About Journals

What is a “journal”? 

- A type of “periodical” (a regularly recurring publication with articles in a given subject area) that publishes the research findings of a given scholarly discipline or profession.

- For a field in the sciences or social sciences, the journal literature represents the knowledge base of the field—it is considered its “primary” literature.

- Sometimes referred to as “scholarly journals”

For your nursing assignments, you will be expected to use journals.
Magazines are not considered appropriate sources...
…nor are trade publications (which highlight job openings, news, trends)
But use these... scholarly professional / research journals. *They are all “peer-reviewed.”*

Note: the Libraries subscribe to over 120 nursing journals, plus hundreds more related to health and medicine.
The defining characteristic is peer-review

• What is peer-review?
  – It is the process used to ensure high-quality scholarship (sometimes called “refereed”)

• How does it work?
  – Author submits a manuscript to the peer-reviewed journal.
  – The editors send it out to experts in the field (the author’s peers) for their review of its quality and appropriateness for the journal.
  – Based on that review, the manuscript is accepted, accepted with revisions, or rejected.
  – Only the best submissions get published. The best journals have high rejection rates.
What does a journal article look like?

Not this—
• News items, short reports
• No author credentials
• Few, if any, references
• No peer-review

But this—
• Full studies
• Authors identified with their credentials and institutional affiliation
• Reference list
• Peer-reviewed
Stress and overeating

Stress hormones increase appetites and a craving for high-fat, sugary food.

It's been another hectic day. On impulse, you grab an extra-large candy bar during your afternoon break. You plan to take just a few bites. But before you know it, you've polished off the whole thing—and, at least temporarily, you may feel better.

Rest assured: you're not alone. Stress, the hormones it unleashes, and the effects of high-fat, sugary "comfort foods" push people toward overeating. Researchers have linked weight gain to stress, and according to an American Psychological Association survey, about one-fourth of Americans rate their stress level as 8 or more on a 10-point scale.

Effects on appetite
In the short term, stress can shut down an appetite. A structure in the brain called the hypothalamus releases corticotropin-releasing hormone, which suppresses appetite. The brain also sends messages to the adrenal glands to the kidneys to pump out the hormone epinephrine (also known as adrenaline). Epinephrine helps trigger the body's fight-or-flight response, a revved-up physiological state that temporarily puts eating on hold.

But if stress persists—or is perceived as persisting—it's a different story. The adrenal glands release another hormone called cortisol, and cortisol increases appetite and may also ramp up motivation in general, including the motivation to eat. Once a stressful episode is over, cortisol levels should fall, but if the stress doesn't go away—or if a person's stress response gets stuck in the "on" position—cortisol may stay elevated.

Fat and sugar cravings
Stress also seems to affect food preferences. Numerous studies—granted, many of them in animals—have shown that physical or emotional distress increases the intake of foods high in fat, sugar, or both. High cortisol levels, in combination with high insulin levels, may be responsible. Other research suggests that ghrelin, a "hunger hormone," may have a role. Once ingested, fat- and sugar-filled foods seem to have a feedback effect that inhibits activity in the parts of the brain that produce and process stress and related emotions. So part of our stress-induced craving for those foods may be that they counteract stress. And, as Mary Dallman, a University of California researcher, has written, it's a small step from cooling off strong emotions caused by intense stress to using the same sort of food to quiet lesser feelings caused by milder or chronic stress.

Of course, overeating isn't the only stress-related behavior that can add pounds. Stressed people lose sleep, exercise less, and drink more alcohol, all of which can contribute to becoming overweight.

Different responses
Some research suggests a gender difference in stress coping behavior, with women being more likely to turn to food and men to alcohol or smoking. A Finnish study that included over 5,000 men and women showed that obesity was associated with stress-related eating in women but not in men. Other research has shown that high stress levels lead to weight gain in both women and men, but the effect is typically greater in men.

Harvard researchers have reported that stress from work and other sorts of problems correlates with weight gain, but only in those who were overweight at the beginning of the study period. One explanation: overweight people have elevated insulin levels, and stress-related weight gain is more likely to occur in the presence of high insulin.

How much cortisol people produce in response to stress may also factor into the stress-weight gain equation. Several years ago, British researchers designed an ingenious study that showed that people who responded to stress with high cortisol levels in an experimental setting were more likely to snack in response to daily hassles in their regular lives than low-cortisol responders.

Steps you can take
If stress seems to be affecting your appetite and bulging your waistline, one simple step you can take is to ban high-fat, sugary foods from your refrigerator and cupboards. Keeping those "comfort foods" handy is just inviting trouble.

Stress reduction is a growth industry these days. There are dozens of things to try. Here are three suggestions:

Meditate. Countless studies show that meditation reduces stress, although much of the research has focused on high blood pressure and heart disease. Meditation may also help you be more mindful of food choices. With practice, a person may be able to pay better attention to the impulse to grab a fat- and sugar-loaded comfort food and inhibit the impulse.

Exercise more. Intense exercise increases cortisol levels temporarily, but low-intensity exercise seems to reduce them. University of California researchers reported results last year that exercise—and this was vigorous exercise—may blunt some of the negative effects of stress. Some activities, such as yoga and tai chi, have elements of both exercise and meditation.

Visit with friends. Social support seems to have a buffering effect on the stress people experience. For example, researchers have found that the mental health of people working in stressful situations, like hospital emergency departments, is better if they receive it. But even those of us who live and work in situations where the stakes aren't as high will, as Lennon and McCartney suggested, be better off if we get a little help from our friends.
Multiple disciplinary research provides an opportunity to bring together investigators across disciplines to provide new views and develop innovative approaches to important questions. Through this shared experience, novel paradigms are formed, original frameworks are developed, and new language is generated. Integral to the successful construction of effective cross-disciplinary teams is the recognition of antecedent factors that affect the development of the team such as intrapersonal, social, physical environmental, organizational, and institutional influences. Team functioning is enhanced with well-developed behavioral, affective, interpersonal, and intellectual processes. Outcomes of effective multiple disciplinary research teams include novel ideas, integrative models, new training programs, institutional change, and innovative policies that can also influence the degree to which antecedents and processes contribute to team performance. Ongoing evaluation of team functioning and achievement of goals and outcomes ensures the continued development of the multiple disciplinary team and continuation of this approach as important to the advancement of science.

The current pace and complexity of science and technology present new research opportunities as well as challenges requiring novel approaches, redefinition of the conduct of research, and formation of new multiple disciplinary partnerships.\textsuperscript{1,2} This pace and complexity have also stimulated the development of organizational models in which scientists move beyond the boundaries of their own discipline.\textsuperscript{1,2} With this new focus on teambuilding, terms such as multidisciplinary, interdisciplinary, and transdisciplinary were coined to denote collaborative efforts involving several disciplines.\textsuperscript{3,4} Where multidisciplinary research can become stale or predictable and suffer a crisis of ideas, viewing a problem from multiple disciplines can avoid the “one-dimensional” evaluation with a “look in” from different perspectives.\textsuperscript{5,6} The aim of this article is to consider ways to enhance multiple disciplinary research, including factors that promote as well as obstruct multiple disciplinary teamwork. In this article, the terms cross-disciplinary and multiple disciplinary are used to describe multidisciplinary, interdisciplinary, and transdisciplinary research.

**DEFINITIONS: MULTIDISCIPLINARY, INTERDISCIPLINARY, TRANSDISCIPLINARY RESEARCH**

The terms multidisciplinary, interdisciplinary, and transdisciplinary have been used interchangeably to describe cross-disciplinary efforts, leading to ambiguity.\textsuperscript{6,7} Choi and Pak suggest that these terms reflect a continuum.\textsuperscript{7,8} Multidisciplinary research is viewed as additive where collaboration with another discipline provides a new perspective to solving the problem. As a team, the disciplines work independently in parallel or sequentially and within disciplinary boundaries, applying their own disciplinary viewpoint with limited direct interaction and cross-fertilization.\textsuperscript{9,10} Interdisciplinary teams, on the other hand, are interactive, sharing more information, but do so from the perspective of their own discipline’s paradigm.\textsuperscript{3,4} Crossing boundaries, transdisciplinary research employs a holistic approach to problem-solving to create methodological innovations, knowledge, new products, approaches, or paradigms, shared conceptual frameworks, or even the creation of new disciplines.\textsuperscript{3,4,5,6,8,10} The outcome of the transdisciplinary team is greater than the sum of its parts representing the addition of knowledge contributed by the different disciplines.\textsuperscript{7}

**FACTORS THAT ENHANCE AND OBSTRUCT EFFECTIVE MULTIPLE DISCIPLINARY TEAMWORK**

Stokes and colleagues have developed a conceptual model to guide the development, operation, and evaluation of cross-disciplinary teams.\textsuperscript{7,10} As shown in Figure 1, effective team functioning is affected by antecedents, processes, and outcomes.\textsuperscript{7} This framework is used to discuss factors that facilitate or impair teamwork.
REFERENCES

Patient Views on Reminder Letters for Influenza Vaccinations in an Older Primary Care Patient Population
A Mixed Methods Study

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ABSTRACT

Objectives: To explore the perspectives of older adults on the acceptability of reminder letters for influenza vaccinations.

Methods: We randomly selected 23 family physicians from each Family Health and Primary Care network participating in a demonstration project designed to increase the delivery of preventive services in Ontario. From the roster of each physician, we surveyed 35 randomly selected patients over 65 years of age who recently received a reminder letter regarding influenza vaccinations from their physician. The questionnaire sought patient perspectives on the acceptability and usefulness of the letter. We also conducted follow-up telephone interviews with a subgroup of respondents to explore some of the survey findings in greater depth.

Results: 95.3% (663/716) of patients completed the questionnaire. Sixty-five percent of respondents recalled receiving the reminder (n=431), and of those, 77.3% found it helpful. Of the respondents who recalled the letter and received a flu shot (n=346), 11.2% indicated they might not have done so without the letter. The majority of respondents reported that they would continue receiving reminder letters for influenza vaccinations (63.0%) and other preventive services (77.1%) from their family physician. The interview participants endorsed the use of reminder letters for improving vaccination coverage in older adults, but did not feel that the strategy was required for them personally.

Conclusions: The general attitude of older adults towards reminder letters was favourable, and the reminders appear to have contributed to a modest increase in influenza vaccination rates.

Key words: Reminder systems; preventive health services; influenza vaccine; patient satisfaction

La traduction du résumé se trouve à la fin de l'article.

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METHODS

We used a sequential explanatory mixed methods design, which involves qualitative data collection and analysis subsequent to quantitative data collection and analysis.110 Ethics approval was obtained from the McMaster University Research Ethics Board.

Patient surveys
Results presented as tables, figures
some of the information contained within. This is consistent with findings from a survey exploring patient attitudes toward reminders for cholesterol screening, which also found that many respondents did not recall the reminder or its content.

The majority of respondents reported that they found the letter helpful, although a smaller number reported that they wanted to continue receiving reminder letters. This discrepancy is explained by the interview findings, as many participants reported that they already obtain a flu shot every year and thus did not feel that they required a reminder. This may also be an explanation for the greater proportion of patients wanting future reminders for other preventive services. Although many did not believe that reminders were needed for themselves, the interview participants endorsed the use of the strategy for others.

Survey respondents who did not find the reminder helpful may have received the letter too late; the benefit was obtained on an appointment booked, as mentioned by several interviewees. Alternatively, the individual who did not find the letter helpful may have been the same one who did not receive influenza vaccinations. The results of the multivariate analyses suggest that patients who already obtain and endorse the vaccination are predominantly the same individuals with favourable attitudes toward reminders. Further research is needed to evaluate the impact of reminder letters for chronic vaccine refusers and other hard-to-reach groups.

There are several limitations to our findings. First, the questionnaire may have biased the results, as it was developed by the investigators and was not extensively tested for validity or reliability. Additionally, 84% of older adults in our sample received an influenza vaccination, as compared with a reported rate of 75% for Ontarians,24 potentially leading to more favourable attitudes toward the reminder letter strategy. The significant proportion of patients who did not remember the reminder or who inaccurately recalled the information that was contained within also raises concerns about the credibility and accuracy of other responses. Finally, the demographic profile of the

Despite these limitations, there is evidence to suggest that older adults are receptive to receiving reminder letters regarding annual influenza vaccinations. The letters do influence some patients and the reminders appear to be responsible for a modest increase in vaccination delivery. This is shown by investigating subgroups of the older adult population where reminders will be the most beneficial, and on features of reminder letters that promote patient adherence.

REFERENCES


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RÉSUMÉ

Objectifs : Évaluer le point de vue de personnes âgées sur l'acceptabilité des lettres de rappel concernant les vaccins antigrippaux.

Méthode : Nous avons sélectionné au hasard 23 médecins de famille associés aux réseaux de santé familiales et de santé primaires pour un projet de démonstration visant à accroître la prescription des services prévenants en Ontario. Sur la liste des patients de chaque médecin, nous avons sondé 35 patients de plus de 65 ans sélectionnés au hasard pour recevoir une lettre de rappel de leur médecin concernant les vaccins antigrippaux. Dans le questionnaire, on demandait au patient qu'il ou elle pensait à l'acceptabilité de l'utilisation de la lettre de rappel.

Résultats : 85,3 % des patients (664/767) ont rempli le questionnaire. Soixante-cinq patients (654/767) ont répondu à la lettre de rappel. Parmi les répondants qui ont répondu à la lettre et qui avaient motivé leur réponse, la majorité (25,2 %) dit qu'il n'a pas d'effet anti-grippaux. Les répondants qui ont répondu à la lettre et qui avaient motivé leur réponse, la majorité (25,2 %) dit qu'il n'a pas d'effet anti-grippaux.

Conclusion : L'attitude générale des personnes âgées à l'égard des lettres de rappel était favorable, et les lettres semblaient avoir contribué à une hausse modeste des taux de vaccination contre la grippe.
### Scholarly Journal Checklist

Use this checklist to determine if a journal is “scholarly”.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Audience</td>
<td>Researchers, professionals, students</td>
</tr>
<tr>
<td>Authors</td>
<td>Scholars in the field (name, institutional affiliation)</td>
</tr>
<tr>
<td>Overall appearance</td>
<td>Serious, formal, often many pages in length</td>
</tr>
<tr>
<td>Purpose</td>
<td>Reports original research or findings for a defined area of study</td>
</tr>
<tr>
<td>Documentation</td>
<td>Sources cited in footnotes or bibliography (often extensive)</td>
</tr>
<tr>
<td>Frequency</td>
<td>Published on a regular basis during the year</td>
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</tbody>
</table>
| Authority           | Editorial board, plus use of peer review of manuscripts to determine suitability for publication  
                      | [This information will be found on the journal’s website and under their “Information for Authors” section]. |

This checklist adapted from [http://www.library.kent.edu/scholarly](http://www.library.kent.edu/scholarly)
CINAHL can help

CINAHL (Cumulative Index to Nursing & Allied Health Literature) is the major tool in nursing for finding journal articles.

The following screens shows ways that CINAHL can:

- Limit your search results to peer-reviewed and/or research articles
- Identify the publication type of a given article (research or other)
Another way to get the best articles:

Use the limits available in CINAHL for “research” and “peer-review”
CINAHL results listing indicates if an article is “research”.

These would be good choices.
<table>
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<th>Music therapy may help depression.</th>
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<tr>
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<tr>
<td>Language:</td>
<td>English</td>
</tr>
<tr>
<td>Major Subjects:</td>
<td>Depression -- Therapy, Music Therapy</td>
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<tr>
<td>Minor Subjects:</td>
<td>Depression -- Psychosocial Factors</td>
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<td>Special Interest:</td>
<td>Consumer Health; Psychiatry/Psychology</td>
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In Summary

• For nursing assignments, use journal articles.

• Journals represent vetted, quality work because of “peer review.”

• Identifiable characteristics of journal articles include:
  • full, often lengthy, presentation of findings
  • author, credentials, affiliation identified
  • data presented as tables, figures
  • lengthy list of references

• CINAHL provides limits for “peer-review” and “research”.