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Rifat Miser, PhD, Ozana Ural, PhD, Özlem Ünlühisarıkly, PhD

Adult Learning, vol. 24, 4: pp. 167-174. , First Published October 7, 2013.

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## Adult Education as a Stepping-Stone to Better Jobs: An Analysis of the Adult Education Survey in Turkey



Seyit Mümin Cilasun, Sırma Demir-Şeker, N. Nergiz Dincer, Ayça Tekin-Koru

Adult Education Quarterly, vol. 68, 4: pp. 316-346. , First Published July 8, 2018.

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Wei-Chen Chen <sup>ORCID</sup>, Chung-Hsien Chaou, Chip-Jin Ng, Yueh-Ping Liu, Yu-Che Chang <sup>ORCID</sup>

Hong Kong Journal of Emergency Medicine, First Published 4 Jun 2020.

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### Alternative medicine use at Vila Central Hospital: a survey of 'custom medicine' use in patients and staff a decade later



an Lai, Robert Grace

tropical Doctor, vol. 44, 3: pp. 140-142. , First Published March 6, 2014.

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Gina M. Piscitello, MD <sup>ORCID</sup>, Shannon Martin, MD

American Journal of Hospice and Palliative Medicine®, vol. 37, 4: pp. 272-277. , First Published August 28, 2019.

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## References

1. Maden, C, McKendrick, S, Grace, R. Alternative medicine use at Vila Central Hospital Vanuatu: a survey of medicine' in patients and staff. Trop Doct 2003; 33: 22-24.

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## Alternative medicine use at Vila Central Hospital: a survey of 'custom medicine' use in patients and staff a decade later

Yan Lai , Robert Grace

期出版时间 七月 01, 2014



### 摘要

A structured questionnaire was administered to 50 medical patients, 50 surgical patients and 50 staff members at Vila Central Hospital, Vanuatu. A similar study was conducted 10 years earlier. In the intervening decade, Vanuatu has seen unprecedented population growth, increasing expatriate numbers, and the introduction of mobile phone and Internet networks. Given these social transformations, this study aimed to identify changes in custom medicine use over the period. Fifty-nine percent of interviewees had used custom medicine at least once, compared to 70 percent in the earlier study. Thirty-two percent had used custom medicine in the last 12 months, a significant decline from 50 percent in the earlier study. Collectively, rates of custom medicine use have declined but especially in the physical therapies such as bone setting. We believe this declining custom medicine use reflects an overall weakening traditional culture within Vanuatu and believe that within a generation, custom medicine knowledge will likely be lost.

卷 44, 期 3, 2014

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**Bruce J. Avolio**  
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期出版时间 二月 01, 2018



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期刊 (卷) : 44 期刊 (期) : 2, 页数: 399-411  
文章首次在线出版时间: 二月 01, 2018; 已出版期次: 二月 01, 2018;  
DOI : 10.1177/0149206317739960

Bruce J. Avolio , Tara Wernsing , William L. Gardner ,  
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Texas Tech University

Bruce J. Avolio, Foster School of Business, University of Washington, Seattle, WA 98195-3226, USA. E-mail: [bavolio@uw.edu](mailto:bavolio@uw.edu)

卷 44, 期 2, 2018

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of the Authentic Leadership  
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article was published. We  
nts to the model specifications  
hin the stream of research  
tending further construct  
results of these types of

The present authors were part of the team that coauthored an article describing the construct development and validation of the Authentic Leadership Questionnaire (ALQ; Walumbwa, Avolio, Gardner, Wernsing, & Peterso n, 2008). This article has received much attention, both positive and negative. On the positive side, it has

Table 1  
Revised Without Using Model Modifications

	$\chi^2$	df	p	$\Delta\chi^2$	$\Delta df$	p	RMSEA	CFI	SRMR	TLI/NNFI
U.S. sample (n = 224)										
Higher-order model (HOM)	355	100	<.001				.11	.91	.05	.90
More parsimonious models										
Single-factor model (SFM)	392	104	<.001	37	4	<.001	.11	.90	.05	.89
Orthogonal first-order model (OrthFOM)	1,286	104	<.001	931	4	<.001	.23	.60	.48	.54
Less parsimonious models										
Oblique first-order model (ObFOM)	311	98	<.001	44	2	<.001	.10	.93	.04	.91
Bi-factor model (BFM)	296	88	<.001	59	12	<.001	.10	.93	.04	.90
China sample (n = 212)										
Higher-order model (HOM)	227	100	<.001				.08	.92	.05	.90
More parsimonious models										
Single-factor model (SFM)	235	104	<.001	8	4	=.092	.08	.92	.05	.90
Orthogonal first-order model (OrthFOM)	867	104	<.001	640	4	<.001	.19	.52	.37	.45
Less parsimonious models										
Oblique first-order model (ObFOM)	212	98	<.001	15	2	=.001	.07	.93	.05	.91
Bi-factor model (BFM)	185	88	<.001	42	12	<.001	.07	.94	.04	.92

Note: The nested chi-square change comparisons shown are those described by Crede and Harms (2015): The higher-order model is nested within the oblique first order model. The single factor model and orthogonal first order model are both nested within the higher-order model. The bi-factor model is nested within the higher-order model. RMSEA = root mean square error of approximation; CFI = comparative fit index; SRMR = standardized root mean square residual; TLI = Tucker-Lewis index; NNFI = nonnormed fit index.

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Bruce J. Avolio, Tara Wernsing, William L. Gardner

Journal of Management

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leadership, structural equation modeling, measurement development







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