

Volume 22,
Number 3
March 2001

AXON L'AXONE

In This Issue:

The challenges of integration in health care research12

**Psychological distress and family burden
following spinal cord injury: Concurrent traumatic
brain injury cannot be overlooked16**

**Daring men to be caring men:
The dilemma of disability for male caregivers18**



CANN ACIISN

**Canadian Association of Neuroscience Nurses
Association canadienne des infirmières et infirmiers
en sciences neurologiques**



ABSTRACTS**The challenges of integration in health care research**

By Wilma J. Koopman, Cathy-Lee Benbow, and Nick Neary

The team approach in neuroscience patient care results in health care professionals interacting on a daily basis. However, the collaboration of health care disciplines in research is limited. The barrier to research integration among disciplines may be related to the diverse views of the quantitative and qualitative paradigms. Health care research is challenged by both the variety of health professionals and differing research paradigms. Patients will benefit from integrated health care research with a coordinated research agenda and efficient use of resources.

Psychological distress and family burden following spinal cord injury: Concurrent traumatic brain injury cannot be overlooked

By Karin M. Buchanan and Lorin J. Elias

Although concurrent spinal cord injury (SCI) and traumatic brain injury (TBI) are recognized, there is little acknowledgement of SCI/TBI as a contributor to psychological distress and family burden. By mail-out questionnaire, we evaluated psychological distress and family burden in a married group (n=12) with traumatic SCI who had not been identified as having concurrent TBI on referral to the Canadian Paraplegic Association. Both the person with SCI and the partner completed the Brief Symptom Inventory (BSI), the Adjective Checklist, and a Likert strain scale to measure the perception of the partner's strain. The partner also completed the Zarit Burden Interview. Despite screening criteria designed to selectively recruit individuals without TBI, seven individuals described post-traumatic amnesia (PTA) \geq 3 days. Subsequently, participants' reports were divided into two groups - "longer PTA" and "shorter PTA". On the Brief Symptom Inventory, the two SCI groups did not differ, but the partners of individuals with "longer PTA" had significantly elevated Global Severity Index scores compared to the other partners. The "longer PTA" partner group demonstrated more strain and more burden (as measured by the Likert strain scale and the Zarit Burden Interview). Given the size of the groups (n = 7, n = 5), these findings are presented to illustrate trends and to stimulate further research.

Daring men to be caring men: The dilemma of disability for male caregivers

By Marvin L. Anderson

The presence of a chronic illness such as multiple sclerosis (MS) represents not only overwhelming demands on male caregivers, but ambivalence for men with respect to their masculinity. Men as sole caregivers for spouses with MS feel caught between a rock and a hard place, given their gender socialization and the pressing demands of caring for a dependent and vulnerable spouse. Regular chapter visits within the MS Society in Ontario confirmed the assumption that male caregivers have to contend with a predominant bias among professional female caregivers that men are really not capable of caring for someone with a chronic illness and subsequently cannot be trusted with such responsibility. This

bias actually works to undermine men's perceived capability and predisposition to caring for a vulnerable family member with a chronic illness or disability.

Guillain-Barré Syndrome - a patient guide and nursing resource

By Michael Kehoe

Guillain-Barré Syndrome (GBS) is an illness characterized by acute neuromuscular paralysis. A review of the history, course of the disease, current treatments, and nursing interventions, as well as excerpts from a patient teaching guide developed by the author for patients with GBS is included in this paper. The objectives are to present information about GBS, first at a level of understanding appropriate for patients and their families, and then to provide a more indepth discussion for health care providers. Despite the potential severity of GBS, the expected outcomes are encouraging. GBS affects 1-2.73 individuals per 100,000/year (Hahn, 1998). The symptoms can range from numbness and tingling with mild weakness to total paralysis requiring mechanical ventilation. Once diagnosed, patients are usually treated with intravenous immune globulin (IV IG), which significantly reduces the duration of the illness (Hughes, 1997; Guillain-Barré Syndrome Study Group, 1985). Neuroscience nurses can make a difference in the recovery of their patients by anticipating potential complications and attending to their special needs during the acute and recovery phases of their illness. Aside from physical care, being able to support and teach the patient and family about GBS is crucial. Use of a patient and family teaching guide is one strategy for providing education and support.

Critical illness polyneuropathy

By Pamela Bovan, Wendy Blackburn, and Patrick Potter

Over the past three decades, there has been an increasing interest in cases of profound muscle weakness in critically ill, mechanically ventilated patients. Potential causes for these acute weakness syndromes are multiple and include disorders of the peripheral nerves, the neuromuscular junction, and muscle (Sliwa, 2000). This article will provide an overview of one potential cause of an acute weakness syndrome affecting peripheral nerves, critical illness polyneuropathy (CIP). A case study concerning a 32-year-old male who suffered multiple traumatic injuries, and who was treated for more than two years, is presented to illustrate the course of the syndrome. He required extensive interdisciplinary involvement to achieve independence in spite of ongoing neurological impairments.

Writing for publication

By Diane Duff

A discussion of the benefits and obstacles of authoring a paper for a nursing journal is followed by an explanation of the process of writing for publication. Benefits include advancing nursing knowledge and professional recognition of the individual author. The barriers addressed are time, failure to recognize expertise, a reluctance to subject one's work and ideas to the public arena for scrutiny, and lack of confidence with scholarly writing. The discussion focuses on

choosing a suitable journal and subject, the role of the editor and peer reviewers in a refereed journal, and a procedure for planning, writing, and editing a paper. The process is addressed both in a generic sense, and specifically when writing a paper for AXON. Strategies to get nurses started with writing, such as critical reading of journal articles individually or with a peer group, writing with a mentor or group, and starting with small projects, are also included.