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Money

New Study Reveals Secrets to Finding a Job

By LIZ WOLGEMUTH

Posted: September 24, 2009

Most career advice is highly subjective, offered by experts rather than researchers. A new study, however, suggests that there are methods and activities that can maximize your chances of success.

Researchers at the University of Missouri studied the efforts of 327 job seekers, ages 20 to 40, and found that ***developing and following a plan at the start*** of your job search, and ***having positive emotions later*** in the job search had a significant impact on success.

[See [the good and bad news about job openings](#)]

Conscientiousness appears to be key. Qualities such as self-discipline and dependability seemed to affect a job seeker's tendency to set goals and develop a plan, thereby directly influencing the number of job offers received, the researchers report. "Perhaps, conscientious job seekers conducted better quality job searches

by scrutinizing their fit with prospective employers more carefully or more effectively following up with employers (e.g. sending thank you notes that emphasized qualifications)," the researchers report.

Likewise, positive emotions may have helped job seekers behave more confidently or cope better with stress, "thereby responding more skillfully in interviews than job seekers with less positive emotions," according to the report.

While the researchers acknowledge that job seekers cannot change their personalities, they note that individuals can change their behaviors and the display of their emotions. They recommend that job seekers "set goals, plan, and monitor their job search progress," as well as analyze their job interview skills. They also recommend that job seekers find ways to generate more positive thoughts and better responses to bad news.

[See how [many companies want to rehire workers they laid off](#)]

Researcher Daniel Turban, a professor and chair of the Department of Management in the University of Missouri's College of Business, recommends that job seekers make plans for their searches, then regularly assess their progress. "Some of these recommendations seem like they are common sense, but they are just not that common," Turban says. "People don't have strategies, they don't assess their plans, and they don't think about their strategies and reflect on whether it's working or how to make them work better. They just don't do it."

ST. LOUIS POST-DISPATCH

Job search derailed? Mizzou researchers say think positive

By: Steve Giegerich
St. Louis Post-Dispatch

An University of Missouri-Columbia research study confirms what disciples of the Rev. Norman Vincent Peale have known all along: There is power in positive thinking.

And an upbeat attitude channeled into a job search, it turns out, can lead to an equally positive result.

Daniel Turban, professor and chair of the Department of Management at Mizzou's Robert J. Trulaske, Sr. College of Business, led the survey.

Academically, the team examined the Effects of Conscientiousness and Extraversion on New Labor Market Entrants' Job Search: The Mediating Role of Metacognitive Activities and Positive Emotions.

Translated, that means researchers looked at the personalities, demographics, emotions and the outcomes of the employment searches of 327 job-hunters.

The upshot: "We found, that ... thinking about a plan, acting on a plan and reflecting upon that plan were important early in the job search while having positive emotions were important later in the job search," Turban said in a statement released by the university.

Turban suggests that job-seekers plot a strategy, continually evaluate their progress and prepare emotionally for the inevitable rejections along the way.

"Some of these recommendations seem like they are common sense, but they are just not that common. People don't have strategies, they don't assess their plans, and they don't think about their strategies and reflect on whether it's working or how to make them work better," he said.

How the brain reacts to cocaine is studied

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About 2 million U.S. residents use cocaine for its side-effects of euphoria and U.S. scientists want to determine how the brain reacts to the drug.

University of Missouri researchers Ashwin Mohan and Sandeep Pendyam say cocaine addiction can cause severe biological and behavioral problems and is very difficult to overcome. The scientists are using computational models to study how the brain's chemicals and synaptic mechanisms react to cocaine addiction and what that could mean for future therapies.

"With cocaine addiction, addicts don't feel an urge to revolt because there is a strong connection in the brain from the decision-making center to the pleasure center, which overwhelms other normal rewards and is why they keep seeking it," Pendyam said. "By using computational models, we're targeting the connection in the brain that latches onto the pleasure center and the parameters that maintain that process."

Mohan and Pendyam, in collaboration with Professors Satish Nair and Peter Kalivas, are seeking to discover how some rehabilitative drugs work by devising a model of the fundamental workings of an addict's brain.

"Using a systems approach helped us to find key information about the addict's brain that had been missed in the past two decades of cocaine addiction research," Mohan said

Mohan and Pendyam's previous research has been published in the journal *Neuroscience* and as a book chapter in *New Research on Neuronal Networks*.

Symptoms and treatment for novel H1N1

By Hayley Tsukayama

September 25, 2009 | 12:01 a.m. CDT

COLUMBIA — Have questions about how to deal with novel H1N1, previously known as “swine flu?”

In response to the avian flu scare last year, Dr. Michael Cooperstock, the chief of pediatric infectious disease, immunology and rheumatology at the Children’s Hospital, and MU launched a Web site called “Ask Dr. C” to explain the risks of this particular flu strain and what the university would do in case of a pandemic.

Cooperstock holds a master’s of public health and a doctorate in medicine from the University of Michigan. He agreed to answer some basic questions about novel H1N1, which he said is a much milder strain of influenza than avian flu. Here are highlights from that conversation:

Q: What are the symptoms of novel H1N1?

A: Symptoms are very similar compared to other respiratory diseases: sore throat, sneezing, low-grade fever. The flu tends to have a more sudden onset, a slightly higher fever of 102 degrees or more, a headache and, most identifiably, muscle aches. It also makes people want to stay in bed. Symptoms of novel H1N1 do not differ from regular flu symptoms.

Q: What are the treatments?

A: People with the flu should stay hydrated and rest, and stay out of contact with others. You may also take over-the-counter medications to treat symptoms.

There is an antiviral for those who are particularly sick. There is Tamiflu and Relenza, which is a medicine you breathe in similar to an asthma inhaler.

If a person is ill, he or she should stay home and not go back (to work or school) until he or she has been free of fever for a whole day.

Q: How can you tell if it's serious?

A: If you're feeling particularly sick, with a high fever or labored breathing, you should seek medical attention. You should also check the CDC's [Web site](#) on novel H1N1 for their advice on when to seek medical attention.

Q: How can I protect myself from getting sick/how can I help keep it from spreading?

A: Use good hand hygiene — wash your hands often and/or use alcohol-based hand sanitizers. Cough into your sleeve or into a tissue that then goes into the wastebasket. If someone you know has an active cough, keep your distance. The virus tends to be most transmissible to people within 3 to 6 feet.

Q: Who is most at risk?

A: It's generally the same list as with ordinary seasonal flu, with one exception. As always, those with chronic medical illnesses, those under age 5, under age 2 and particularly under 6 months are most easily affected. Also, people who care for people in those risk categories should be immunized to minimize the risk of giving the disease to those in their care.

One unique thing we've noticed (about this flu) from the pandemic in the summertime is that older people don't seem to be as affected by this strain. People born before 1944 or so somehow ended up with more immunity — for them, rates are at about one-tenth that of an ordinary flu season.

Q: Will there be a vaccine?

A: There will be a seasonal flu vaccine and a new vaccine for the novel H1N1. The seasonal flu vaccine (was) made available on Sept. 21 for all clinics and patients. Children under 9 who have never had the flu should receive two doses of the vaccine, about a month apart.

In contrast, the new vaccine for the novel H1N1 is not yet available ... You should get both kinds of vaccine.

H1N1 afflicts Missouri colleges, survey shows

By [Ben Wieder](#)

September 25, 2009 | 12:01 a.m. CDT

COLUMBIA — Missouri colleges and universities reported 369 new flu cases last week to the American College Health Association's [Pandemic Influenza Surveillance](#).

The number represents an increase from the previous week but also encompasses more colleges and students, resulting in a 1-percent decline in incidence per 10,000 students.

The voluntary survey includes reports from 267 colleges and universities across the country, five to 10 of which are in Missouri, said James Turner, ACHA president and executive director of the [Elson Student Health Center at the University of Virginia](#) in Charlottesville.

MU is one of these institutions, university spokesman Christian Basi said.

The ACHA has been collecting information since Aug. 22, and participating colleges in Missouri, which represent 83,674 students, have reported 774 cases in that period, more than every bordering state except Tennessee.

Survey findings are important because of the uncertainty surrounding the virus, MU Health Care spokesman Jeff Hoelscher said.

"Right now everyone's trying to understand what's going to happen this season," Hoelscher said.

Stephens College is not contributing to the survey, spokeswoman Sara Fernandez said, while Columbia College officials could not confirm the college's participation.

The survey does not differentiate [among flu strains](#), but the vast majority of the cases are likely H1N1, Turner said.

In its most recent [FluView report](#), the Centers for Disease Control and Prevention said 99 percent of recently reported type A flu cases were H1N1.

Still, the majority of cases reported to the ACHA have been mild, Turner said. More than 21,000 incidences have resulted in 37 hospitalizations and no deaths.

What is unique is the timing. Flu season doesn't normally begin until late fall or early winter, Turner said.

"It feels like January," he said.

Although seasonal flu rates have not previously been tracked on campuses nationally, current H1N1 numbers at the University of Virginia are in line with typical campus rates for the seasonal flu, Turner said.

The possibility of mutations to the H1N1 virus has MU officials concerned, but the flu is a perennial problem, Hoelscher said.

"We have an epidemic of influenza every year," he said.



Buyer's pledge required for MU phone purchase

By Janese Heavin

Thursday, September 24, 2009

Advertisement

Mike Bellman has received about six serious offers to purchase a collection of cellular phones that previously belonged to University of Missouri Athletics Department staff.

Bellman bought the phones for \$190 at a university surplus auction with the intent of reselling the equipment as parts.

He later learned the phones had belonged to MU athletics staff members and coaches, including basketball Coach Mike Anderson, and still contained contact numbers, text messages and e-mails.

Bellman offered to sell the phones back to the Athletics Department but turned down the department's offer to pay what he gave for the phones. Bellman estimated at the time that he could have sold the 25 phones for parts on eBay for \$1,000.

Bellman is now marketing the phones as collector's items and is asking \$3,000 for the collection.

He said this morning he has received numerous offers, including some from local businessmen and from attorneys representing possible buyers who want to remain anonymous. Bellman also received calls from out of state but turned down those offers.

Bellman said he will require any buyer to sign an affidavit saying he or she is an MU Tigers fan, a representative of the university or an MU donor and will not use information on the phones for malicious purposes.

Athletics Department spokesman Chad Moller said none of the offers came from the university, but he was pleased with the affidavit requirement.

"I think that's a great statement about his intent," Moller said. "It sounds like he's wanting to make a profit but not do something negative in the process that would hurt the university. ... It sounds like everyone will win. He will make the money he was hoping to make, and the phones will get into the hands of a good Tiger fan."

Bellman hopes to sell the phones today rather than ending the auction next week as he originally planned. "I don't care for the attention, good or bad," he said, referring to online comments about his investment. "I'd like to put this behind me as quickly as possible."

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MU professor discusses economics of health care

By Dan Brenner

September 24, 2009 | 7:31 p.m. CDT

COLUMBIA — An MU economics professor discussed the finances of health care legislation Wednesday, touching on high and rising health care expenditures and reasons why some people don't buy health insurance.

Professor Jeff Milyo, speaking in Middlebush Hall at MU, said that even though we spend more than any other country on health care, life expectancy in the U.S. is not close to being the longest.

According to the Department of Health and Human Services, the U.S. will spend about \$7,500 per capita on health in 2009. Health care spending as a share of gross domestic product is much higher in the U.S. than in the United Kingdom and Canada, Milyo said. But he added that the U.S. is not that far ahead of the pack.

"We may be at the top, but we're not an outlier," he said. "Other countries are experiencing similar growth in health care expenditures."

Milyo said private insurance is on the decline because of increasing premiums, more non-citizens in the U.S. and fewer people marrying and having children. He said that half of the uninsured population could afford insurance out of their disposable income but choose instead to spend it on education and housing.

Milyo believes that some claims made about health care have been false. The American Journal of Public Health said that 45,000 people die each year because they lack insurance. Milyo gave several reasons why those numbers are false. He believes that the treatment effect on health is much more modest.

"For people without insurance, it's not a matter of life or death," Milyo said. "It's a matter of pain and discomfort when you don't have financial security."