

BIOSKETCH: PATRICIA ANN ROTH

EDUCATION

Ed.D.	University of Southern California
M.S.N	University of Arizona
B.S.	Mary Manse College

PROFESSIONAL EXPERIENCE

Professor of Nursing	University of San Diego
Associate Professor of Nursing	University of San Diego
Acting Program Director	University of San Diego
Assistant Director, Faculty Affairs	San Diego State University
Assistant Professor of Nursing	San Diego State University
Instructor in Nursing	University of Arizona

HONORS RECEIVED

Graduate Teaching Award : 1996, 2002. 2003
Distinguished Professor Award 1997, 2002

RESEARCH ACTIVITIES:

With Dr. Jane Georges. A Corporate Model to Enhance the Lives of Aging Parents and Working Caregivers.

University of San Diego Faculty Research Grant, 1997. Submitted to Archstone Foundation

Ethical Issues Affecting Family Caregivers of Alzheimer's Patients. University of San Diego Faculty Research Grant, 1995. Submitted to Alzheimer's Association.

Quayhagen, M.P., (Principal Investigator) Quayhagen, M., Roth, P., Rodgers, J., (co-investigators)

Cognitive Stimulation Training in Alzheimer Families. RO1931 Submitted to Center for Nursing Research.

Approved for funding by the National Institutes for Health, 1989.

With Dr. Janet Harrison. Nurse administrator involvement in ethical decision making in long-term care. University of San Diego Faculty Research Grant.

With Dr. Janet Harrison. Perceptions of locus of decision-making of chief nurse executives in multi-hospital systems. University of San Diego Faculty Research Grant.

Health perceptions and Health Locus of Control of Retired Women. University of San Diego Faculty Research Grant.

PUBLICATIONS:

Chao,Shu-Yuan & Roth, P. (In Review) Through the resident's eyes: Perceptions of quality care in long-term care facilities in Taiwan.

Roth, P. & Simanello, M. (2004). "Family health promotion during transition related to additions and age changes"

- In P.Bomar (Ed). Nurses and Family Health Promotion: Concepts, Research, Assessment and Interventions. St. Louis:W.B. Saunders.
- Chao, Shu-Yuan and Roth, P. (2000). The experiences of Taiwanese women caregiving for parents-in-law. Journal of Advanced Nursing, 31 (3), 631-638.
- Chao, S.Y. & Roth, P. (1999). Women caregivers for frail aging parents in Taiwan. In International perspectives on women, health and culture. Edited by Lourdes F. Heber and Theresa George. Mark Allen Publisher, Wiltshire.
- Noonan, R. & Roth, P. (1997). Genetic discrimination: challenges for nurses in advanced practice. Advanced Practice Nursing Quarterly 3(3) 20-30
- Quayhagen, M.P., Quayhagen, M., Corbeil, R., Roth, P. & Rodgers, J. (1995). Intervening with the caregiving dyad: A cognitive stimulation program for dementia. Nursing Research, 44, 153-159.
- Roth, P.A. and Harrison, J.H. (1994). Ethical conflict in long-term care: Is legislation the answer?" Journal of Professional Nursing 10(5), 271-277.
- Roth, P.A. (1994). Creating communities of caring - A challenge for nurses. Pontis 1(3), 3-6. San Diego, CA: Center For Ethics and Mediation.
- Roth, P. (1995) Family social support. In P Bomar (Ed). Family health promotion: Theories and assessment. Philadelphia: W.B. Saunders.
- Roth, P. (1995) Families in transition. In P. Bomar (Ed). Family health promotion: Theories and assessment. Philadelphia: W.B. Sanders.
- Harrison, J.K. and Roth, P.A. (1992). Ethical issues of directors of nursing in long term care. Journal of Long Term Care Administration, 20 (2) 13-16.
- Roth, P. and Harrison, J. (1991) Orchestrating social change: An imperative in care of the chronically ill. Journal of Medicine and Philosophy, 16, 343-359.
- Roth, P. (1991). Nurses caring for patients with Alzheimer's Disease: Challenges and rewards. Sharing the Caring. Alzheimer's Family Center, San Diego, California (Spring).
- Roth, P. (1990). A Career in Nursing Education. Two's News. California Nurses' Association, Region 2,
- Roth, P. and Harrison, J. (1989). Serving the public good: Professionalizing the hospital corporation." Journal of Professional Nursing. 5(4), 178-185.
- Quayhagen, M. and Roth, P. (1989). "From models to measures in assessment of mature families", Journal of Professional Nursing, 5(3). 144-151.
- Roth, P. Family social support in P. Bomar (Ed.)(1989). Family health promotion: theories and assessment. Baltimore, Williams and Wilkins.
- Roth, P. Families in transition in P. Bomar (Ed.) (1989). Family health promotion: theories and assessment. Baltimore: Williams and Wilkins..
- Harrison, J. and Roth, P. (Spring, 1987). Empowering nursing in multihospital systems", Nursing Economics, 5(2),70-76.
- Anderson, E., Roth, P. and Palmer, I. (1985). A national survey of the need for doctorally-prepared nurses in health service agencies and academic settings, Journal of Professional Nursing. 1 (1), 23-33.
- Roth, P. (1984). Aging and death: Ethical perspectives. In Beverly Hall, R.N., Ph.D. (Ed.), Perspectives on mental health and the elderly. Grune and Stratton.
- Roth, P. (1984). Aging and death: Psychosocial perspectives. In Beverly Hall, R.N., Ph.D., (Ed.), Perspectives on mental health and the elderly. Grune and Stratton.

Mc Gill Quality of Life Questionnaire (modified)

The McGill Quality of Life Questionnaire (MQOL) was developed specifically to measure quality of life among advance cancer patients. It has been used primarily in hospice-based research, both as a single assessment and multiple assessments over time. The instrument consists of 17 items that are scored on a 0-10 scale. A score of 0 indicates the least desirable situation, and 10 the most desirable. The questionnaire consists of a single item scale measuring overall quality of life, a total score and scores on 4 subscales: physical symptoms, psychological symptoms, existential well-being and support. The reported Cronbach's α indicate that the internal consistency of the sub-scales and complete MQOL are good (total MQOL, $\alpha=0.83$; physical symptoms, $\alpha =$

0.62, psychological symptoms, $\alpha=0.81$; existential well-being, $\alpha=0.79$; support, $\alpha=0.74$. That the total score predicts the single item scale serves as an indication of the validity of the MQOL. This scale has been shortened to include only the overall quality of life question, and the physical well-being, existential and support scales.

The psychological and symptoms scales are not included as they are included in other study instruments and to lessen the burden on patients.