

Abstracts, Poster Presentation

Listed alphabetically by title

A Descriptive Study on the Strategies and Behaviours Used By Facilitators during Interprofessional Learning Activities with First-Year Health Care Students

Maria Gabriela Ruiz Mangas

McGill University

Helene Ezer

McGill University

Margaret Purden

McGill University

Facilitation of interprofessional education is acknowledged to be an essential part of successful interprofessional learning activities (ILAs). Little is known about the facilitation strategies necessary to promote effective learning during ILAs. Most studies that have attempted to identify the strategies used have been based on facilitators' self-reports and indicate the need for further research. Using direct-observation, this study identified the pedagogical strategies and behaviours of facilitators involved in ILAs among health care students from different disciplines. A secondary analysis of audio/videotape of seven ILAs in mixed groups developed by the McGill Educational Initiative on Interprofessional Collaboration revealed that facilitating an ILA involves a complex interchange of three types of interaction between facilitators and students: facilitator-controlled interaction, facilitator-driven interaction and student-driven interactions. Findings provide an insight into the dynamics in place during IPE encounters as well as the strategies used to promote dialogue among participants. Findings highlight the importance of continuity and stability in interprofessional learning both for facilitators and students. This study suggests the need for different pedagogical approaches in preparing facilitators engaged in IPE as well as training facilitators as interprofessional champions.

A Qualitative Study of the Experiences of Patients with Knee Osteoarthritis in Undergoing Moxibustion

Haeng-Mi Son

University of Ulsan

Duck Hee Kim

Woosuk University

Eunjeong Kim

Gyeongju University

So-Young Jung

Korea Institute of Oriental Medicine

Ae-Ran Kim

Korea Institute of Oriental Medicine

Tae-Hun Kim

Korea Institute of Oriental Medicine

Purpose: To explore and understand the experiences of patients with knee osteoarthritis (KOA) in undergoing moxibustion.

Methods: This qualitative research was conducted as a part of a larger clinical trial evaluating the effectiveness of moxibustion in KOA using a qualitative content analysis approach. Sixteen mild to moderate KOA patients who participated in a 12-week moxibustion treatment trial were interviewed using open-ended question.

Results: Four themes were discovered; overuse symptom, taking moxibustion therapy, maximizing moxibustion therapy, realizing the usefulness of moxibustion. Theme related to the KOA: Participants recognized KOA as a normal aging process that affected daily life with physical and emotional discomforts. Theme related to the moxibustion: Despite the adverse effects, most of the participants appraised it positively that made them have much interest in continuous moxibustion treatment as a long-term KOA management strategy and in improving general health status in broad spectrum of life after all. **Conclusion:** This study suggests that from the perspective of KOA patients, moxibustion can be a supportive intervention for managing symptoms related to KOA.

Abandonment of Disabled Children: The Role Of Grandmothers

Fabiana Couto

University of Campinas

Maria de Fátima Françoço

University of Campinas

The study aimed at understanding the reasons why grandmothers took responsibility for caring for a disabled grandchild. Qualitative research was carried out and interviews with open-ended questions were used to collect data. There were eleven participants, caregivers of grandchildren enrolled in a non-governmental organization for people with mental disability in Brazil. Data were transcribed, assembled into analytical categories and then analyzed. The results showed that all children had had a similar trajectory from their birth to the moment when the grandmothers took the responsibility for them. The children's disability was detected early in their life, but the parents did not accept it. All children had been neglected from a very young age. The grandmothers decided to foster when their sons or

daughters left the house or when they detected the child was suffering continuous violence. Grandmothers have different explanations for the abandonment of the grandchildren, depending on whether they talk about their daughters or sons. They tended to excuse sons, explaining they had to work and could not take care of the child. However, they blamed the daughters-in-law for betraying their husband and their child. For this reason they view their sons and grandchildren as victims. In relation to daughters, grandmothers tended to search for a reason why they did so and hope they will change someday. The grandmothers felt overwhelmed with the tasks and physical work involved in caring. Beyond the affection for the child, they see their attitude as a moral duty, a family obligation.

Activity/Assemblages: Enabling Connectivities for Disabled Youth

Barbara Gibson

University of Toronto

Gillian King

Bloorview Research Institute

Gail Teachman

University of Toronto

Bhavnita Mistry

University of Toronto

Yani Hamdani

University of Toronto

Little is known about how disabled youth experience everyday activity settings. In this Canadian study we drew on postconventional and critical qualitative approaches to explore youth's engagement in activity and the socio-material mediators of participation. Participants included eight youths, ages 14 to 20 years, with significant speech and/or mobility impairments. The primary method we used was photo-elicitation. We provided each participant with an adapted camera to photograph two home or community-based activities. Photographs were used to ground discussion in face-to-face interviews which were recorded and transcribed. Analysis procedures included multiple iterative coding and memoing cycles, semi-structured comparative memos, and monthly team analysis meetings. Our analyses revealed how unique 'assemblages' of technologies, people, and places together functioned to achieve practices and enabled particular activities. Paradoxically, assemblages enabled independence through a number of dependency relationships. Some assemblages were enabling, others were disabling but most had multiple effects. "Solitary-connected" activities, for example, were those that connected youth alone at home with others in multiple locales through electronic means but did not replace face-to-face contact. In the presentation, we explore the social and health care implications for disabled youth, particularly the possible conceptual limitations of 'dependence' and 'independence' in facilitating engagement in meaningful activities. (Note: The term 'disabled youth' is in keeping with current usage in disability studies.)

Body, Culture and Sexuality: Representations and Practices of Women On “Papanicolaou”

Francine Even de Sousa Cavaliere

University of São Paulo

Edemilson Antunes de Campos

University of São Paulo

The aim of this research was to understand the women’s practices and representations about Pap cervical cancer. This was an ethnographic study performed by participant observation, and open-ended interviews with a purposeful sample of six low-income women in reproductive age ranging from 25 to 59 years old. The scenario of the study was Jardim Keralux, which is a suburb neighborhood located in the east zone of São Paulo, Brazil. Data from the interviews, and observation were transcribed and subjected to thematic content analysis. The results show that women do not feel comfortable taking the exam but did not fail to realize it because they considered it important to judge of their sexual health, and that the screening test is related to the notion of care they have of themselves closely linked with the responsibility of taking care of your family's health by giving the other take different meanings to the prevention of cervical cancer. These representations are built on the Pap smear that guide the exam. This work aims to enrich the repertoire on the existing experience of women in making the Pap test and thus help establish public policies that are based on the logic that guides their practice in the prevention of cervical cancer.

Care of the Self: An Ethics for Nursing Practice

Patricia McClunie-Trust

Waikato Institute of Technology

The following framework was developed from findings of research on how nurses negotiate subjectivities in caring for their own family members. Drawing on Cooper and Blair’s (2002) interpretation of ethics as a critical ontology of the self, it interprets concepts of knowledge, power and self in Foucault’s writing as ethics for professional practice. Professional subjectivity is conceptualized as care of the self; a constant search for wisdom through critique and reinvention of the self, albeit within the constraints of discursive relations of power.

In this conceptualization, intellectual self work emphasizes curiosity and critique as activities that transform the professional self as nurse. A critical nursing gaze, constituted through intellectual self work, calls nurses to account for their own situated knowing in practice (Cheek, 2000). Political self work is the relation to the self as a politics of ourselves (Foucault, 1977), regulating the self through reflection on one’s own relation to truth and its effects on others. Freedom to practise is imagined as individual action undertaken within the broader collective of the profession, reinventing nursing subjectivities in order to practise in new and more ethical ways. Relational self work examines the potential to develop greater fluidity and creativity in relationships with others while working in professional roles. It

describes the relationship that we ought to have with ourselves in creating carefully thought out and individualised professional identities that acknowledge the limits of knowing and encompass the conditions to know differently (Mackay, 2007).

Caring For the Preterm Child at Home: Mothers' Experience

Monika Wernet

Nursing School of Ribeirao Preto, University of Sao Paulo

Natalia Custodio

Federal University of Sao Carlos

In the Neonatal Intensive Care Unit the mother experience restrictions, lack of intimacy and proximity with her son, and insufficient participation in his care. This context has repercussion to the security for the home care of this child. The present study aimed to describe the process evolved with the care of the preterm child at home, especially during the first month. A qualitative approach, thematic holistic narrative research, was used to explore the mothers' experience of caring for their preterm child at home. In depth interviews were conducted with six mothers, who attained to the following criteria: be older than eighteen years old; be at home for one to thirty days with a child which was born before 32 weeks of gestation and was hospitalized in a NICU. The introductory question was: tell me about your experience of caring for your child since his discharge form the NICU. Three thematic units were identified: Uncertain moments; Enlargement of security; Fear. Caring for the preterm child at home is strongly influenced by the NICU culture, especially establishing the concept that the preterm child is fragile, become ill very easily, and has to be proximally monitored. So, fear and insecurity is always present in the first days at home. The professionals' opinions are relevant and fully considered by the mother to evaluate her care.

Catheter Associated Urinary Tract Infection Prevention Guideline Dissemination Pilot Study

Carrie Tierney

University of Texas Health Science Center San Antonio

Sara L. Gill

University of Texas Health Science Center San Antonio

Within US hospital facilities 1.7 million patients develop healthcare associated infections (HAI) (CDC, 2002). The largest percentage of HAI, catheter associated urinary tract infections, represented 424,060 infections in the US. (Klevens, 2007). Costs related to care requirements for hospital acquired CAUTI ranges from \$390-\$450 million dollars per year (CDC, 2010). Evidence based guidelines offer an option for reducing CAUTI occurrences in healthcare systems, however, such prevention guideline dissemination strategies in healthcare organizations are inefficient (Dodek, Cahill, & Heyland, 2010; Grimshaw et. al. 2006; Grimshaw et.al. 2004). Efforts to improve infection prevention guideline

dissemination could be achieved by focusing on clinical practice variations related to individual unit cultures (Cahill, Narasimhan, Dhaliwal, & Heyland, 2010; Dodek, et. al., 2010; Gerrish, 2011). Using ethnographic methods, I conducted a pilot study to explore critical care and nursing perceptions of CAUTI prevention guidelines. Critical care nurses working in a Veteran Hospital in South Texas participated in this study. Data was collected during participant observation and semi-structured interviews with 4 nurses. Using a semi-structured interview guide, all interviews were audio-recorded. Interviews were transcribed and coded. Qualitative content analysis was used to analyze data. Preliminary findings show that contextual organizational factors related to urinary catheter care may be impairing appropriate care such as unsealed catheter systems and inappropriate securement devices. Also, nurses that function as facilitators to assist with guideline dissemination may be unsure of their role related to other nursing staff and CAUTI guideline requirements.

Challenges for Qualitative Health Research to Transform Health Practices: The Case of a Canada-Caribbean Partnership That Explores Experiences of Older People

Patrick Cloos

Université de Montréal

This paper will present selected findings from the qualitative component of a larger study of the social conditions and access to health-care services of elderly people in the Caribbean in order to make recommendations to regional policy makers. Caribbean and Canadian academic and research institutions comprising epidemiologists, public health and social scientists collaborated in this multi-country qualitative research. Between August 2007 and March 2008, 31 focus group discussions (FGDs) were conducted in six countries to gather people's descriptions and assessments of health-care and social services, and their social and economic environment. The participants were of both genders and diverse socio-economic status and lived in urban and rural areas. The focus group discussions revealed great variation among the countries in the availability of, access to, use of and satisfaction with services, and large differences between urban and rural areas within countries. Based on FGDs, health-care services do not achieve continuity, are not comprehensive, are often short of resources, and mainly focus on curative rather than preventive services. It was suggested that the particular needs of elders are insufficiently catered for, since only few physicians and nurses are trained to recognise or address their complex conditions, and their treatment and support needs. This qualitative study recommends that a comprehensive and multisectoral approach be used to ensure a healthy ageing process. Health promotion strategies should be integrated in social and health planning for more equity among elderly people of the Caribbean. Challenges to implement these recommendations and therefore bring changes to health practices will be discussed.

Change in Attitudes and Perspective among Health Care Learners in a Pilot Interprofessional Training Model in a Primary Care Memory Clinic

Colleen McMillan

University of Waterloo

This study explored how practice-based interprofessional learning opportunities might shift attitudes of health care learners, particularly family medicine, social work and pharmacy in a primary care memory clinic. In the context of diminishing resources, a more aggressive approach in creating inter-disciplinary knowledge communities is warranted that can demonstrate meaningful outcomes.

Twenty two pharmacy, medical and social work learners were interviewed in discipline specific focus groups to baseline their preconceived ideas and attitudes on working with different disciplines. The learners were placed into six inter-disciplinary teams and participated in memory clinic assessments. Upon the completion of 6 clinics, the teams of inter disciplinary learners were interviewed using focus groups to capture how their experience differed from earlier pre-conceptions. Transcripts from the pre and post focus groups were audiotaped and analyzed using thematic coding.

Themes emerged to suggest a shift had occurred as a result of the experiential training. Pre-conceived attitudes included worries around leadership (medical resident assuming decision making) tasks being discipline specific (social work responsible for history) and role confusion (overlap between pharmacy and medicine). Pharmacy and social work learners shared the concern of hierarchy. Post interprofessional training and experience challenged these earlier attitudes. Leadership was fluid specific to the case. Usage of the skill sets of other learners resulted in sharing of tasks. Decision making was diffuse and specific to treatment issue. Boundaries were blurred versus distinct. Lastly, outcomes could be measured supporting transferability to other locations.

Inter-professional education across epistemological boundaries can produce measureable and meaningful outcomes.

Client Intention to Choose Future Immunization by Nasal Spray Following a Pilot of FluMist®

Martha L. Smith

University of Alberta

C. Rebecca North

University of Alberta

Denise Maxwell

University of Alberta

Marcia M. Johnson

Alberta Health Services and University of Alberta

Influenza vaccine used in Canada changes annually but the underlying formulation has been that of a trivalent inactivated vaccine (TIV) injected intramuscularly (by needle). In 2010, a live, attenuated, influenza vaccine (LAIV) was licensed in Canada. This vaccine (FluMist® AstraZeneca) provides the same protection as TIV but is administered via nasal spray rather than by a needle.

In the 2011-12 influenza season, we evaluated a FluMist® pilot in one medium-sized, urban clinic in Alberta. Eligible clients were offered LAIV as an option for immunization. All clients were invited to fill out a voluntary, paper-based survey during the 15-minute post-vaccination wait period.

Clients were asked if they would choose the nasal spray (FluMist®) over the injectable vaccine if it was offered next year. Data was both quantitative (dichotomous choice Yes or No) and qualitative (written explanations for client choice—Why or Why Not?). Both TIV and LAIV respondents answered the survey item, allowing for exploration of the differences in responses between the immunization groups.

Qualitative analysis was used to reveal themes in client explanations. Analysis revealed that both groups of clients who said they would choose FluMist® and those who said they would not contained subsets of clients who were unsure. This poster presentation will disseminate results including client explanations for choosing or rejecting immunization via a nasal spray, reasons given for uncertainty, and differences found between TIV and LAIV clients. Methodological challenges and solutions will also be presented illustrating the value of integrating quantitative and qualitative findings to interpret client responses.

*This work was funded by the Public Health Agency of Canada/Canadian Institutes of Health Research Influenza Research Network (PCIRN)

Collaborative Work by Nurses in an Acute Care Ward – Focusing on the Perspective of the Head Nurse

Yumi Nishimura

Tokyo Metropolitan University

Hiroki Maeda

Tokai University

The purpose of this research was to describe how the practice of collaboration among nurses in an acute care ward is organized, using phenomenology as a clue, focusing on the perspective of the head nurse.

The research was carried out in a cardiovascular and respiratory medicine ward by two investigators, who conducted fieldwork and individual interviews. The research plan was reviewed and approved by the Ethics Committee.

Upon entering the ward, the head nurse received information all at once from the night-duty nurses. Based on that, the head nurse grasped the overall conditions of the ward and determined the work priorities. The head nurse then briefly glanced only into the rooms with hospitalized patients and the

emergency ward, and considered the placement of patients throughout the entire hospital. In giving instructions, the head nurse conveyed information concerning the entire ward to everyone. After that, the head nurse looked up and looked all around to indicate that the nursing be carried on to the next step.

We would now like to pursue future research on nursing administration departments, to investigate the organization of nursing care throughout the entire hospital.

Continuity in the Midst Of Change: Living With Cancer as We Age

Ulrich Teucher

University of Saskatchewan

“I am the same and yet forever changed” writes Elisabeth Simpson at the end of her cancer memoir (“Perfection of Hope,” 1999), articulating one of the many paradoxes of life with cancer. It is obviously an experience that is enormously difficult to put into language: how should the lived experience of suffering, uncertainty, and the fear of dying be stated? How can we (re)construct a semblance of continuity despite radical change, despite a self shattered into pieces? And how does the exhortation to continuity in our lives square with the observation that we always live in “medias res,” in the always redefined “middest” (Kermode, “The Sense of an Ending,” 1967; Bell 1998)? More specifically, how do we do so when growing old, when surviving cancer, having a double sense of an ending?

Studies of self in life crises (Charmaz 1993, Chandler et al, 2003) have suggested life span differences as we negotiate sameness and change in order to make our lives our own and yet adapt to pervasive change. Building on these studies, our life history interviews with 20 aging cancer patients, using Interpretive Description (Thorne 2008), suggest that aging patients anchor their selves in the review of relations and contexts, creating continuity in the very act of the telling of the changing time slices of their lives. At the same time, metaphors of transcendence help to plan for a future that may well be uncertain.

Co-Producing Health: The Intersection of Individual Habits, Public Policy and the Social World

Laura Hand

Arizona State University

Social policy in the United States relies on a concept of co-production, where policies function through a combination and collaboration of actions of the state and of the individual. Social policies such as nutritional programs for the poor tend to be viewed as supplying access to healthy food that would not otherwise be accessible because of price or availability. However, there is an additional component underlying the policy which is intent on encouraging new habits and supporting a healthy diet for

participants even when they are no longer receiving benefits. However the creation of habits and specifically, the influence of public policy on healthy habits is underexplored in the public health and public policy literature. This proposal will outline a research design intended to study the process of co-production and creation of healthy nutrition habits of a state nutrition program for women and children in Arizona (WIC). The theoretical framework for the research will be based on Pierre Bourdieu's theory of the logic of practice, where habits are assumed to be created and sustained through an interaction between an individual's place in the social world (for example, their socioeconomic status), factors acting upon the social world (for example, social programs) and individual agency. Bourdieu's theory requires the investigation of meaning created by the individual, and thus the research proposal will use an interpretive methodology and ethnographic methods. Understanding the process through which healthy habits are co-produced could provide valuable information for policy designers and program administrators.

Critical Discourse Analysis: A Tool for Change?

Earllene Roberts

University of British Columbia

As social subjects situated within the cultural context of a university, disabled students affect and are affected by the discursive formations of the university. This qualitative inquiry uses critical discourse analysis (CDA) to expose the unacknowledged and unquestioned discrimination experienced by disabled students through the investigation of discursive practices of a university. Critical discourse analysis is a method of analysis that exposes the connections between power, social relations and discourse. It unmask how dominance is established, produced and reproduced through discursive practices. As a highly ableist environment, the Academy is not a welcoming place for disabled scholars; changes are needed for post-secondary institutions to appropriately include disabled students. To date, little attention has been given to university discourse and its implications for disabled students: other research has focused on reporting the experiences of disabled students. By engaging a critical theoretical stance in its analysis this research will reveal specific and generally unquestioned institutional practices that (re)produce the ableist culture that disabled students must navigate.

This poster presents the strengths and limitations of CDA to uncover, disrupt, and challenge ableist university discourses as expressed and enacted through texts. It outlines and describes the process engaged in by the researcher in the execution of CDA in this project and comments on the effectiveness of CDA as a tool for promoting change in institutional, discursive practices.

Developing Culturally-Appropriate Interventions: Exploring First Nations, Metis and Inuit Women's Health Decision-Making Needs

Janet Jull

University of Ottawa

Dawn Stacey

University of Ottawa

Audrey Giles

University of Ottawa

Yvonne Boyer

The Indigenous Peoples' Health Research Centre

Minwaashin Lodge - The Aboriginal Women's Support Centre

Background: Aboriginal women are at high risk for marginalization and negative experiences within Canadian health and social systems; yet, little is known about shared decision-making with these women. Shared decision-making, the process by which health care professional(s) and the client collaboratively make health decisions, is fundamental for achieving informed consent and patient-centred care. Tools such as patient decision aids can facilitate client engagement in shared decision-making. Objective: To explore Aboriginal women's health decision-making needs. Methods: Using participatory research principles and guided by a postcolonial theoretical lens, an interpretive descriptive qualitative study will be conducted with a group of urban Aboriginal women. Using an interview guide based on the Ottawa Decision Support Framework, previous decisional needs assessments, and systematic review findings, 10 to 13 Aboriginal women will be interviewed to explore their health decision-making experiences. Audio recorded interviews will be transcribed verbatim and analyzed inductively to identify participant decision-making approaches and needs when making health decisions. Recruitment will continue until data saturation is reached. Relevance: This project is premised by the potential for shared decision-making to address health inequity by facilitating urban Aboriginal women's participation in decisions relating to their health. Findings from the study will contribute baseline information to inform the development of a culturally appropriate intervention to facilitate shared decision-making within a population of urban Aboriginal women.

Disclosures of Preschool Children in Chronic Conditions

Ana Paula Keller de Matos

Federal University of São Carlos

Monika Wernet

Nursing School of Ribeirao Preto, University of Sao Paulo

Advances in health care increased the number of children who live with a chronic illness or in a chronically condition. This reality has resulted in challenges for children and their families. The focus of the present study is on the experience of the preschool child in this condition and aimed to describe their point of view about what is it like to live with a chronic illness or in a chronically condition. Sessions of therapeutic play were conducted to gain insight into the experience. The sessions were conducted by one researcher and another one did the non participant observation. Notes made by the research who conducted the therapeutic play sessions also integrated the data. The combination of these research

strategies was used to build a wider picture and deepen understanding of the phenomena under scrutiny. Data collected were simultaneously analyzed and continuously compared with categories that emerged from previous data. During the process memos describing links between theme and categories were also made. Four preschool children integrated the study, twenty nine sessions were developed, and an amount of thousand hundred fifteen minutes of therapeutic play sets were analyzed together with the notes. The qualitative content analysis was adopted and four thematic categories were developed: "Interaction", "Struggle", "Support" and "Doubt". It was possible to conclude that these children look forward transformations in their relationships, specially with health care professional, willing to be recognized as a person with voice, desires, will, and right to opt. They feel as 'a recipient of orders'.

Dissidence through Safer Sex

Valerie Webber

McGill University

Montreal, Quebec features vibrant queer scenes composed of individuals, community organizations, parties, publications and festivals. When looking at the DIY (do-it-yourself) artefacts produced by and for this community, one may see a proliferation of safer sex promotion and celebration. Messages of harm reduction, consent, and sexual health, as well as safer sex materials such as condoms, gloves and lube, are frequently available at community group offices, parties and events. This research consists of an analysis of the textual artefacts found in these spaces, such as pamphlets, flyers, zines, and posters and agendas for local events. Safer sex messaging in these communities are not purely instrumental health-based initiatives, but may also be seen as part of a larger expression of the political and social norms of queer organizing. Through a reading of these materials I suggest that many Montreal queer scenes espouse radical politics and non-normative sexuality, and that safer sex messaging and materials are central to communicating these political undertones with an aim towards communal empowerment. By virtue of its ubiquitous and public nature, safer sex may be embraced and engaged in more widely than in contexts where it is viewed solely as a private choice

Emerging from the "Margin": A Discourse Analysis on the Canadian Pentecostal-Charismatic Faith

Sandra Dixon

University of Calgary

Despite the crucial role that the Pentecostal-Charismatic (PC) faith tradition plays in the lives of many Canadians, the merits of their faith have been undervalued and understudied. Religious diversity in Canada is often seen through the lens of traditional religious faith groups, such as Catholicism and Protestants. Utilizing the qualitative methodological framework of discourse analysis, a pilot study was completed on the PC faith tradition. The aim of this study was two-fold: 1) to investigate the

representation of the PC faith tradition in two of Canada's major newspapers: The Globe and Mail and the National Post; and 2) to examine the portrayal of adherents of this faith group in the same listed Canadian media sources.

Results of this pilot project revealed negative depictions that are affiliated with the PC faith group, as well as its adherents. Negative labels like "delusional", "primitive" and "out of control" are used to categorize the worship practices of this religious faith group. Such forms of unconstructive categorizations further reinforce the societal skepticism that has pushed adherents of this faith group to the margins of Canadian society.

This presentation, therefore, recommends mutual respect and recognition of the PC faith tradition in Canadian religious scholarship. It is hoped that mental health professionals working with individuals of this faith group will develop the appropriate multicultural competencies needed to provide them with effective spirituality-infused, as well as mental health-related interventions.

End Stage Renal Disease: Finding Value in an I-perspective Methodology

Leah Lewis

Concordia University

The field of research that focuses on Quality of Life of end stage renal disease patients consistently puts forth the need for further inquiry in the area of psychological health of this patient group. Medically driven studies have produced valuable data on the prevalence of depression and suicidal behaviour among the End Stage Renal Disease hemodialysis population. It directly connects these symptoms with life meaning. Almost no attention is given to the perspective of patient lived experience and what it means to negotiate the physiological and emotional impact of ESRD (Hutchison, 2005; Richards, 2008). This article puts forth the application of autoethnography as methodologically relevant to the study of the psychology of End Stage Renal Disease. Autoethnography, due to its focus on lived experience, provides a deeper and richer understanding of how the illness is experienced by the living body. Because of this focus on the patient, it is a timely and complimentary methodology to current QoL studies. Its potential is about accessing greater agency for this growing patient population, in addition to providing a highly relevant deeply described understanding of the manifestations of the disease. It is a methodology that plays an active and applicable role in knowledge translation, the synthesizing of lived experience and theory and inclusion of the body and embodied experience in health research.

End-of Life Care: Three Widows' Accounts

Lana Kanacki

Loma Linda University

Issues and perceptions surrounding spousal end-of-life issues are particularly poignant for elderly women. Each has a story and something to share with those who provide care.

These stories came originally from a grounded theory study. They explore perceptions of three women who experienced the deaths of their husbands in one of three settings: an institutional hospice, a home hospice, and a nursing home. The widows were 73, 79 and 80 years of age and had been widowed one, seven, and seven years respectively. During recorded interviews, each provided an account of her experiences.

Although each widow was satisfied with the care provided, it became clear that nurses have opportunities to provide support to the wife and focused care to the husband as his health worsens. Nurses should show kindness, share their knowledge, and avoid the impression of being hurried. Education concerning hospice services provided is welcome. Esteem for the nurse and the care she provides is enhanced when she provides a list of caregivers and provides sitters at night. This 24-hour care, along with hospice services, provides a supportive environment for the wife and her husband before and after his death. Excellent nursing care occurs across practice settings of home hospice, institutional hospice and nursing home. Additional research focusing on family members' satisfaction with hospice services is warranted.

Enhancing Research Training for Residents through Action Research

Jennifer O'Brien

University of Saskatchewan

Postgraduate medical training often includes a research component to develop physician-scientists who will investigate clinical problems. Investigations into research curricula from a post-positivist paradigm have demonstrated increased knowledge, skills, and favourable attitudes of physicians-in-training. However, resistance from residents and faculty, and lack of time, experienced mentors and support staff have been cited as the main barriers to resident research. Furthermore, discrepancies between resident and faculty perceptions of research training have been identified. These studies have relied heavily upon post-positivist research methodologies, which lack a systematic method of ensuring prompt translation of research into practice.

This research is guided by the following question: How can action research assist in addressing persistent obstacles in resident research training? The purpose of this research is to explore the application of action research within a participatory paradigm (Heron & Reason, 1997) as a strategy for addressing persistent obstacles to resident research. Furthermore, this research proposes to generate a list of priorities and subsequent actions to improve research training, and to assess their implementation in a Canadian residency program through overlapping action research cycles.

By focussing on improving the research training climate in a local residency program at the University of Saskatchewan, there may be a net benefit to trainees, faculty, and the College of Medicine by responding to the needs, values, and priorities of this specific practice setting. Furthermore, this study may produce a model to demonstrate the feasibility of using action research to improve resident research training for other programs locally, nationally, and internationally.

“Everyone on Here Is So Insightful”: Asynchronous Online Discussion Groups in Qualitative Health Research

Erin Fredericks

Dalhousie University

Although the use of pre-existing blogs and synchronous online discussions are becoming more popular, few qualitative researchers have used asynchronous online discussion groups (in which participants post at different times) to generate data. While some have suggested that online methods will revolutionize qualitative research, others argue that traditional methods are simply being reproduced in a new medium. In this presentation, I reflect upon the use of asynchronous online discussion groups to generate data in a qualitative study of breast cancer discourse as a technique of governmentality. 12 women with breast cancer took part in weekly discussions on a website designed for the study. Each week, participants were asked to reflect upon a question about common breast cancer discourses (e.g. positivity). Online discussions provided opportunities for participants to interact anonymously and at their convenience. Active participation in the group was affected by participants’ ability to express themselves in writing, familiarity with computers, and concerns about others’ reactions to their comments. The discussions generated rich data illustrating the ways in which women with breast cancer govern themselves and others through the promotion of discourses of positivity, bravery, and survivorship. These data were supplemented with three face-to-face, individual interviews that allowed participants to tell more of their illness stories and comment on the research process. In this presentation, I draw on these data to argue for the utility of asynchronous online discussion groups in qualitative health research—examining both the practical and theoretical benefits and challenges of this new method for data generation.

Exploring Breastfeeding Knowledge Sources and Gaps of Mothers: The Professional Opinions of Two Maternity Care Nurses and the Personal Experience of a New Mother

Chantal Bastien

Concordia University

Ano Deoram-Rampersaud

Concordia University

The World Health Organization, the Breastfeeding Council of Canada, and the Ministère de la Santé et des Services Sociaux of Quebec all agree that exclusive breastfeeding for the first 6 months of a newborn's life, with continued breastfeeding along with appropriate complementary foods up to 2 years and beyond, is the norm to optimize growth, development, and health. Our literature review cited multiple and varied factors influencing breastfeeding practice. Numerous strategies were proposed on how to assess maternal breastfeeding needs and implement appropriate measures to successfully promote exclusive breastfeeding for the first 6 months of life. A pilot self-ethnography study was performed with one mother and two perinatal nurses to fulfill the requirements of a class research assignment. This study communicated that practice in a tertiary care perinatal facility in the Montreal area mirrored the findings discovered in our literature review. A simultaneous and sequential qualitative mixed method design was used to investigate breastfeeding culture at our research site. Data was analyzed by inductive coding in order to identify relevant themes. Interrelationships of themes were specified to put forward a tentative model. Recommendations on breastfeeding education training for maternity care health professionals and on the provision of adequate support structure for mothers are presented in the discussion. A larger scale study with adequate methodology and resources is required to allow application of these results to clinical practice.

Exploring the Mechanisms of Individual and Structural Interventions for HIV Prevention in Sub-Saharan Africa: A Proposal for a Phd Program of Research

Melisa Spaling

University of Alberta

Over several decades, behavioural interventions to prevent HIV in Sub-Saharan Africa have been largely individual (behavior change) with recent structural interventions focussing on how power and context are inextricably linked to HIV and its prevention. Both individual and structural intervention studies have reported varying degrees of success (measured via positive outcomes); yet, how these interventions generate outcomes is largely unexplored. As behavioural interventions remain the foremost public health approach to preventing HIV across Sub-Saharan Africa, deeper understanding of these mechanisms is needed to develop more responsive, effective approaches to HIV prevention. This PhD proposal seeks to explore the mechanisms of HIV prevention interventions and compare the mechanisms of individual and structural interventions through 2 key steps: 1) Systematic review of HIV prevention intervention studies to compare settings, contexts, and outcomes across interventions and identify possible mechanisms as reported in previous research. 2) Field work - qualitative interviews with two or more intervention sites (at least 1 individual and 1 structural). Interviews with people who participate in interventions and those involved in intervention design / implementation are pivotal to eliciting key factors which may influence intervention outcomes. This proposal builds on the researcher's skills developed through her current employment as a research assistant in the health sciences and previous Master's work which explored, in part, participants' experiences of an individual HIV prevention intervention for women in Kenya.

Exploring the Tension between Written and Enacted Policy: Provincial Legislation, Policies and Programs That Affect Canadian Parents of Children with a Neurodevelopmental Disorder

Radha MacCulloch

McGill University

Gina Glidden

McGill University

Rachel Birnbaum

King's University College

Lucyna Lach

McGill University

Peter Rosenbaum

McMaster University

The study is part of a broader program of research examining parenting of children with a neurodevelopmental disorder (NDD). The purpose of this particular study was to situate the policy findings within the context of existing provincial legislation, policies and programs available to Canadian parents of children with NDD. A total of 14 participants from 3 Canadian provinces who were employed by provincial governments to develop and/or administer policies and programs for children with NDDs and their families, were purposively recruited. Using interpretive description, semistructured, taped telephone interviews and government documents were used as sources of data for analysis. Both focused on income support, respite care, and case management. Findings highlighted the push-pull involved in the work of policy makers and frontline program staff as they navigate tensions between written and enacted legislation, policy, and programs at different levels of jurisdiction. Interviews revealed diverse or unclear definitions of what constitutes a NDD; fragmented methods for monitoring the number of children with NDDs and the type, quality and quantity of services accessed within and across jurisdictions; discrepancies in funding allocation (urban vs. rural; on-reserve vs. off-reserve); and finally, a diversity of service delivery models across provinces that reflect differing perceptions of the role of parents of children with a NDD. Opportunities need to be created for policy makers to share best practices across provincial boundaries.

Exploring Women's Experiences of Ovarian Cancer: Implications for Health Care and Support Provision

Meridith Burles

University of Saskatchewan

Lorraine Holtslander

University of Saskatchewan

Existing research shows that women diagnosed with ovarian cancer face a multitude of issues across the illness trajectory. However, further research is needed to better understand women's lived experiences and ongoing support needs. As such, we carried out a qualitative study with 16 Saskatchewan women

that involved face-to-face in-depth interviews and follow-up e-mail interviews. Based on our analysis of these interviews, we found that women faced issues related to embodiment, uncertainty, roles and relationships. As a result, women faced a complex process of coping and finding meaning that was facilitated by supportive interactions and hindered by isolation and a lack of support. In this presentation, we describe the research findings and explore their implications for the provision of health care and support services. Specifically, we examine how women's experiences were shaped by their age and gender, social interactions, characterizations of ovarian cancer, and the availability of health care and support services. In doing so, we identify gaps in the care and support of this population and suggest avenues for improvements. In particular, we propose that this population could benefit from improved communication and information about available services, as well as support interventions targeted at transition points in the illness trajectory. We conclude by describing our efforts to develop a support intervention based on our research findings and use of e-mail follow-up interviews.

Extraordinary Routine: A Systems Approach to Primary Care

Robert Weaver

University of Ontario Institute of Technology

Manon Lemonde

University of Ontario Institute of Technology

Primary care largely relies on “virtuoso performances” of health practitioners to ensure the delivery of quality care. Yet, the provision of high quality care cannot be maintained on a reliable basis across practitioners or by any individual over time, no matter how talented. Quality care varies significantly from the very best to the unsafe, and typically falls somewhere in between. Taking a systems approach that uses explicit rules and tools for organizing care and making decisions offers a necessary corrective to the “non-system” that characterizes our current over-reliance on the presumed brilliance of individual practitioners. This research offers a case study of a primary care practice (PCP) that takes a systems approach to health care delivery, expanding on Dr. Lawrence Weed's longstanding and comprehensive paradigm for medical record keeping and decision making. It describes a PCP that uses myriad external tools to help define and deliver high quality patient care. These include electronic record keeping and decision support tools to communicate information and knowledge that help define and support health care decisions. Further, the PCP identifies and uses explicit processes for training and organizing health care personnel to track and manage the reliable delivery of high quality care. The paper concludes by suggesting that the case study illustrates what a systems approach to primary care makes possible, and how the broader use of explicit tools can enable and, indeed, are essential for, continuous improvement in health care.

Feedback / Feed-forward: Qualitative Analysis of Responsive Feedback Processes used to Enhance a Theatre-Based Elective in Undergraduate Medical Education

Nicholas Avdimiretz

University of Alberta

Pamela Brett-MacLean

University of Alberta

Michele Brown

University of Alberta

Zetan Du

University of Alberta

Jamie Olesen

University of Alberta

Alim Nagji

University of Alberta

Medical education has shifted away from didactic, lecture-based teaching towards newer interactive methods. This shift began with the incorporation of small group, problem-based learning in the medical curriculum. More recently, interactive theatre approaches have been introduced to explore various dimensions of patient-physician interactions with the aim of enhancing empathy among medical students (Hoffman et al., 2008). For the past three years, “Acting in Medicine” has been offered as a highly experiential undergraduate medical elective at the University of Alberta. Using standardized outcome measures, our research has demonstrated a positive impact of theatre exercises on medical student empathy. Similar to other studies, we have reported on positive feedback shared by participants in a summative manner. However, few studies have collected or reported on formative feedback used to enhance instructional approaches on a session-to-session basis. In this poster presentation, we describe how we have used feedback to inquire into and enhance the perceived value of the theatre-based elective for our medical student participants. Using qualitative thematic analysis, we describe how participants’ open-ended responses (collected following each of the 2-hour sessions) changed over time. We also highlight how these responses were used as part of an interactive “feed-forward” cycle to improve the students’ learning experience (cf. Rae et al., 2008). We also compare thematic response categories characterizing the session-to-session feedback with summative feedback obtained at the final session. The data reveal greater diversity in responses earlier on, and high levels of satisfaction at the conclusion of our 6-session theatre module.

Fertility Enhancement Therapy (FET) Through a Multimodal Concurrent Program for Stress Reduction in an Assisted Conception Center

Julia Munden

Montreal Reproductive Center

Grace Tan

McGill University

Franco Carli

Montreal Reproductive Center

Haidee Thanda

Montreal Reproductive Center

Do Jun Kim

Montreal Reproductive Center

Ananda Lages Rodrigues

Montreal Reproductive Center

Aina Zhang

Montreal Reproductive Center

Marie-Andrée Lahaie

Montreal Reproductive Center

Susan Bermingham

Montreal Reproductive Center

Alper Mumcu

Montreal Reproductive Center

Andrew Mok

McGill University

Srinivasan Krishnamurthy

McGill University

Michael Dahan

McGill University

Seang Lin Tan

McGill University

In-vitro fertilization (IVF) is the most successful treatment for intractable infertility. IVF can be repeated multiple times to achieve high cumulative livebirth rates. A major problem currently faced is high drop out rates due to physical and emotional stress associated with treatment, regardless of financial burden.

Quebec recently became the first North American jurisdiction to provide government funding to give 3 free fresh and all attendant frozen embryo transfer cycles to achieve each successful livebirth. The Montreal Reproductive Centre has embarked on an innovative FET program for couples, who are provided with counseling and offered a variety of programs, including psychological support and stress reduction, smoking cessation, dietary supplements, nutrition counseling, yoga, massotherapy, acupuncture, exercise therapy, meditation, and “mind matters” program.

Patients are interviewed at the start of the program and then every two weeks to assess their perception of their ability to control stress as well as the impact of the FET program on their personal and family lives. It is hoped that this study will help more patients to continue their IVF treatment.

Field, Habitus, and Nurse Managers' use of Capital: A Socio-Historic Analysis in Four Hospitals

Pieterbas Lalleman

University Utrecht

Mary Lagerwey

Western Michigan University

Mid-level nurse managers play a central, but often unacknowledged role in creating a good work environment, assuring high level patient care, and in attracting and retaining hospital nurses. Following Bourdieu, this study examines, compares, and contrasts ways in which specific socio-historic conditions have shaped the fields, habitus, and capital of 16 mid-level nurse managers in four hospitals, two hospitals in the Netherlands and two in the United States; two in urban and two in mid-sized cities. Following Institutional Review Board approval, nurse managers were shadowed for four days each. Observations and interactions were recorded with Livescribe and field notes. Other data sources consisted of archived and current hospital documents and nurse managers' public presentations on the histories of the hospitals. Data were analyzed to chart the particular, and at times convoluted, socio-historic paths of the hospitals, describe hospital fields and habitus, and identify which forms of capital were dominant within various fields. These factors were then analyzed in relation to how the managers negotiated competing claims of care, cure, control, and community. Each nurse's habitus and practice was informed by contextual paths of origin stories, national, community, political, ethnic, and religious factors, and by specific ways in which each gained capital through various choices. Our findings suggest that particular socio-historical paths hospitals have taken and the structuring of capital provide important and often over-looked insights into current and future priorities and choices.

Herstories: Spirituality and Womanism in Self-Management Practices among Older African American Women

Idethia Harvey

University of Connecticut

Many older African American women perceive spirituality as an important resource in facilitating the self-management process of their chronic disease conditions. Research designs, which are congruent with theoretical frameworks of African American women, are important. However, many researchers remain unfamiliar with womanist thought or are unsure of how that framework can be used to understand specific aspects of self-management practices. The purpose of this exploratory study is to explicate a womanist epistemological framework that can support the development of self-management intervention designs aimed at assisting older African American women in health-promoting behaviors. Data from a sample of twenty-one African American women were collected from semi-structured interviews and analyzed for common themes through narrative analysis. Four themes emerged from the linkage of womanism, spirituality, and self-management. Spiritual- and womanist-based strategies may provide a foundation for innovative self-management programs that target this older African American

female population. Health care workers and public health professionals can assist in the co-creation of programs that focus on the collective personal responsibility of health promotion practices.

High Performance in Healthcare Resource Allocation: Six Canadian Cases

Craig Mitton

Centre for Clinical Epidemiology & Evaluation

Neale Smith

Centre for Clinical Epidemiology & Evaluation

William Hall

Centre for Clinical Epidemiology & Evaluation

Jennifer Gibson

University of Toronto

Stirling Bryan

Centre for Clinical Epidemiology & Evaluation

Stuart Peacock

BC Cancer Agency

Objective

Our ultimate research aim is to develop a self-assessment tool to assist healthcare managers in resource allocation. The current phase of a broader CIHR funded project, case studies of six healthcare organizations from across Canada, allows for in-depth investigation of resource allocation practices among senior executive teams.

Approach

Case study sites were selected using paradigmatic and criterion based sampling techniques. Organizations nominated as “high performers” in a national survey of senior decision makers and/or from recommendations from an expert panel of healthcare executives were selected. Certain criterion were also used to obtain a diversity of cases including organizations with varying geographical locations, budget sizes, and densities (urban or rural). In each organization, we are reviewing key documents, observing senior management team resource allocation activities, and conducted semi-structured interviews with senior- and mid-level managers. These mixed methods enable data triangulation and validation.

Results

Findings from this research will provide us with cross-case learning about the structures, processes and behaviours that facilitate effective performance in resource allocation under different healthcare system contexts. This presentation will provide a high-level overview, across cases, of such topics as: what does ‘high performance in resource allocation’ mean to organizational managers? What are the greatest perceived strengths and weaknesses of current resource allocation practice? To what extent do

organizations learn about priority setting practice from their peers and from the research literature?
What are the key elements that constitute 'high performance' in health care resource allocation?

Home Dialysis and the Illness Trajectory: An Ethnographic Study

Jessica Baillie

Cardiff University

Peritoneal dialysis is a daily, life-saving treatment for kidney failure, performed at home by the individual or relative. Due to increasing numbers of people requiring treatment for kidney failure, the utilisation of peritoneal dialysis is being promoted internationally. Whilst peritoneal dialysis is well-researched clinically, fewer studies focus on exploring how individuals live with this treatment and the impact it has on their lives, families and home. Following ethical approval, this single-centre ethnographic study in the United Kingdom employed loosely-structured interviews with individuals using peritoneal dialysis (n=16) and their relatives (n=9), with fieldwork to observe the integration of treatment within the home. Additionally, healthcare professionals (n=7) were interviewed. Data were analysed thematically throughout data generation. The theory of illness trajectories influenced the design, data generation and analysis, and this presentation will explore how the traditional long-term illness trajectory of "crisis", "chronic" and "terminal" phases was adapted by the researcher to reflect the clinical reality of life with peritoneal dialysis. Instead, an approach of "journeys to dialysis", "living with peritoneal dialysis" and "looking to the future" is proposed, based on the research findings, considering the holistic impact of treatment on the lives of individuals and families, and implications for healthcare practice, at each phase of the trajectory. Recommendations include: ongoing education to support individuals to manage the treatment, individualised care from healthcare professionals and peer-support groups controlled by individuals using peritoneal dialysis. Additionally, the study's findings highlight the value of employing ethnographic methodology to explore the impact of home medical treatments.

"I do not read in Spanish": Challenges in Bilingual Research

Bertha Flores

University of Texas at Austin & University of Texas Health Science Center San Antonio

Lyda Arevalo-Flechas

Texas State University

Sara L. Gill

University of Texas Health Science Center San Antonio

Gayle Acton

University of Texas at Austin

Cervical cancer is a preventable and treatable disease, yet the mortality rate from cervical cancer in Hispanic women is 50% higher than for non-Hispanic whites. Health promotion practices are one key to prevention. Few Hispanic women seek cervical cancer screening and older Mexican-American women, are least likely to obtain screening. Hispanic women are at high-risk group for cervical cancer with a peak age of diagnosis between 65-74. Low literacy may be a contributing factor, the 2003 National Assessment of Adult Literacy [NAAL] reported; Hispanics scored Below Basic (44%) as compared to Whites (7%). The majority of Hispanics surveyed were of Mexican origin, and about 3% of those surveyed were non-literate in English. The Spanish language remains a strong component of the Hispanic culture. It is imperative to understand the factors associated with low screening behaviors and to provide adequate culturally and linguistically appropriate educational interventions. A qualitative descriptive study was undertaken to (a) explore cervical cancer screening practices and (b) describe health literacy experiences as it relates to cervical cancer screening of older Mexican-American women.

Sixteen women ages 50 years or older participated in focus groups or individual interviews in Spanish. Interview questions in Spanish were derived following Zarcadoolas et al. (2005) health literacy framework. Fundamental literacy was assessed using the Spanish version of the Newest Vital Sign. The majority (56%) of Spanish-speaking participants preferred all written literature in English.

I Don't Feel Bad, Why Do I Need To Go?

Bertha Flores

University of Texas at Austin & University of Texas Health Science Center San Antonio

Lyda Arevalo-Flechas

Texas State University

Sara L. Gill

University of Texas Health Science Center San Antonio

Gayle Acton

University of Texas at Austin

Cervical cancer is a preventable and treatable disease, yet the mortality rate from cervical cancer in Hispanic women is 50% higher than for non-Hispanic whites. Health promotion practices are one key to prevention. Few Hispanic women seek cervical cancer screening and older Mexican-American women, are least likely to obtain screening. Hispanic women are at high-risk group for cervical cancer with a peak age of diagnosis between 65-74. Screening should continue in the group beyond current recommendations. It is imperative to understand the factors associated with low screening behaviors and to provide adequate culturally and linguistically appropriate educational interventions. A qualitative descriptive study was undertaken to (a) explore cervical cancer screening practices, (b) describe health literacy experiences (c) describe barriers and facilitators and (d) describe educational information preferences as it relates to cervical cancer screening among older Mexican-American women.

Thirty women ages 50 years or older participated in focus groups or individual interviews in English and Spanish. Interview questions were derived following Zarcadoolas et al. (2005) health literacy framework. Content analysis was used to analyze data and a matrix was developed following the theoretical framework. Emerging themes are: (a) could not relate, (b) the doctor tells you, (c) they give you a message, (d) teaches a lot, (e) we did not talk about it, (f) I do not feel bad; why do I need to go?

“I’d ‘Friend’ It on Facebook”: Understanding Nurses’ Perceptions of Implementing an Electronic Health Record

Pamela White

St. John Fisher College

Lisa H. Norsen

University of Rochester

Craig R. Sellers

University of Rochester

Health information technology is integral to the transformational change in health care envisioned by the Institute of Medicine (Crossing the Quality Chasm, 2002). As organizations implement electronic health records (EHRs), it is crucial to understand the attitudes and perceptions of nurses, who comprise one of the largest groups of caregivers using these systems. Framed by two conceptual models, the Diffusion of Innovations Theory and the Complex Innovation Implementation Model, the impact of the introduction of an EHR on nurses in four critical care units and how they adjusted to its initial implementation was the focus of this doctoral capstone project.

Five themes were derived from field observations and focus groups: (a) nurses appreciate the positive attributes of the EHR, but remain highly critical of its shortcomings; (b) training can be a missed opportunity; (c) the EHR structures practice in ways that limit autonomy in making patient care decisions and decrease efficiency; (d) acceptance of the EHR varies by both professional experience and individual characteristics; (e) rather than adapting to the EHR, nurses seek ways to make it adapt to their current practice and workflow. Findings of this study complement prior literature suggesting that while nurses want to embrace technology, barriers to using EHRs persist.

Participants were eager to share their reflections on the impact of the EHR on nursing practice. A qualitative descriptive approach yielded an in depth understanding of how these systems are adopted and, consequently, provides evidence to change the manner in which systems are designed and implemented.

Identifying Strategies for Implementing an Annual National Health Information Surveillance System in Uganda

Mary Christoph

University of Illinois at Urbana-Champaign

Diana S. Grigsby-Toussaint

University of Illinois at Urbana-Champaign

James M. Ntambi

University of Wisconsin-Madison

While many developing countries continue to battle malnutrition, changes in physical activity and diet have led to increasing rates of obesity and other chronic conditions. Non-existent or limited health data collection strategies at the national level, however, constrain regular monitoring of the prevalence of obesity and attendant comorbidities. In order to assess the current state of health data collection systems for chronic conditions, and identify strategies for implementing an annual national health information surveillance system, Uganda, a developing country in East Africa, was chosen as a pilot study site in January 2012.

Using purposive sampling, semi-structured interviews were conducted with key informants from the health care sector, including physicians and individuals from the Ministry of Health and non-governmental organizations. A standardized interview protocol was used to explore existing health data collection efforts, the feasibility of routinely incorporating measures of weight status and biomarkers for chronic conditions, and strategies for implementing a national health data collection system using a multisectoral approach.

After transcripts were professionally transcribed, themes were identified using Atlas.ti. Inadequate transportation and infrastructure, lack of data analysis and followup, and irregular or inflexible funding were identified as the primary barriers to surveillance and collection of data. While healthcare professionals agreed that obesity and related comorbidities are becoming problematic, it is challenging to assess the disease burden due to uncoordinated data collection efforts. It is crucial that health information systems are developed in order to address and ascertain the growing problem of overweight and obesity and lingering malnutrition in Uganda.

“If You Want to Call Me That” - Agency, Truths, and Performance in Longitudinal Interviewing

Silvia Vilches

Simon Fraser University

Longitudinal qualitative research in a three year study of welfare reform challenges singular notions of truth, power and reflexivity. Returning to the same question, “How are you doing?” every six months

revealed through the way self and audience are constructed and reconstructed between interviewer and interviewee, challenging singular notions of reflexivity.

My entree into the performative field began during recruitment began when I asked a caller if she identified as Aboriginal. Her provocative response, "If you want to call me that!" called my power into play even as she signalled she would refuse to be boxed in. Uncomfortable though I was with her challenge, I recruited her as an Aboriginal participant with her consent, initiating the first of many choices the interviewing team made throughout the course of the study. Participants' performances of self revealed changing identities, social situatedness and their struggles with public expectations of them as mothers, as citizens, as workers, as family members and as so-called "people in need." The struggle with expectations, though, was mirrored in the relationships which developed between interviewers and interviewees, in which we, too, represented and re-represented ourselves and our questions.

Insight into the double play of agency builds on the idea of audience and performance and pulls the methodological discussion of agency beyond a modernist notion of action "upon" and into a post-modern understanding of a field of power, provoking questions about change and how to represent the 'real-politik' of the policy/citizen interface.

Immigrant Caregivers of Family Members with Dementia: a Pilot Study

Holly Kirkland-Walsh

University of California

Introduction:

This preliminary qualitative study was performed to come to a better understanding of Slavic caregivers in relationships, routines and rituals that are involved in providing care for a family member with dementia (FMWD). There are gaps in the literature on routines and rituals for caregivers of family members with dementia. In fact there are only a few studies involving Slavic immigrants living in the United States found in scientific journals to this date. There are few reports in the literature on this immigrant population in any subject. Research exists that suggests there are ethnic and cultural differences in the caregiver experience. Those individuals with stronger cultural ties and religiosity may suffer less caregiver burden (Farran, Miller, Kaufman, Donner, & Fogg, 1999; Skarupski, McCann, Bienes, & Evans, 2009; Spurlock, 2005).

This pilot study, through extensive interviews and observation of the experiences of those who provide care for a family member with dementia, suggests there are strong cultural differences in the positive affect within the caregiver role. In addition, this grounded theory study found that immigrants share a more collectivist view that includes intergenerationality and shared rituals and routines. This lead to a decrease in caregiver burden, decreasing the lack of predictability in providing care and, providing more

positive affect and outcomes for the caregiver and the recipient (Dulin & Dominy, 2008; Lopez, Lopez-Arrieta, & Crespo, 2005).

Immigrant Women's Experiences of Maternity Care Services in Canada: A Narrative Synthesis

Gina Higginbottom

University of Alberta

Morgan Myfanwy

King's College

Jayantha Dasanayake

Monash University

Helgi Eyford

Alberta Health Services

Yvonne Chiu

Multicultural Health Brokers Co-operative

Deb Kocay

Public Health Agency of Canada

Joan Forgeron

Alberta Health Services

Mirande Alexandre

Citizenship and Immigration Canada

Difficulties can exist for immigrant women when accessing and navigating health and maternity care services. We are employing a systematic review using a qualitative narrative synthesis approach, to answer the following research question: what are the experiences of immigrant women in Canada accessing maternity care services? Focus will be placed on, a) accessibility and acceptability as experienced by immigrant women, and b) birth and postnatal outcomes. Integrated knowledge translation is central to this project, thus we are partnering with key stakeholders to ensure topic relevancy and to tailor recommendations for effective translation into future policy and practice/programming. Two search phases (including electronic database and grey literature searching) and a three-staged selection process have been conducted. Articles are being assessed for quality by two reviewers. The narrative synthesis will be informed by Popay et al's (2006) approach which relies primarily on words/text to summarize and explain findings, and incorporates four elements: a) developing a theory of why and for whom, b) developing a preliminary synthesis (textual description, tabulation, grouping/clustering), c) exploring relationships in the data (thematic analysis, ideas webbing, concept mapping), and d) assessing the robustness of the synthesis (weight of evidence, critical reflection). We will be utilizing Atlas.ti software for managing the articles and synthesizing the findings. Article selection is complete and the preliminary synthesis will be shared. Carefully interpreted findings will allow for knowledge users within multiple sectors to strategically enhance maternity care services and professional development, to ensure provision of culturally congruent maternity care.

Independence and Dependence: The Perspectives of Older Taiwanese with Physical Disabilities

Ling-hui Chang

National Cheng-Kung University

Jye Wang

Chang-Jung Christian University

Objectives. Independence and dependence (I/D) has long served as an important indicator of health and needs for social services for older adults with disabilities. There is limited understanding of how older adults with disabilities conceptualize I/D in Taiwan. The study explored the meanings of I/D from their perspectives.

Qualitative Methods. 18 older Taiwanese with physical disabilities were recruited from three out-patient rehabilitation clinics and participated in one or two taped in-depth interviews. 26.5-hour of participant observation of their daily routines were completed, including 20-hour of videotape. Interviews were transcribed in verbatim, video tapes reviewed and described in extensive field notes. Transcripts were analyzed with thematic analysis, with the assistance of Atlas.ti 5.5 software.

Results. Three preliminary themes emerged from the narratives. (1). I/D was an elusive concept, evidenced by the participants' difficulties in articulating definitions. (2). Difficulty in rating I/D. Self-rated level of independence varied, primarily conditioned upon interpersonal contexts. (3) Dilemma of "striving for independence." Despite regaining independence as the proclaimed goal of rehabilitation, the primacy of rehabilitation in daily routines, and diligent attendance in daily rehabilitation sessions that aimed at motor recovery, most participants showed a lack of interests and exertion in independently completing daily tasks outside of rehabilitation clinics, and considered the need for assistance as legitimate.

Conclusions. The findings reveal a gap between independence defined in health and social services and the perceptions of older adults, and between the concerted efforts of doing rehabilitation and the lassitude for practicing independence in daily lives.

Integrating Qualitative Research on the Experience of Fathers of Children with Neurodevelopmental Disorders

Aline Bogossian

McGill University

Lucyna M. Lach

McGill University

David Nicholas

University of Calgary

Ted McNeill

University of Toronto
Michael Saini
University of Toronto

Shifting cultural expectations have highlighted the importance of examining the role of fathers in their children's development. Nevertheless, within the literature on parenting, there has been very little exploration of the subjective experience of 'fathering' in general, and of fathering children with neurodevelopmental disorders (NDD) in particular.

This poster aims to display a preliminary synthesis of seventeen primary qualitative studies on the subjective experience of fathers of children with NDD using a meta-interpretative approach. A theoretical sampling approach informed by a maximum variation sampling method was used in the study selection. Thematic coding of the research context and of fathers' narratives followed until theoretical saturation was reached. A preliminary higher order interpretation of fathers' experiences was developed. Finally, an analysis of the complexities of the research context was facilitated through evaluation of rationale and discussion sections of the selected studies.

The synthesis of qualitative studies generated a preliminary "interpretation of interpretations" of the experience of fathering children with NDD. Moreover, it allowed for a gendered critique of the methodological concerns researchers expressed about recruitment and inquiry into the experiences of fathers. The analysis generated three broad themes: (1) research assumptions and the experience of researching fathers, (2) fathers' emotional experiences of parenting their child with NDD, and (3) fathers' perceptions of their role in the lives of their children and families.

This poster will present a preliminary picture of the subjective experiences of fathers of children with NDD as well as their relationships with the health, education and social services systems that serve their families.

Is Age just a Number? An Ethnographic Study of High Maternal Age and Public Fertility in Quebec

Seang Lin Tan
McGill University
Michael Dahan
McGill University
Srinivasan Krishnamurthy
McGill University
Andrew Mok
McGill University
Grace Tan
McGill University
Alper Mumcu

Montreal Reproductive Center

Shireen Kashmeri

University of Toronto

On August 5th 2010, Quebec began funding fertility services to reduce the incidence of multiple foetuses and high neonatal costs. To date, studies show the program's successes include a significant increase in eSET (elective single embryo transfer), decrease of multiples and a more diverse patient population. One element of this diversity has received little attention: high maternal age, among couples or single women, who need access due to age-related infertility. At the same time, high maternal age is emerging as a criterion of exclusion in all but one Quebec fertility clinic, with the drastic escalation in utilization. At most clinics, female patients over 42 must agree to use donor eggs if they want to continue their treatment. Many of these female patients only learn they cannot use their own eggs until after they enter the fertility clinic. Yet, the use of donor eggs is complicated by further issues, some related to accessibility (it is hard to find donors), and others tied to notions of kinship. Thus, Quebec's widespread access to public fertility care is shaping Quebecois families and subjectivities in a variety of ways. This poster presents the initial analysis of patient experiences and perceptions of public fertility care according to age categories, above and below 42 years old. This data is collected from participant observation and semi-structured interviews at the only licensed clinic in Quebec that overlooks this age criterion for access.

“It’s a Couple’s Project”: Infertility, Assisted Reproductive Technology, and the Couple Relationship

Suzanne Read

McGill University and Jewish General Hospital

Marie-Eve Carrier

Jewish General Hospital

Hananel Holzer

McGill University Health Centre

Neal Mahutte

Montreal Fertility Centre

Sophia Ouhilal

Montreal Fertility Centre

Sharon Bond

Jewish General Hospital and McGill University

Robert Whitley

McGill University and Douglas Hospital Research Centre

Peter Chan

McGill University Health Centre

Carolyn Ells

McGill University

Nancy Feeley

Jewish General Hospital
 Ian Gold
McGill University
 Zeev Rosberger
Jewish General Hospital
 Togas Tulandi
Jewish General Hospital and McGill University
 Phyllis Zelkowitz
Jewish General Hospital and McGill University

Gender differences are ubiquitous in the experience of infertility. Women overwhelmingly report greater emotional distress and impact on everyday life than men. However, infertility is a couples' problem: the experience of infertility is shaped by the reactions of each partner, and by how the couple deals with it as a unit. It may be that each partner plays a different role in understanding and dealing with infertility. This study explores partner and couple responses to infertility and fertility treatment.

Qualitative interviews were conducted with 32 heterosexual couples pursuing fertility treatment at 2 Montreal fertility clinics. Purposive sampling ensured the inclusion of patients from varied ethnocultural and social backgrounds. Thematic analysis was employed to analyze the interview transcripts.

Partners' reactions to infertility and fertility treatment were characterized by a number of complementary, gender-specific patterns, including optimist man/worrying woman and rational man/emotional woman. Another common pattern involved women adopting the patient role, while men acted as supporters and caretakers of their partners. This pattern is related to the woman's body often being the focus of medical interventions in fertility treatment, and was even found when the infertility was male-factor. The couple relationship was often described as being communicative and cooperative; as such, the relationship is a major source of support. These partnership roles indicate that men and women have different psychological concerns while coping with infertility, and that maintaining a strong couple relationship is crucial in helping couples cope with the stress of infertility and fertility treatment.

"It's Not Normal to Me" Family Presence in the Operating Room Prior to Organ Donation

Charles Reed
University of Texas Health Science Center San Antonio
 Sara L. Gill
University of Texas Health Science Center San Antonio

The growing number of people waiting on transplant lists for organs has led to an evolution and expansion of potential sources of viable organs. Thus a shift has occurred from donors that are brain dead to also include organ donation after cardiac death. To use organs after cardiac death, the patient

must typically die in the operating room. Families donating loved ones' organs following a non-survivable injury are filled with grief and desire a positive outcome from their tragedy. Family members frequently request to be present in the operating room during the removal of their loved one from life support. Operating room (OR) nurses report stress during this procedure as this is not a normal practice for them. A qualitative descriptive study was conducted to explore the experience of family presence in the operating room for withdraw of life support prior to organ donation from family and hospital staffs' perspective.

Using convenience and snowball sampling, ten participants were interviewed about their experiences. Participants included family members, OR nurses and organ procurement coordinators. Using a semi-structured interview guide, interviews were conducted over the telephone or face-to-face. All interviews were audio-taped and transcribed.

Qualitative content analysis was used to analyze the data. Analysis revealed 7 major themes and three sub themes. Themes included: emotional tug of war, peace of mind, completed my job, benefits, respect, getting in done, and not normal to me. Subthemes included fear of the unknown, being human, and abandonment.

Language, Culture and Context – Our experience of cross-cultural adaptation in China and Brazil

Nancy L. Young

Laurentian University

Tricia A. Burke

Laurentian University

Runhui Wu

Beijing Children's Hospital

Jishui Zhang

Beijing Children's Hospital

Paula Villaca

Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo

Jorge Carneiro

Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo

Brian Luke

Children's Hospital of Eastern Ontario

Leo Brandao

Hospital for Sick Children

Victor Blanchette

Hospital for Sick Children

Traditionally the cross-cultural adaptation of measures focused on the linguistic component of the translation. Now cultural environment and health care context are being recognized. Qualitative

methods play a key role in adapting measures for culture and context. There are unique challenges when doing this work for countries whose language, culture and context are not familiar to the researchers. This paper reports on our experience of cross-cultural adaptation of a child health measure for use in Brazil and China.

The measure was subject to forward and back translation, then adjudicated by clinicians from Brazil and China in collaboration with the original development team. The resulting versions underwent cognitive debriefing interviews with children and their parents using qualitative methods, including careful attention to the nuances of language, culture and context. This is inherently challenging when the researcher does not speak the target languages.

This process was possible though very active collaborations between qualitative researchers and clinicians in Brazil and China. The initial back-translations were consistent with the original English versions. Substantial revisions were made based on clinical expert review and further revisions were required based on cognitive debriefings. These stage-by-stage revisions indicate the shortcomings of a purely linguistic translation. Critical changes were only evident through carefully structured interviews and the collaborative discussions with colleagues from Brazil and China.

The results suggest that professional translators, clinical experts and cognitive debriefing are all required to achieve a culturally appropriate measure. Thus, qualitative methods are critical to the refinement of quantitative measures.

Living With Spinal Cord Injury in Rural Areas of the Eastern Cape Province of South Africa: Interpretive Phenomenology Study

Thandisizwe Mavundla

University of South Africa

Selina Nkosazana Magenuka

University of South Africa

Living with spinal cord injury (SCI) in the rural areas of the Eastern Cape province of South Africa. This paper is a report of a study that explored the lived experiences of spinal cord injured persons in rural communities of the Eastern Cape Province in South Africa.

The occurrence of a spinal cord injury is an unexpected event rendering a person who was previously fit and well completely paralysed and with a permanent disability. It was hypothesized that the information supplied by persons with spinal cord injury will enhance understanding of their situation by the health professionals, the community, and policy makers. A phenomenological hermeneutic method influenced by Heidegger was used to interpret the transcribed interviews in 2005-2006. A purposive sample consisted of ten black male participants living with spinal cord injury.

Being-with-others emerged as one of the major themes. It is described with reference to the following: the family, health professionals, and the community at large. For the spinal cord injured persons, being-with-others means they have to interact with many health-care professionals who provide extensive critical care and rehabilitation services, and also to interact with social service professionals. Furthermore, they must navigate tense social interactions stemming from the stigmatising effects of visible disability.

These findings suggest that these persons living with spinal cord injury are young adults with low education level. They experience violation of personal integrity, stigmatization, inadequate medico-social support, poverty and limited re-integration in family's communities.

Longitudinal Case Study Approach to Evaluating Policy, Systems, and Environmental Change Initiatives among Model Communities in Suburban Cook County, Illinois

Kelsey Gilmet

University of Illinois at Chicago

Yuka Asada

University of Illinois at Chicago

Wesley Epplin

University of Illinois at Chicago

Vamsi Vasireddy

University of Illinois at Chicago

Devangna Kapadia

University of Illinois at Chicago

Michael C. Fagen

University of Illinois at Chicago

Given the complex nature of most public health issues, qualitative research is important to understand the mechanisms and contexts that contribute to, or hinder, outcomes of public health practice. Qualitative longitudinal research is particularly valuable for evaluation of public health initiatives as it allows for the investigation and interpretation of change over time and process in specific contexts. This paper describes lessons learned from a longitudinal case study evaluation of policy, systems, and environmental (PSE) change initiatives in Suburban Cook County, Illinois. Communities Putting Prevention to Work is a federal obesity prevention initiative that provides funding to 55 entities nationwide, including the Suburban Cook County Model Communities Grant Program. Model Communities grant funds were awarded to 38 local governments, community organizations and school districts throughout Suburban Cook County to promote PSE change to make healthy choices available to all community members. Six Model Communities were purposively sampled out of 38 total participating organizations. Over a one-year time period, project evaluators conducted key-informant interviews to provide an in-depth, qualitative assessment of the PSE change process. Three rounds of data collection (targeting the same key-informants) yielded a total of 97 interviews. Internal grant documents and

audits were reviewed to corroborate the interview data. The resulting case narratives elucidate the PSE change process over time, contribute to our knowledge of the existing facilitators and barriers involved in implementing PSE change at the local level, and suggest the longitudinal case study method as a valuable evaluation tool in public health policy research.

Management of Sexuality in Oncology: An Analysis of the Gender Division of Labour Between Physicians And Nurses

Emilie Moreau
INSERM
Alain Giami
INSERM

Research on cancer and sexuality is mainly focused on patients' experiences and on the assessment of caregivers' attitudes through quantitative approaches. Several studies have emphasized a paradox between the intention to take into account sexuality in oncology and the difficulty of putting it in practice. To describe the gap between the prescribed work and the real one, we analyze the psychosocial dimensions of the management of sexuality by physicians and nurses in the field of oncology in France. This study uses a socio-historical perspective to compare the construction of the link between cancer and sexuality in medical and nursing literature. We demonstrate a gender division of labour based on representations of sexuality: physicians are supposed to be in charge of sexual function whereas nurses are expected to take care of emotional and relational aspects of sexuality. We also performed a qualitative analysis of in-depth interviews collected with 15 physicians and 15 nurses. Nvivo software was used to generate thematic content analysis. Results show that the paradox mentioned above is present in caregivers' discourses. Although they should talk about sexuality with patients, they declare to be uncomfortable with this topic in their current practice. In the absence of training and tools dedicated to sexuality they use several registers to answer to patients' issues. Our analyses of discourses underline the role of personal experience, the use of gender as a social resource and of interaction with patients to describe the gender division of work between physicians and nurses in this area.

Mapping the Literature on Late-Life Widowhood & Food Ways: a Critical Realist Scoping Review

Elisabeth Vesnaver
University of Guelph
Olga Sutherland
University of Guelph
Heather Keller
University of Waterloo

Widowhood is an expected event for married older adults. Dietary disruptions during this period have been noted across different disciplines. Understanding how and why eating behaviours shift with widowhood can help support the health of older adults through this period. We conducted a scoping review to identify studies that shed light on diet, eating behaviours, and food-related activities in widowhood. We adopted a critical realist paradigm to guide the synthesis of qualitative and quantitative findings with an explanatory focus. Twenty-four studies were identified for review. The findings were thematically analysed and then synthesized with the aim of theoretical development as well as identification of gaps in research.

Disruptions in diet, appetite, eating behaviours and food-related activities were described in the literature reviewed. Changes such as reduced diet quality may negatively impact nutritional health. The social significance of food, mealtimes, and food preparation was highlighted in widowhood. Companionship at mealtimes is important for many elders, without which enjoyment is reduced. The gendered nature of meal preparation leaves men of this age group unprepared to be self-sufficient in managing their nutrition. Women may have strong meal preparer identities that are disrupted when they no longer have others to prepare meals for; on the other hand some feel relief of the obligation. Motivation for eating may change from eating for pleasure to survivorship. Grief may be related to the alterations in food ways, but the relationship has not been well explored. Tentative theoretical linkages are presented. Recommendations for future research are discussed.

Meanings of Alcohol Use among Brazilian Primary Health Care Professionals: Preliminary Findings

Emilene Reisdorfer

University of Sao Paulo

Edilaine Cristina da Silva Gherardi-Donato

University of Sao Paulo

Rodrigo Otávio Moretti-Pires

Universidade Federal de Santa Catarina

Carmem Delziovo

Universidade Federal de Santa Catarina

Diane Kunyk

University of Alberta

The understanding, knowledge and professional practice in use of alcohol, as well as the own pattern of alcohol use among primary health professionals may interfere with the care provided to the patients. The objective of this study was to describe the pattern of alcohol use and analyze whether the meanings assigned by health professionals to this use interfere with the assistance.

The mixed method research was used. The quantitative data were used to identify primary health professionals who have different patterns of alcohol use. The qualitative analysis investigated whether

the meanings of the individual use of alcohol interfere with the care provided for patients of health services.

The methodological approach used was Symbolic Interactionism and Grounded Theory. Were selected 39 health professionals in five small towns in the South of Brazil, with who were conducted in-depth interviews and direct observation.

Preliminary results indicate that the meanings assigned by health professionals to their alcohol use interfere in their assistance. They realize that their behavior about alcohol use should be a model for patients; talking about alcohol use is complicated and can hinder the bond with the patient; they do not talk about alcohol use because of their own pattern of consumption.

Further analysis will be done to achieve the final Grounded Theory behind the data, but preliminary results are showing that this is an important issue to identify factors that may affect the provision of adequate health assistance on alcohol use in primary care.

Medication Administration Using Technology in the Progressive Care Unit

Katherine F. Alford

University of Texas Health Science Center San Antonio

Sara L. Gill

University of Texas Health Science Center San Antonio

Arguments support that every time technology is implemented in any organization, workarounds will take place. Workarounds are patterns that people use if dysfunctional work processes inhibit goal achievement. Workaround strategies evolved in response to electronic medication administration records and bar-coding systems, these systems posed a threat to patient safety. Currently, limited studies address workarounds in the health care setting especially related to medication administration supporting a need to understand how and under what circumstances nurses utilize workarounds when delivering medications. Examining facilitators and barriers in using computerized medication systems may help design efficient and effective systems to diminish the incidence of workarounds.

The purpose of this pilot study was to explore the use of medication administration workarounds in the Progressive Care Unit (PCU) in an acute care hospital in South Texas. PCU was chosen as the site for this study because PCU nurses utilize more technology than nurses in most other types of nursing units. Data collection included participant observation during medication administration recorded as field notes, interviews, and feedback from photo elicitation. Content experts reviewed the study's interview guide. All interviews were recorded and transcribed. Data were analyzed using qualitative content analysis.

Early thematic analysis indicates workarounds is a term not recognized by the PCU nurse. Nurses used “override” and “bypass” to discuss workarounds that occur during medication administration. Qualitative content analysis is ongoing and completed findings will be prepared for poster presentation.

“MEmories” –Reminiscence and Life Story with People with Dementia in Long-Term Care: A Grounded Theory Study

Adeline Cooney

National University of Ireland, Galway

This paper will present a grounded theory on using reminiscence with people with moderate to severe dementia living in long-term care settings. This grounded theory study is part of the DARES (Dementia Education Programme Incorporating REminiscence for Staff) study (ISRCTN99651465), which is a two-group, single blind cluster randomised trial conducted in public and private long-term residential settings in Ireland. Participants for the grounded theory study were drawn from staff in long-term care settings that were randomised to receive a structured education reminiscence programme (the intervention). To attain a deeper and more comprehensive understanding the perspectives of residents, relatives and managers are also reflected in this grounded theory. In total, 38 participants were interviewed; residents with dementia (n = 11), relatives (n = 5), health care assistants (n = 10), registered nurses (n = 9) and nurse managers (n = 3). The core category was conceptualised as “MEmories” and comprised of four interrelated categories i.e., “reminiscence ... a key”, “seeing and knowing the person”, “understanding and accommodating” and “organisational impact” “MEmories” explains that through reminiscing and engaging with the person with dementia staff began to see the person (their personhood or ME) through the mirror of their stories and memories (or their families/others stories if the person was not able to tell their own story). This paper will present the study findings and explore the implications for care. The benefits and challenges of using grounded theory within a trial will also be explored.

Migrant Women Negotiating Gender Relations and Sexual and Reproductive Health Risks in Free Trade Zones, Sri Lanka

Malin Jordal

Uppsala University

Birgitta Essén

Uppsala University

Kumudu Wijewardena

University of Sri Jayawardenapura

Ann Öhman

Umeå University

Pia Olsson

Uppsala University

In Sri Lanka, Free Trade Zones (FTZs), consisting mostly of garment factories, provides work for young, unmarried women from rural areas. Gender norms prescribe women to live with their families until they marry, but in the FTZs they are confronted with new demands, including how to tackle love relationships and avoid sexual and reproductive health (SRH) risks. Knowledge on how changing norm systems influence unmarried migrant women's ability to handle their situation is needed for development of SRH risk prevention. The aim was to explore and describe how migrant women negotiate gender relations and SRH prevention in the FTZ. Semi-structured interviews with 20 unmarried migrant women in FTZs in Sri Lanka were conducted and analyzed using qualitative content analysis. Preliminary results indicate that although the women recognized premarital sex as common in the FTZ, they perceived it as unacceptable. Friendships in FTZ were viewed with ambiguity, since association with sexually active women could affect their own reputation. While having a boyfriend was both accepted and highly valued, it required the ability not to give in for pressure to engage in a sex. SRH knowledge was seen as important, but associated with promiscuity, since abstinence was the only acceptable way to avoid SRH risks. In FTZ, unmarried women are required to negotiate new gender relations, including demands to engage in love relationships, while at the same time preserving their virginity. Since knowledge on sexual matters was associated with promiscuity, sexually active unmarried women may have limited opportunities in avoiding SRH risk.

Who Are the Real Prisoners? Moral Distress Among Canadian Correctional Psychologists

Megan Fischer

Athabasca University

Rationale/Background:

Ethical and moral issues in correctional mental health settings are complex and challenging. The moral climate in correctional settings is shaped by the competing demands of custody and care. As evidenced in the literature, ethical conflict is intrinsic to correctional settings. Correctional settings, because of the competing demands of the legal and health care system, provide a particularly significant environment to explore the phenomenon of moral distress.

Moral distress is a concept that captures a range of experiences that an individual may experience when morally constrained. Components of moral distress prevalent in the current nursing literature are: (a) the embodied effects and anguish of moral distress, (b) awareness of and sensitivity to a moral problem, and (c) perception of correct moral action. The limited current research on moral distress has not yet expanded to correctional mental health professionals.

Research Question:

The purpose of this study was to explore the lived experience of moral distress among mental health professionals who previously provided, or who are currently providing, mental health services within a Canadian correctional setting.

Methodology:

Interpretative Phenomenological Analysis

Results/Findings:

A preliminary finding as research is still in progress.

Implications:

Presentation of my preliminary findings, obtained through interpretative phenomenological analysis, will highlight common and challenging ethical issues confronting correctional mental health professionals, identify situations that support and constraint ethical practice, and outline rich, thick descriptions of the physiological, emotional, and social experiences of moral distress.

Mother Caring Autonomy of the Preterm Child At Home

Monika Wernet

Nursing School of Ribeirao Preto, University of Sao Paulo

Débora Falleiros de Mello

Nursing School of Ribeirao Preto, University of Sao Paulo

The preterm infant's home coming is a key turning point for the family, especially for mothers. The aim of this study is to understand how the mother autonomy in caring for the preterm child develops since the discharge from the Neonatal Intensive Care Unit (NICU). A gadamerian hermeneutic approach was adopted, using in-depth interview. The study is being developed and we report here the findings of the data collection with five mothers who were with their babies at home between one to thirty days after the discharge. As the gadamerian approach point out, a previous concept was developed and transformed along the process analysis. Interviews, fields notes and memos were transformed in text, read through several times to obtain comprehension of the focus and disclosures. The essence of mothers' experience is being understood as a solitary process, full of vigilance and insecurity. She discovered that although the child is a preterm, it is now in a different condition and requires other care. She is always looking to the best care. They feel, lonely, misunderstood and miscomprehend by the family, and so many conflicts emerge. In addition, family members and professionals interact with them in a tune of checking things. This context generates a sense of inability to find the plot. As long as she recognized this, she looks forward to find her way of caring. When she gains this consciousness she becomes progressively autonomous in the preterm infant's home caring.

Mothers' Views on the Difficulties of Raising Youngsters with Autism

Maria de Fátima Françaço

University of Campinas

Leticia Segeren

University of Campinas

This research aimed at understanding the living experience of mothers of autistic children, focusing on the experience of their entering adolescence and young age.

Qualitative research was carried out, using interviews with open-ended questions to collect data. The participants were 11 mothers of youngsters with autism, enrolled in different civil organizations for people with autism, in Brazil. Data were transcribed, assembled into analytical categories and then described. The results showed that the diagnosis of autism was not explained to the parents and it took them some time to understand its consequences for the child's development. Most mothers claimed that their life changed strongly since then. Lack of social activities was mentioned as a loss, and in some cases, they even stopped joining family events, when the child was young. Nowadays these situations improved, but the mothers still find difficulties in having time for their own needs. When it comes to the major difficulties faced in the adolescence of their sons or daughters, they emphasize that the youngster was more aggressive, even using physical force against others in the family. Issues related to the child's sexual development were strongly mentioned as difficult to deal with. The mothers feel they do not have anyone to talk to about those issues and they feel lost about it. When they talk about their daughters' or sons' futures, they hope they will be able to find a job and be independent; therefore they work towards this goal in their everyday routine with the youngsters.

"My Life Has Been One of Struggles:" Elder Health Concerns and Treatment in Rural Ghana

Eileen Smith-Cavros

Nova Southeastern University

Joyce Avotri-Wuaku

Nova Southeastern University

Albert Wuaku

Florida International University

Marcel Zikofsky

Nova Southeastern University

Irina Vicnansky

Nova Southeastern University

This ethnographic qualitative research sought answers to questions about how people cope with the challenges of illness in a rural village within a lower middle income African nation. The research team interviewed 29 elders in Agate, Ghana about their recent (in the past two years) illnesses, how they

coped with the illnesses, and to what they attributed the illnesses. Interviewees were also questioned about whether/how they sought treatment, as well as the accessibility and effectiveness of treatments. Most interviewees used a combination of modern and traditional methods from painkillers to herbal remedies, some utilized the national healthcare insurance in Ghana, others struggled with affordability of treatment issues, and many attributed their illnesses at least in some part to a lifetime of hard physical labor.

Narrating Silences: Narrative of Iranian Immigrant Women

Mahdiah Dastjerdi

York University

As immigration has become a reality in many countries, the well-being of immigrants is one of the main concerns of health care providers. Iranian immigrant women, like many other immigrants, experience some degree of loss and disassociation after being dislocated. These experiences have affected their mental health, social cohesion and general well-being--all of which are key elements in continuing with the normal process of integration in Canada. Expanding, contextualizing, and creating social change are vital to improving immigrants' well being and integration. Canada is home to many Iranians who immigrated after the Islamic revolution, Iran -Iraq war, or economic downturn. This research discusses meaningful life experiences as narrated by immigrant and refugees women living in Canada, Edmonton.

Three in-depth unstructured interviews were conducted with 9 first-generation Iranians (5 immigrants and 4 refugees) who were adults (at least 18 years old) and who had immigrated to Canada within the past 15 years. Data analyzed with respect to gender and intersectional perspective. This study revealed the richness of displaced narratives and their attempt in constructing and reconstructing of new meaning of self and life. The main theme emerged from this study was "living in limbo". Being displaced considered a turning point in their journey towards integration to main stream society. They defined everyday life as an "on going negotiation" and trying to give a meaning to "who they are" by defining their identity through silence. They defined their new self as a shapeless-mixed yet simultaneous and linked with past and present through their gendered stories.

Listening to immigrant women voices in narrated life experiences can provide an opportunity for Canadian institutions to create programs and supporting services that are tailored to immigrants women's needs and will improve their well-being. The result of this study suggests that health care providers should move beyond holistic care and understand that health is shaped within the context of everyday life experiences.

Natural Logic as Method for Studying the Representations of Vulnerability Built By Patients Living In Poverty and Suffering From Multimorbidity

Cristina Grabovschi

Université de Sherbrooke

Christine Loignon

Université de Sherbrooke

Martin Fortin

Université de Sherbrooke

The objective of this presentation is to expose Natural Logic as an original method for studying the representations built by immigrants living in poverty and suffering from multimorbidity. Natural Logic (J.-B. Grize) is a method/theory that deals with the operations of thought expressed through "natural language", taking into account not only the forms of thinking, as formal logic does, but also its content. It starts from the premise that every discourse is based on a mental model which is expressed in the communication process by a number of operations called «logical» and «discursive». We illustrate this method by presenting concrete examples drawn from our postdoctoral research that aims to identify the representations of vulnerability built by immigrants living in poverty and suffering from multimorbidity. We performed a literature review revealing that vulnerability is generally approached from a normative perspective based on socio-demographic characteristics that assign to certain populations a higher probability of health or health care disparities. We argue that giving voice to the vulnerable by approaching the vulnerability as perceived by the concerned persons would provide a more satisfactory knowledge about how people manage multiple challenges in their daily life. Thus, we are currently conducting a qualitative research based on semi-directive interviews with immigrants to explore their perceptions of vulnerability. Our findings will help to foster primary care interventions that are more appropriate for the needs of vulnerable people.

Optimizing Food Choices and Practices in the Perinatal Period for Immigrant Women

Gina Higginbottom

University of Alberta

Josephine Etowa

University of Ottawa

Louise Racine

University of Saskatchewan

Helen Vallianatos

University of Alberta

Immigrant women may be regarded as vulnerable in part because they face challenges in accessing and receiving equitable and culturally appropriate healthcare. As well, many of their maternal health and birth outcomes are influenced by food consumption. Our research questions are: how do health beliefs/

practices of immigrant women affect their food choices and practices during the perinatal period? and how can current perinatal nutrition recommendations be tailored and delivered as pictorial educational resources to enhance culturally competent perinatal care? A focused ethnography is being conducted, informed by the theoretical lens of postcolonial theory. Phase 1 and Phase 2 will create in-depth understanding through use of photovoice methodology and photo-elicited semi-structured interviews, respectively. Perinatal immigrant women in three study locations (Edmonton, Saskatoon, Ottawa) are being recruited until data saturation, using existing collaborations and purposive sampling. Qualitative data analysis software (ATLAS.ti) will assist analysis using Roper and Shapira's framework for ethnographic data. In Phase 3, consultations with healthcare professionals and immigrant support agencies will be combined with the results from Phases 1 and 2 to produce a culturally appropriate visual tool for immigrant women about perinatal food choices. The tool will be customized for each of the six ethnocultural groups (Sudanese, Indian, Pakistani, Chinese, African, and Caribbean), and evaluated after implementation in Phase 4 through focus groups with immigrant women and healthcare professionals. Wide dissemination of findings throughout the health professional, public health, and obstetrical communities will have great potential to benefit immigrant maternal and childhood health and well-being.

Osteoporosis Group-Education: a Way to Health Maintenance

Annesofie Lunde Jensen

Aarhus University

Gitte Wing

University of Aarhus

Bente Langdahl

Aarhus University Hospital

Kirsten Lomborg

Aarhus University

Patient education has a number of potential advantages, and different criteria can be used to determine how patients with osteoporosis receive, employ and incorporate the health care information. The existing knowledge of how patients with osteoporosis receive group education and integrate the health care information into daily life is insufficient.

Our study describes how the osteoporosis group-education progressed and focuses on the specific educational needs the patients experience.

The group education aimed to improve the patients' quality of life by providing information about the disease and counselling them about living with osteoporosis. Two classes were set up: one for patients with a vertebral fracture and one for patients without a vertebral fracture.

We used an interpretive description study with two groups of patients with osteoporosis. One group of informants included 20 patients starting group education. Our data consisted of semi-structured interviews before and 6 months after the group education and participant observation during the classes and the patients' everyday life. The other group comprised 331 programme attendees from 2006-2010 who answered a questionnaire, and 24 programme attendees from 2007 were interviewed. We found that the participants needed clarification and simple guidelines on how to live with osteoporosis, and support the fact that our disease specific knowledge is incomplete and must be contextualised. Further, the composition of the class, and in particular the age and disease intensity of the informants, was important for how the patients experienced and benefitted from the group education.

“Patient Flow” in the Emergency Department: Investigating Contradictions in Nursing Care

Simon Adam

Ontario Institute for Studies in Education at the University of Toronto

Since the late 1990s, Canada's provincial governments have been urgently pushing a specific health care reform agenda targeting emergency departments. The deployment of various ministry policies resulted in a plethora of institutional process formations and changes that dramatically impacted nursing work. While examining a recent hospital funding incentive, I probe the difficulties in nursing care in an emergency department in Toronto. These difficulties, marked by hurried and unfinished work, I discovered, are embedded in discourses of efficiency and symmetry. Using institutional ethnography as an investigative tool, I trace the sequences of care, as mediated by specific institutional texts and categories in order to bring to light the mystified origin of these issues. I examine the contradictions in care that arise at the (dis)juncture of specific ruling “projects” and embodied emergency nursing work.

Pentecostal Worship and the Cultural Framework of African/Black Americans

Sandra Dixon

University of Calgary

Pentecostalism plays a significant role in the lives of many African/Black Americans. As a cultural group, African/Black Americans have experienced various forms of prejudices and injustices for many decades on many different levels: socio-culturally, racially, religiously and psychologically. The issue of mental health and psychological wholeness for African/Black Americans, based on their religious practices, have raised many questions for certain professionals who provide psycho-therapeutic services to this population. In addressing some of these questions, from a cultural perspective, the purpose of this presentation is to provide a conceptualized framework of the relevance of Pentecostal worship in respect to African/Black Americans.

Perceived Barriers to Physical Activity among Severely Obese Women

Anastasia Dikareva

McGill University

Catherine M. Sabiston

University of Toronto

Jessica Ruglis

McGill University

Tamara Carver

McGill University

Ross E. Andersen

McGill University

Currently, 24.1% of Canadian adults are obese with an increasing proportion of adults with severe obesity (BMI $\geq 40\text{kg/m}^2$). Canadian women are twice as likely to be severely obese, more likely to be physically inactive, and are at increased risk for health co-morbidities compared to men. There is a critical demand for effective strategies to help severely obese women reduce excess weight and maintain weight loss over time.

Bariatric surgery is an effective and rapid weight loss strategy for severe obesity. Unfortunately, a large proportion of patients, who are predominantly (85%) women, experience weight regain over long-term. Physical activity (PA) is one of the strongest predictors of successful long-term weight management and should serve as an adjunct to bariatric surgery. However, reasons for physical inactivity among severely obese women are poorly understood.

This focus group study explores barriers associated with engaging in regular PA among severely obese middle-aged women who are either awaiting or have recently (3-12 months) undergone bariatric surgery. It is of interest to explore the pattern of barriers to PA before and after bariatric surgery. Three focus groups of eight women will be conducted with each of pre- (n=24) and post- (n=24) surgical patients.

Focus groups will be audio-recorded and transcribed verbatim and data will be explored using content and thematic analysis. The purpose of this paper is to further the methodology implemented in this study that aims to provide evidence-based details for a tailored exercise clinical trial design and future translational research in PA promotion.

Perspectives and Competency of Healthcare Providers Regarding the Prevention of Non-Communicable Diseases in Sri Lanka

Machiko Higuchi

National College of Nursing, Japan

Chandani Liyanage

University of Colombo

Sri Lanka has achieved favorable health indicators by implementing primary healthcare goals at the community level. Yet, the health sector faces many challenges given Sri-Lanka's socio-cultural, demographic, and health transition. Non-communicable disease (NCD) prevention is currently the main challenge. Indeed, there are hardly any signs of prioritizing health-related issues with proper strategies and a firm vision. In this context, it is important to understand the strengths and limitations of the existing healthcare system to address the growing burden of NCDs. The purpose of this study was to explore provider perspectives with a particular emphasis on their knowledge, skills, competency, and limitations with respect to NCD prevention.

This qualitative study involved a series of focus group discussions and 34 in-depth interviews with four categories of healthcare providers: Medical Officer of Health (MOH), Public Health Nursing Sister (PHNS), Public Health Midwife (PHM), and Public Health Inspector (PHI). All healthcare providers practice at the community level in both suburban and rural areas.

Qualitative analysis revealed that existing primary healthcare systems have the capacity to address NCD-related issues. However, PHMs and PHIs required further knowledge and skills to adequately support the prevention and control of NCDs. All healthcare providers had self-confidence in contributing their efforts to NCD prevention, provided that their knowledge base was updated. Also highlighted was the importance of integrating activities related to NCD prevention into their existing list of duties, and the need to acknowledge and appreciate such efforts.

A number of recommendations follow from these findings. First, there is a need to increase the number of healthcare providers to effectively prevent and control NCDs. Second, their working conditions need to be improved to increase provider retention. Finally, health programs on NCD prevention should take a culturally sensitive, holistic approach.

Physical Education Teachers: How Do They Experience Their Own Aging Process?

Sílvia Lüdorf

Federal University of Rio de Janeiro

Francisco Ortega

State University of Rio de Janeiro

Issues involving aging, in a social or cultural approach are increasing in the last decade. Nevertheless few studies are dedicated to understand aging and teaching.

This proposal aims to discuss some results of a qualitative study with interviews which investigated how physical education teachers experience their own aging process. Participants were fourteen teachers

who work at gyms and elementary schools, in Rio de Janeiro, Brazil. All participants were still active in teaching and have about thirty years of working experience. Interview data were treated using content analyze.

Interview was a rich technique to exploit the meanings of aging and to enhance knowledge on how they develop their career and pedagogical practices. On the other hand, aging was realized as a sensitive theme which created some difficulties to access some participants due to a somewhat resistant reaction.

We considered this resistance of teachers towards talking about their own aging as a relevant data, particularly in a society where youth and the exposition of the body are especially valued. Some singularities of the profession could contribute to this difficulty. Results indicated that the physical education teacher is very concerned about the opinion of others. In general, they are viewed as a person who: detains some knowledge about health; uses his body as a work instrument; is a role model for a healthy body or a healthy style of life.

The meaning of cultural issues, own and others expectations about the professional role for the understanding of aging must be further investigate.

Physical Self-Efficacy, Body Image, and Sport Participation among Pre-Adolescent Girls

Toni Liechty

University of Regina

Nuno F. Ribeiro

Indigenous Peoples' Health Research Centre

The majority of the Canadian population does not meet the minimum recommended guidelines for physical activity. Women, on average, are less physically active than men. Given that habits related to physical activity are often developed during childhood, it is important to understand the experience of participation in physical activity for girls. The purpose of this study was to explore the benefits of and perceived constraints to physical activity among elementary school girls.

The participants were 27 female students (grade 3) who participated in a lunch-hour girls-only sport program that ran for 8 weeks in a community school in Southern Saskatchewan. Focus groups were conducted at the mid-point and conclusion of the program to discuss the girls' perceptions of the program and their experiences with sports and physical activity. Data from the focus groups were coded thematically using the constant comparison method.

Participants identified several constraints to their participation in sports and in an active lifestyle. Several described experiences of being dissatisfied with their bodies and their physical abilities, not being allowed to play sports with boys, or feeling uncomfortable doing so. Participants mentioned that

participation in the program exposed them to different sports and increased their confidence in their physical abilities. Most mentioned that they would likely play more sports in the future after participating in the program. These findings suggest that issues related to body image and physical self-efficacy constrain sport participation for pre-adolescent girls and that participation in a girls-only program can help alleviate these issues.

Pre-Conception Counselling For Women with Epilepsy to Reduce Adverse Pregnancy Outcome

Janette Greenhalgh

University of Liverpool

Jennifer Pulman

University of Liverpool

Janine Winterbottom

University of Liverpool

Epilepsy is the most common serious neurological disorder, with a worldwide incidence varying between 40 and 80 per 100,000 people. In the UK, the age-specific prevalence rate in treated women with epilepsy (WWE) aged 16-44 years is estimated to be between 6.9 and 7.8 per 1000. During pregnancy, WWE face a number of potential risks to themselves and their unborn child including the potential teratogenic effects of anti-epileptic drugs, effects of maternal seizures and genetic factors. Clinical guidelines in the UK recommend that WWE and their partners be given accurate information and counselling about contraception, conception, pregnancy, childcare and breastfeeding. A 2006 Cochrane review examined the effectiveness of preconception counselling on the pregnancy outcome of WWE; no firm conclusions were drawn due to the methodological weaknesses of the studies available for inclusion and the review called for robust evidence to support the provision of services for WWE during childbearing years. The review further recommended that qualitative research be conducted to address the issues of how WWE plan pregnancies and what WWE want from preconception care. As part of a wider review of pregnancy in epilepsy, we plan to conduct a Cochrane qualitative paired review with the aim of complementing the quantitative review. The objective of the review is to examine, from the patients' perspective, the usefulness of preconception counselling. The results will inform those responsible for the provision of this service.

Preparing For Fertility Treatments: Culture, Religion, and Complementary Treatments (CTS)

Suzanne Read

McGill University and Jewish General Hospital

Marie-Eve Carrier

Jewish General Hospital

Hananel Holzer

McGill University Health Centre

Neal Mahutte

Montreal Fertility Centre

Sophia Ouhilal

Montreal Fertility Centre

Sharon Bond

Jewish General Hospital and McGill University

Robert Whitley

McGill University and Douglas Hospital Research Centre

Peter Chan

McGill University Health Centre

Carolyn Ells

McGill University

Nancy Feeley

Jewish General Hospital

Ian Gold

McGill University

Zeev Rosberger

Jewish General Hospital

Togas Tulandi

Jewish General Hospital and McGill University

Phyllis Zelkowitz

Jewish General Hospital and McGill University

Couples' attitudes toward assisted reproduction and childbearing are heavily influenced by culture and religion. These influences may lead couples to seek fertility-enhancing treatments outside of the Western medical system while undergoing biomedical fertility treatment. This study explored infertile couples' experiences with biomedical assisted reproduction, as well as their use of and attitudes towards complementary treatments (CTs) for infertility. It also explored the connection between attitudes towards biomedical treatments and CTs.

Qualitative interviews were conducted with 32 heterosexual couples pursuing fertility treatment at the McGill Reproductive Centre or the Montreal Fertility Centre. Purposive sampling ensured the inclusion of patients from varied ethnocultural and social backgrounds. Thematic analysis was employed to analyze the interview transcripts.

Complementary treatments included dietary changes, special prayers, herbal medicines, and acupuncture. CTs reflected a broad range of cultural and religious understandings of fertility. Participants' beliefs in the value of CTs were weighed against their faith in Western medical science, yielding three categories of attitudes towards using CTs: desperate hope ("I'll try anything"), casual optimism ("sure, why not?"), and amused skepticism ("they think it's like magic"). Women were the predominant users of CTs and tended to have more faith in the effectiveness of CTs.

The range and ubiquity of CTs demonstrate the influence of culture and religion in couples' reactions to infertility and assisted reproduction. CTs can provide hope and optimism for couples who are undergoing assisted reproduction. Understanding the function of CTs, and by extension the cultural context of the couple, may help to enhance culturally sensitive, patient-centered care in infertility.

Prevention of Anxiety, Depression and Burnout during Medical Studies and Residency Training

Gertrude Hamader

University for Health Sciences, Medical Informatics and Technology (UMIT)

Elisabeth Noehammer

University for Health Sciences, Medical Informatics and Technology

Studies have shown higher incidence levels of anxiety, depression and burnout in the medical profession than in the general population or other professions (Angerer et al. 2008; Buddeberg-Fischer et al. 2009; Nienhaus et al. 2008). It is vital to reduce these to prevent detrimental individual consequences and to maintain high standards of patient care. As the levels rise especially during residency (Buddeberg-Fischer et al. 2009; Stiller and Kulka 2007), the present study aims to analyse the reasons and potential interventions at the early career stage and during medical studies.

A qualitative study using in-depth interviews with medical students, young doctors doing their residency and four experts in the fields of career development, occupational health and occupational psychology is conducted. In-depth interviews with medical students and young doctors in residency are done at the moment (work in progress). Experts' beliefs are already finished.

The experts identified the main causes of anxiety, depression and burnout as results from inadequate training for real-life medical performance during the career preparation phase, institutional restrictions and busy job design at work setting and individual characteristics (a low Sense of Coherence (SOC)). According to the interviewees, during medical studies well-being can be promoted by teaching how to develop a balanced life and learning style (SOC, work-life balance) and a realistic preparation for the job is also required. During residency, more institutional support is required such as providing stress management trainings, mentoring programs and career counselling.

Qualitative Analysis of Narratives for Learning in Simulation

Linda Hansen-Kyle

University of San Diego

Anna Marie Hefner

Azusa Pacific University

Melinda Dicken

Azusa Pacific University

Patricia Perry

Azusa Pacific University

Research has indicated narratives strengthen learning. Narratives allow students to recall and relive experiences; increase self-awareness and self-practice; and build a foundation of experience crucial to the development of expert practice. Clinical competence allows new nurses to transition smoothly from carefully controlled educational experiences to a fast-paced clinical world of increasing patient complexity. Simulation helps students build competence and confidence; narratives provide the context for holistic practice. However, there remains little research regarding students' reflective narratives relating to their simulation experience.

This study focused on understanding student's perspectives of their learning through reflective narratives of a simulation experience on clinical practice.

Students were given a list of questions based on the Tanner Model of Clinical Judgment. The questions provided a launching point but as the student delved further into the context of the simulation experience, this dialogue changed. The narrative, completed within 48 hours of the simulation experience, was shared with simulation faculty.

Journal entries from two basic scenarios were coded by a team of four researchers, using the method of Corbin and Strauss. Themes were further consolidated into four major thematic categories: communication, self-awareness and discovery, skill development, and team work.

The findings from the analysis of the narratives indicated students incorporated communication techniques, knowledge, skills and being a team member into their hospital clinical rotations. The journals indicated the students were able to individually identify personal strengths and weaknesses. This study mirrors the literature using narratives to strengthening learning and informing clinical practice.

Qualitative Evaluation and Analysis Influencing Ongoing Program Development

Susan Coldwell

Nova Scotia Government & General Employees Union (NSGEU)

The NSGEU launched a Bully Free Workplace initiative in September of 2010 after two years of research, development, field testing and evaluation. The first ten months of delivering either a two hour awareness session, or a six hour workshop to various workplaces in the province registered approximately 4,500 participants. Globally there seems to be recognition of the problem of bullying as an 'epidemic' with no 'natural immunity'; as early as approximately 2000 the World Health organization issued a statement that workplace bullying was a number one health and safety risk factor within health care. Participant feedback quickly determined the need to evolve the program beyond education and

awareness in defining and naming the problem, to introducing intervention strategies. Intervention or intercession looks at dynamics around both workplace policy and culture. How do we move outside of the rigidity and unenforceability of 'zero tolerance' and workplace cultures with suppressive and oppressive ways of interacting to evaluate strategies and validation in policy and best (workplace culture) practices. Qualitative analysis has led to dynamic change in program development toward restorative and healing practices for all involved in this global concern.

Quantitative to Qualitative Evaluation of a Unique Union Program

Susan Coldwell

Nova Scotia Government & General Employees Union (NSGEU)

The Nova Scotia Government and General Employees Union (NSGEU) embarked on research and development of a program to create awareness and educate members on the topic of workplace bullying. Since the Sept 2010 launch the program has been in high demand throughout the province and has received national and international interest. The NSGEU wanted to know what impact the program was having in various settings. Of those who reported witnessing or experiencing workplace bullying only 17% of respondents felt they could take any action. In addition to evaluating content, program satisfaction, facilitator knowledge and relevance of topic, a single item question (SIQ) was added to determine if the program was having an effect in changing participants' behavior. The question, "As a result of this program would you be likely to take action in the future?" Following the program 68% of respondents felt they would take action in the future, with a further 7% indicating it would depend on what was at risk. Entering the second year of the program, we wanted to obtain an understanding of what participants would do as a result of our intervention. Two qualitative questions were asked; "What one thing will you do for yourself as a result of this presentation/workshop" and "What one thing will you do in your workplace as a result of this workshop." Responses are evaluated to understand just how the NSGEU program may be influencing changing culture, as well as new direction in ongoing program development.

Reflective Practice in Saudi Arabia: an Ethnographic Study

Aisha Aldawsari

Western Ontario University

Purpose:

This ethnographic study explores the concept of reflective practice in a group of undergraduate nursing students who are taking their training at King Faisal Specialist Hospital and Research Centre (KFSH&RC) in the College of Nursing, King Saud University (KSU). This research aims to describe how cultural values affect the presence of reflective practice in the nursing curriculum.

Aim

This research has two aims. First, the study will enable the exploration and the understanding of reflective practice by nursing students. Secondly, the study will help clarify the nature of reflective practice among upper level students who have been exposed to reflective practice seminars. This study intends to examine the shared experiences of undergraduate nursing students and how learning is achieved through culturally shared beliefs and practices in the context of the education system.

Methodology

For this reason, educational ethnographer, Fetterman's work was chosen as the starting point for this study.

Rigour and the Wolf - On Why Research Into Complex Interventions Needs Hermeneutics: Understanding Family Nursing Interventions Differently

Lorraine Thirsk

University of Alberta

Alexander M. Clark

University of Alberta

Complex interventions need to be understood in ways that are more responsive to the complexities of family-based interventions in terms of programs, people and places. This paper draws on published approaches to complex interventions in health and positions family interventions as being complex because they are targeted to different people, consist of multiple components, are provided through language, actions and relationships, and enacted through nested family systems which are themselves complex and unpredictable.

In this cutting-edge conceptual paper, a hermeneutic approach to research is harnessed to demonstrate how complexity-led inquiry yields depth of understanding of complex interventions. The paper focuses on three significant aspects of a Gadamerian interpretive inquiry into family nursing interventions. Firstly, an overview of the Gadamerian approach is provided that distinguishes this approach from other forms of hermeneutical inquiry. Secondly, it is shown that hermeneutic inquiry offers a useful way to understand what is going on "inside" the complex intervention and how this can complement other methodological approaches. Thirdly, using examples from the field of family nursing interventions with grief, we demonstrate how unique knowledge about complex interventions can be generated by studying with this philosophical lens.

Scenario Planning For Healthcare Management: Aligning Guidance from Practice to the Standards of High Quality Research

Mohsan Hussain

Aston University
Louise Knight
Aston University
Ming Lim
Aston University

Scenario Planning (SP) is a powerful methodology initially developed as a strategic management tool for commercial companies and is now widely used in policy settings, for future focused research in urban planning, energy production and disaster management, amongst others. It is, we believe, is also highly relevant to healthcare policy and management. SP has however been described as suffering from methodological chaos (Martelli, 2001). Also, much of the methodological development of SP is set in the practitioner domain. Researchers need to use this learning but in ways that meet academic standards. This paper presents a critical review of Scenario Planning (SP) as a research methodology, considering SP as a research strategy, associated methods and criteria by which SP may be evaluated. The review is framed around a practical example – a study to investigate the (non)adoption of RFID in the English health service. Currently, RFID adoption in the NHS is limited to isolated pilot projects. Assessment of potential costs and benefits and adoption trajectories requires an understanding of ‘alternative futures’, developed using a wide range of sources and techniques. This paper’s contribution to healthcare management research is the evaluation of SP as powerful planning and research tool, with suggestions on how certain practical challenges may be addressed. The contribution to futures studies is in a closer alignment of the methods of SP to the standards of high quality research. We welcome the opportunity to discuss the potential contribution of SP research to healthcare management in domains beyond IT/IS adoption.

Self-Management in Daily Life with Psoriasis: an Integrated Review of Patient Needs for Structured Education

Gitte Susanne Rasmussen
Aarhus University Hospital, Aarhus University
Kirsten Lomborg
Aarhus University

It is unclear what people consider important to support their ability to manage psoriasis in daily life. With the growing recognition of psoriasis as a serious chronic autoimmune skin disease with long term impairment of the life course, and not chiefly a cosmetic problem, nurses are more than ever challenged to develop efficient training programmes to support patient self-management. The content of this presentation is based on the findings from an integrative review aiming to establish an interlevel model of high impact factors related to the disease and the course of the disease which should be addressed in a structured patient education programme to support self-management in daily life. The integrative methodology allowed for the inclusion of qualitative and quantitative studies within different disciplines such as nursing, medicine and psychology and proved to be well-suited to provide a deep and

comprehensive understanding of people living with psoriasis and their needs for patient education. The findings document that patient needs can be understood in complex interactions between self-experienced burden of the disease and its visibility, personal conditions such as illness perception, and the patient's age at onset time. Until now, the research on patient needs has focused on adults. Young people struggle to accommodate their lives to the disease and minimise its influence on their appearance and social functioning. The problems and vulnerability associated with having a chronic and visible disease during childhood and adolescence must be acknowledged, and patient education initiatives targeted at young people are recommended.

Spiritual Nursing Care: A Concept Analysis

Lydia Monareng

University of Alberta

Nurses in practice have difficulty integrating the concept 'spiritual nursing care' into practice, although the concept 'spiritual nursing care' has its roots in the history of the nursing profession. There is an on-going debate in the empirical literature about its definition, clarity and application in nursing practice. The purpose of the study was to develop an operational definition of the concept 'spiritual nursing care' to improve its clarity, unambiguous usage and application in clinical practice.

A qualitative study, using the Grounded Theory was conducted to explore and describe how professional nurses render spiritual nursing care. The substantive theory of 'Humane care' was developed. As part of this study I conducted a concept analysis after a comprehensive literature review which examined the current usage of the concept and its critical attributes in the health care context. The theoretical and operational definitions of spiritual nursing care that emerged gave evidence that it is an essential component of holistic patient care that leads to a heightened sense of well-being. Caring presence was identified as the core variable from which all the other characteristics of spiritual nursing care emerged. An operational definition of spiritual nursing care was that 'it is humane care that is demonstrated by showing caring presence, respect and concern for meeting not only the body and mind needs of persons, but also the spiritual needs that demands equal attention for optimal care as provided by both religious and none religious nurses'.

Strategies to Enhance Fertility: The Role of Multimodal Pre-Habilitation in Weight Reduction. A Qualitative Examination of the Perception and Impact of Obesity and Its Modification to Access Publically Funded Fertility Treatment in Quebec

Julia Munden

Montreal Reproductive Center

Grace Tan

McGill University

Haidee Thanda

Montreal Reproductive Center

Seang Lin Tan

McGill University

Do Jun Kim

Montreal Reproductive Center

Marie-Andrée Lahaie

Montreal Reproductive Center

Ananda Lages Rodrigues

Montreal Reproductive Center

Aina Zhang

Montreal Reproductive Center

Alper Mumcu

Montreal Reproductive Center

Andrew Mok

McGill University

Srinivasan Krishnamurthy

McGill University

Michael Dahan

McGill University

Franco Carli

Montreal Reproductive Center

Several studies have demonstrated that high body mass index (BMI) decreased livebirth rates and increased medical complications during in vitro fertilization (IVF) treatment and childbirth.

Since August 2010, Quebec began funding of infertility treatments including 3 fresh IVF cycles and all resultant frozen embryo transfers for each livebirth. Consequently, the number of patients enrolled in this program has increased dramatically and increased BMI has emerged as an important factor in likelihood of pregnancy.

Many infertile patients are unaware of the connection between infertility and obesity. Those deemed obese (BMI>30) may be denied further access to treatment until their weight decreases to an acceptable level. This consequence has a tremendous effect on the patients' lives and chances of success with IVF, since prolonged delay in treatment results in further age-related fertility decline.

Often, patients with high BMI have self-esteem issues, elevated anxiety and stress levels. The Montreal Reproductive Centre is actively assisting these patients with weight control through an on-site pre-habilitation program. Following evaluation with a pre-habilitation expert, patients are triaged and seen by a psychologist, nutritionist and exercise therapist. As part of this centre's Fertility Enhancement Therapy Program, they may be referred to other specialists with expertise in yoga or acupuncture therapy. In their timely quest to gain access to publically funded IVF treatment, these patients will be

followed throughout the program with semi-structured interviews in order to explore the impact on their personal and family lives.

Tailored Patient Education to Young People with Psoriasis: Analyzing Focus Group Discussions

Gitte Susanne Rasmussen

Aarhus University Hospital, Aarhus University

Helle Terkildsen Maindal

Aarhus University

Knud Kragballe

Aarhus University Hospital

Kirsten Lomborg

Aarhus University

Young people with psoriasis struggle to make the disease fit into their lives and minimize its influence on their appearance and social functioning. Among health scientists there is a growing recognition of psoriasis as a serious chronic autoimmune skin disease with long term impairment on the life course. The aim of this study is to interpret and describe the need for tailored patient education to support self-management of psoriasis in everyday life in young people and their families, focusing on the first years of illness trajectory. In accordance with the Interpretive Description research strategy, we designed three different focus group discussions with young people at the age of 15-17 years, 18-20 years and 21-24 years to obtain a deeper and more nuanced understanding of the meaning of psoriasis in their everyday life. The content of this presentation is based on the preliminary analysis of the focus group discussions. The inductive analysis is currently ongoing, but salient first impressions appeared with "loneliness" as the most obvious. Furthermore, the themes "psoriasis as identity creator", "mums working overtime in the health care system", "self limitation", "tripping oneself up" and "lack of disease-related linguistic tools" seem to be prevalent. In addition, it was evident that the participation in focus group discussions in itself had a therapeutic effect. The interpretive description will facilitate the development of components that should tailor an educational intervention and support the decision about the appropriate structure of the programme.

Temporal and Spatial Order in the Collaborative Work by Nurses in an Acute Care Ward

Hiroki Maeda

Tokai University

Yumi Nishimura

Tokyo Metropolitan University

The purpose of this research was to describe how multiple nurses collaborated in responding to patients whose conditions suddenly change, from the perspectives of the temporal and spatial organization of the ward.

The research was carried out in a cardiovascular and respiratory medicine ward by two investigators, who conducted fieldwork. The research plan was reviewed and approved by the Ethics Committee.

Sudden change in patients' conditions can be expected, and responding to it is part of the normal work of the ward. The response to sudden change is divided into the beginning section when multiple nurses focus their attention on the patient, and the ending section marked by a return to the normal flow of work. The research also indicated that the work of the head nurse at the nurse station on the bed control of the entire hospital enabled the movement of patients from hospital rooms to examination rooms and private rooms. This clarified the means for the temporal and spatial organization of acute care wards.

We would now like to pursue future research on nursing administration departments, to investigate the organization of nursing care throughout the entire hospital.

The Ethics Application Repository Proof of Concept

Martin Tolich

University of Otago

TEAR (The Ethics Application Repository) is an open access, on line repository of exemplary IRB (ethics committee) application forms donated by scholars who want to gift some of their expertise and wisdom to novice researchers in the spirit of a public good. TEAR is funded by a three year Marsden Grant (from the New Zealand Government) examining tensions in ethics review and is hosted on a server at the University of Otago. TEAR sets out to break a cycle of fear and avoidance by facilitating better relationships between researchers and their IRBs. Guidelines on IRB webpages, like those on how to research children are useful only up to a point. TEAR assumes reading multiple examples of best practice IRB applications on a specific topic can promote best practice for novice researchers allowing them to compare and contrast their project with donated exemplars. This poster describes the background for the genesis of the project, the building of TEAR as a proof of concept and the initial supportive and critical feedback from consumers, graduate students and graduate advisors. The poster also serves as a call for donations from qualitative researchers to enlarge and develop stage two of the project, the development of special collections featuring children, IT, innovative methodologies and CBPR research.

The Experience of a Female Patient with an Implantable Left Ventricular Assist Device

Angela D. Pal

University of Texas Health Science Center San Antonio

Sara L. Gill

University of Texas Health Science Center San Antonio

Approximately 5.8 million Americans, including 2.6 million women, suffer from heart failure, about 250,000 with advanced heart failure. Over 100,000 patients experience progressive symptoms that are refractory to medical therapy (Marcuccilli, Casida, Peters, & Wright, 2011). Women with heart failure report poorer quality of life, impaired physical functioning, difficulty sleeping, emotional disturbances, reduced energy, problems performing housework and are more likely than men to die from the disease (Allen, Arslanian-Engoren, & Lynch-Sauer, 2009). A left ventricular assist device (LVAD), a mechanical heart pump, is a treatment for advanced heart failure, typically utilized after medical therapy has failed. As our population experiences more advanced heart failure and donor hearts for heart transplantation continue to be scarce, we are likely to see more LVADs utilized as treatment for heart failure. Gender differences affect experiences of living with a LVAD.

The purpose of this pilot case study is to describe the experience of a female living with a LVAD. The participant is a 37 year old, African American female who had a LVAD implanted approximately two years ago, likely for peri-partum cardiomyopathy. Data was collected by interviews, participant observation and photo-elicitation. Data was analyzed using qualitative content analysis. The overarching theme was "it's like having another child." Additional themes include "it's new and scary, there's none of that no more" and "it's going to get better."

The Experience of Puerto Rican Families Who Bring Their Children To The Emergency Department for Asthma Care

Jean Sheerin Coffey

University of Vermont/ Essex Pediatrics

Michelle Cloutier

University of Connecticut/ Connecticut Children's Medical Center

Mikki Meadows Oliver

Yale University

Carlos Terrazos

University of Connecticut

Puerto Ricans have been found to have higher asthma prevalence rates than all other Hispanic subgroups, non Hispanic Whites and Blacks. Overall Hispanic children have a higher rate of Emergency Department (ED) visits for asthma than non-Hispanic children.

The aim of this study was to describe the lived experience of Puerto Rican families caring for their child's asthma and using the ED for asthma care.

Families and their children with asthma who self identified as Puerto Rican and had a recent ED visit for asthma were eligible for the study. Interviews were done using a hermeneutic phenomenological approach. The transcripts were analyzed using van Manen's method. Puerto Rican culture and literature were incorporated in to the data analysis process.

Rich quotes and six themes were generated from interviews with 10 Puerto-Rican caregivers including Folklore of Asthma, In Awe of Asthma, Praying to God and The Decision–Time to Go. The interviews illuminated the lived experience of the participants and suggested that cultural beliefs and personal experience may influence the decision to use the ED for asthma care.

The participants in the study shared their awe of asthma and personal stories of family members who succumbed from the disease. These findings suggest that the use of the ED in this population may be driven by cultural influence and personal experience in addition to the severity of the child's asthma. The findings of this study could guide providers to consider all factors when evaluating the use of the ED for asthma care.

The Innovative Combination of Organisational Ethnography and Discursive Psychology

Emmanuelle Bélanger

McGill University

Charo Rodríguez

McGill University

Danielle Groleau

McGill University

Mary Ellen Macdonald

McGill University

This poster explores the innovative methodological combination of discursive psychology and organisational ethnography. Ethnographic research is characterised by the qualitative naturalistic description of a cultural group after a prolonged period of participant observation. Most ethnographic approaches to discourse analysis originate in anthropological linguistics and aim at describing how members of a cultural group perform linguistically to be accepted as competent members, a concept known as communicative competence (Gumperz & Hymes, 1964). However, the ethnographic study of workplace culture, also known as organisational ethnography, has increasingly paid attention to the way different groups produce shared conceptual worlds through discourse (Smart, 2008). In this poster, we present the approach of discursive psychology as developed by Potter & Wetherell (1987) and argue that it can be fruitfully combined with organisational ethnography. When combining methodological approaches, it is important to ensure that a coherence exists between their assumptions concerning the

nature of reality and knowledge; in this case both are constructionist and theoretically inspired by Foucault. Discursive psychology not only questions taken-for-granted categories and identities in order to examine how they are constructed in social interactions, it also addresses the wider social implications of talk such as power relations. Discursive psychology thus rests on a wider conceptualisation of the context of research that can be substantiated through ethnographic research. Finally, the advantages of combining the methodologies are discussed; for instance a prolonged presence in the field enables the researcher to build a relationship with participants and thus have access to interactions about sensitive topics.

The Resident Wellness PAR Project: Understanding Resident “Relationships”, “Self”, “Home” and “Activities” with Residents in a LTC Setting

Kimberly Lopez

University of Waterloo

Wellness definitions and paradigms are not reflective of older adult perspectives or experiences. Residents as “institutionalized bodies” refers to the notion that individuals become molded to “the structure and practices of the institution and its staff” (Weirsmas & Dupuis, 2010, p. 288). It is not surprising that, “[residents] are primarily exposed to a medical discourse and therefore can potentially resist wellness approaches and expect or even demand a medicalized approach” (Breen, et al., 2008, p. 175). Thus, approaches begin to parallel those of medical institutions and is reflected in the language of first-line professionals.

The Resident Wellness Participatory Action Research (PAR) Project’s aim was to explore: what ‘wellness’ means to residents living in LTC; what a ‘well’ LTC home looks like to residents; the nature of the relationship between leisure and wellness from a resident perspective; and finally, how can those involved in LTC support resident wellness.

Through traditional (one-to-one interviews and focus groups, for example) and creative qualitative methods (photovoice and interactive note boards), findings inform a model of resident “wellness” working with residents living in a LTC setting. Individuals and LTC homes can be empowered by influencing this process and framework. This visual conceptualization of a resident wellness model highlights the meanings and experiences of resident wellness in the LTC context and presents four main areas for stakeholder consideration. This model is inclusive of resident perspectives who experience living life within a LTC environment, filling a gap in the literature and shifting focus to living ‘well’ in LTC.

The Role of Perceived Injustice in Qualitative Evaluation of a Bully-Free Workplaces Program

Susan Coldwell

Nova Scotia Government & General Employees Union (NSGEU)

In the second year of delivery of the Nova Scotia Government and General Employees Union (NSGEU) Bully-Free Workplace Program, demand for education and workshops exceeded the ability for trained facilitators to respond leading to a train-the-trainer initiative. One request was to deliver awareness sessions to all approximately 1,100 employees within a district health care setting which was made mandatory for all employees, including the CEO, and physicians as well as nursing, administrative and custodial workers located in several sites. The second delivery was a result of a grievance situation and delivered to approximately 150 public health nurses. The presentation will examine what we learned from each of these programs especially as it pertains to the role within organizations of perceived injustice and considers recommendations for going forward with programming.

Flexible Resources and Type-2 Diabetes Self-Management: Working-class Patients in Ontario, Canada

Robert R. Weaver

University of Ontario Institute of Technology

Manon Lemonde

University of Ontario Institute of Technology

Naghmeh Payman

University of Ontario Institute of Technology

The “Social Conditions as Fundamental Cause” thesis (Phelan and Link, 2010) broadly maintains that flexible resources can be converted into health knowledge and behavior that serves to promote health, and that disparities in access to resources underlies widely observed disparities in health and illness. The mechanisms that might account for the association between resources and health vary and often remain under-specified. The current investigation examines how access to economic, social, and cultural resources influences the management of type-2 diabetes (T2D). In-depth interviews of 45 mostly working-class T2D patients in Ontario, Canada examine the ways by which resources shape health knowledge and behavior with respect to access to necessary diabetes supplies and medications, dietary management, and physical activities. It identifies several challenges working-class patients face in converting limited resources into behaviors that foster appropriate management. While complementary investigations are needed to examine how more well-to-do use resources to manage diabetes, the current data support the “Social Conditions as Fundamental Cause” thesis. The paper concludes by discussing the general health implications of the SCFC thesis, and for improving the management of T2D in particular.

The Trickster: Myths of Chaos and Ambiguity in Cancer Patients’ Narratives

Miriam Reese

University of Saskatchewan

Ulrich Teucher

University of Saskatchewan

While certain myths and metaphors in cancer narratives have been studied extensively (e.g., battle, journey, hero; cf. Hunsaker-Hawkins, 1996), little attention has been paid to the trickster figure, recently identified as a prominent trope in some narrative accounts of illness (Frank, 2009). In light of this gap in the literature, the research on offer here systematically examined three autobiographical, published cancer narratives—Evan Handler’s (1997) *Time on Fire: My Comedy of Terrors*, Anatole Broyard’s (1992) *Intoxicated by my Illness and Other Writings on Life and Death*, and an untitled poem by Patricia Blondal (1959)—utilizing the trickster figure as an interpretive framework through which to understand the selected authors’ illness experiences.

A theoretical model shaped by Good’s (1994) critical phenomenology and Charon’s (2006) concepts of narrativity, relations, and the body facilitated a fruitful thematic exploration of the trickster figure—which emerged as a symbolic embodiment of resistance, ambiguity, transformation, chaos, and dark humour. To more reliably assess the formal aspects of the trickster figures’ role in written cancer experiences, narratives from three different genres were studied (autobiography, essay, poem). The current study contributes to the qualitative health research literature by providing a richer understanding of the diverse suite of myths embedded in cancer narratives, as well as elucidating the trickster’s potential therapeutic benefits as an alternative mythic conception of cancer. A broader understanding of the ways in which patients communicate health can help improve personal care for cancer patients.

The Usage of Talking Circles to Explore the Perspectives of Community Members on Kateri Memorial Hospital Center Health Education Curriculum: Kahnawake Schools of Diabetes Prevention Project

Maedeh Khayyat Kholghi
McGill University

Gillian Bartlett
McGill University

Alex McComber
Kahnawake Schools Diabetes Prevention Projects (KSDPP)

Morgan Phillips
Kahnawake Schools Diabetes Prevention Projects (KSDPP)

Ann Macaulay
McGill University

From years 1994 to 1997 in Kahnawake, Quebec, the Kateri Memorial Hospital Center and the Kahnawake Education Center developed an elementary school diabetes prevention health education curriculum. The objective was to increase health-related knowledge of students by promoting healthy eating and active lifestyles with the long term goal of preventing obesity and diabetes among the Kanien’keha’ :ka (Mohawk) population. The health curriculum includes three units: nutrition; fitness; and

lifestyles & diabetes, divided into 10 45-minute lessons for grades one to six. The aim of this study is to explore the barriers and facilitators of the curriculum from the perspectives of teachers, parents, curriculum authors, and school administrators. Semi-structured interviews are conducted with school administrators and talking circles are conducted with parents, curriculum authors and teachers to understand their perspectives on the curriculum. Proven to be a valuable, and culturally appropriate tool in aboriginal health research, talking circle is a method that provides a meaningful, respectful, and orderly social context for sharing views. A modified version of the talking circle is used where the facilitator does not contribute to the content of the circle but rather facilitates the discussion on selected topics. Thematic textual analysis is applied to identify emerging themes from the talking circles, and semi-structured interviews. The results would provide knowledge on the challenges and the strengths faced with the implementation of the health education curriculum. The findings will be used to make recommendations for revision or development of a new elementary school health education curriculum.

The Weight Loss Surgery Journey: a View from the Patients' Side of the Lens

Catherine Homer

Sheffield Hallam University

Angela Mary Tod

Sheffield Hallam University

Bariatric surgery is a recognised cost effective treatment to reduce weight and associated co-morbidities in severely obese people. In the UK service improvements to the surgery pathway are currently constrained by a lack of in-depth insight of patient experience. This study has been developed through expert led coproduction consultations. It adopts longitudinal creative approaches to capture the expectations and experiences of patients undergoing surgery. This presentation reflects on the advantages of the triangulated methodology that has been adopted using interviews, Photovoice and standardised quality of life tools. Patients recruited from two research sites will participate in all methods pre and post-surgery. Analysis will be conducted using Framework techniques. Photovoice uses participatory action research methods to illuminate how people reconstruct their narrative following a life changing event. Participants are invited to create photographs to explore their health, illness, behaviour changes and service experiences in the context of their everyday lives. The photographs will be used as a vehicle for discussion during the interviews. The method has been used previously with various stigmatized groups, and in this study with obese populations Photovoice aims to empower the sharing of experiences to develop a narrative on the real impacts of weight loss surgery. This use of photography has the potential to improve self-efficacy in the research process and reduce the sense of helplessness participants can experience. Using dialogue generated from the patient's side of the lens, Photovoice methods can identify problems with interventions and public health programs with a view to inform health policy.

“They don’t talk about sex like making love”: Positive Sexuality in Clinical Encounters for Youth Sexual Health

Leslie Kim Daly

University of British Columbia

Elizabeth Saewyc

University of British Columbia

Joy Johnson

University of British Columbia

Vicky Bungay

University of British Columbia

Primary care clinicians demonstrate low levels of involvement in the challenging task of communicating sexual health information to youth. If clinicians do discuss sexual health with youth these clinical conversations tend to emphasize the risks and dangers of sexual behaviour, often overlooking youths' motivations around sexual decisions or the social and contextual understandings of adolescent sexuality. A growing number of researchers argue that a singular focus on sexual risk limits clinicians' abilities to provide youth with needed knowledge, guidance and support. One first step in developing new and more effective ways of talking about sex is to ask youth what they require in a clinical encounter that moves beyond risk, attending to young persons' sexualities as well as to gender as a key concept in the social and structural contexts of sexual health. The objective of this study is to create an account of youths' perspectives and needs in clinical encounters that move beyond the limitations of approaches focused exclusively on addressing risk related issues. To listen to youth, while attending to gender and social context as key concepts, I conducted individual interviews and focus groups with 40 youth 16-19 years, and with 21 clinicians who work with youth in Victoria, British Columbia. The transcribed data were analyzed using critical ethnography techniques. Study findings describe youths' perceptions of their clinical needs and highlight gender-specific needs. Relations of power influence adolescent sexual health encounters, creating a clear discrepancy between youths' perceived needs and the clinical encounters they actually receive.

“They Just Communicate Differently”: A Pilot Study on Discomfort Assessment and Management in Community-Dwelling Older Adults with Dementia

Gretchel Ajon-Gealogo

University of Texas Health Science Center San Antonio

Managing discomfort remains a significant challenge for family caregivers and formal care providers who work with community-dwelling older adults with dementia. Increased wandering, repetitive vocalizations, and aggression are associated with dementia progression and physical or psychic discomfort. Most formal care providers do not receive sufficient training about dementia care and often rely on on-the-job training. Many family caregiver support programs focus on stress management for

self-care; families are provided less information about managing problem behaviors in persons with dementia. There is a paucity of information on discomfort management for community-dwelling older adults with dementia.

The purpose of this pilot study was to explore how family caregivers and formal care providers assess and manage discomfort in community-dwelling adults with dementia. The setting for this qualitative descriptive study was an urban, non-profit Alzheimer's activity center for community-dwelling older adults and its caregiver support group in the southwestern United States. Data collection included a) participant observation at caregiver support group meetings, recorded as field notes and b) digitally recorded/transcribed caregiver and formal care provider interviews.

Early thematic analysis indicates that family caregivers and formal care providers who recognize persons with dementia "just communicate differently" and acknowledge "they're everything we are" believe they are successful at assessing and managing their discomfort. Qualitative content analysis is ongoing, and completed findings will be prepared for poster presentation.

Uncharted Territory: Family Nursing Practices As Complex Interventions with Chronic Kidney Disease

Lorraine Thirsk

University of Alberta

This poster presents the research findings from a hermeneutic inquiry to understand family nursing practices within inpatient nephrology. In-depth interviews were conducted with 10 registered nurses over a span of 6 months to explore their current practices for addressing the psychosocial needs of patients and family members on inpatient nephrology units in 2 tertiary hospitals in western Canada. Beginning findings reflect an increasing sophistication of family nursing practices as the registered nurses move from novice to expert. The findings articulate often undocumented nursing practices and interventions used to address stress, suffering and quality of life; and offer an increased understanding of how nurses learn to work well with families. This study has the potential to inform how practice with families is thought about in acute care, in chronic kidney disease, and in nursing education. There is also potential to expand on these findings in differing practice contexts and with differing patient/family populations. Future research is needed to explore and expand on family nursing interventions that are already occurring in practice which may address the current theory-practice disconnect in family nursing.

Understanding Disease Management among Older Adults: A Pilot Geo-Narrative Study

Idethia Harvey

University of Connecticut

Understanding the relationship between social support system and self-management practices depend on ascertaining the role of the physical environment. This study integrated Geographic Information System (GIS) and thematic analysis through NVivo v9 to visualize and understand the complexity of self-management practices among 17 older adults (i.e., 14 women and 3 men) and the strategies they adopt to maintain their health and wellbeing. The GIS-based study used thematic analysis as the qualitative approach and 3D-VQGIS as the computer-aided qualitative data analysis component. Using life path as the representational tool, the respondents' narratives about their experience and events were chronologically organized, visualized, and interpreted. As qualitative materials were incorporated into GIS through hyperlinks, they were linked to specific geographic features in the GIS database. Based on the interviews, the study mapped the route of the older adults and found that African Americans health promotion practices were much more spatially restricted compared to non-Hispanic whites. By studying the social support systems, the study found that both men and women residing in the senior homes considered friendships as an important social predictor in their daily self-management practices. The study shed light on the complex relationships between the social and physical environment, and self-management practices among residents in various types of senior housing. The results have implications in designing specific support programs within senior housing.

Use of Deliberative Polls to Engage Stakeholders and Identify Critical Issues in Emerging Health Research

Annyck Besso

McGill University

Gillian Bartlett

McGill University

Published studies suggest that new emerging health research should be made the topic of public debates to minimize potential harm and maximize benefits. Techniques employed to engage key participants in a dialogue to explore potential issues are diverse and include citizen juries, study circles, deliberative forums and deliberative polls. A deliberative poll is specifically designed to show what the public and relevant stakeholders think about a topic once given an opportunity for discussion and consideration. We used this method to explore issues related to personalized medicine in primary care for patients, family physicians, researchers and other stakeholders. The design was a qualitative descriptive study that used deliberative polls as a data collection method with thematic analysis. Given that deliberation is much harder to facilitate and achieve in large groups, we restricted our individual group size to 6 participants, and unlike deliberative forums, kept polls relatively short. The moderator was an observer so participants were free to engage their own agendas aside from the questions initially presented. Deliberations were conducted in two phases with the three different types of participants meeting in individual sessions of 1.5 hours; a sample of representatives later participated in two sequential mixed groups. Due to their capacity to be all-inclusive of several perspectives, polls do not require population representation from participants. This technique resulted in high quality, well-structured arguments on specific issues with participant engagement. The methodology will be

presented in detail with comparisons to other methods of data collection for qualitative descriptive studies.

Use of Seclusion: Finding the Voice of the Patient To Influence Practice

Kristine Faschingbauer

United Hosopital

Wendy Tempel

United Hospital

Cynthia Peden-McAlpine

University of Minnesota School of Nursing

The process of seclusion as an intervention for escalating behavior in in-patient psychiatric settings has been controversial from political, ethical, legal and clinical standpoints over the past three decades. Limited research in the USA has investigated the experience of seclusion from the perspectives of inpatient psychiatric patients.

The aim of this study was to investigate the experience of seclusion from the perspective of inpatient psychiatric patients in the Midwestern USA.

A phenomenological approach was used to study the experience of seclusion.. Twelve inpatient psychiatric patients were interviewed about their experiences and the interviews were transcribed into a written text. A phenomenological method was used to analyze the text and three themes were generated to describe the experience of seclusion.

Three themes focused around the intervention of communication. The first theme The Emotional Response to the Seclusion Process described accelerating emotions such as anxiety, anger, hurt, and humiliation and patient's perceived disrespect from staff prior to and during seclusion. The second theme Patients' Hope for Respect and Open Communication describes patients' desires for discussion about their individual problems before, during and after their behavior escalated. The third theme Patient Insight into Behavior and the Importance of Positive Coping Skills describes the importance of debriefing with staff and learning positive coping skills to avoid seclusion.

Nursing interventions focusing on best communication practices to prevent patient escalation and care for patients during and after seclusion are discussed.

Using Glaserian Grounded Theory to Discover the Experience of Weight Management in Type 2 Diabetes

Cheri Ann Hernandez

University of Windsor

David. A. Hernandez

Walden University

Christine M. Wellington

University of Windsor & Windsor Family Health Team

Arthur Kidd

Hotel-Dieu Grace Hospital

Current weight loss interventions promote calorie reduction, energy expenditure, or a combination thereof, but have limited long-term success. This research focuses on the weight management experiences of obese (OB) and normal weight (NW) adults using Hernandez' (1991) theory of integration as the framework for this research.

Adults with Type 2 diabetes were recruited, on the basis of their body mass index, to one of two groups, obese (n=11) or normal weight (n=7). The method for this study was Glaserian grounded theory, with data collection by focus group. Participants were engaged in a 2-hour focus group discussion.

Obese adults described their experiences with weight management as a focus on 'trying to' in four key areas: food, exercise, diabetes management and the development of a new mental outlook. They described strategies that facilitated, and obstacles that blocked, this trying to process. On the contrary, normal weight adults described their experience of weight management as an 'active watching' process in which there was a preoccupation with living (work, family, and social lives) while automatically monitoring and maintaining self-defined weight targets. Strategies such as tuning in, limiting, and trial and error learning facilitated this active watching process.

Obese and normal weight adults with Type 2 diabetes have very different approaches to weight management. These results demonstrate the need to develop and add different dietary, cognitive, and lifestyle strategies to current weight loss interventions, or to develop new interventions.

Using Participatory Action Research Techniques, Healthy BRCA Mutation Carriers Design a Model of Care

Pnina Mor

Shaare Zedek Medical Center;

Machon Tal School of Nursing

Objectives: To identify the unmet medical and psychological needs of healthy women testing positive for BRCA gene mutations and define programs to meet these needs in the context of the Israeli healthcare system.

Methods: The study was conducted using Participatory Action Research (PAR) techniques. PAR involves a spiral of steps, each encompassing a circle of planning-action-fact finding. Using PAR techniques involving a series of focus group interviews and intensive discussions, we worked closely with one group of eleven health professionals from diverse disciplines and three focus groups of 23 healthy female BRCA carriers recruited from a genetics clinic. Focus groups were led by a trained moderator and the researcher.

Results: Through their narratives, carriers described dilemmas and ongoing stress associated with the constant threat of illness, mixed messages from caregivers, practical barriers to care, and a lack of psychosocial support that affect and sometimes radically change life perspectives. Participants suggested a “one-stop” center to provide medical and psychological care. Their ideas were presented to focus groups of health care professionals who manage care for healthy carriers. A multidisciplinary outpatient clinic for healthy carriers was opened.

Conclusions: The primary study outcome was inception of a one-stop multidisciplinary clinic incorporated into an existing healthcare setting. The clinic provides medical and psychosocial services, including improved access to imaging surveillance, as well as expert medical consultation and counselling. In addition to providing a response to the healthcare issues presented by the healthy BRCA mutation carriers, the study findings strengthened interdisciplinary connections among participating nurses, genetic counsellors, and physicians, and psycho-oncologists.

Using Photovoice with Aboriginal Elementary Students to Inform the Development of the Physical Activity Component of a School Health & Wellness Policy

Lindsay Hogan

Kahnawake Schools Diabetes Prevention Project - McGill University

Treena Delormier

Kahnawake Schools Diabetes Prevention Project - McGill University

Enrique Garcia Bengoechea

Kahnawake Schools Diabetes Prevention Project - McGill University

Jonathan Salsberg

Kahnawake Schools Diabetes Prevention Project - McGill University

Morgan Phillips

Kahnawake Schools Diabetes Prevention Project - McGill University

Alex M. McComber

Kahnawake Schools Diabetes Prevention Project - McGill University

Ann C. Macaulay

Kahnawake Schools Diabetes Prevention Project - McGill University

The Kahnawake Schools Diabetes Prevention Project (KSDPP) is a well established community based participatory research organization with the goal of preventing type 2 diabetes for future generations by promoting physical activity and healthy eating in their Kanien'kehá:ka (Mohawk) community. In

response to a community identified need, KSDPP began collaborations with academic researchers in the fall of 2011 on a research project which sought to develop and implement a physical activity component for the existing elementary school-based health and wellness policy.

A variety of methods were used to collect baseline data to inform the development of this physical activity policy, including stakeholder focus groups, physical activity recall surveys (grades 1-6), a school environment survey, and photovoice (grades 5-6). The photovoice study gathered information on students' views and practices of physical activity in and around school and how to promote it to meet their needs. The students took photographs about being active in their community, wrote captions for select photographs, and engaged in photo-elicited focus groups. A thematic content analysis of the focus groups and picture captions showed a variety of ways the children enjoy being active and barriers and facilitators to being active. Several policy and environment oriented recommendations for improvement that might lead to increased physical activity at school and around the community were also identified. The photovoice and other baseline results were then discussed with a stakeholder committee who created the new school-based physical activity policy for the upcoming 2012-2013 school year.

Video Analysis of Bodily Conduct in Teamwork within the Operating Theatre

Sharon-Marie Weldon

Imperial College London

Terhi Korhakangas

Imperial College London

Jeff Bezemer

University of London

Roger Kneebone

Imperial College London

Gunther Kress

University of London

Kathryn Nicholson

Imperial College NHS Trust

Communication between staff is of crucial importance within an operating theatre. Interest in this area is increasing, however only a small number of studies have video recorded teamwork in operating theatres. This paper adopts an observational approach, drawing on multimodal analysis to analyse the second-by-second unfolding of interactions between operating theatre staff. Audio and video recordings were used to capture events as they occurred, thus allowing an empirical analysis of verbal and non-verbal communication in situ. The paper focuses on how theatre staff display their presence or absence during a procedure through their bodily conduct and how this can impact on the seamless passing of instruments. The analysis demonstrates the potential utility of using video and audio recordings to capture concrete instances of teamwork that are often overlooked. The paper discusses how video

based research has practical importance in the areas of training and education, simulation, culture and organisational change and enhancing reflective practice.

“We've got to break down the shame”: A discursive analysis of news media accounts of men's communication about their depression

Brett Scholz

The University of Adelaide

Shona Crabb

The University of Adelaide

Gary Wittert

The University of Adelaide

The economic and social costs associated with depression in men are estimated to be significant and increasing, with more men than women committing suicide each year but less men than women receiving assistance for depression. Stigma may limit men's likelihood to communicate about and effectively seek help for mental health concerns. News media articles are sites where reproductions of or challenges to mental health help seeking stigma can take place. This paper uses discursive analytic principles to investigate Australian news media articles' portrayals of men's communication about their depression. Representative extracts were selected from media articles published from 2006 to 2011. Men depicted as being open about their depression were frequently portrayed as experiencing positive outcomes. While such depictions may serve to challenge stigma around men openly discussing mental health concerns, we also discuss the potentially problematic implications of such portrayals. These include the positioning of depressed men as the agents primarily responsible for defying stigma and achieving recovery, while ignoring that society more broadly may need to act to quash stigma, enabling more men to be communicative and seek help. We also discuss how heteronormative discourse within news media articles marginalise men and may potentially dissuade mental health help seeking attempts. We conclude that news media could be a useful site in deploying and shifting discourses and reinforcing positive ways men can seek help for depression.

What Is the Meaning of Meaningful Involvement?

Julie Dingwell

AIDS Saint John

Gayle MacDonald

St. Thomas University

The GIPA principle (Greater Involvement of Persons with AIDS) was first formalized in 1994 when 42 countries agreed to support greater involvement of people living with HIV in order to stimulate supportive political, legal and social environments. That personal experiences could shape the response

to AIDS came to form a key understanding with AIDS organizations and to the way research on these organizations is conducted. As a result of GIPA, we expect the involvement of people living with HIV in their ASOs.

With this project we attempted to tease out the understanding of those interviewed to identify what "meaningful involvement" means for ASOs in rural Canada.

We acknowledge the role qualitative research plays in understanding the role of "experience" in informing health practice and policy, however, going beyond description for analysis of data, we are left with the pressing question whose "experience" are we documenting? We need to suss out our own concept of "meaningful involvement". Who are we interviewing? How is meaningful involvement interpreted? If the goal of qualitative research is to form policy, we need to look at not only who we interview, we need to identify how meaningful involvement is understood if we are to do research which will inform the wider implications of AIDS research for the future. We will examine the strengths and weaknesses of our own study to try to get to a greater understanding of what meaningful involvement implies and how it is actually perceived.

Where Did YOU Go?: A Narrative Exploration into the Influence of Natural Environments on the Self-Care Practices of Caregivers

Tyla Charbonneau

University of Calgary

My Master's thesis in Counselling psychology involves a narrative inquiry into the barriers and emotions surrounding the self-care practices of primary caregivers and/or family members of individuals with Schizophrenia. Through an introduction into mindful hiking in a natural environment (rural forested area) I am interested in exploring the different themes in journal entries prior to and during the mindful exposure to nature. Through relative influence questioning I will ask caregivers to reflect on three themes (1) current and desired personal self-care practices, (2) the barriers to self-care, and (3) emotions that surround self-care or lack thereof.

Thematic analysis will be conducted to compile the general themes, as well as any differences in narrative that occur between the two settings. My hope for this research is two fold. Firstly to increase the self-care practices and well-being of this group of caregivers by introducing mindful practice in nature. I feel this project has the potential to empower these individuals to invest in their own health, which may help prevent both mental and physical illness in the caregiver potentially decreasing the impact on our community healthcare services. Secondly I would like to generate and present the themes that arise to benefit other caregivers, mental health professionals, researchers, and academics. It is also my hope that increased awareness will help decrease stigma, create compassion, and generate community resources and programs.

Willingness of Expectant Mothers to Consume Broccoli Sprouts as a Means of Improving Fetal Health: a Qualitative Focus Group Study

Ori Scott

University of Alberta

Radha Chari

University of Alberta

Sunita Vohra

University of Alberta

Jerome Y. Yager

University of Alberta

Broccoli sprouts are a source of anti-oxidants, found by our lab to prevent fetal brain injury in an animal model of cerebral palsy. This study seeks to determine willingness of women to supplement their diets with broccoli sprouts as a means of improving fetal health, and lay the groundwork for an upcoming clinical trial.

Pregnant women participated in focus groups discussing dietary habits, sources of nutritional advice, and attitudes towards natural health products. Facilitators and barriers to consumption of broccoli sprouts were subsequently discussed. Data was analyzed using content analysis.

Dietary changes during pregnancy stem from the desire to make healthier choices, or as adaptations to emerging health conditions. Preferred channels for advice included physicians and dieticians for Caucasian women, and elders for First Nation women. Several women reported using natural health products to induce labor, promote lactation or ease pregnancy symptoms; conversely, others avoid them due to safety concerns. Many women would be inclined to consume broccoli sprouts if proven to prevent harm to the fetus, and recommended by a reliable source. Broccoli sprout pills were mentioned as an alternative which would allow for flexibility. Facilitators to broccoli sprouts consumption included their accessibility, and the fact that they are a whole-plant. Barriers included price and bacterial safety concerns.

In conclusion, broccoli sprouts show great potential for implementation in clinical use among pregnant women. Importantly, most women require proof of benefit, and a recommendation from a reliable source. Education of caregivers and ethnic sensitivity will be pivotal to knowledge translation.

Women with Histories of Child Maltreatment: a Narrative Analysis of Experiences in Intimate Partner Relationships

Sonya Strohm

University of Guelph

Olga Sutherland

University of Guelph

Susan Lollis

University of Guelph

Harriet MacMillan

McMaster University

Child maltreatment is an important public health concern, and evidence suggests that negative outcomes reach well into adulthood. Although interpersonal relationships have been shown to be significant determinants of mental and physical health in adulthood, little attention has been paid to the interpersonal outcomes of adults who experienced child maltreatment. Furthermore, little is known about the link between child maltreatment and later interpersonal relationships from the perspective of individuals with these experiences.

Personal narratives allow participants to share their experiences in a way that is distinct from the current literature and embracing of subjectivity. Narratives also allow for an understanding of how people organize meaning of past experiences in their lives. The objective of this study is to analyze women's narratives to understand how they connect, interpret, and integrate their experiences in childhood with those in adult intimate partner relationships.

Interview transcripts will be selected and examined from among a group of nine women who participated in a qualitative study that explored how women with histories of physical abuse, emotional abuse, and/or neglect described their experiences in intimate partnerships. Interviews that proceeded in a story-like fashion, with long passages of text uninterrupted by the interviewer, will be purposefully sampled. Thematic narrative analysis will be conducted, focusing on the content of the women's stories. Implications for research and practice will be discussed.

“You broke up with me – I am just going to smoke again!” Smoking Cessation Relapse Triggers

Aukje Lamonica

Southern Connecticut State University

Research indicates that the large majority of smokers (70%) expresses the wish to quit smoking in the future. About one third of all smokers initiates a quit attempt each year; however, few of these are successful and even those who have successfully quit for an extended period of time remain at risk for relapse.

This presentation focuses on relapse triggers that prompt ex-smokers to resume their habit. Relapse triggers are identified and fall in either the internal category such as “cravings” or the situational category such as “social environment.”

The qualitative data used for this presentation were manipulated to establish three quitting groups based on past quitting experiences: those who have quit for less than two weeks, do not want to quit or cannot quit (never quitters), those who have quit for less than a year and have no plans to quit in the immediate future (no-plan quitters) and those who have quit for a year or more and would currently like to quit (seasoned quitters). These three groups were established to investigate whether the length of cessation results in a particular quitting narrative with similar themes and subthemes.

The analysis of 34 qualitative interviews (1R01DA015707, PI: Claire Sterk, PhD) shows that depending on lengths of past quitting experiences that some relapse triggers appear universal while others are only shared by one cessation group. Understanding how past cessation experiences influence relapse episodes is an important step in constructing research studies, as well as in designing and implementing successful cessation programs.
