BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: Gonzales, Lucia Kamm-Steigelman
Role Change and Adaptation after AMI in midlife women

eRA COMMONS USER NAME (credential, e.g., agency login): lgonzales

POSITION TITLE: Associate Professor of Nursing

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>Completion Date MM/YYYY</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York University in Spain, Madrid, Spain</td>
<td>B.A.</td>
<td>06/1968</td>
<td>Spanish</td>
</tr>
<tr>
<td>Dominican University/Rosary College, River Forest, IL</td>
<td>B.A.</td>
<td>06/1969</td>
<td>Spanish/Secondary Ed</td>
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<tr>
<td>Triton College, River Grove, IL</td>
<td>A.D.N.</td>
<td>06/1974</td>
<td>Nursing</td>
</tr>
<tr>
<td>Rush University, Chicago, IL</td>
<td>M.S.N.</td>
<td>08/1979</td>
<td>Nursing-Gerontology</td>
</tr>
<tr>
<td>Bowling Green State University, Bowling Green, OH</td>
<td>M.B.A.</td>
<td>12/1989</td>
<td>Business Administration</td>
</tr>
<tr>
<td>Emory University, Atlanta, GA</td>
<td>Certificate</td>
<td>05/2004</td>
<td>Women’s Studies</td>
</tr>
<tr>
<td>Emory University, Atlanta, GA</td>
<td>Ph.D.</td>
<td>05/2004</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of San Diego, San Diego, CA</td>
<td>M.S.N.</td>
<td>05/2014</td>
<td>Adult/Gero/Family Nurse Practitioner</td>
</tr>
</tbody>
</table>

A. Personal Statement

I have a broad background in nursing with specific training in gerontology, hospice care, women’s studies and as a nurse practitioner. I have an extensive healthcare leadership experience with training in business administration and foreign languages. In 2011, I attended both the NINR Pain Methodologies Boot Camp and the National End of Life Nursing Education Consortium training. My earliest research efforts began by investigating the factors responsible for constipation in the elderly. As a masters prepared nurse working with the elderly, I learned through this investigation that
constipation was a function of water, exercise and fiber. Recently my research includes evaluation of treatment and clinical outcomes such as the reduction of opioid induced constipation in elder women in the acute care setting. I addressed the problem that patients are dying in pain because of reluctance to use opioids that bring about constipating side-effects. I performed an assessment of the adherence to an algorithm for bowel regimen that should accompany the use of opioids derivatives in managing palliation for the patients. The PRECEDE-PROCEED change model was employed to investigate practice and implement successful practices based on the implementation of algorithm. I documented the effectiveness of the palliative care team in following an algorithm for using a stool softener and stimulant to minimize the symptom of constipation with the use of opioids. A patient education handout was added to the admission materials of this hospital to educate patients and family on the correct bowel regimen that is to accompany opioid use. The use of a change model was chronicled. During this two-year university and hospital collaborative research agreements, I was PI for four research projects that reviewed the palliative care team and the oncology nurses practices, identified barriers and facilitators to using the bowel regimen and implemented a system to obtain prescriptive orders for the bowel regimen when absent. Through this effort the dissemination of a treatment algorithm, data collection instruments, close working relationships with hospital administration, medical and nursing staff were developed. In addition, two peer-reviewed publications were produced. I successfully administered all aspects of the projects (e.g. staffing, procedures, research design). As a result of these previous experiences, I am aware of the importance of frequent communication among project members, assaying the response of those involved in a change project, of constructing a realistic research plan, timeline and budget. My career reflects a blended interest in hospital administration and academic research. Since my PhD graduation ten years ago, I have focused six years solely on research projects, collaborations, diligent competition for National Institute of Health, American Heart Association, Bill Gates and Doris Howell Foundation grants and four years with a healthcare administrative focus in departments of research and of hospice care.


B. Positions and Honors

Positions and Employment
1969 - 1970 Teacher, English as a second language, Torrejon Air Force Base, Torrejon, Spain
1970 - 1971 Teacher, Spanish, Lincoln Junior High School, Mount Prospect, IL
1974 - 1979 RN, Medical, and Outpatient Center, Lutheran General Hospital, Park Ridge, IL
1979 - 1980 Director of Nurses, Oceana Medical Care Facility, Hart, MI
1980 - 1982 Vice President of Nursing and Education, School of Nursing, Hackley Hospital, Muskegon, MI
1982 - 1986 Director of Nurses, Saint Mary’s Hospital, Grand Rapids, MI
1986 - 1987 Adjunct Clinical Instructor in Nursing, Andrews University, Berrien Springs, MI
1986 – 1988 Vice President, Professional Services, Gerber Memorial Hospital, Fremont, MI
1988 – 1990 Assistant Administrator for Nursing and Education, George H. Lanier Memorial Hospital, Valley, AL
1990 - 1992 Vice President, Nursing; Director, Organizational Development; Nurse, Telemetry, South Fulton Medical Center, East Point, GA
1992 - 1997 Instructor, Clayton State College, Morrow, GA
1992 - 2012 Consultant, transitions of individuals and organizations, Newnan, GA
1992 - 2007  Nursing Administration, Emory Hospitals, Atlanta, GA
1998 - 2000  Assistant Professor, Nursing, Nell Hodgson Woodruff School of Nursing, Atlanta, GA
2002 - 2004  Teaching Associate, Emory University School of Nursing, Atlanta, GA
2004 - 2007  Associate Professor of Nursing and Distinguished Scholar in Women’s Wellness, Kennesaw State University, Kennesaw, GA
2007 - 2010  Director, Clinical Research and Academic Affiliations, Virtua Health, Marlton, NJ
2008 - 2008  Adjunct Faculty, Thomas Jefferson School of Nursing, Philadelphia, Pennsylvania
2010 - 2011  Patient Care Manager, Gentiva Odyssey Hospice, San Diego, CA
2011 - 2011  RN, San Diego Hospice Inpatient Care Center, San Diego, CA
2011 - 2011  RN, Gentiva Odyssey Hospice, San Diego, CA
2011 - 2011  Associate Professor, Hahn School of Nursing and Health Science, Betty and Bob Beyerst Institute for Research, Advanced Practice and Simulation, University of San Diego, San Diego, CA
2013 - 2013  Research Collaborator, St. Joseph’s Healthcare, Orange, CA

Honors
1965  Valedictorian, West Leyden High School, Northlake, IL
1969  Cum laude, Dominican University/Rosary College, River Forest, IL
1989  Cum laude, Rush University, Chicago, IL
2002-04  National Institutes of Health, Ruth L. Kirschstein National Research Service Award
2005  Life-time Achievement Award, Wall of Fame, Leyden High Schools, Franklin Pk., IL

C. Contributions to Science

I have devoted my research efforts to sharpening the clinician’s understanding of the disease process and in changing the organizational climate in which the practice occurs.

1. Exploring socio-anthropological explanations for AMI recovery in women. My project directed the focus of the clinician beyond sole regard for the physiological explanations for women’s heart disease recovery outcomes to the socio-anthropological explanations. Midlife women under the age of 60 have a three-fold increase of death following acute myocardial infarction. Reasons for the disparity in outcome include: (1) women may have worse mental and physical health and severity of cardiac risk factors (2) women receive less than optimal treatment for AMI. Findings, documented in the below cited publication, demonstrate a statistically significant relationship between religious beliefs and mental health, a high importance of religious belief, and that strength and comfort is derived from family and friends. The activities that provide strength and comfort include “going to church”, “being with family”, “family cookouts” “going to the park” “shopping with family and friends” “going to the theatre/show”. These activities, supplied by the women, are known to be easily accessible, inexpensive and convenient. Healthcare providers are encouraged to support psychosocial anthropological factors (e.g. religious beliefs and activities with family and friends that provide strength and comfort) that influence women’s recovery from CV illness. My work contributed to the growing body of literature demonstrating the importance of religious beliefs and family support in a women’s recovery from CV illness. I served as the primary investigator in this NIH NRSA predoctoral fellowship 1F31 NRO8310-01 from 2002-2004 “Role Change and Adaptation after AMI in midlife women”.

2. Engaging the clinician in applying research in practice. I have experience encouraging practice change. Three publications (cited below) were printed in Wolters Kluwer Health Inc. nursing critical care journals with large readership. In addition, at USD, prelicensure nurses were encouraged to engage in research recruitment, data entry and analysis and dissemination. In the past five years, 16 regional and 1 national poster presentations from teams totaling 112 students represented their engagement in research. I also developed a RN to BSN program graduating 93 nurses. Educating oneself to the Bachelor’s degree in nursing provides for an expansion of their scope to include the evidence based practice of nursing. My work with two hospitals (Virtua Health, Marlton NJ and St. Joseph Hospital, Orange, CA) engaged clinicians in applied research and in dissemination of their work in two publications (Schreiber, et al. cited below and Gonzales, DelMastro, et al. cited previously) and one national and one regional poster presentations.


3. Making assessment instruments accessible for global researchers and clinicians in five languages. My recent publications address the challenges that ensue when one attempts to translate science into the practice environment globally. Beyond translation, there are challenges in examining the reliability and validity. Consistent with socio-anthropological models, there are few role quality instruments available to address women’s cardiovascular risk in recovery from CV. There were no self-efficacy and outcome expectation instruments for lifestyle physical activity. My publication, representing the efforts of an international team of investigators, disseminated the Koci marginality instrument and the translated versions of the DUKE religiousness scale. As a result, both instruments are now available in Japanese, Tagalog, Ukrainian, Spanish and Arabic.


Complete List of Published Work in MyBibliography:

D. Research Support

Ongoing Research Support

Research Collaboration Agreement, St. Joseph Hospital, Orange, CA 04/01/14-05/31/15
Treatment algorithm: Opioid induced constipation in women
The goals of these two studies were to: (1) identify the barriers and facilitators to the adherence to the algorithm to reduce constipation when opioids are utilized (2) implement a strategy to request bowel regimen orders for patients for whom no bowel regimens according to algorithm are prescribed.

Role: PI

Completed Research Support

Faculty Research Grant, University of San Diego 04/01/11-12/31/11
Clinical decision support instrument: cardiovascular recovery risk factors in women
Psychometric testing of instruments to assess risks in women following cardiovascular illness
The goal of this study is to prepare assessment instruments for sharing with global colleagues to ready instruments for global use to assess risk for poor recovery in women experiencing cardiovascular illness.
Role: PI

Research Collaboration Agreement, St. Joseph Hospital, Orange, CA 04/01/13-05/31/14
Treatment algorithm: Opioid induced constipation in women
The goals of this agreement are to assess the adherence to the algorithm to reduce the symptom burden of constipation when opioids are utilized: (1) by the palliative care team and (2) by the staff RNs on the Oncology Unit
Role: PI