Prayer Warriors: A Grounded Theory Study of American Indians Receiving Hemodialysis

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Spirituality is an integral component in the lives of people with end stage renal failure. As nephrology nurses, we have been called to harness the restorative powers of spirituality, caring for body, mind, and spirit, as well as to strive to create a caring organizational culture that fosters spirituality. A primary step in creating a healing environment is to seek to understand spirituality and how it influences the lives of individuals receiving hemodialysis. As nurses, we must listen to stories and narratives of individuals on dialysis in order to gain wisdom and understanding of the phenomenon of spirituality.

Problem Statement

The purpose of this classic grounded theory study was to explore what spirituality means to individuals who are American Indians receiving hemodialysis. Twelve women and 9 men ages 24 to 62, volunteered for this study. Informed consent was obtained, and in-depth interviews, field notes, and theoretical memos were completed. The metaphor “Prayer Warriors” described the core category of this study. Praying played a major role in the following categories: (a) suffering, (b) honoring spirit, (c) healing old wounds, and (d) connecting with community. Praying involved hard work, suffering, sweating, hunger, and passion, and was a powerful way to cope with the stress of hemodialysis.

Goal

To begin to build a body of evidence on the perception of spirituality by patients undergoing hemodialysis.

Objectives

1. Enumerate the components of a study on perception of spirituality in American Indians on hemodialysis.
2. Describe spirituality as depicted by participation in survey of American Indians.
3. Relate examples from the results of the study on the importance of spirituality to American Indians on hemodialysis.

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blems, and beliefs, and it has a powerful impact on various aspects of the lives of individuals such as social, physical, psychological, behavioral, and economical aspects. As a profession, nurses are beginning to understand that spirituality involves so much more than religion. Exploratory research that generates descriptions of spirituality as well as basic social processes and theory strengthens evidenced-based nursing practice and thus our foundation of nursing.

Background of Spirituality in Nursing

Historically, nursing has had a strong spiritual heritage. Florence Nightingale, who is known for carrying a lamp in the darkness, provided nursing care and inspired hope. The foundation of nursing has always been based on the bio-psycho-social and spiritual model. Separation of church and state by the Federal government eliminated spirituality from health care education, clinical practice, and research. For decades it was not acceptable for nurses to pray with patients or discuss spiritual matters. Nursing science thrived within the bio-psycho-social dimensions, but the spiritual dimension atrophied, became stagnant, and was ignored. In recent years, researchers are developing clear concepts and an evidence-based practice of spirituality (Cavendish et al., 2004; Chiu et al., 2004; Koenig, 2001) while individual nurses with a passion to seek spiritual knowledge and an understanding of their patients yearn for evidenced-based practice within the spiritual realm.

The proposal for this study was inspired by nurses from the Big Sky Chapter of ANNA. The nurses from the Big Sky Chapter wanted to understand more about spirituality of individuals who were American Indians receiving hemodialysis. Individuals who are American Indians have traditionally honored the sacred in people, places, land, and nature and would be an ideal source for teaching nurses about spirituality. They are expert storytellers who value narratives and pass the tradition of story telling to their children and grandchildren. “The one who tells the stories rules the world” (Hopi proverb).

Purpose, Research Questions, and Aims

This study was funded by ANNA and specific aims were identified as required by the grant criteria. The purpose of this study was to build a foundation of research-based practice for nephrology nurses in the area of spirituality by generating knowledge and theory, and by identifying basic social processes of spirituality in individuals who are American Indians receiving hemodialysis. The primary research questions in this study were: what is spirituality to individuals who are American Indians receiving hemodialysis, and how does spirituality influence the lives of those individuals receiving hemodialysis therapy?

Research Design and Methods

The primary sources of data in grounded theory are from in-depth interviews with participants, theoretical memos that are generated throughout the study, and field notes written during and following the interviews. Theoretical memos are questions and ideas written to conceptualize what is happening with the data, thus bringing it to a theoretical level. Field notes capture the essence of the story, quotes, behaviors, and general impressions. Grounded theory methodology generates knowledge and understanding of a phenomenon, as well as theory development and the discovery of basic social processes (Glaser & Strauss, 1967).

Participants

English speaking American Indians 18 years and older receiving hemodialysis in two different dialysis units were invited to participate in this study. Recruitment flyers were distributed throughout the dialysis unit. Potential participants informed the unit social worker or nurse if they were interested in participating in this study. Volunteers were then contacted by the researcher and provided with information about the study and questions were answered. Informed consent was obtained and participants were assigned a code number. This study was approved by the Indian Health Service Institutional Review Board. Twelve women and 9 men ages 24 to 62 years volunteered for this study. Participants had been receiving hemodialysis from 1 month to 10 years. Participants were from a variety of tribes, including Crow, Chippewa, and Cheyenne. Informed consent was obtained and interviews ranged from 45 minutes to 2 hours. Participants requested that interviews be conducted during hemodialysis for their convenience. A second verbal consent was obtained by the hemodialysis nurse before the researcher entered the hemodialysis unit. Sixteen interviews were completed when all categories were saturated and no new ideas and concepts emerged. At this point a second researcher did five additional interviews to verify saturation. American Indian women volunteered more frequently than men.

Classic Grounded Theory Analysis

The classic method of grounded theory was followed for data analysis (Glaser, 1978, 1992, 1994). A description of spirituality that fits all participants was developed from the data, basic social processes or problems were identified, a conceptual model called the sacred circle was generated, the results were summarized and validated with three participants for accuracy, hypotheses were generated for future research, the results were shared with nephrology nurses, and interventions were identified.

Rigor and Validity

A consultant who was an experienced nephrology nurse researcher reviewed data and findings at regular intervals to help maintain the rigor of the study. A renal nurse practitioner working with American Indians
receiving dialysis confirmed the data and findings for accuracy and to see if the results “fit” with clinical practice. Results were verified by 6 participants for truthfulness and fit. Two nurses who are American Indians evaluated the results for understanding, clarity, and clinical application. Twelve nephrology nurses with 3 to 30 years of experience identified nursing interventions for each category of the study (see Tables 1-6).

Study Limitations
This study was limited to individuals who were American Indians receiving hemodialysis in rural Northwestern United States. For those who could not read, the informed consent was read to them. Participants did not want interviews to be audiotaped and interviews were documented by note-taking. Access to participants and trust might have been enhanced if data were collected by a nurse researcher who was an American Indian.

Results
The results of this study will be discussed and supported by personal quotes from the participants. The following is a description of spirituality from the participants:

Spirituality is honoring the Great Spirit, the Maker of all things. I call him...
Jesus, Lord, Mother Earth, Grandfather, All powerful, Almighty One. He is all these things and He is love. He is the same God for all people. I do not need a church to pray. I pray— you just do not see me. I pray and get incredible strength, hope, and empowerment.

Praying was the core category of this study and was strongly infused throughout the other four categories: (a) honoring spirit, (b) resisting hemodialysis, (c) healing old wounds, and (d) connecting with family and community. A conceptual model of spirituality is shown in Figure 1 with the Great Spirit centered at the core of the model; praying permeated all four directions and categories.

Praying

The metaphor of “Prayer Warriors” describes a fierce commitment to prayer by individuals who were American Indians receiving hemodialysis. Praying was not casual, light-hearted, or joyful; it was hard work and often involved long hours of sweating, fasting, chanting, and pain while praying for others. Prayer nourished inner strength and helped cope with hardships. Prayer, the core category of this study, played a major role in all aspects of daily living for study participants. One American Indian man tells his feelings about spirituality and praying:

Spirituality means honesty, trustworthiness. I do not need a church to pray. I pray every night and morning. I do not ask for myself; ask for everyone no matter what race, creed or color. It is selfish to pray for yourself. Those who get ahead will give rather than take. Pray for others. I pray, you just do not see me. I pray for the world. You people call Him God, we call Him Grandfather, The Almighty One, Mother Earth. Grandfather is looking down on you and Mother Earth surrounds you, embraces you, and is always in touch with you though nature. Like a woman’s womb; I am surrounded, always with me, always in contact; a mother would never leave her child. Mother Earth has four directions and includes the elements. She is powerful. Grandfather and Mother Earth are one Great Spirit.
Table 4
Recommendations to Decrease Boredom, Sadness, and Depression

- Identify each individual’s goals and hopes.
- Listen and be very understanding and accepting.
- Hemodialysis can be boring.
- Identify how each individual wants to utilize his or her time each day.
- Encourage reading books, playing movies, and making crafts.
- Allow visitors and family presence while dialyzing.
- Play bingo and other games.
- Make blankets and scarves during dialysis to give to others.
- Incorporate traditions and ritual into the hemodialysis unit culture.
- Play American Indians music on radio, tapes, or CDs at bedside.

Table 5
Interventions to Facilitate Healing of Old Wounds

- Be respectful of individual needs.
- Listen and ask about beliefs, dreams, and personal stories.
- Identify individuals who appear isolated or without social support.
- Laugh and cry with patients, demonstrate caring, understanding, and empathy.
- Organize a group of elders to pray for healing of old wounds.
- Demonstrate trustworthiness.
- Avoid judgment and condemnation related to noncompliance with dialysis.
- Okay to wear American Indians jewelry or beads on stethoscope.

Table 6
Facilitating Relationships with Family and Friends

- Ask about family and gain understanding of loved ones, including tribal relationships.
- Encourage individuals to build a circle of friends.
- Encourage elders to schedule a monthly Pow-Wow or sweat to pray for the chronically ill.
- Try to schedule dialysis around special events such as sweat lodge or road meetings.
- Strive to understand culture and allow family and friends to participate in care.
- Make a space for a family member to sit next to loved one during dialysis.
- Educate family and friends on fluid and diet restrictions.
- Be supportive and encouraging to individuals who are successful with limiting fluids and foods.

Honoring Spirit

There were three subcategories of honoring spirit: (a) cherishing the old ways, (b) rejecting the old ways, and (c) finding peace with the old and new ways. Most participants practiced old native spiritual traditions for cleansing and healing. A few participants who were fundamentalist rejected the old ways and were taught that these traditions were cult-like practices. They read the bible, prayed, and went to church weekly. Others blended the old and new ways of spiritual practices. Many participants said that the sweat lodges were considered a modern day church. Participants who believe in the old ways identified practices such as burning cedar as sacred. The smoke from the burning cedar or sweet grass carried their prayers up to the Great Spirit. Each spiritual practice identified in Table 1 includes a strong element of prayer. A participant who does not practice the old ways shared her feelings:

My mother did not raise me in the traditional Indian ways. I was raised in the church. I struggle because there are so many rules in the church. There are too many “rights and wrongs” in the church. I have been taught by the Christian church that the traditional Indian ways are wrong, but in my heart I am not so sure.

Another individual shared his family traditions:

My father taught us to pray. Each morning and night my family would pray. My father built a sweat lodge for our family to pray in. A sweat lodge cleanses your body through prayer, steam bringing the prayers to the Almighty One. A sweat lodge can be compared to a church. Now, sweat lodges can hold up to 30 people and be used for a church. My son goes to a sweat lodge as a church. We burn sweet grass because the smoke helps carry prayers up to the Almighty One. Also cedar is used to carry prayers faster to the Almighty One. I have also seen cigarettes used, set between rocks during praying to carry prayers.

Resisting and Suffering Through Hemodialysis

Most of the female participants initially refused hemodialysis. They were unable to accept the technology and health care interventions and instead they chose to die. Their children and spouses cried and begged the participants to go on hemodialysis. Several participants had a parent refuse hemodialysis and die. Death was not considered to be bad. One participant had a husband on hemodialysis. Several participants stayed at home until they became so sick that their family members brought them into the hospital to be dialyzed. All women stated that they dialyzed for their family only. One participant shared her suffering:

I went on dialysis for my husband only. Even then, I wanted to quit dialysis. It did not make me feel any different. I went into a depression. I did not have hope. “Just let me go,” I begged my husband. I do not want more treatment or medication. It is too hard to do. I tell my husband and he gets very upset and cries. “God brought you this far, He will bring you the rest of the way,” he tells me.

Participants described suffering...
through hemodialysis for the family. One said that she would quit today if her husband would allow her to. Participants went through the following phases of suffering: (a) denial and why me? (b) becoming sick, (c) resisting hemodialysis, (d) choosing death or life, (e) praying for healing, and (f) enduring hemodialysis for the family. One participant described her experience:

I was fighting it all the way. I did not want dialysis. I talked with my son and daughter and my daughter was upset and cried. She wanted me to have dialysis and live. I was feeling so badly. I was so sick. I waited as long as I could. I go to dialysis for my daughter. Everyone prayed for me during that time. I still do not feel good about dialysis but I go to stay alive for my family.

Participants who initially refused hemodialysis and then chose to be dialyzed for their family expressed feelings of despair, depression, and sadness. Several described their image of a person on hemodialysis as being a sickly, yellow person who deteriorates quickly with no quality of life. Others complained of traveling long distances, and of being very bored and tired. Participants continued to pray for healing as they endured hemodialysis for their loved ones.

### Healing Wounds

Building esteem and respect, feeling loved, fighting addictions, setting limits, and caring for self were the subcategories of healing wounds. Several participants described lifelong struggles related to lack of respect and esteem. Isolation caused by separation from parents, grandparents, spouse, and community was painful. Several used alcohol or drugs to numb the pain. For them, spirituality was fighting addictions, staying sober, being a good parent, taking care of the physical body, and praying for self and others. Healing involved reconnecting with loved ones.
Alcohol has been a great problem for me. Once it was so difficult to overcome but it is getting easier because of my son. He is my purpose for not being "crazy." I strive to be sober. I pray, go to prayer ceremonies. I do four rounds of praying, talking, and praying. We take turns praying for others. It is considered selfish to pray for yourself; you have the elders pray for you.

**Connecting With Family and Community**

There were four subcategories of finding harmony with the community: (a) nurturing family, (b) being with family and friends, (c) belonging, and (d) helping others. Family, friends, and community were vital components of the lifestyle and values of participants. The family is love. Nurturing healthy relationships with children and grandchildren was a priority for most participants. Family was the primary purpose for living for participants. Families brought great joy and often grief to participants. Setting boundaries with adult children was identified as a positive intervention to prevent physical and verbal abuse. Being isolated due to living environment or limitations of chronic disease was a burden to participants. Several participants described an unexpected happiness that developed in the nursing home. They enjoyed eating with a group of residents, talking, and playing games. A participant talked about her family:

> Our clan has a wandering spirit; we love to travel to pray with old friends and family. We go to Sundances, to spiritual celebrations, to round dances on New Year’s. Our clans’ auntsies and uncles pray for the children. I will need to bring them gifts like cigarettes, food, money, or blankets and they will pray. I died last year. I fainted, was low on blood. I fell and I could see a bunch of people calling me to a pretty place with colors, green grass. I was out for 40 minutes. Someone was calling me back and it was not my time to die. The Lord helps me out a lot. After that fall, I came to the nursing home. It has been a great place for me. I am so happy here. I have so many friends.

People stop and visit me. I like to visit with people. I am not lonely anymore. I like to visit with the old people. Sometimes they do not eat. I tease them and encourage them to eat. And they do! I make a difference here. I help people. I love and support them.

**Nursing Interventions Identified by Nephrology Nurses**

Nurses from the Big Sky Chapter of ANNA reviewed the findings from this study and recommended that nurses integrate spiritual practices into an individualized plan of care for individuals who were American Indians and receiving hemodialysis. Recommendations were made related to each category of the study. These recommendations were validated by 2 nurses who were American Indians. Tables 2, 3, 4, and 5 list these recommendations.

**Hypotheses and Future Research**

Many of the interventions recommended by the Big Sky Chapter of ANNA could be researched as independent variables in a quantitative study using quality of life, coping, depression, and hopelessness scales as dependent measures. It would also be important to evaluate the implementation of early education programs, including family participation on the decision to begin hemodialysis. Can nursing interventions identified in this study impact coping, quality of life, well-being, and depression? Would enhancing the hemodialysis environment to the individual’s preference (personal table with sweet grass, prayer wheel) improve patient satisfaction or well-being during dialysis? What are the experiences of nurses working in dialysis with individuals who are American Indians? What are the experiences of family members of American Indians who are receiving dialysis?

**Discussion**

The findings of this study indicate that spirituality is a way of “being in the world” and involved all aspects of living for individuals who are American Indians, including honoring spirit, resisting hemodialysis, healing old wounds, and connecting with family and community. This concept of spirituality for American Indians blends both new ways with old cultural traditions. Dein (2005) pointed out that the sociocultural roots of spirituality are complex and involve “both growth of individualism, the pursuit of meaning and discontent with materialism and scientific rationalism” (p. 1). It is important to assess each individual’s spirituality and identify his or her unique beliefs and practices.

Prayer and ritual play a powerful role in the lives of American Indians receiving hemodialysis. The metaphor “Prayer Warrior” describes the intensity, power, commitment, and focus of the type of prayer described by participants. Praying was the source of hope, cleansing, and inner strength for all participants. Prayer is a powerful intervention (McCauley et al., 2005) and it is the most frequently used spiritual practice (Dijoseph & Cavendish, 2005). In a study of American Indians over the age of 65, those who prayed more and placed importance on their faith had better mental health outcomes (Meisenhelder & Chandler, 2000).

Individuals in this study requested that the culture of the dialysis unit be set up according to their individual preferences and practices. One husband and wife recommended a prayer for the initiation of dialysis. Another recommended the burning of sweet grass or cedar to carry prayers to Grandfather and create a sacred space while on dialysis. It was recommended that each individual have a colorful handmade tote bag in a locker at the dialysis unit. The bag would be filled with items that are dear to the individual so he or she could have it at the bedside. The tote would carry personal items such as a prayer wheel, sweet grass, photos of family, music CD, and food for snacking. Some participants in this study said that they play bingo as a unit dur-
Prayer to the Great Spirit

Oh, Great Spirit, whose voice I hear in the wind,
Whose breath gives life to all the world.
Hear me; I need your strength and wisdom.
Let me walk in beauty,
and make my eyes ever behold the red and purple sunset.
Make my hands respect the things you have made
and my ears sharp to hear your voice
Make me wise so that I may understand
the things you have taught my people.
Help me to remain calm and strong
in the face of all that comes towards me.
Let me learn the lessons you have hidden
in every leaf and rock.
Help me seek pure thoughts
and act with the intention of helping others.
Help me find compassion
without empathy overwhelming me.
I seek strength, not to be greater than my brother,
but to fight my greatest enemy,
Myself.
Make me always ready to come to you
with clean hands and straight eyes.
So when life fades, as the fading sunset,
my spirit may come to you without shame.

- Unknown Author

This story demonstrates the complexity of the participants and the challenges that nephrology nurses face when orienting a new client to dialysis. Technology that is celebrated and embraced in the United States may not traditionally be accepted by American Indians. Many may be open to complementary and alternative treatment and reject traditional practices (Johnston, 2002). Yet, a cultural approach may help individuals who are American Indians prepare for dialysis. Several participants who practice the old ways said that a prayer ceremony and burning cedar would have helped them prepare for dialysis. Nephrology nurses must remember that individual cultural beliefs may impact the decision to undergo dialysis and that some cultural beliefs encourage the acceptance of death. Several participants had relatives who chose not to go on dialysis and died at home. It may be difficult for nephrology nurses to be accepting...
of this practice. Flowers (2005) identified nursing recommendations for culturally competent care for American Indians who are facing death. Nurses must strive to understand that individuals may choose death because cultural beliefs encourage acceptance of death.

Most participants never did come to the point of accepting dialysis, but tolerated it “for the family.” These findings are not supported by previous research with individuals on dialysis who are Caucasians that come to see dialysis as a gift of life or a miracle (Walton, 2002). American Indians participants described suffering with their disease and enduring dialysis for the family only. Community, family, and friends are a major component of spirituality for participants. Sharing laughter (Dean, 2003), tears, and prayers with family and friends is very important to American Indians. A sense of being a part of the community, connecting to family, being with friends and belonging were vital to spirituality. Male participants told stories of hunting and traveling with family to pray, sweat, play games, and tell stories with friends and family in far away places. Often the whole summer was spent traveling to Pow-Wows or Sundances. O’Connors (2001) provided the following advice for nurses wanting a holistic approach:

The challenge will be to harness the spiritual energy naturally available so that patients may be healed and not necessarily cured. Engaging in a patient’s own healing process, nurturing a spirituality of life, learning the tools of spiritual assessment, developing ways of praying, being attentive to developing caring relationships so as to be an “Anam Cara” or soul friend, and networking with other spiritual care professionals are useful resources for the holistic nurse. (p. 1)

Spiritual assessment is a vital role of nephrology nursing practice. Galek, Flannelly, Vane, and Galek, (2005) recommended including the following elements: belonging, meaning, hope, the sacred, morality, beauty, and acceptance. This assessment framework by Galek and colleagues transitions nurses out of the traditional model of questioning denomination, churchgoing, and Judeo-Christian practices to a deeper level of assessment that encompasses sacred issues.

Healing old wounds, a category of this study, may be deeper than one imagines. Walters and Simoni (2002) identified a “soul wound” of contemporary discrimination and historical trauma among American Indian women that influenced physical and mental health. Spiritual coping as well as traditional healing practices were primary resources for stress and coping for American Indian women (Walters & Simoni, 2002). Future studies in this area are recommended.

Summary

There is much to learn from the stories of American Indians receiving dialysis. Each tribe, community, and individual is unique with a blending of various beliefs from traditional old ways to new age spiritual practices. The purpose of this research was to gain understanding of individuals who are American Indian by listening to their stories. Prayer, suffering, healing old wounds, and honoring spirit play a strong role in spirituality, and the comfort of family, friends, and community is a great source of strength. The goal of grounded theory research is for nurses to use what “fits” in clinical practice, while continuing to build and revise the theory with evidence-based nursing practice.

References


Meraviglia, M.G. (1999). Critical analysis of spirituality and its empirical indi-

**Additional Readings**
ANSWER/EVALUATION FORM
Prayer Warriors: A Grounded Theory Study of American Indians Receiving Hemodialysis
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To begin to build a body of evidence on the perception of spirituality by patients undergoing hemodialysis.

GOAL
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Strongly disagree  Strongly agree
1  2  3  4  5

2. By completing this offering, I was able to meet the stated objectives
a. Enumerate the components of a study on perception of spirituality in American Indians on hemodialysis.
b. Describe spirituality as depicted by participation in the survey of American Indians.
c. Relate examples from the results of a study on the importance of spirituality to American Indians on hemodialysis.
3. The content was current and relevant.
4. This was an effective method to learn this content.
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