However, there have been very few studies that examine how decision-making or problem-solving behaviors influence health care resource utilization in patients with DM.

In the current study, we focused on examining how DM self-care, including decision-making or problem-solving behaviors that are a part of self-care, affects resource utilization by employing a model that accounts for problem-solving behaviors as well as routine DM self-care behaviors such as treatment adherence. Specifically, we focused on patient problem-solving behaviors related to immediate self-care action(s) on a patient's recognition of DM signs and symptoms of acute hyperglycemia and hypoglycemia, to determine whether those behaviors influence the number and length of hospitalizations over and above treatment adherence.

The model we used was based on a situation-specific theory developed by Riegel and Dickson (2008), who used the terms *self-care maintenance* and *self-care management*, respectively, to distinguish between routine and nonroutine or situational self-care behaviors (such as problem solving or decision making) of persons with heart failure (Riegel & Dickson, 2008). Self-care maintenance consists of symptom monitoring and treatment adherence, and involves following the advice of health care providers regarding treatment and lifestyle. Self-care management builds on self-care maintenance by incorporating active, deliberative decision making in response to the recognition of a change in symptoms. In this article, we adopt those terms and apply them to DM self-care: DM self-care maintenance refers to routine self-care activities such as sign/symptom monitoring and treatment adherence, whereas DM self-care management refers to nonroutine decision-making or problem-solving processes (and subsequent behaviors) performed in response to signs and symptoms. Self-care management includes five stages: (a) recognizing signs and/or symptoms, (b) evaluating signs and/or symptoms, (c) deciding to take action, (d) implementing treatment, and (e) evaluating treatment effectiveness (Riegel & Dickson, 2008; Song, 2010).

Purpose of the Study

The aim of the current study was to add to our understanding of how self-care affects the health outcomes of DM by empirically evaluating the influence of

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DM self-care on health outcomes and by examining how DM self-care maintenance and self-care management might influence health care resource utilization differently. Understanding in more detail why self-care results in better outcomes in persons with DM and quantifying the role of self-care management vis-à-vis the role of self-care maintenance will yield important insight for DM researchers as well as for clinicians seeking to improve disease management and patient education for this patient population.

Method

Data Sources

The data for this study were obtained from the Health and Retirement Study (HRS, n.d.). The HRS is sponsored by the National Institute on Aging and undertaken by the Social Research Institute at the University of Michigan (Juster & Suzman, 1995). The HRS conducts biennial surveys of samples of the U.S. population above age 50. Each sample is selected under a multistage area probability sample design; the sampling strategy is consistent over time.

Study Design

The current study used a cohort design with secondary analysis of the HRS data. Three years of HRS data were used—2002 HRS database, 2003 Diabetes Study, and 2004 HRS database. Household identification number (HHID) and person number (PN) were used to identify and match participants across the three HRS data sets. The study was approved by the University of Pennsylvania's institutional review board.

Sample

The 2002 HRS study sampled all adults in the contiguous United States who were born before 1948 and who resided in households. Institutionalized persons (e.g., those in prisons, jails, nursing homes, long-term or dependent care facilities) were excluded from the survey population. However, enrolled individuals who moved from a household into an institution were followed over time. Telephone or face-to-face interviews were conducted for the 2002 and 2004 HRS studies. In October 2003, a supplemental mailed survey on DM was sent out in two mailings to the HRS respondents who reported having DM in the 2002 HRS. The HRS 2003 Diabetes Study was conducted with

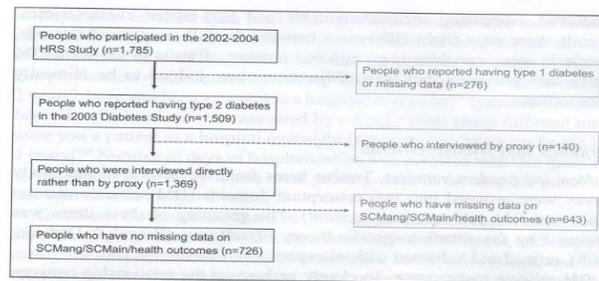


Figure 1. Study sample flow

Note: HRS = Health and Retirement Study; SCMang = self-care management; SCMain = self-care maintenance.

the purpose of collecting self-reported questionnaire data on aspects of treatment and self-care of DM. The questions asked in the 2002 and 2004 HRS studies were not repeated in the HRS 2003 Diabetes Study. A clinical biomarker of glycemic control, HbA1c, was collected through at-home HbA1c kits, but it was available on only 64.9% of those who completed the mailed surveys. Thus, these HbA1c data were not used in this study. Most interviews were conducted in English; however, Spanish translated questionnaires and Spanish interviews with a bilingual interviewer were provided for Spanish-speaking participants.

Figure 1 illustrates the study sample flow of the HRS data from the year 2002 to 2004 in detail. The initial sample used in this study comprised 1,785 adults with DM who participated in all three surveys. To obtain a homogeneous sample, we focused on type 2 diabetes mellitus (T2DM). Initially, 1,509 participants from the 2002 sample were selected on the basis of having T2DM (84.5%). Of these 1,509 persons, 1,369 were selected for analysis on the basis of having responded directly to the questionnaires rather than by proxy. The final sample ($n = 726$) was selected from those 1,369 participants if they had no missing data on the main interest variables of this study: self-care maintenance, self-care management, and health outcomes. A sensitivity analysis comparing the final sample ($n = 726$) to the original sample ($n = 1,369$) was

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conducted, comparing sociodemographic and DM-related characteristics. Overall, there were slight differences between the full sample and this subsample in some variables (e.g., age and number of visits to the main DM health care provider), but these differences were judged to be clinically unimportant.

Variables and Measurements

Main independent variables. Twelve items from the 2003 Diabetes Study survey were grouped into two conceptual domains (DM self-care maintenance and DM self-care management). The grouping of these items was informed by the situation-specific theory of self-care (Riegel & Dickson, 2008), refined and validated with an expert in self-care.

DM self-care maintenance. To clearly understand the relationship between DM self-care management/problem-solving behaviors and health outcomes, it was necessary to isolate and control for the influence of the DM self-care maintenance variables of adherence and monitoring. A group of DM self-care maintenance items were identified in the areas of diet (four items), self-monitoring of blood glucose (one item), and use of medications (one item). These six items are listed in the appendix. To allow the item responses to be grouped, participants' responses were scaled one to seven on the basis of how many days during the previous week they had performed these activities and responses were added.

DM self-care management. Items reflecting DM self-care management addressed sign/symptom recognition (two items), treatment implementation (three items), and treatment evaluation (one item). These six items are listed in the appendix. The data collected in the HRS study were not originally intended to be used to measure self-care management, and so the original HRS scale scoring was modified to better capture the decision-making processes inherent in self-care management. For example, the sign/symptom recognition items were coded on a 2-point scale (0 = *no symptom recognition*, 1 = *symptom recognition*) to capture the ability of the respondent to recognize signs and symptoms. One of the items reflecting treatment implementation was coded on a 5-point scale (0 = *never*, 1 = *rarely*, 2 = *sometimes*, 3 = *often*, 4 = *very often*). The other two could not be scored 0-5, so they were coded, 0 = *no treatment implementation*, 2 = *sometimes*, and 5 = *always*, to make the scales comparable. The item reflecting treatment evaluation was coded as 0 = *not sure*, 3 = *no*, or 5 = *yes*.

Dependent variables. Data from the 2004 HRS data set were used to measure the health outcome variables of (a) number of hospitalizations and (b) number of days of hospitalization since the patients' previous interview. Hospitalization was assessed by asking "[Since the last interview/in the last 2 years], have you been a patient in a hospital overnight?" (yes/no). The number of hospitalizations was measured by asking: "How many different times were you a patient in a hospital overnight [since the last interview/in the last 2 years]?" Number of days of hospitalization was assessed with this question: "(Altogether) how many nights were you a patient in the hospital [since the last interview/in the last 2 years]?"

Covariates. Covariates adjusted in the analysis included sociodemographic variables (age, gender, race/ethnicity, education, marital status, and employment), the total number of comorbid conditions, health perceptions, and DM-related characteristics (duration of DM, main DM health care provider, duration of care from the main DM health care provider, and types of medication). Health perceptions were assessed by asking "Would you say your health is excellent, very good, good, fair, or poor?" Data on sociodemographic variables were obtained from the 2002 HRS study, and data on DM-related characteristics were obtained from the 2003 Diabetes Study.

Data Analysis

Descriptive statistics (e.g., mean, frequency, and variance) and histograms were generated and used to examine outliers and make transformations to normality as necessary. To examine the relationship between DM self-care and health outcomes, multivariable analyses were conducted based on the distribution patterns of health outcome variables: hierarchical backward stepwise logistic regression with hospitalization as a binary variable and generalized linear modeling with negative binomial distribution and log-link for number of hospitalizations and number of days of hospitalization. For the logistic regression, the significance of each model block was assessed using the change in χ^2 -statistics/ R^2 -statistics and associated p values, whereas the significance of individual model factors was assessed using odds ratios (OR), 95% confidence intervals (CI), and associated p values. For the generalized linear modeling, the significance of individual model factors was assessed by incidence rate ratios (IRR), 95% confidence intervals (CI), and associated p values. The AIC (Akaike information criterion) and BIC (Bayes information criterion) along with residual plotting were used to test and optimize model fit (Hardin & Hilbe, 2007). Statistical analyses were conducted with SPSS

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version 17.0 (Chicago, IL) for logistic regression and STATA version 11.0 (STATA Corp, College Station TX, 2009) for generalized linear modeling. Statistical significance was determined at the level of $p < .05$. Corrections for multiplicity were applied as necessary.

Results

Sample Characteristics

The study participants were predominantly non-Hispanic White (71.5%), and approximately half of the participants were female (48.5%). The ages ranged from 42 to 95 years ($M \pm SD$: 66.78 ± 8.54). Most had at least 12 years of education (71.2%), were married (65.0%), and were retired (51.7%). The mean number of years the participants had DM was 13.41 (± 11.18) years, and most were taking oral medications (64.0%). Most participants were seeing a general practitioner as their main DM health care provider (HCP; 76.5%). The majority (53.5%) had seen their DM HCP for longer than 5 years (Table 1).

Out of our final sample, 36.8% ($n = 459$) were hospitalized at least once, and the mean number of hospitalizations was 0.65 ± 1.18 . Among those who were hospitalized at least once, the mean number of days of hospitalization was 3.83 ± 10.7 . In terms of self-care maintenance, 88.3% ($n = 641$) of participants took all doses of insulin/DM pills everyday, 58.7% ($n = 426$) of participants checked their blood sugar as recommended 7 days per week. In terms of self-care management, more participants reported recognizing symptoms of hyperglycemia ($n = 395$, 58.3%) than hypoglycemia ($n = 114$, 16.8%). Furthermore, a greater percentage of participants reported checking their blood sugar as a result of recognizing symptoms of hyperglycemia (94.9%) than as a result of recognizing symptoms of hypoglycemia (87.7%).

Modeling of Hospitalizations and Number of Days

Hospitalized Hospitalizations

Hospitalization as a binary variable. Adjusting for sociodemographic variables and DM-related characteristics, one self-care maintenance item—eating five or more servings of fruits and vegetables per day—was significant in determining the likelihood of being hospitalized (Odds ratio

Table 1. Sociodemographic/DM-Related Characteristics

Variable	M \pm SD or %
Sociodemographics	
Age (years)	66.78 \pm 8.54
Gender	
Female	48.5
Race/ethnicity	
Hispanic	9.4
Non-Hispanic White	71.5
Non-Hispanic Black	16.5
Non-Hispanic Other	2.6
Education	
0-8 years	11.7
9-11 years	17.1
12 years	32.2
College	30.0
Postcollege	9.0
Marital status	
Married	65.0
Unmarried*	35.0
Employment	
Employed	23.7
Unemployed	13.0
Retired	51.7
Homemaker	11.6
DM-related characteristics	
Weight	
Duration of having DM	198.92 \pm 42.52
Main DM HCP	13.41 \pm 11.18
General	76.5
Specialist	13.9
NP or PA	4.7
Other	3.3
None	1.5

Note: Final sample $N = 726$. DM = diabetes mellitus; SD = standard deviation; HCP = health care provider; NP = nurse practitioner; PA = physician assistant. Valid percentages were reported because of missing data and the variable least recorded in the data set was "Duration of having diabetes" (12.5%).
*Unmarried includes separated, divorced, never married, and widowed.

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Table 2. Generalized Linear Modeling of Number of Hospitalizations

Predictors	Adjusted model ^a		
	IRR	95% CI	p value
Number of hospital stays			
Days eat 2+ servings of snack or dessert	0.914	[0.837, 0.997]	.043
Check your blood sugar if high symptoms	1.105	[1.006, 1.214]	.037
Have goal/target for HemoglobinA1c	0.860	[0.788, 0.938]	.001
Comorbid conditions	1.314	[1.147, 1.504]	<.001
Health perception	0.893	[0.751, 1.062]	.201

Note: IRR = incidence rate ratio; CI = confidence interval. $p \geq .05$ level for the adjusted model.

^aAdjusted for sociodemographic and diabetes mellitus–related characteristics, comorbid conditions, and health perception.

[OR] = 0.901, $p = .042$, Model $\chi^2 = 83.348$, $p < .001$). In the adjusted model, each 1-day increase in eating fruits and vegetables was associated with a 10% decrease in the likelihood of being hospitalized. None of the DM self-care management items significantly influenced whether a hospitalization occurred.

Number of hospitalizations. Table 2 presents an adjusted model for estimating the impact of self-care maintenance and management on the number of hospitalizations. Having a goal or target for HbA1c and eating two or more snacks or dessert foods per day were associated with a decrease in the incidence rate of hospitalization (IRR = 0.860, $p = .001$; IRR = 0.914, $p = .043$, respectively). Checking blood sugar when high blood sugar symptoms were present was associated with an increase in the incidence rate of hospitalization (IRR = 1.105, $p = .037$).

Number of days hospitalized. Table 3 presents an adjusted model for estimating the impact of self-care maintenance and management on the number of days patients were hospitalized. Having a goal or target for HbA1c was associated with fewer hospitalization days (IRR = 0.728, $p < .001$). Following doctors' advice on recommended frequency of blood-sugar testing was associated with an increase in the number of days patients were hospitalized (IRR = 1.170, $p = .016$), whereas checking blood sugar on recognizing symptoms of low blood sugar (IRR = 0.832, $p = .033$) was associated with a decrease in the number of days patients were hospitalized.

Table 3. Generalized Linear Modeling of Number of Days Hospitalized

Predictors	Adjusted model ^a		
	IRR	95% CI	p value
Number of days hospitalized			
Days test blood sugar as recommended	1.170	[1.030, 1.329]	.016
Check your blood sugar if low symptoms	0.832	[0.702, 0.986]	.033
Have goal/target for HemoglobinA1c	0.728	[0.629, 0.843]	<.001
Comorbid conditions	1.446	[1.140, 1.834]	.002

Note: IRR = incidence rate ratio; CI = confidence interval. $p \geq .05$ level for the adjusted model.

^aAdjusted for sociodemographic and diabetes mellitus–related characteristics, comorbid conditions, and health perception.

Discussion

To the best of our knowledge, this is the first empirical investigation of the relationship between specific DM self-care maintenance and management behaviors and health care resource utilization. The results of our study show that the two components of DM self-care influence health outcomes, albeit in different ways.

Diabetes Mellitus Self-Care Maintenance and Health Outcomes

Our findings demonstrate a positive relationship between DM self-care maintenance, specifically eating fruits and vegetables, and a decrease in the likelihood of being hospitalized. Surprisingly, we also found that a negative DM self-care behavior, eating snacks and desserts, was associated with a decrease in the number of hospitalizations. This result appears to be counter-intuitive as it shows a beneficial health outcome from a negative behavior. However, we speculate that participants in this study who reported eating snacks or desserts may have done so judiciously to keep their blood glucose levels within the normal range. In addition, some participants may have been following insulin-dosing regimens and therefore consumed snacks as part of their treatment schedule. If detailed information on the quantity and types of snacks and desserts is added in future surveys to data on the frequency of

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when these snacks and desserts are consumed, it may show that for at least some patients increased frequency in the consumption of snacks and desserts reflects a conscious and judicious control of diet for the purpose of maintaining glucose control.

Another interesting result of this study that has not been addressed in previous DM studies is that participants who tested their blood sugar more frequently had an increase in the number of days they were hospitalized. On the surface, this is another finding that seems counterintuitive—but this may be due to a confusion of correlation and causation. That is, it may not be that more frequent testing of blood sugar leads to poorer health outcomes but that as DM patients become more ill (longer hospital stays), they stick to self-care recommendations more closely and thus check their blood sugar more often. A study examining heart failure self-care supports this hypothesis. Riegel, Driscoll, et al. (2009) found that as heart failure patients became more ill, they followed self-care recommendations more diligently.

Diabetes Mellitus Self-Care Management and Health Outcomes

The results of this study indicate that when individuals with DM have a goal/target for HbA1c, they have fewer hospitalizations and a decrease in the number of days hospitalized. No previous studies have directly examined the link between goal-setting and health care resource utilization; however, since understanding what HbA1c means is presumed to be a prerequisite for a patient to have an HbA1c goal or target, a study by Beard, Clark, Hurel, and Cooke (2009) may be instructive; they reported that patient understanding of HbA1c was associated with better HbA1c levels. Taken together, the finding of the current study and the results of Beard et al. (2009) suggest that understanding of HbA1c and setting HbA1c goals may both influence patient decision-making processes as they engage in self-care.

Two additional and interesting findings—which have not been addressed in previous studies—are that (a) individuals who check their blood sugar when they have symptoms of low blood sugar were more likely to have fewer days of hospitalization and, conversely, (b) individuals who checked their blood sugar when they had symptoms of high blood sugar were more likely to have more hospitalizations. These findings are particularly interesting, given that, our descriptive analysis showed that hyperglycemia was easier to recognize than hypoglycemia and that more participants reported checking their blood sugar for symptoms of hyperglycemia than for hypoglycemia. These

findings support those by Schopman, Geddes, and Frier (2010) who reported that patients with type 2 DM noticed symptoms of hypoglycemia relatively rarely, even among those being treated with insulin (9.8%). An explanation may be that although patients are less likely to recognize symptoms of hypoglycemia, when hypoglycemia does occur, they begin engaging in compensatory behaviors more quickly than when symptoms of hyperglycemia occur. Unfortunately, there is little literature that compares patient recognition of symptoms of hypoglycemia and hyperglycemia. Our findings suggest that a more comprehensive evaluation of patient symptom monitoring and subsequent responses would help DM researchers and clinicians to provide more effective guidance.

An alternative explanation of these findings could be that the self-care management items used to measure patient responses do not fully capture the range of possible patient responses to their symptoms. For example, simply asking whether a patient checked his or her blood sugar may not capture other compensatory actions a patient might take. Patients may have available relatively uncomplicated compensatory responses to hypoglycemia (such as eating candy to increase their blood sugar when they experience hypoglycemic symptoms), which could help explain why patients who check for symptoms of hypoglycemia have better results than those who check for symptoms of hyperglycemia. What is clear is that the current data are insufficient to explain the relationship between these self-care management items and the measured health care outcomes. Longitudinal and mixed-methods studies are needed to understand these issues better.

Limitations

There were some limitations in our study. First, there were too few items available in the data set to capture the concepts of DM self-care maintenance and management comprehensively. Second, this is a secondary data analysis, and in the end our analysis was limited to some degree by the fact that the original questionnaires were not designed with the intent of measuring self-care maintenance and management. Third, although this study used a nationally representative data set, we were unable to compensate for various geographic and race group differences. Guidelines from the HRS suggest that data from different years be weighted separately, but we combined data from different years, so they could not be weighted separately. Fourth, the health outcome variables measured—number of hospitalizations and number of days of hospitalization—might have included hospitalizations

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for reasons other than DM and its related complications. Thus, it is possible that other factors influenced the number of hospitalizations and days hospitalized. Further research, where the hospitalizations measured include only DM-related admissions, would be needed to strengthen our findings about the impact of DM self-care on health outcomes. Last, there may have been an undersampling of very ill individuals with DM in our study. The HRS samples noninstitutionalized, community-dwelling individuals and individuals who moved from a household into an institution during the period of data collection. Thus, persons who were hospitalized or living in long-term or dependent care facilities at the study's outset were excluded from the sample. Care should be taken when generalizing the findings of this study—particularly to the sickest of DM patients.

Application



The findings of the current study have two implications for clinical practice with DM patients. First, nurses and other clinicians must recognize that it is not sufficient to educate patients about self-care maintenance or treatment adherence and that it is important for clinicians, and researchers to increase their focus on understanding and educating patients about DM self-care management. In particular, educating patients on actively engaging in sign/symptom monitoring—as an initial step in the decision-making process of self-care—is important to achieve better health outcomes. Emphasizing a patient's immediate self-care action(s) on recognition of DM signs and symptoms through sign/symptom monitoring will be an important component of DM education in addition to other problem-solving behaviors. Second, setting goals is a particularly important component for effective DM self-care. It is important for health care professionals to help patients identify specific and appropriate goals for DM self-care/disease management, and clinicians and patients should discuss and adjust those goals on an ongoing basis. These discussions provide valuable feedback to patients as well as clinicians about the outcomes of disease management.

In addition, future research is needed to strengthen our findings and apply them to DM clinical practices. Particularly, the development of a DM-specific self-care instrument would support a robust analysis of DM self-care practices (one that is not limited to secondary data analysis). Through the development of such research tools, and research conducted using such tools, clinicians will be able to provide more tailored guidance to DM patients.

Appendix

The Conceptual Domains of DM Self-Care and Questions

	Conceptual domains	HRS questions
Self-care maintenance	Diet	Follow a healthful eating plan Eat five or more servings of fruits and vegetables Eat high fat foods such as red meat or full-fat dairy products Eat two or more servings of snack or dessert foods such as chips, cookies, cake, or pie
	Self-monitoring of blood glucose	Test your blood sugar as often as your doctor has recommended
Self-care management	Use of medications	Take all your recommended doses of insulin or number of diabetes pills
	Sign/symptom recognition	How many days in the past month have you had symptoms of low blood sugar, such as sweating, weakness, anxiety, trembling, hunger, or headache? How many days in the past month have you had symptoms of high blood sugar, such as feeling thirsty, dry mouth, and skin, increased sugar in the urine, less appetite, nausea, or fatigue?
	Treatment implementation	How often do you bring up with your doctor any information you've heard or seen that might affect your treatment? Do you check your blood sugar when you get these low blood sugar symptoms? Do you check your blood sugar when you get these high blood sugar symptoms?
	Treatment evaluation	Do you have a goal or target for what you would like your HemoglobinA1c level to be at or below?

Note: DM = diabetes mellitus; HRS = Health and Retirement Study.

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Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

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Bios

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Identifying Research Articles

How to Find & Identify Research Articles

Where Can You Find Research Articles?

1. **GHSON Print Journal Collection** — We have a number of journals that focus on research. Many of the other journals have a research section per issue*. Some journals to look at are:

Applied Nursing Research, Clinical Nursing Research, Journal of Nursing Scholarship, Journal of Professional Nursing, Nurse Education Today, Nursing Ethics, Nursing Outlook, Nursing Research, Nutrition in Clinical Practice*, Oncology Nursing Forum (directed to online research articles), Perspectives in Psychiatric Care*, Psychiatric Services*, Simulation in Healthcare.

2. **OSF Online Evidence Based Journal Titles**

Clinical Nurse Specialist	Clinical Nursing Research
Evidence Based Nursing	Journal of Nursing Quality Care
*Journal of Advanced Nursing	*Journal of Nursing Scholarship
Nurse Researcher	*Nursing Research
Western Journal of Nursing Research	Worldviews on EBN
*Also available in print at GHSON	

3. **OSF Research Databases**

AHRQ — Agency for Healthcare Research & Quality
National Clearinghouse Guidelines
CINAHL — Cumulated Index to Nursing and Allied Health Literature
Cochrane Reviews
Clin-eguide
Mosby's Nursing Consult
PUBMED

4. **Google Scholar** is another place to search for research and scholarly articles:
www.scholar.google.com

<http://www.grahamschoolofnursing.org/Library/Guides.html>

Finding Research Articles in the SON Library

- Print Journal Collection:

- Applied Nursing Research

- Clinical Nursing Research

- Journal of Nursing Scholarship

- Journal of Professional Nursing

- Nursing Outlook

- Nursing Research

- Nutrition in Clinical Practice*

- Perspectives in Psychiatric Care*

- Psychiatric Services*

- Simulation in Healthcare

Finding Research Articles in the SON Library

- **Browsing** the journals in the library is a good way to come up with a research article if your topic is very broad, such as OB or Psych, or if you just need a research article but have not determined a topic yet.
- **Searching the databases** is more helpful if you already have a specific topic or topics assigned.
- Some assignments simply require a research article to be included. It's often most effective to find a research article on the primary or broadest topic, then use other sources for additional, more specific subtopics that you can then apply to the information in the research article.

What's an acceptable research resource for this:

- Course?
- Assignment?
- Instructor?



Searching CINAHL Plus with Full Text

- *Cumulated Index to Nursing and Allied Health Literature*

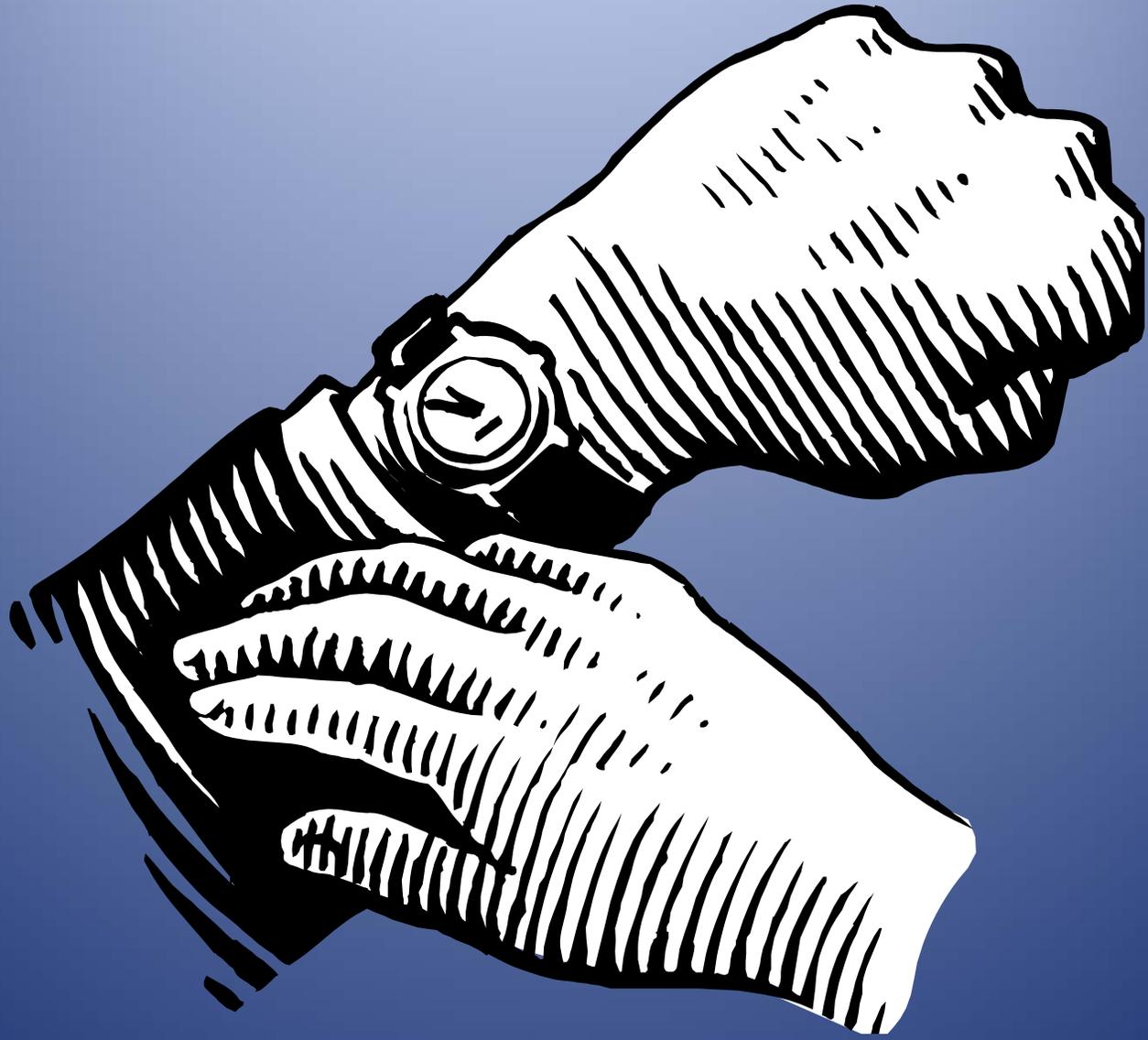
How to Search CINAHL Plus with Full Text

	Go to CINAHL Plus at GHSON. (External use: User name: grahamnursing / Password: ghson)
	At Sign In, Create Your Own Account.
	Under Search Options, check English, add Publication Date limiters, check Human and under Age Groups, click All Adults, if appropriate. Then click Search. (S1: Search 1)
	Click on CINAHL Headings (MESH) on the upper tool bar. Type a keyword into the box and click Browse.
	Select applicable subject heading, then click Explode and Search Database (S2: Search 2)
	Clear any search terms and click CINAHL Headings. Add a second keyword and click Browse.
	Select applicable subject heading, then click Explode and Search Database (S3: Search 3)
	Add additional keyword searches as necessary.
	Select subjects (any except the limiter search) and Search with AND.
	Scroll down to view results (If there are still too many, Search with AND, including the limiters. Additional limiters can be added if there are still too many, but choose carefully). A Full Text limiter can be used if the article is needed immediately. Also, subheadings can be used to limit searches.
	Print, read, copy/paste or email the full text articles.
	Any articles you would like to read that are not available in full text, click Save to Folder. Make a copy of the Saved articles before you sign out.
	Print, Email, Save or Export the Folder articles to Lynette AND yourself.
	When emailing, at Standard Field Format-Choose Brief or Brief and Abstract. At Citation Format-Choose APA. The APA format is sometimes inaccurate, so double check.
	CLICK: Request this article.
	Keep a copy of your Search History, otherwise when you sign out you will lose it
	By setting up a personal account, you can create your own set of preferences.

Why Start with CINAHL?

Why Start with CINAHL?

- Comprehensive
- Authoritative
- Reliable Subject Headings
- Subheadings-Tree Structure
- Combined Searches
- Full Text
- Nursing Focus
- Multiple Limiters
- Keyword List
- Related Articles



Searching CINAHL Plus

GHSON Library Resources Page:

<http://www.grahamschoolofnursing.org/Library/resources.html>

Library Resources - Graham Hospital School of Nursing - Internet Explorer
http://www.grahamschoolofnursing.org/library/resources/

[Reproductive Health Assessment after Disaster \(RHAD\) Report](#)

[Protected Resources](#) for Graham Hospital School of Nursing Faculty and Students Only. For username/password assistance, contact a library staff member.

Electronic Databases

Find full text journal articles online, plus articles and books that can be interlibrary loaned worldwide.

[AHRQ-Agency for Healthcare Research and Quality](#)

[CINAHL - Onsite Access \(Internal\)](#) [CINAHL - Remote Access \(External\)](#)

This EBSCO database (Cumulated Index of Nursing and Allied Health Literature) allows you to search for nursing journal articles by subject, keyword, author and title, indexing thousands of nursing and allied health journal titles.

[Google Scholar](#)

[National Guideline Clearinghouse](#)

[PUBMED](#)

17 million+ citations from MEDLINE and other life science journals

[WorldCat Discovery](#)

Provided by the Illinois State Library: ArticleFirst, Archive Grid, Catalog of Art Museum Images Online, ClasePeriodical, EBOOKS, ECO, ERIC, GPO, Illinois Group Catalog, Medline, OAlster, PapersFirst, Proceedings, WorldCat, WorldCatDissertations & Theses

[Web](#)

EBSCOhost

- Once you have opened CINAHL, you might want to create an EBSCOhost account. This is optional, but saving your personal Preferences for future searches is one of the benefits.

Sign In: EBSCOhost - Windows Internet Explorer

http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/login?sid=8c2cd5cc-2d77-49f9-83cf-85e74e6

Sign In | Folder | Preferences | New Features! | Ask-A-Librarian | Help

New Search | Publications | CINAHL Headings | Evidence-Based Care Sheets | More

OSF HealthCare Libraries

Sign In to My EBSCOhost

Back

Create a Charge Back Account

User Name

Password

Login | Create a new Account

Load Preferences from My EBSCOhost

Forgot your password?

Forgot your user name and password?

Sign in to access your personalized account.

- ✓ Save preferences
- ✓ Organize your research with folders
- ✓ Share your folders with others
- ✓ View others' folders
- ✓ Save and retrieve your search history
- ✓ Create email alerts and/or RSS feeds
- ✓ Gain access to your saved research remotely

Top of Page

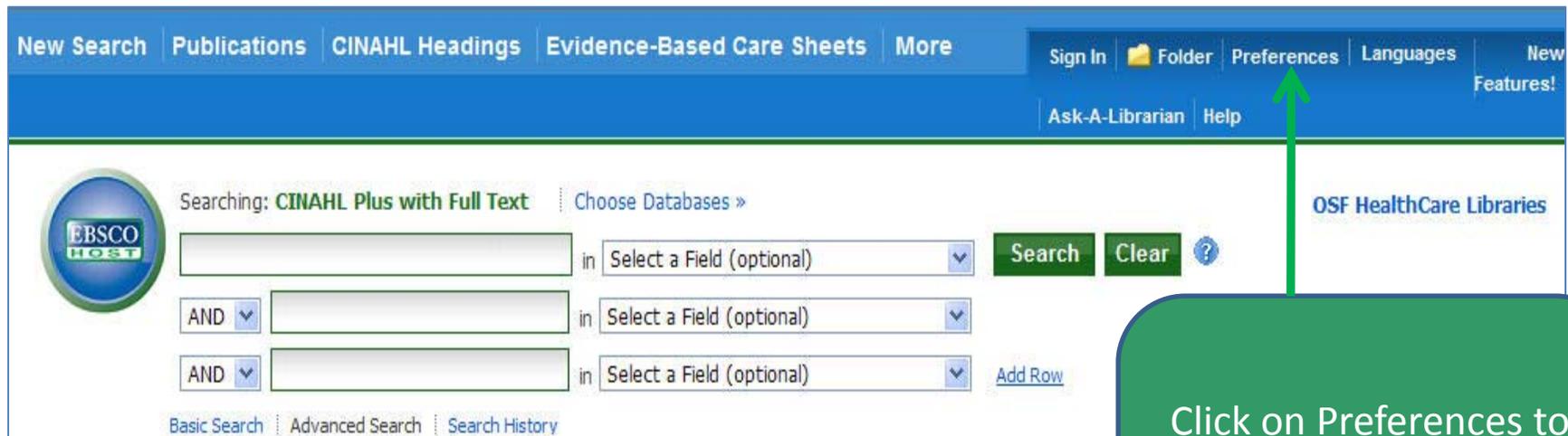
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Internet 100%

start | Microsoft Outlook | websitesurvey (2) | Microsoft Power... | Research Trifold Pa... | Internet Explorer | 3:25 PM

Modifying preferences



The screenshot shows the EBSCOhost search interface. At the top, there is a blue navigation bar with the following links: [New Search](#), [Publications](#), [CINAHL Headings](#), [Evidence-Based Care Sheets](#), [More](#), [Sign In](#), [Folder](#), [Preferences](#), [Languages](#), [New Features!](#), [Ask-A-Librarian](#), and [Help](#). Below the navigation bar, the search area includes the EBSCOhost logo, the text "Searching: CINAHL Plus with Full Text", and a "Choose Databases »" link. There are three search rows, each with a text input field, a dropdown menu labeled "Select a Field (optional)", and a "Search" button. The first row also has a "Clear" button and a help icon. Below the search rows are links for "Basic Search", "Advanced Search", and "Search History". On the right side of the search area, there is a link for "OSF HealthCare Libraries". A green arrow points from a callout box to the "Preferences" link in the navigation bar.

Click on Preferences to change the default settings to better meet your needs.

Preferences

The screenshot shows the EBSCO Preferences window with the following sections and settings:

- General Settings:**
 - Language: English
 - Run SmartText Search when query returns no results: On Off
 - Autocomplete search suggestions: On Off
 - Suggest Subject Terms Default: Use Profile Settings On By Default Off By Default
- Result List Display:**
 - Format: Standard Title Only Brief Detailed
 - Image QuickView: On Off Hint
 - Results per page: 50
 - Page layout: Three Columns Two Columns Two Columns One Column
 - Sort by: Relevance Database Default
- Print, E-mail, Save Export:**
 - Default format: Standard Field Format Brief Citation Citation Format Customized Field Format
 - E-mail from: ephost@epnet.com
 - E-mail to: [Empty field]
 - E-mail format: Rich Text Plain Text
 - Export settings: Save citations to a file formatted for: Direct Export in RIS Format (e.g. CITA.VI, Eas)
 - E-mail a file with citations in: RIS Format (e.g. CITA.VI, Eas/Bib, EndNote)

Buttons: Save, Cancel

Format: Brief provides enough information to complete a reference.

Results per page: 50

Page layout: Try them to see what meets your needs.

Default format: Brief citation
Citation format : Choose APA but don't depend on it's accuracy. Sometimes information is missing or formatted incorrectly, but it can be a starting place.

E-mail: enter your email address.

Advanced Search: EBSCOhost - Windows Internet Explorer

http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/search/advanced?sid=8c2cd5cc-2d77-49f9-E

Advanced Search: EBSCOhost

Search Options

Reset

Search Modes and Expanders

Search modes ?

- Boolean/Phrase
- Find all my search terms
- Find any of my search terms
- SmartText Searching [Hint](#)

Also search within the full text of the articles

Limit your results

Full Text

Abstract Available

Author

English Language ★

Research Article

Search Only Pre-CINAHL

CE Module

Meta-Synthesis

References Available

Published Date

Month Year: - Month Year:

Publication

Peer Reviewed

Exclude Pre-CINAHL

Exclude MEDLINE records

Evidence-Based Practice

Clinical Queries

Internet 100%

start 4 Micro... websitesur... nursinglink... Finding Re... Research T... Graham Ho... Advanced ... 2:49 PM

CINAHL Limiter Options

Use the limiters on this first page. They will save you time.

We recommend that you check or complete:

- English Language
- Human
- Age Groups
- Publication Dates (appropriate to your assignment).

Advanced Search: EBSCOhost - Windows Internet Explorer

http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/search/advanced?sid=8c2cd5cc-2d77-49f9-E

Advanced Search: EBSCOhost

Human ★

Any Author is Nurse

Journal Subset

- All
- Allied Health
- Alternative/Complementary Therapies
- Biomedical

Language

- All
- Afrikaans
- Chinese
- Danish

Sex

- All
- Female
- Male

Age Groups ★

- All
- Fetus, Conception to Birth
- Infant, Newborn: birth-1 month
- Infant: 1-23 months

Number of Pages

All

First Author is Nurse

Randomized Controlled Trials

Geographic Subset

- All
- Africa
- Asia
- Australia & New Zealand

Publication Type

- All
- Abstract
- Algorithm
- Anecdote

Pregnancy

Inpatients

Outpatients

Special Interest

- All
- Advanced Nursing Practice
- Case Management
- Chiropractic Care

PDF Full Text

Image Quick View

Internet 100%

start 4 Micro... websitesur... nursinglink... Finding Re... Research T... Graham Ho... Advanced ... 2:54 PM

Click Search at the bottom of the page. The four primary limiters will be added to your Search History for later use, if you need them.

Limiters

- In the Level I research training, we showed you how to set up four limiters to use on the first screen of a CINAHL search: English Language, Publication Dates, Human, and Age Groups.
- There are many other limiters to choose from. If your results are huge, after you have added the four limiter search, you might want to carefully add additional limiters, one at a time.
- A word of caution. **Narrowing your search by using many limiters will very quickly end in no results.**
- Tip: By checking Full Text, you will eliminate articles that we might have on the shelf in the library or articles we could request from another library.

CINAHL Headings



New Search | Publications | **CINAHL Headings** | Evidence-Based Care Sheets | More | Sign In | Folder | Preferences | Languages | New Features! | Ask-A-Librarian | Help

Database: CINAHL Plus with Full Text
Basic Search | Advanced Search

CINAHL Headings | View | Details

Term Begins With Term Contains Relevancy Ranked

Click on the CINAHL Headings. Type in your topic or search terms. Pick the subject heading that is closest to what you are looking for. CINAHL Headings can be accessed from any page.

- This is a great tool to verify that the your terminology is the same used by the database. Using the same terminology is essential in retrieving the results you want.

neoplasms

For example, “cancer” is not a medical subject heading, but if you use the CINAHL Headings, you’ll be lead to the correct term to search, “neoplasms.”

The screenshot shows a Windows Internet Explorer browser window displaying the EBSCOhost CINAHL Headings interface. The address bar shows the URL: <http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/mesh?sid=1772d48d-fa4f-4410-81d6-f834f5>. The page title is "EBSCOhost: CINAHL Headings".

The main content area is titled "Database: CINAHL Plus with Full Text" and includes navigation links for "Basic Search", "Advanced Search", and "Search History". Below this, the "CINAHL Headings" section is active, with a "View Tutorials" link.

The search results are for the term "cancer". A red arrow points to the "Cancer Use: Neoplasms" link. Below this, a list of related terms is shown with checkboxes:

- Neoplasms, Germ Cell and Embryonal
- Cancer Care Facilities
- Neoplasms, Ductal, Lobular, and Medullary
- Vulvar Neoplasms
- Carcinoma, Ductal, Breast
- Hematologic Neoplasms

On the right side, there is a "Search Database" button and a search box. The search box contains the term "Neoplasms" and has a red arrow pointing to it. The search box also includes a "Major Concept" checkbox and a close button (X).

The Windows taskbar at the bottom shows the start button, several open applications (Microsoft Word, Microsoft Office Word, 2013011..., Finding N..., Step by s..., 4 Inter..., 4 Wind...), and the system clock showing 2:12 PM on 2/12/2012.

- Check to view subject headings.
- Select the Explode box when available.
- This creates a Tree Structure, branching out with additional information and options.

CINAHL Headings | View Tutorials

Results For: cancer | Subheadings for: Neoplasms, Basal Cell

Search Database

Check box to view subheading | Click linked term for tree view.

Explode (+) | Major Concept

Neoplasms, Basal Cell

Neoplasms, Basal Cell

Neoplasms, Germ Cell and Embryonal

Neoplasms, Squamous Cell

Peripheral Nervous System Neoplasms

Supratentorial Neoplasms

Trophoblastic Neoplasms

Blood/BL

Blood Supply/BS

Cerebrospinal Fluid/CF

Diet Therapy/DH

Drug Therapy/DT

Economics/EC

Search Term | Explode (+) | Major Concept

Neoplasms, Basal Cell

Select the Explode box when available

Scroll down to find that there are numerous pages of subject headings and suggestions for cancer, be sure to look through them to find the appropriate term to meet your needs

Explode and Major Concepts

- Explode picks up all narrower terms.
- Major Concept requires your term to be a major point of the paper.

The MH before “Neoplasms+” represents Mesh Heading which is the terminology that the database uses. Ideally, if your subjects have MH in front of the term, and you have chosen the terms accurately, you should receive results that meet your needs.

The screenshot shows the EBSCO CINAHL Plus search interface. The search bar contains the query "(MH "Neoplasms+")" which is highlighted with a red box. Below the search bar, there are options for "AND" and "OR" search modes. The search results section is titled "Search History/Alerts" and includes a table with the following data:

Search ID#	Search Terms	Search Options	Actions
S1	(MH "Neoplasms+")	Search modes - Boolean/Phrase	View Results (170533) View Details Edit

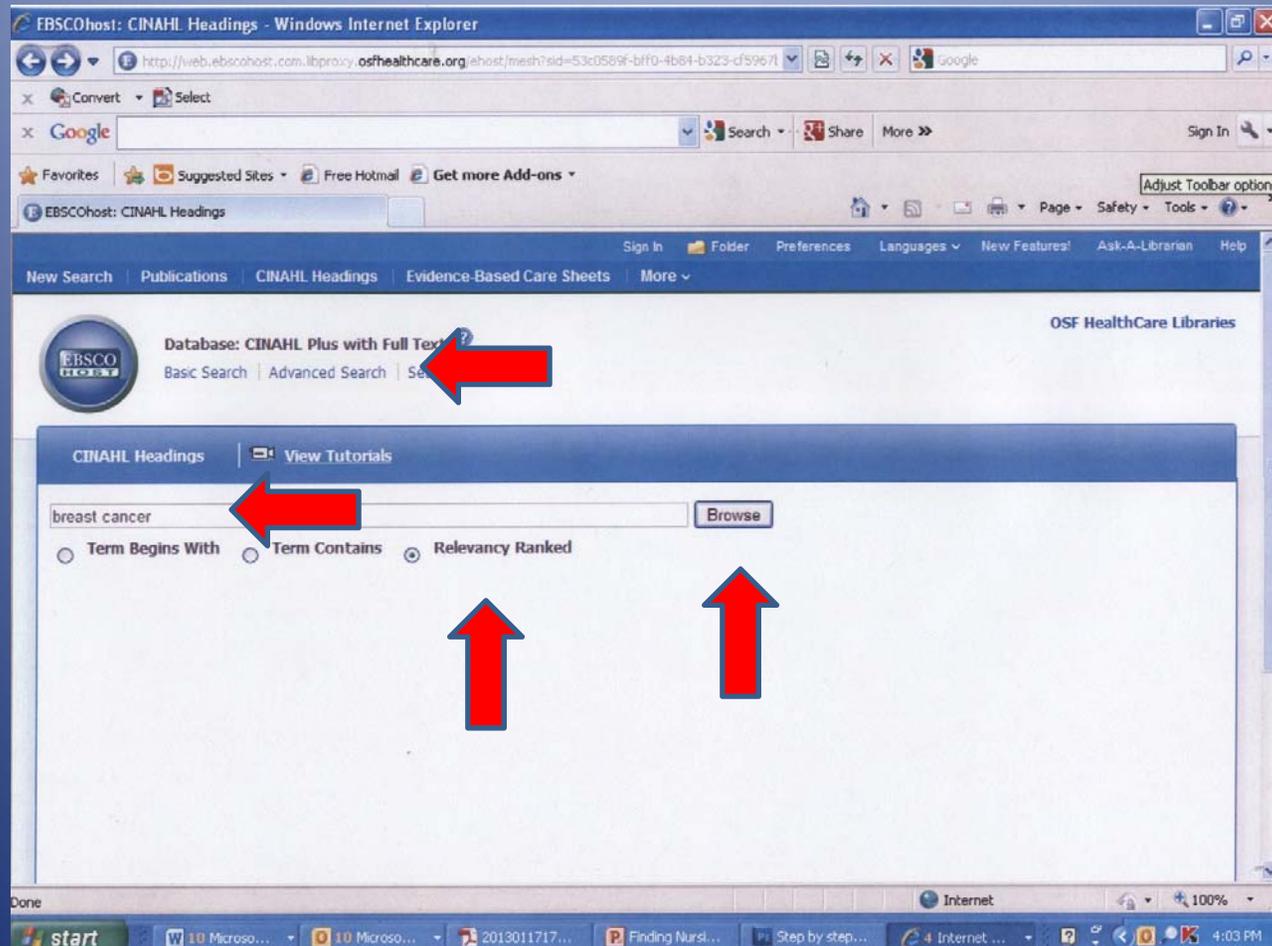
The "View Results (170533)" link is highlighted with a red box and a yellow arrow pointing to it.

Please note the result number is HUGE due to the use of a non-specific subject heading.

Sample Search: To begin a search, first run a search of the basic limiters as a group as shown previously.

- We're going to look for articles about how breast cancer affects breast feeding using these search terms:
 - Breast cancer
 - Breast feeding

Use the CINAHL Headings to run a search on “breast cancer.” Use the Advanced Search function.



CINAHL will lead you to “breast neoplasms.” Check the subject and click Explode to get as many results as possible.

The screenshot shows the EBSCOhost CINAHL Plus with Full Text interface. The search results for "breast cancer" are displayed, with the "Breast Neoplasms" term selected. The "Explode (+)" button is highlighted with a red arrow, indicating the action to expand the search results. Other red arrows point to the "Major Concept" column and the "Search Database" button.

Database: CINAHL Plus with Full Text
Basic Search | Advanced Search | Search History

CINAHL Headings | View Tutorials

Results For: breast cancer

Search Database

Search Term: Breast Neoplasms

Search Term	Major Concept
Breast Neoplasms	<input type="checkbox"/>

Check box to view subheadings. | Click linked term for tree view.

Breast Cancer Use: [Breast Neoplasms](#)

	Explode (+)	Major Concept	Scope
<input checked="" type="checkbox"/> Breast Neoplasms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breast Neoplasms, Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hereditary Breast and Ovarian Cancer Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Breast Cancer, Male Use: Breast Neoplasms, Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carcinoma, Ductal, Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lumpectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neoplasms, Germ Cell and Embryonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Breast Carcinoma, Ductal Use: [Carcinoma, Ductal, Breast](#)

See the results below of the limiter search and the “breast neoplasms” search.

The screenshot shows the EBSCOhost search interface. At the top, the search bar contains the query "(MH "Breast Neoplasms+")". Below the search bar, there are options for "AND" and "OR" search modes. The search results are displayed in a table with columns for Search ID#, Search Terms, Search Options, and Actions. Two results are shown: S2 for the main search and S1 for a limiter search. Red arrows point to the "View Results" links for both searches.

Search ID#	Search Terms	Search Options	Actions
S2	(MH "Breast Neoplasms+")	Search modes - Boolean/Phrase	View Results (42,032) View Details Edit
S1		Limiters - Published Date from: 20080101-20130131; English Language; Human; Age Groups: All Adult Search modes - Boolean/Phrase	View Results (283,306) View Details Edit

In CINAHL Headings, search for another subject, this time “breast feeding.” Explode and Search.

The screenshot shows the EBSCOhost CINAHL Headings interface. The browser title is "EBSCOhost: CINAHL Headings: Breast Feeding - Windows Internet Explorer". The address bar shows the URL: <http://web.ebscohost.com/libproxy/osfhealthcare.org/ehost/mesh?sid=ec9af6ee-b624-4449-a94f-d7211c>. The page title is "EBSCOhost: CINAHL Headings: Breast Feeding".

The interface includes a navigation bar with "New Search", "Publications", "CINAHL Headings", "Evidence-Based Care Sheets", and "More". The main content area is titled "Database: CINAHL Plus with Full Text" and "OSF HealthCare Libraries". It features a "Basic Search" section with "Basic Search", "Advanced Search", and "Search History" options.

The "CINAHL Headings" section is active, showing "Results For: breast feeding" and "Subheadings for: Breast Feeding". The "Results For: breast feeding" section has a "Check box to view subheadings" and a "Click linked term for tree view" option. The "Subheadings for: Breast Feeding" section has an "Explode (+)" button and a "Major Concept" button. The "Search Database" section has a "Search Term" field and a "Major Concept" button.

Red arrows point to the "Explode (+)" button, the "Major Concept" button, and the "Search Database" button. The "Search Term" field contains "Breast Feeding".

Check box to view subheadings	Click linked term for tree view	Explode (+)	Major Concept	Scope
<input checked="" type="checkbox"/>	Breast Feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Attaching to Breast Feeding	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Breast Feeding Positions	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Late Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Breastfeeding Promotion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Lactation Consultants	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Ineffective Breastfeeding (NANDA)	<input type="checkbox"/>	<input type="checkbox"/>	

While it's possible you could select all of the subject headings and subheadings that are relevant to your search at the same time, it is best to select and search them individually so you can see the results per specific subject term.

Now you have a list of 3 searches.
Look at the number of results.

The screenshot shows a Windows Internet Explorer browser window displaying the EBSCOhost search results page. The browser title is "EBSCOhost: Result List: (MH "Breast Feeding+")" and the address bar shows the URL "http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/results?sid=ec9afbae-b624-4449-a94f-d721". The search interface includes a search bar with the query "(MH "Breast Feeding+")" and buttons for "Search" and "Clear". Below the search bar, there are three rows of search criteria, each with an "AND" operator and a dropdown menu for "Select a Field (optional)".

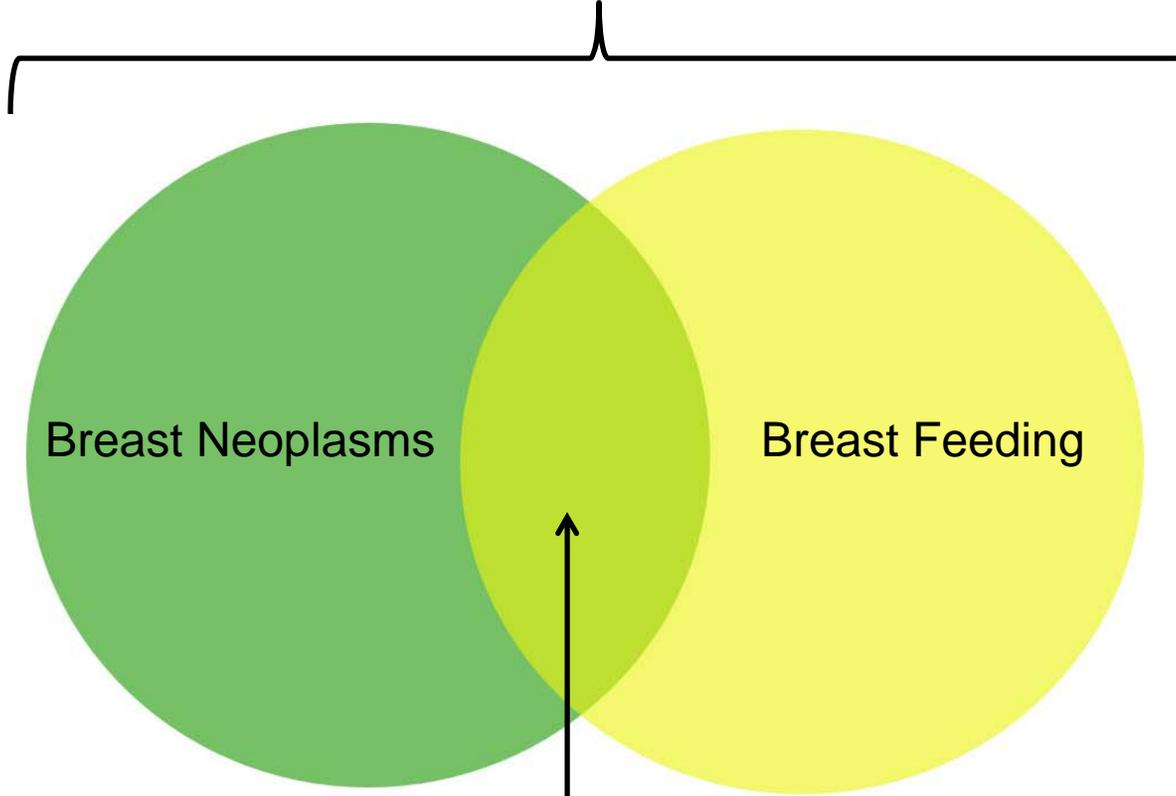
The main content area displays a table of search results. The table has columns for "Search ID#", "Search Terms", "Search Options", and "Actions". A red arrow points to the "View Results" link in the "Actions" column of the first row. The table contains three rows of search results:

Search ID#	Search Terms	Search Options	Actions
<input checked="" type="checkbox"/> S3	(MH "Breast Feeding+")	Search modes - Boolean/Phrase	View Results (12,699) View Details Edit
<input checked="" type="checkbox"/> S2	(MH "Breast Neoplasms+")	Search modes - Boolean/Phrase	View Results (42,032) View Details Edit
<input type="checkbox"/> S1		Limiters - Published Date from: 20080101-20130131; English Language; Human; Age Groups: All Adult Search modes - Boolean/Phrase	View Results (283,306) View Details Edit



- CINAHL allows you to make your search more efficient by using two Boolean search strategies
- You have the option to “Search with AND” or “Search with OR”.
- When you Search with OR, your results will include all the results for breast neoplasms and all of the results for breast feeding. (Many)
- When you Search with AND, your results only include the articles that include information on BOTH breast neoplasms and breast feeding. (Fewer)

OR



AND

To find out how breast feeding is affected by breast neoplasms, combine the two searches with “AND”.

The screenshot shows the EBSCOhost search interface. At the top, there is a search bar with the query "(MH "Breast Feeding+")" and a dropdown menu set to "AND". Below the search bar, there are three rows of search criteria, each with a dropdown menu set to "AND". The search results are displayed in a table with the following columns: Search ID#, Search Terms, Search Options, and Actions.

Search ID#	Search Terms	Search Options	Actions
<input checked="" type="checkbox"/> S3	(MH "Breast Feeding+")	Search modes - Boolean/Phrase	View Results (12,699) View Details Edit
<input checked="" type="checkbox"/> S2	(MH "Breast Neoplasms+")	Search modes - Boolean/Phrase	View Results (42,032) View Details Edit
<input type="checkbox"/> S1		Limiters - Published Date from: 20080101-20130131; English Language; Human; Age Groups: All Adult Search modes - Boolean/Phrase	View Results (283,306) View Details Edit

A red arrow points to the "Search with AND" button in the search history table.

164 Results

EBSCOhost: Result List: ((MH "Breast Feeding-")) AND (S2 AND S3) - Windows Internet Explorer

http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/resultsadvanced?sid=ec9af6ee-b624-4449-a

Search History/Alerts

Print Search History Retrieve Searches Retrieve Alerts Save Searches / Alerts

Select / deselect all Search with AND Search with OR Delete Searches Refresh Search Results

Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S4	((MH "Breast Feeding+") AND (S2 AND S3))	Search modes - Boolean/Phrase	View Results (164) View Details Edit
<input type="checkbox"/> S3	(MH "Breast Feeding+")	Search modes - Boolean/Phrase	View Results (12,699) View Details Edit
<input type="checkbox"/> S2	(MH "Breast Neoplasms+")	Search modes - Boolean/Phrase	View Results (42,032) View Details Edit
<input type="checkbox"/> S1		Limiters - Published Date from: 20080101-20130131; English Language; Human; Age Groups: All Adult Search modes - Boolean/Phrase	View Results (283,306) View Details Edit

Page: 1 2 3 4 » Date Descending Page Options Alert / Save / Share

1. Breastfeeding and breast cancer.

After each change or edit, Refresh.

The screenshot shows a Windows Internet Explorer browser window displaying the EBSCOhost search results page. The address bar shows the URL: <http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/results?sid=ec9af6ae-b624-4449-a94f-d721>. The search bar contains the query "(MH "Breast Feeding+")". Below the search bar, there are three rows of search criteria, each with an "AND" operator and a field selection dropdown. The search results are displayed in a table with columns for Search ID#, Search Terms, Search Options, and Actions. The table contains three entries:

Search ID#	Search Terms	Search Options	Actions
<input checked="" type="checkbox"/> S3	(MH "Breast Feeding+")	Search modes - Boolean/Phrase	View Results (12,699) View Details Edit
<input checked="" type="checkbox"/> S2	(MH "Breast Neoplasms+")	Search modes - Boolean/Phrase	View Results (42,032) View Details Edit
<input type="checkbox"/> S1		Limiters - Published Date from: 20080101-20130131; English Language; Human; Age Groups: All Adult Search modes - Boolean/Phrase	View Results (283,306) View Details Edit

At the top of the search results section, there are buttons for "Print Search History", "Retrieve Searches", "Retrieve Alerts", and "Save Searches / Alerts". Below these are buttons for "Select / deselect all", "Search with AND", "Search with OR", "Delete Searches", and "Refresh Search Results". A red arrow points to the "Refresh Search Results" button, and another red arrow points to the "Edit" button for the second search entry.

Please Note in the Actions Column the Results from Combining the Searches.

EBSCOhost

Searching: **CINAHL Plus with Full Text** | Choose Databases >

(S1 and S3 and S4) in Select a Field (optional) Search Clear ?

and in Select a Field (optional)

and in Select a Field (optional) Add Row

Basic Search | Advanced Search | Search History/Alerts | Preferences >

Search History/Alerts

[Print Search History](#) | [Retrieve Searches](#) | [Retrieve Alerts](#) | [Save Searches / Alerts](#) | [Clear Search History](#)

Select / deselect all | Search with AND | Search with OR | Delete Searches | Refresh Search Results

Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S6	(S1 and S3 and S4)	Search modes - Boolean/Phrase	View Results (28) Revise Search View Details
<input type="checkbox"/> S5	(MH "Breast Neoplasms, Male")	Search modes - Boolean/Phrase	View Results (148) Revise Search View Details
<input type="checkbox"/> S4	(MH "Male")	Search modes - Boolean/Phrase	View Results (378375) Revise Search View Details
<input type="checkbox"/> S3	(MH "Breast+")	Search modes - Boolean/Phrase	View Results (1547) Revise Search View Details
<input type="checkbox"/> S2	(MH "Breast Neoplasms")	Search modes - Boolean/Phrase	View Results (23247) Revise Search View Details
<input type="checkbox"/> S1	(MH "Neoplasms+")	Search modes - Boolean/Phrase	View Results (115617) Revise Search View Details

Click on the View Results link to see the results for each search

Is It Research & Relevant to the Assignment?

- Browse the results.
- They are listed from most recent to oldest. Is the publication date in the last five years? Are the References current?
- Watch for indications of research, such as Research used as a keyword, subject or tag.
- Are the results presented clearly with tables, graphs or other clear graphics?

Is It Research & Relevant to the Assignment?

- If you need the article NOW look for a Full Text icon or PDF.
- Check the number of pages of the article in the citation. If it is just a page or two, it probably is not real research. Most research articles are several pages long.
- If you see the word “review” in the text or citation, make sure it is a systematic review (an extensive review of the literature), not a brief review of an article.

Reviews

- Systematic Reviews are the highest level of evidence based practice. However, some instructors will not accept systematic reviews for some research assignments. No instructors will accept book or article reviews for research articles. Be careful if you read the word review in an article citation and recognize what you're looking at and what is acceptable for your assignment.

Is This Article Acceptable for Your Assignment?

- **The requirements and expectations for each course, each instructor and each assignment can vary. Read your assignment carefully. FOLLOW THE DIRECTIONS. When in doubt as to whether or not an article is acceptable for a specific assignment, take the article to the instructor who made the assignment for approval.**

61.



A systematic review of the association between breastfeeding and breast cancer.

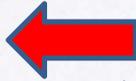
(includes abstract) Yang L; Jacobsen KH; Journal of Women's Health (15409996), 2008 Dec; 17 (10): 1635-45. (journal article - research, systematic review, tables/charts) ISSN: 1540-9996 PMID: 19049358

Abstract: Breastfeeding is hypothesized to reduce the risk of breast cancer primarily through two mechanisms, differentiation of breast tissue and reduction of the lifetime number of ovulatory cycles, but previous reviews of the association between breastfeeding and breast cancer have not consistently found that breastfeeding reduces risk of breast cancer. Our systematic review yielded 30 case-control studies and 1 cohort study published between 1990 and 2007. Of the 27 studies that assessed the effect of ever breastfeeding compared with never breastfeeding, only 11 found significant protection against breast cancer. Of the 24 studies of the effect of breastfeeding duration, only 13 found a reduced risk of breast cancer with extended lactation. We conclude that no consensus about the relationship between breastfeeding and breast cancer is emerging. Expanded consideration of possible confounders for this relationship is required to determine if breastfeeding is protective and how protection might be conferred.

Subjects: Breast Feeding; Breast Neoplasms

Database: CINAHL Plus with Full Text

Show all 7 images



Add to folder Cited References: (59)



PDF Full Text (137.6KB)

62.



In brief.

Murray-Risley (1236-0473), 2000 Aug 31; (journal article - brief report) ISSN: 1236-0473

Evaluating an Article

- First, read through the title and abstract and then skip to the discussion. Is it what you're looking for?
- Does it include the core components of a research article listed previously?
- Look at the problem/purpose and then skip to the conclusion.
- If the article does not meet your needs, do not take the time to read it. You can better spend your time searching for another more relevant article.

Evaluating an Article

- If it still looks good, read the entire article.
- Ask yourself: 1) is it usable? 2) is it complete? 3) is it consistent?
- There are scales available to determine the scientific merit of the research by evaluating the level of the quality of evidence. For example:
www.nursingworld.org/DocumentVault/NursingPractice/Research-Toolkit/JHNEBP-Research-Evidence-Appraisal.pdf
- The references at the end of an article are a good source of additional resources on your topic.

When you find an article you want to read, you have three choices:

1. If it's available in Full Text, you can open, read, save, email or print it.
2. If it is not available in Full Text, but we have a print subscription, you can go to the library and find it.

3. If it's not available in the GHSON print collection, click on "Request this Article" and complete the required information. An interlibrary loan request will be initiated for you within 24 hours.

Also, print a copy for yourself to keep track of the articles you have requested and received. Each citation contains all the APA information you need to reference the article.

Warning

- The program will log out if it is idle too long. It is always best to email yourself results, or at least the search history, in case you would be interrupted unexpectedly. If the system times out, **EVERYTHING** you have completed **IS LOST**.

Print, Email, Save to Folder, Cite Tools

The screenshot shows a Windows Internet Explorer browser window displaying a PDF viewer. The address bar shows the URL: <http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/pdfviewer/pdfviewer?vid=10&sid=ec9af6ee->. The page title is "EBSCOhost: A systematic review of the association between breastfeeding and breast can...". The browser's menu bar includes "File", "Edit", "View", "Page", "Safety", and "Tools". A red arrow points to the "Tools" menu. The page content includes the journal title "JOURNAL OF WOMEN'S HEALTH", volume and issue information, the article title "A Systematic Review of the Association between Breastfeeding and Breast Cancer", and the authors "Li Yang, M.D. and Kathryn H. Jacobsen, Ph.D.". The abstract text is visible below the authors' names.

JOURNAL OF WOMEN'S HEALTH
Volume 17, Number 10, 2008
© Mary Ann Liebert, Inc.
DOI: 10.1089/jwh.2008.0917

A Systematic Review of the Association between Breastfeeding and Breast Cancer

Li Yang, M.D. and Kathryn H. Jacobsen, Ph.D.

Abstract

Breastfeeding is hypothesized to reduce the risk of breast cancer primarily through two mechanisms, differentiation of breast tissue and reduction of the lifetime number of ovulatory cycles, but previous reviews of the association between breastfeeding and breast cancer have not consistently found that breastfeeding reduces risk of breast cancer. Our systematic review yielded 30 case-control studies and 1 cohort study published between 1999 and 2007. Of the 27 studies that assessed the effect of ever breastfeeding compared with never breastfeeding, only 11 found significant protection against breast cancer. Of the 24 studies of the effect of breastfeeding duration, only 13 found a reduced risk of breast cancer with extended lactation. We conclude that no consensus about the relationship between breastfeeding and breast cancer is emerging. Expanded consideration of possible confounders for this relationship is required to determine if breastfeeding is protective and how protection might be conferred.

Print your search history so that you won't have to repeat it later.



Tuesday, January 29, 2013 10:17:09 AM

#	Query	Limiters/Expanders	Last Run Via	Results
S4	((MH "Breast Feeding+")) AND S3)	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL Plus with Full Text	164
S3	(MH "Breast Feeding+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL Plus with Full Text	12,699
S2	(MH "Breast Neoplasms+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL Plus with Full Text	42,032
S1		Limiters - Published Date from: 20080101-20130131; English Language; Human; Age Groups: All Adult Search modes - Boolean/Phrase	Interface - EBSCOhost Search Screen - Advanced Search Database - CINAHL Plus with Full Text	283,306

Always save relevant citations to your Folder.

The screenshot shows a Windows Internet Explorer browser window displaying an EBSCOhost search result. The address bar shows the URL: <http://web.ebscohost.com/libproxy.osfhealthcare.org/ehost/resultsadvanced?sid=ec9af6ee-b624-4449-a>. The search results list item 61, titled "A systematic review of the association between breastfeeding and breast cancer." The abstract text is visible, along with the journal information: "Journal of Women's Health (15409996), 2008 Dec; 17 (10): 1635-45." Below the abstract, there is a section for "Add to folder" and "Cited References: (59)". A red arrow points to the "Add to folder" button. The taskbar at the bottom shows several open applications, including Microsoft Word and Internet Explorer.

Saved Results Folder

- It's sometimes easier to save everything you are interested in to your Folder first.
- Then you can look at all saved articles at once and evaluate and compare them to choose the ones that best meet your needs before printing or emailing them.

Saved Results Folder

EBSCOhost: Folder - Windows Internet Explorer

http://web.ebscohost.com.libproxy.osfhealthcare.org/ehost/Folder?sid=9bd6bdca-6ac8-44a2-ae80-c5eac

Search Share More >> Sign In

EBSCOhost: Folder

Sign In Folder Preferences Languages New Features! Ask-A-Librarian Help

New Search Publications CINAHL Headings Evidence-Based Care Sheets More

OSF HealthCare Libraries

Select one, two or all.

Give the library a copy of what you would like to receive via ILL and keep a copy for yourself so you can keep track of which articles you have received. Each citation contains all the APA information you will need to reference the article.

Articles

1-5 of 5 Page: 1 Name Sort Page Options

Select / deselect all Delete Items

1. Academic Journal

A qualitative investigation of breast cancer survivors' experiences with breastfeeding.

Gorman JR; Usita PM; Madlensky L; Pierce JP; Journal of Cancer Survivorship, 2009 Sep; 3 (3): 181-91. (journal article - research) ISSN: 1932-2259 PMID: 19462249

Subjects:
Breast Feeding; Breast Feeding; Breast Neoplasms; Survivors; Survivors; Adult: 19-44 years; Female

Database:
CINAHL Plus with Full Text

Request this Article

Print

E-mail

Save as File

Export

Internet

Print, E-mail,
Save to file
or Export

Using the Citations from Your Folder

- We recommend saving or emailing all of the results to yourself even if you have more than you need. Then if some of the articles are unavailable or not useful, the search does not have to be run again. Just use some of the extra articles that were saved.
- Multiple actions can occur with each saved citation, they just have to occur in different steps. The actions include emailing, printing, saving or exporting the records.

Using the Citations from Your Folder

- Email all to yourself. Email the ones not available in full-text or in the library to Lynette to get through interlibrary loan.
- Email all using the APA formatting so there is an electronic version in APA format. We have found errors, so double check the citations before turning in your paper. Use the provided APA formatting only as a starting place to build your reference page.

Printing from Saved Results Folder

When printing or emailing to yourself, have the search history and the full text sent so you know what terms were searched to get the results.

When printing or emailing results to the library to be requested from another library, please only include the Brief Citation. That provides us with the information we need.

Articles

Number of items to be printed: 18

Remove these items from folder after printing

[Estimate Number Of Pages]

For information on printing full text, see [online help](#). For information on using Citation Formats, see [online citation help](#)

Include when printing:

- HTML Full Text (when available)
- Current Search History
- Standard Field Format**
Brief Citation
- Citation Format
AMA (American Medical Assoc.)
- Customized Field Format

Be careful. If this is marked the items will be deleted after printing, or emailing.
We recommend to only delete once you have the results in hand or in your email.

Articles

Number of items to be printed: 18

Remove these items from folder after printing

[Estimate Number Of Pages]

For information on printing full text, see [online help](#). For information on using Citation Formats, see [online citation help](#)

Include when printing:

- HTML Full Text (when available)
- Current Search History
- Standard Field Format**
Brief Citation
- Citation Format
AMA (American Medical Assoc.)
- Customized Field Format

Emailing from saved results folder

- The same options apply when emailing citations from the saved results folder as when printing, and saving to an electronic file.
- When emailing requests to library staff, send it also to yourself so you can keep track of what you have received and what else you are expecting.

The screenshot shows a web interface for emailing articles. At the top, a green bar contains the word "Articles". Below it, a grey bar indicates "Number of items to be e-mailed: 18". The main area is divided into two columns. The left column contains input fields for "E-mail from:" (with the value "ephost@epnet.com"), "E-mail to:" (with a note "Separate each e-mail address with a semicolon."), "Subject:", and "Comments:". Below these is a "Format:" section with radio buttons for "Rich Text" (selected) and "Plain Text". At the bottom of the left column is a checkbox for "Remove these items from folder after e-mailing" with a note: "For information on e-mailing Linked Full Text, see [online help](#). For information on using Citation Formats, see [online citation help](#)". The right column is titled "Include when sending:" and contains several options: "HTML Full Text (when available)", "PDF as separate attachment (when available)", "Current Search History", "Standard Field Format" (selected), "Citation Format", and "Customized Field Format". Each of these options has a dropdown menu. The "Standard Field Format" dropdown is set to "Detailed Citation and Abstract", and the "Citation Format" dropdown is set to "AMA (American Medical Assoc.)". A "Send" button is located at the bottom left of the interface.

Printing in APA Format

- Using this option can be very helpful.
- It is always good to double check their APA formatting because we have found errors.

Articles

Number of items to be printed: 18

Remove these items from folder after printing

[Estimate Number Of Pages]

For information on printing full text, see [online help](#). For information on using Citation Formats, see [online citation help](#)

Include when printing:

HTML Full Text (when available)

Current Search History

Standard Field Format

Brief Citation

Citation Format

APA (American Psychological Assoc.)

Customized Field Format

- It is easier to cut and paste from an electronic version or retype from print than creating your own reference list in APA format from scratch.

Example of Emailed Results in APA Format.

As the articles are used, the citations can be added to your reference page by copying and pasting from the email and then editing out the additional information.

From: ephost@epnet.com
To: Library
Cc:
Subject: emailed references in APA

Message | SearchHistory.html (5 KB)

OSF Saint Francis Medical Center

EBSCO Publishing Citation Format: APA (American Psychological Assoc.):

NOTE: Review the instructions at http://support.ebsco.com/help/?int=ehost&lang=&feature_id=APA and make any necessary corrections before using. Pay special attention to personal names, capitalization, and dates. Always consult your library resources for the exact formatting and punctuation guidelines.

References

Syeed, N., Abdullah, S., Sameer, A., Siddiqi, M., Chowdhri, N., & Hussain, S. (2010). A case report of a 14-year-old male patient with breast carcinoma. *Internet Journal of Surgery*, 24(1), Retrieved from EBSCOhost.

<!--Additional Information:

Persistent link to this record (Permalink): <http://libproxy.osfhealthcare.org/login?URL=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,url,cookie&db=rzh&AN=2010718472&site=ehost-live&scope=site>

End of citation-->

Ilhan, E., Bati, B., Alemdar, A., Coskun, A., Sezgin, A., Yildirim, M., & ... Purten, M. (2009). A clinicopathological evaluation of male patients with breast cancer. *Breast Care*, 4(5), 308-314. Retrieved from EBSCOhost.

Export Citations from Results Folder

The screenshot shows a web interface for exporting citations. At the top, there are two buttons: "Save" and "E-mail". Below this, a status bar indicates "Number of items to be saved: 4". A checkbox labeled "Remove these items from folder after saving" is present. A "Save" button is located on the left side. On the right side, there is a section titled "Save citations to a file formatted for:" with a list of radio button options: "Direct Export to EndNote, ProCite, CITAVI, or Reference Manager" (selected), "Direct Export to EndNote Web", "Generic bibliographic management software", "Citations in XML format", "Citations in BibTeX format", "Citations in MARC21 format", and "Direct Export to RefWorks".

- RefWorks is an online research management, writing and collaboration tool. It is used to sort and organize bibliographic citations.

- Through our OSF affiliation we have access to use RefWorks.

- If you want to use RefWorks, contact Michelle and she will assist you in getting a RefWorks account.

Beyond CINAHL-Other Acceptable Sources for Research Articles

- **GHSON Print Journal Collection** — We have a number of journals that focus on research. Many of the other journals have a research section per issue*.

Applied Nursing Research

Clinical Nursing Research

Journal of Advanced Nursing

Journal of Nursing Scholarship

Journal of Professional Nursing

Nursing Outlook

Nursing Research

Nutrition in Clinical Practice*

Oncology Nursing Forum

Perspectives in Psychiatric Care*

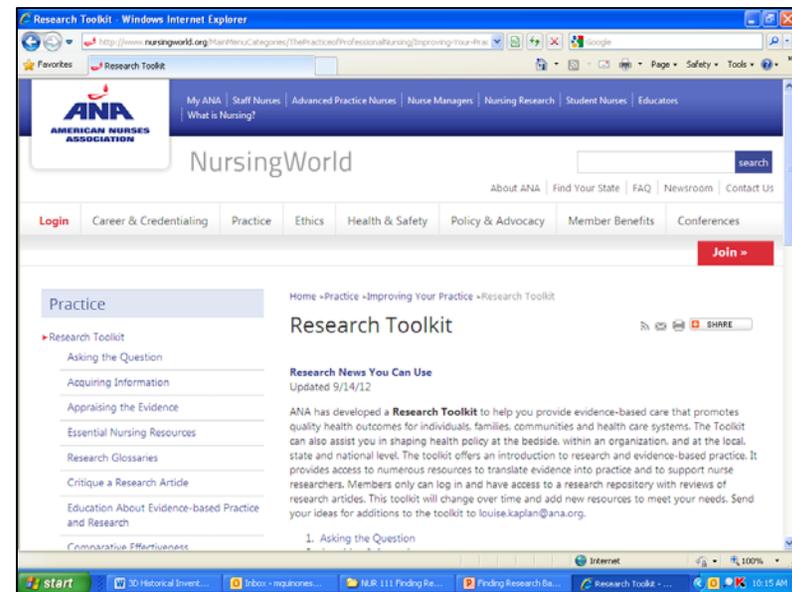
Psychiatric Services*

Simulation in Healthcare.

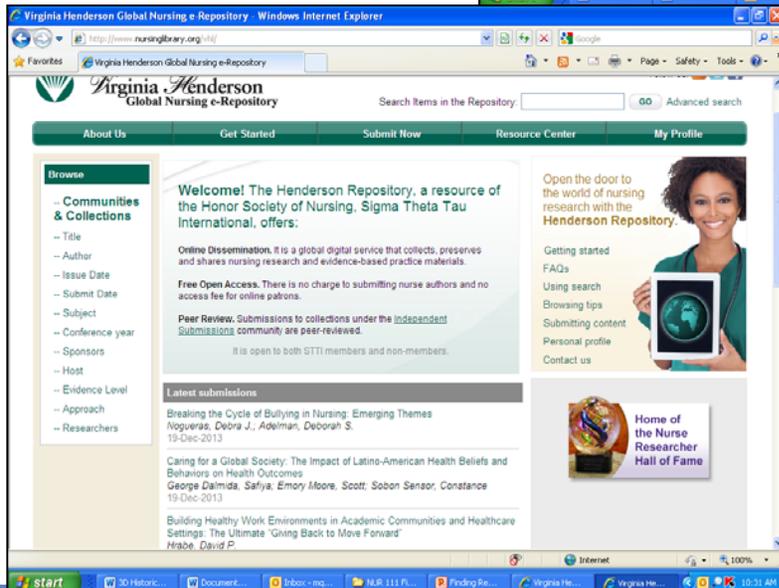
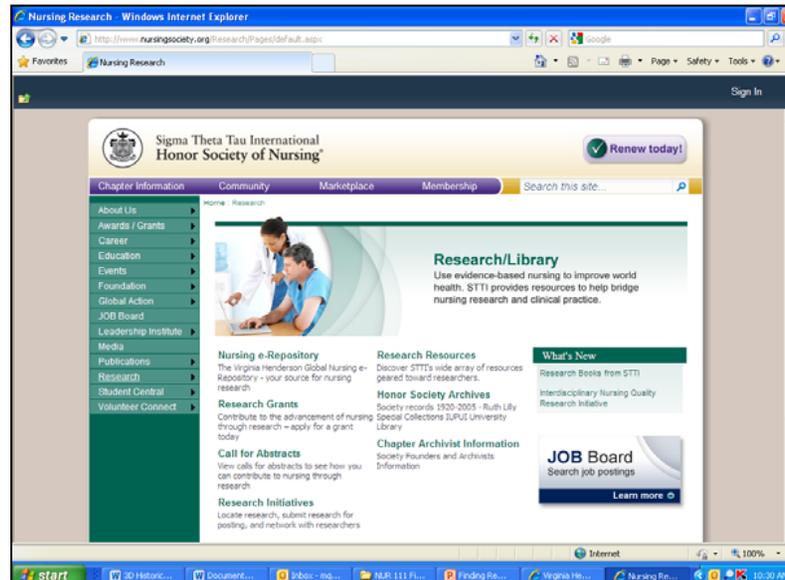
Beyond CINAHL-Other Acceptable Sources for Research Articles

- AHRQ — Agency for Healthcare Research & Quality
<http://www.ahrq.gov/>
- National Clearinghouse Guidelines
<http://www.guideline.gov/>
- PUBMED -- <http://www.ncbi.nlm.nih.gov/pubmed>
- Google Scholar – www.scholar.google.com

Beyond CINAHL-Other Acceptable Sources for Research Articles



Beyond CINAHL-Other Acceptable Sources for Research Articles



Recommendations

- Start and complete your research 3 weeks before the paper is due.
 - It takes time, especially for physical items, to be received via interlibrary loan. Requesting early assists us in being able to secure the items you want.
- Create your Reference page.
 - Once you have identified a reference to use in paper, put the citation in APA format.
- Organize your information in folders or a 3 ring binder by subject/section of your paper.
 - You will know exactly where to go to gather more information for a specific subject.
- Don't forget that your textbooks are excellent sources of information.

Additional Resources

- BMJ. (2014). *How to read a paper*. Retrieved from:
<http://www.bmj.com/about-bmj/resources-readers/publications/how-read-paper>
- Hudson-Barr, D. (2004). Scientific inquiry: How to read a research article. *Journal for Specialists in Pediatric Nursing, 9*, 70-72.
- Kaplan, L. (2012). Reading and critiquing a research article. *American Nurse Today*. Retrieved from:
<http://www.americannursetoday.com/article.aspx?id=9568&fid=9534>
- Taylor, C. (2011). *Fundamentals of nursing (7th ed.)* (pp. 76-81). Philadelphia, PA: Lippincott Williams & Wilkins.
- Vitale, A. (2003). Nursing research article critiques-made easy! *New Jersey Nurse, 33*(9), 7.
- Reading a research article* [pdf document]. (2008). Retrieved from Information literacy in the major: A workshop for JMU faculty:
http://www.lib.jmu.edu/ilworkshop08/materials_studyguide3.pdf

Remember

- Contact a library staff member if you have any questions. If you would like to set up an appointment for one on one instruction please call ext. 2343 or email library@grahamhospital.org

- Happy Searching

