

Getting Funded: Writing a Successful Qualitative Small-Project Proposal

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As a program of research is developed, the small-project grant is a perfect means for initiating discrete projects to build support for larger funding. The author describes the development of a successful small qualitative project proposal on the disabling effects of osteoporosis. She dissects the process of writing a small-project proposal to assist novice or junior researchers in securing funding for small projects that, she hopes, will build toward funding on a larger scale. Major portions of the proposal are included in this article to demonstrate the keys to success in getting small qualitative projects funded.

Keywords: *small project; proposal; novice researcher; qualitative methods*

Small-project funding is a critical step for beginning researchers. Beyond “seed-ing” a program of research, these small projects help prepare junior researchers to write (and, later, to manage) larger grants. Conceptualizing a project and writing the proposal is a logical process of documenting the need for the study and situating the proposed study within the current realm of thinking, detailing the most appropriate methodology for approaching the inquiry, organizing supportive documentation (e.g., preliminary studies, human subject protection, and facilities), and, finally, summarizing the project in an abstract and overview of specific aims. In this article, I will discuss insights regarding each step of writing the small-project proposal, designated “Commentary,” followed by sections of a successful proposal on the disabling effects of osteoporosis, designated “Osteoporosis Study Proposal.”

Before you begin to write the small-project proposal, review the proposal guidelines to determine the relevance of your project and the appropriateness of the methodology. (I note with regret that some calls clearly exclude purely qualitative studies.) Then, having completed this preliminary review and project planning, do *not* attempt to write in the order of the required proposal format. Although the front matter of the proposal is first to be read, it is actually the last section to be written. Attempting to start a proposal by writing the abstract and specific aims is a frustrating and often fruitless endeavor. The front sections of the proposal are summaries of the project, which will be read closely by reviewers. It is critical that these sections concisely capture the essence of the project to draw the reviewer into a more

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thorough read of the body of the proposal. Reserve the front matter for final writing, after the proposal has been adequately developed and written.

DOCUMENTING NEED AND SITUATING THE STUDY

Commentary

Typically, the first step in developing a research proposal is the identification of a gap in knowledge related to a phenomenon of interest or a lack of understanding of the experiential aspects of a phenomenon that might contribute to scientific understanding. Identification of such a gap sets the scene for a meaningful project that will somehow advance the state of the science surrounding the topic. This section is usually headed Background and Significance in the proposal format.

Do not assume that the reviewers are familiar with the selected area of study. Start with a basic discussion that leads into an integrated review of the related literature. Use this section to clarify what is known and to concisely identify the gap that will be addressed by the study. Small-project proposals are especially challenging because space limitations require a succinct presentation of (at times) a large body of literature. This process of determining the gap (and, thus, the potential contribution of the project) is analytic, and the resultant product documents the rigor of the researcher's thinking. Your goal in the literature review is the development of an argument backed by adequate evidence to create and support a clear purpose statement that compels reviewers to consider funding for the project. Style is important: Write in a convincing manner that persuades the reviewers that this study is critically necessary.

Many proposal guidelines call for the researcher to situate the project within a conceptual or theoretical framework. This raises two issues: first, that the project is qualitatively driven does not preclude the use of a conceptual framework, and, second, omission of a proposal criterion might preclude consideration of the proposal for funding. The key to developing a conceptual framework for qualitative studies is to select a schema that *fits* or, better yet, *supports* qualitative inquiry. The caveat to framing a study conceptually is the temptation to fall into deductive reasoning. It is critical that the selected framework be abstract enough to help organize the researcher's thinking without confining the research process to specific variables inherent to the framework. In essence, the theoretical or conceptual framework helps reviewers to understand how the researcher is approaching the research analytically.

The following section from the funded study on the disabling effects of osteoporosis demonstrates these points. In particular, notice how the need for the research is first built through a concise, integrated review of the literature and then situated within a broad theoretical framework for understanding disablement. Once this gap in understanding is established, the potential contribution of the research project is defined and resituated within the disciplinary boundaries of the call (in this case, nursing). The language used in this section was purposefully crafted to support the qualitative method of inquiry proposed (i.e., the phenomenon was described as a process, thus highlighting the utility of grounded theory methods) and to demonstrate how the small project could enable further study in this area.

Osteoporosis Study Proposal

Osteoporosis is literally defined as "porous bone." This definition captures the essence of the abnormality—eroded bone tissue is not replaced adequately, and the excavated sites form porous pockets in the bone tissue. The effect of these pores on bone strength is obvious, as the structural integrity of the bone is weakened. Initially, bone loss is insidious, and the woman is asymptomatic. The loss of height and changed posture that accompanies osteoporosis is often accepted as a normal consequence of the aging process. Although the National Osteoporosis Foundation (NOF, 1997) estimated that 22 million postmenopausal women aged 55 and older were osteoporotic, 78% of these women were undiagnosed and untreated. In the United States, osteoporosis is responsible for an estimated 1.5 million fractures per year (NOF, 1997). Melton Ilstrup, Riggs, and Beckenbaurg (1982) estimated the combined lifetime risk of fracture of the hip, spine, or distal forearm to be almost 40% in White women from age 50 onward. The *lifetime* risk of hip fracture alone is greater than a woman's *combined* risk of breast, endometrial, and ovarian cancer (Consensus Development Statement, 1997).

Treatment of osteoporosis centers on the modification of pathogenic factors to reduce bone loss or to build new bone tissue. Thus, the cardinal aspects of the treatment plan are nutrition, exercise, fall prevention, and drug therapy. Note that most of the recommended interventions involve lifestyle accommodations or changes in self-care patterns established much earlier in life. For older women, treatment of osteoporosis is a life-long endeavor; there is no "quick fix."

Few researchers have attempted to develop a conceptual understanding of the experience of living with osteoporosis. Tiffany (1988) conducted a phenomenological study of older women's experience of osteoporosis using Colaizzi's (1978) analytic method. The identified themes were aggregated around three domains: biologic, psychologic, and social. Paier (1996) conducted a phenomenological study (using Colaizzi's analysis) of women with vertebral fractures. These studies linked the perspectives of the women with clinical impressions and treatment recommendations. They contributed to our understanding of the essence of the experience of *living with osteoporosis* but failed to develop conceptually the course or trajectory of the experience.

Other authors have focused on more theoretically discrete concepts. For example, Kim, Horan, Gendler, and Patel (1991) studied elderly women's perceptions of their risks of contracting osteoporosis from the perspective of the health belief model. Kessenich and Guyatt (1998) investigated the quality of life in women with osteoporotic vertebral fractures using a 30-item questionnaire. They found that all of the 5 domains measured (symptoms, physical function, aids to daily living [ADLs], emotional function, and leisure) were affected by osteoporotic changes; however, they were unable to specify the pathway of causation.

A disability perspective has also been used to organize the experience of osteoporosis. Some authors (for example, Lukert, 1994) have referred to "avoiding disability" and then advanced a medical model of treatment without application of the theoretical construct of disability. Galindo-Ciocon, Ciocon, and Galindo (1995) used the Katz ADL scale in a cross-sectional study to demonstrate loss of functional capacity following vertebral fractures. Greendale, Barrett-Connor, Ingles, and Haile (1995) analyzed longitudinal data collected in the Rancho Bernardo study and demonstrated that fracture (hip, vertebrae, or wrist) precipitated long-term

impairments in discrete activities. On average, these women were 5 years postfracture, yet hip fractures still affected lower extremity performance in activities like walking or climbing stairs, whereas vertebral fractures continued to limit bending and lifting activities—demonstrating the lasting disabling effect of fracture on a woman's life course.

The predominant use of the medical model to understand medical sequelae rather than *lived disablement* has perpetuated a symptom-driven biomedical perspective and limits our understanding of how women adapt to manage environmental demands in light of their perceived capability to perform an activity. Recommended treatment protocols are heavily weighted toward self-care for this chronic condition (for example, see Burke, 2000; Gueldner, Newman, Shirk, & Hanus, 2000; Newton, 2000; Rankin, 2000; Smiciklas-Wright & Wright, 2000). Practitioners advise, but the women themselves must implement treatment. Some studies have demonstrated the efficacy of selected interventions, but these treatments were usually short-term programmatic interventions, like an exercise program. This is not a question of *compliance*; we do not know the extent and duration of *self-care strategies* employed by these women to minimize the disabling effects of osteoporosis. The day-to-day self-care accommodations and perceptions of their effectiveness have been neglected in this body of research.

The theoretical framework organizing the conceptualization of this phenomenon for this project is the Disablement Process Model (Verbrugge & Jette, 1994). This sociomedical model portrays disablement as a dynamic process of change through which pathologies affect the individual's abilities to act in usual, expected, or desired ways within the ordinary milieu. Disablement reflects a dynamic balance between capability and environmental demand over time. The trajectory of disablement is influenced by multiple factors affecting direction, pace, and patterns of change.

This theoretical framework is particularly applicable to the study of the minimization of disablement in women with osteoporosis. We know that there are changes in the clinical course over time, some "crisp" (like a fall and fracture), others "blurred" (like a fear of falling or loss of confidence). Conceptualization of disablement as a dynamic *process* fits with what is known about the clinical trajectory of osteoporosis and the research perspective assumed in this project. The model is theoretically distinctive in its focus on what an individual *can* do using whatever resources she can muster to meet the demands of a specific environment, demonstrating a good fit with what we know of the adaptive, accommodative lifestyles of women with osteoporosis. The model has pragmatic utility (Morse, 2000)—it fits with clinical knowledge and intuitive understanding of how women with osteoporosis work to minimize the disabling effects of their condition. By incorporating intra- and extra-individual factors into demand and capability, the model has the theoretical depth necessary to interpret this complex phenomenon. It is a comprehensive ordering system, yet it allows for dynamic flexibility.

A conceptual understanding of the process of minimizing disablement from the woman's perspective is critical to developing meaningful plans of high-quality care. When the trajectory of disablement is better understood, we will be able to devise and test phase-specific interventions drawn from the experiences of women who have effectively maximized their capabilities and minimized environmental

demands. We will be prepared to focus on critical junctures in the trajectory—points at which the progression of disablement is poised to move, points where intervention may change the course of disability toward a *cap*-ability rather than *dis*-ability.

DETAILING APPROPRIATE METHODOLOGY

Commentary

Given the clearly developed need for and significance of the study, the next section to tackle is methods. The key to developing the methodology section is to follow the guidelines explicitly. Reviewers will be attuned to requested sections in the proposal format and might not be familiar enough with the selected methodology to understand deviations from these expectations. Provide detailed explanations that concisely describe the research process in basic terms (for nonqualitative reviewers) yet with adequate depth to demonstrate the researcher's understanding of the method (for more experienced qualitative reviewers).

It is crucial that this section flow from the developed background and significance and that the methods be congruent with the desired product of the project. The researcher's ability to access the required sample must be clearly demonstrated and confirmed via letters of support (typically included in the appendices). Some sense of the focus of data collection is necessary, even if the researcher expects an evolutionary process of refining the focus of the study through reiterative cycles of inquiry. Threats to validity are addressed as potential limitations of the study to demonstrate the researcher's attention to methodological rigor. Claims regarding researchers' and/or consultants' expertise that are made in this section are clearly evidenced in the required biographical sketches. Finally, the time frame for the project must be realistic with respect to the project goals and should be carefully designated to match the funding cycle described in the call. A cautionary note applies to novice or junior researchers: The balance of proposing the "biggest bang" for the funding agency's buck and the realistic demands of the project is precarious. Be as realistic in terms of resource and time demands as is possible to avoid being totally overwhelmed after the funding comes through.

Osteoporosis Study Proposal

Research Design

This project will use grounded theory methods explicated by Glaser (1978, 1992) to explore processes used by women to balance their capabilities with environmental demands to minimize the disabling effects of osteoporosis. The principal investigator (PI) will coordinate a team approach to the investigation, as detailed below. The PI and coinvestigator (Co-I) are both experienced qualitative researchers. The research assistant (RA) will be a doctoral student who has completed a graduate level course in qualitative methods.

Setting / Sampling

This project will be conducted in central Pennsylvania. Women who report a diagnosis of osteoporosis will be recruited through a hospital-affiliated senior membership program that has more than 15,000 members aged 55 and older. The researcher will attend regularly scheduled programming events (typical attendance 65 to 100 persons) to solicit participation in the study. Additional subjects will be recruited through other venues, such as an exercise class sponsored by the program and referential sampling techniques. Should these efforts be insufficient, the program coordinator has offered to organize a program on osteoporosis in the spring of 2002 to augment access to the target population (see letter of support, Appendix H *not included*).

According to theoretical sampling techniques (Glaser, 1978), the sample size is dependent on saturation of the emerging theory. In other words, comparative cases are sought to flesh out categories, and negative cases are sought to investigate other pathways along the trajectory until the emergent model represents the experiences of the participants. The greater the variation, the larger the required sample to produce a well-developed theory with adequate depth and scope. It is anticipated that for this exploratory study, 20 to 30 in-depth interviews will be needed to fully develop the descriptive theory.

Measures/Instruments

No standard measures or surveys will be used. The primary data collection technique is individual interviews (approximately 60 to 90 minutes in length). Each participant will be interviewed at least once; some informants will be interviewed multiple times over the course of the project to reach saturation of concepts within the theoretical scheme. The interview will consist of open-ended questions structured around the Disablement Model, including the disease process, self-care strategies, and perceived environmental demands. A preliminary discussion guide is displayed in Figure 1. As categories emerge, subsequent interviews will be used to explore the emergent categories and conditions. Therefore, as the analysis progresses, the focus of the interviews will change. Data collection will continue until saturation of major categories is achieved. In addition to the interview data, all project team members (PI, Co-I, and RA) will maintain theoretical memos to augment the development of the theoretical scheme (dictated and transcribed by individual team member).

Procedures

At each session attended by the PI, an overview of the project will be provided to the group. Potential participants will be asked to sign informed consent and provide limited contact information so that interviews can be arranged. Subjects referred via referential sampling will be asked to call the PI to discuss the project personally. Interviews will be held in a private room at a site convenient for the participant. All interviews will be audiotaped and transcribed verbatim by a professional transcriptionist. The PI will retain primary responsibility for interviews, with the RA assisting in the process.

Opening Question

This broad, open-ended question will be used to open the interview by focusing the participant on her experience of living with osteoporosis. The participant will not be interrupted as she tells this story.

Can you tell me what it is like to live with osteoporosis?

Follow-Up Questions

After the participant exhausts her response to this opening question, she will be prompted to explore the following areas if she did not discuss them, or discussed them superficially, in the initial response. Bullets indicate interests that will be prompted using leads from the first response, if possible.

Key Transitions (Crisp and Blurred) in the Process

Can you tell how you discovered that you have osteoporosis?

- approximate date of diagnosis
- signs/symptoms identified by participant
- clinician's interpretation/explanation
- diagnostic testing

How has your condition changed since that time?

- changes in bone density
- fracture/injury history
- changes in body (posture, height, etc.)

Self-Care Strategies

What kinds of treatment are you using to manage your osteoporosis?

- medications/supplements
- diet/nutrition
- exercise
- others

Has this changed how you carry out your usual activities? How so?

- limitations in functional ability
- impairments

What kind of strategies do you use to accommodate these changes?

- supportive and assistive devices
- social support networks

Perceived Environmental Demands

Are there places or times that make you worry more about your condition than others?

- conditions of environmental demands

Have you ever felt threatened by a place—to the point that you decided not to pursue an activity?

FIGURE 1: Interview Guide

Data Analysis

The PI and RA will verify transcribed interviews by listening to the audiotape while reviewing the transcript word by word. During this process, all personal identifiers will be removed and a subject/interview code will be assigned to protect confidentiality. The resultant "clean" transcripts will be used in analysis. Each team member (PI, Co-I, and RA) will receive clean transcripts for independent analysis, followed by team analysis in meetings conducted at least weekly throughout the analytic phase of the project.

The primary analytic technique will be constant comparison, a process through which each piece of data is compared and contrasted with other data to build a conceptual understanding of the categories within the phenomenon of interest. As categories, conditions, and linkages are explicated, a basic social process (i.e., a unifying

theme) will be identified. Finally, the theory will be modeled to represent self-care strategies, capability, demands, and key transitions described by these women as they work to minimize the disabling effects of osteoporosis in everyday life.

The PI and RA will interact frequently through data collection/analysis to coordinate the project efforts. Methodological and theoretical insights from these interactions will be communicated to the Co-I via e-mail. In addition to these communications, the Co-I will attend weekly analytic sessions held at University Park to share in the team analysis of the data.

Limitations/Difficulties

Threats to validity are minimized through careful attention to interview techniques, transcription, and analytic processes. The PI and Co-I are experienced qualitative researchers and are well prepared to assure methodological rigor in this project. Limitations in recruitment and retention of subjects are not anticipated because of the size of the senior membership program, venues available for recruitment, and the enthusiastic support of other research studies conducted previously with this group.

Time Frame/Schedule

October, 2001: Data collection will begin at the first scheduled program after notification and will continue through August 2002. Analysis runs concurrently with data collection and will be concluded in September 2002 to allow adequate time for the preparation of the final report and the planning of subsequent publications.

ORGANIZING SUPPORTING DOCUMENTATION

Commentary

Calls for small-project proposals typically outline some forms of supporting documentation that build evidence to support the researcher's capability to conduct the proposed project. Preliminary studies demonstrate both researcher capability and how the proposed discrete small project contributes to a larger program of research. Use the preliminary studies section to summarize research in related substantive areas, experience in selected methods, advanced education in methods, or clinical expertise related to the topical area. This section encapsulates relevant points that are more fully evidenced in the biographical sketch; the emphasis here is in drawing connections that support the researcher's capability to complete this project.

The guidelines for a small-project proposal will indicate whether an overview of procedures or documentation of Institutional Review Board (IRB) approval is required in the Protection of Human Subjects section. Be aware of such requirements, because depending on the time needed for IRB processing, the review process may dictate necessary lead time for proposal development. Although some funding agencies allow a grace period after proposal submission for the completion and submission of IRB approval, others will not accept the original submission without such documentation. If only an overview of procedures is required, address

the key elements of protection that will be employed. In the exemplar below, the review process was initiated so that approval would be available by the required deadline specified in the call.

Finally, most proposals must also address the facilities available to support the researcher. Most institutions use a "boilerplate" or "template" for this section in larger grant proposals; however, these write-ups are usually too long and too detailed for the small-project proposal. When considering what to write under facilities, think about what resources are *needed* and what are *available* to support the project. Address resources directly, but be cognizant of using precious space to describe typical facilities (e.g., does a specification of computer make/model and capacity really add to your facility's resources?)

Osteoporosis Study Proposal

Preliminary Studies

This study merges two research interests pursued by the PI. As a member of Geriatric Education Center (GEC/PA) Planning Committee for "Stand Tall Pennsylvania" Osteoporosis Initiative (1998-2000), clinical knowledge regarding osteoporosis was developed and gaps in our understanding of this chronic condition were exposed. This affiliation resulted in participation series of continuing education programs and contribution to an edited handbook for multidisciplinary clinicians (Gueldner, Burke, & Smiciklas-Wright, 2000). Then, in more recent work (1999 to present), the PI served as Phase II Project Coordinator of a study titled "Living With Chronic Health Conditions," funded by AARP Andrus Foundation (PI: Leonard W. Poon, Ph.D.; University of Georgia). This research examined how older adults managed multiple chronic conditions in everyday life and resulted in the development of a model of minimizing disablement titled *Staying in Control*. The proposed project merges these interests as it focuses inquiry on the process of disablement among a sample of women who are at high risk of disability due to osteoporosis.

Human Subject Protection

Approval for the use of human subjects is being sought through Office for Regulatory Compliance at Pennsylvania State University. All participants will provide written informed consent under principles of full disclosure and will be given a copy of the consent form. Standard principles of protection, including the right to refuse, withdraw, or stop an interview will be implemented. Original tape recordings and full transcripts will be destroyed at the conclusion of the project; only clean transcripts with coded subject/interview identifiers will be retained. All transcripts will be stored in a locked file cabinet in the PI's office.

Facilities Available

The Penn State School of Nursing is very supportive of qualitative research activities. Computer services, space, and time devoted to the project are available. The PI will be supported by the director and the staff assistant from the newly developed School of Nursing Research Center. The Center provides research consultation and

assistance with grant management and the dissemination of findings. In addition, doctoral students who have completed a graduate course in qualitative methods of health research are available to serve as research assistants for the project.

SUMMARIZING THE PROJECT

Commentary

Once the body of the proposal is completed, it is time to write the summary sections usually included in front matter of the proposal. The abstract (if required) and specific aims sections are overviews of the project that will most often be the first sections of the proposal read by reviewers; thus, it is critical that these sections concisely describe the need, significance, research question, and potential for the study to fill a critical gap in current understanding of a phenomenon. Small projects are necessarily delimited in scope, so do not be tempted to overstate the aims of the project. If the study is exploratory in nature, a well-phrased research question may be adequate. If the project is more complex or staged in any way, sequential aims may be more appropriate. Again, be cognizant of the temptation to oversell the proposal in the front matter. Use a writing style that feels almost redundant as the main points found in the body of the proposal are summarized. Remember that although this is the last section to be written, it is the first to be read, so it sets the reviewers' expectations for what will be detailed in the remainder of the proposal. This is not the place for new ideas or insights; this is the place for reiteration.

Osteoporosis Study Proposal

Biomedical researchers continue to make advances in the prevention and treatment of osteoporosis within a medical model, extending our knowledge of the systemic effects of the progression of osteoporosis and new methods of limiting these effects. However, osteoporosis is much more than a systemic, structural disorder—it permeates the lives of women and changes their relationship with the world. Few research efforts have concentrated on the process of disablement experienced by these women, and even fewer on the self-care strategies employed to manage the effects of the disease on their lives. This poses a significant gap in our knowledge base, as most of the prescribed prevention and treatment strategies are rooted in self-care techniques and management of the environment to prevent fractures while maintaining or building bone density.

The research project proposed herein addresses this gap by comprehensively examining the lived experiences of women with osteoporosis. Through the analytic lens of a sociomedical model, this research focuses on understanding the balance between the women's perceptions of their capabilities and environmental demands. Disablement results when demands exceed capabilities, resulting in the woman's inability to act in usual, expected, or desired ways within the ordinary milieu.

Specifically, the research question is "What processes are used by women to maximize their capabilities to minimize the disabling effects of osteoporosis?" This grounded theory research will explore women's perspectives of their treatment as it

takes the form of self-care strategies, augmented by assistive devices or systems. Perceptions of the environmental demands of everyday life will be explicated. The project will provide important information on how women live day-to-day with the specter of osteoporosis looming in their world. It will identify what interventions these women have implemented and their perceptions of the results of these efforts. It will help us understand the perception and management of environmental demands through the eyes of women with osteoporosis.

Through an analysis of experiential reports, key transitions that are commonly experienced in the process of disablement of women with osteoporosis will be identified. Understanding these transitions, or critical junctures, further unlocks the puzzle of disablement. Thus, this preliminary research is essential to future studies, which will focus on intervention strategies that may alter the course of disablement among women with osteoporosis.

POSTSCRIPT: HINDSIGHT INSIGHTS

The sections of the proposal discussed herein are from an actual small-project proposal. Although this proposal was positively reviewed and successfully funded, there are rather obvious opportunities for improvement (which I will leave to the reader's judgment). Perhaps this is the case with much of our writing—hindsight provides insights to guide future endeavors.

To use this hindsight when it counts, it is most advisable to write the proposal well ahead of the deadline. Write it, put it aside for a few days, then do a critical review and revise as needed. Once the proposal is "clean," send it out to colleagues for review and comment. Be sure to tell your colleagues how soon you need their comments, and in doing so, give them adequate turnaround time. When selecting informal reviewers, do not turn only to your collaborators who think like you do—seek out colleagues who will be reading and thinking through your ideas for the first time. Because the proposal is a product representing your school or university, also forward the draft to the appropriate in-house colleagues for a preliminary review. Collect your collegial reviewers' comments and treat them as you would a manuscript review: Read each carefully, look for trends in comments indicating especially weak areas, and revise as needed. Remember, if your colleagues "don't get it," chances are that the reviewers will not get it either—and ultimately, you won't get it!

Should the proposal be rejected, get over the hurt and use the reviews wisely. Was there a poor fit with the call for proposals? Were there inadequacies in the proposal? Were you qualified adequately for the requested level of funding? These are hard, sometimes piercing questions that might make you question your abilities as a researcher. Again, use your hindsight insights. Just as with manuscript rejection, these reviews can be instrumental in reworking the proposal for resubmission and subsequent success (often through another funding mechanism). As an evolving researcher, this may be the most important insight of all: Don't give up. Rework the proposal, make it stronger, and resubmit.

When the project is finally funded, a whole new set of challenges emerges for the junior researcher: managing a budget, overseeing RAs, coordinating activities with coinvestigators, and monitoring project completion within the proposed timeline. Just as the small-project grant seeds your program of research, small-grant

management allows you to experience such responsibility within a relatively safe zone. For most researchers, small-project funding is a critical step in building a program of research that merits more significant funding. Use this experience wisely; don't let the hindsight insights slip from your memory.

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