

Abstracts, Golden Nugget

Listed alphabetically by Author's last name

Reflection on facilitation of curriculum redesign

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The nursing educators in a small developing country embarked on activities to change the content-based nursing curriculum to a competency-based curriculum. This was done in order to develop the ability of preregistration nurses to bridge the theory-practice divide. This change requires an educational paradigm shift by all involved. Although the nurse educators participated in the curriculum development, they were unable to apply the educational design principles during the development of course material. The aim of this presentation is to describe the experiences of the participants during these processes.

Reflective notes by participants were analysed according to the conceptual framework for educational design to promote transfer of learning. The conclusions indicate that nurse educators struggle to apply educational theory to their education practice, implying that the theory-practice gap exists outside of clinical practice. Facilitation of learning should promote processes linked to theories, frameworks, models and content. Nurse educators should be given the opportunity to engage with the new underpinning principles of the competency-based curriculum and practise with peers before implementing the developed course material and facilitation strategies in the real world. It is recommended that the pedantic application of each underpinning principle and step of a particular theory or model be emphasised and linked to existing and familiar mind schemas.

Pointers and Pearls for Arts-based Approaches to K

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Creative platforms for disseminating nursing research hold untapped potential. In this presentation we share insights and challenges using arts-based approaches to bring research into public spaces. We draw on lessons learned from a narrative study of how people story and re-stor(y) their lives when living with chronic kidney disease, cancer, or HIV. Key considerations will be specified for researchers interested in developing art exhibits or web-based photographic vignettes to disseminate research findings. Pragmatic pointers from a recent art exhibit using 16 large format photographs of symbols displayed alongside brief text panels or music clips will be shared. Poetic renderings based on participants' words were used to convey meanings and the multiple ways of sharing illness experience. Through symbols and narratives, we displayed knowledge of life-threatening illness in diverse venues including an art gallery, hospital, and government building. In addition, web-based vignettes with open access for the public were created <http://www.uvic.ca/hsd/illnessnarratives> Three areas of practical concerns will be highlighted for researchers interested in using arts-based approaches: ethical considerations; curatorial and technical support; and recommended resources.

Five key lessons from a qualitative study.

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Qualitative research is rigorous, time-consuming, and dependent on critical thinking and thoughtful analyses. Yet, the actual processes involved in qualitative research are often discussed superficially in research textbooks. Moreover, detailed descriptions of managing and coding data are typically provided, but there is much less about the actual 'how to' of analyzing data, particularly about the conceptual aspect of conducting analysis. In this 'Golden Nuggets' presentation, we will share some of the lessons we have learned from our current study so that other researchers can benefit from how we managed our challenges. In past research, we found that parents described their interactions with pediatric health care providers (HCPs) as 'mostly good' but a few HCPs were 'excellent.' Our 3-year prospective study focuses on exploring what pediatric HCPs do that makes for excellent interactions with parents of children with life-threatening conditions. The study includes interviews with and observations of HCPs (n=80, primarily nurses, physicians and social workers) and parents (n=34) in three settings (Neonatal Intensive Care, pediatric oncology, and a children's hospice). Having completed the analysis of this large-scale qualitative study, we will share our lessons about a) conducting pilot studies even though the purpose is sometimes contested for qualitative research; b) creating a multi-disciplinary team of both researchers and clinicians in a multi-site study; c) hiring a Research Analyst; d) facilitating the involvement of all core members of the research team in data collection and analysis; and e) conducting the conceptual aspect of data analysis through a process of 'node expansion'.

The DNP Education: Developing Leaders in Practice

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Doctor of nursing Practice (DNP) students identify gaps in practice. They use evidenced based practice (EBP) or research outcomes to create projects that bridge the current gap in practice to a future state of improved practice, process and outcomes. The culmination of DNP education supports leadership development in practice. Hence, it is important to guide students to develop projects that support their role as a leader in practice.

By using action research and the theoretical framework of the Coordinated Management of Meaning we can better understand what helps students to develop as leaders in practice. Together as students and faculty we learn to create meaning-making in partnership to enhance the development of nurses as scholars, translational scientists and leaders in practice.

Using opinion postcards for data collection as a means of achieving broad community participation in health literacy research

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Health literacy discourse frequently refers to improvements in the health literacy of ‘individuals and communities’ or ‘populations’, yet there is a notable absence of the community voice in this discourse. In this research we sought to develop a shared understanding of community health literacy and how this may be assessed from the perspective of community members. Commitment to social health philosophy required us to engage in a data collection method designed to maximise broad community participation in health literacy research. To encourage participation of members of the broader community, who may find engaging in more intensive forms of data collection, such as surveys or interviews, intimidating or off putting, opinion postcard stations were placed at a range of community settings and events. A static display, which included a poster explaining the purpose of the opinion postcards, the postcards, pens and a collection box were placed at community markets and sporting events, supermarkets, pharmacies and community health services across rural and regional communities in northern Victoria, Australia. Community members were asked for their perspectives on the indicators of community health literacy and how these may be measured, using three questions phrased in everyday English. Each postcard represented one of the three questions and provided a non threatening anonymous opportunity for any community member to share their opinion. This data informed survey construction for further concept refinement by community representatives using the Delphi technique.

Appreciative Inquiry in Health Research

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This presentation explores the use of appreciative inquiry (AI) as a qualitative health research method and discusses its epistemological and ethical implications. The first part of this presentation discusses how AI, which is a strength- and solution-based method, compares and contrasts with deficit-based or diagnostic action research methods. AI places expectations on capabilities and hope by affirming existing strengths and discovering new potentials and possibilities. Using a research project on supportive healthcare decision making for diverse populations, this presentation illustrates various ways in which AI can be an exploratory vehicle for stakeholders who are part of the care system (e.g., patients, family decision makers, healthcare providers) to learn, grow, and create enduring positive changes through their research participation. The second part of this presentation discusses epistemological and ethical implications of AI as a qualitative health research method. By emphasizing individual and collective learning of best practices and motivating responsibilities for positive transformation, AI is action-oriented. It encourages research participants to discover and transform the stories they tell about their role in the care experience and be more effective. Nonetheless, application of AI in complex systems such as healthcare can be challenging, requiring attention to productive and empowering ways to

address risks, tensions, and power hierarchy in this inquiry, particularly around whose perspectives are included or inadvertently excluded in the exploration. This presentation concludes with a brief discussion of the ways in which AI can be most effective as a health research method.

Rise of the Peer Worker

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The Rise of Peer Researchers Dialogue Session

The Dialogue Session brought together peer research associates and community research associates from the General and Aboriginal streams of HIV Community Based Research from across Canada for a day-long meeting in Vancouver on June 18th, 2014

Through experience gleaned from recent and current CBR projects, it is evident that a dialogue session discussing, defining, and establishing peer research support standards is necessary. There is much to be gained by peer-initiated discussion and the ability to provide input on developing support standards for the HIV CBR industry.

The first Vancouver Gathering provided a thoughtfully facilitated format for this group discussion with appropriate cultural and geographic thematic content jointly developed by experts in HIV CBR from the General and Aboriginal streams.

The general thematic areas of support provision discussed and developed included, but were not limited to the following categories: physical; psycho-social and self-care; cognitive/educational; service/project delivery; role models & mentors; and financial.

The Dialogue Session was informed by shared focus group data collected from sessions with peer workers, research 'employers' and investigators, and a Cafe Scientifique, all held in Vancouver over the previous six months.

The evaluative presentation resulting from the Gathering will be shared with researchers and community members, as well as interested funders and government agencies, to provide experiential evidence of what works and what needs to be worked on? regarding the provision of support for peer researchers.

Use of Selfies to promote embodied reflexivity in

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Reflexivity is an inherent part of qualitative research. How to do reflexivity is often unclear. Reflexivity is traditionally promoted as an individual activity, with a reliance on textual data. Recent reports focus on the bodily sensations that occur during research and suggest attention to these can inform data collection and analysis. We describe our experiences as an international group of researchers analyzing data from a longitudinal phenomenological study on the lived experience of medical students as they transition to the clinical learning environment. A theme arising from analysis related to 'presence'. As we engaged in a reflexive dialogue, we contrasted data on learners' presence in clinics, with presence in their social life. A discussion arose about the role of Selfies. Our conversation revealed tensions between our positions as middle-aged female teaching faculty and our role as researchers. It stimulated us to take some Selfies in the clinical environment. The process of imagining ourselves as our respondents; positioning our bodies and engaging with the physical context led to further reflection at a corporeal level. It helped re-establish our roles as researchers; engaging with a strange environment, experiencing feelings of awkwardness to which we, as health-care professionals, had become immune. We consequently related our understandings to Finlay's model of embodied empathy. This oral presentation shows the potential contribution of embodied reflexivity to the meaning-making process. We share our experiences, in relation to respondent data and suggest a potential role for Selfies to foster embodied reflexivity.

Public policy documents as a data sources for qualitative analysis

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Public policies are proclamations about the reality of social problems. In addition to performing technical functions to address problems (e.g., distributing resources, regulating behavior), public policies contribute to the construction of problems' providing details about their origins, who they affect, what should be done about them, and why. These constructions are important because they shape discourses about problems at individual and policy-levels.

Public policy documents are a rich, but underutilized, data source for qualitative health research. Using examples from two studies of health-related legislation, this presentation will illustrate the utility of public policy documents as data sources for qualitative health research and provide a concise overview of tools to work with them, such as: theoretical frameworks (e.g., Policy Design Theory), methodologies (e.g., ethnographic content analysis), analytic techniques (e.g., focusing on bill titles and 'Findings' sections) and databases of policy documents (e.g., THOMAS).

The qualitative analysis of policy documents can cast light on how problems are socially constructed in policy contexts and help public health advocates effectively frame policy proposals and navigate political environments.

Reflections on bridging the theory-practice gap in

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Bridging the theory-practice gap is challenging, but more so when doing it in a foreign language. This challenge was encountered when I supervised 17 master degree students in the Francophone Democratic Republic of Congo. These students had to apply their recently gained theoretical research methodology knowledge in planning and conducting

research. In addition to struggling with the application of the principles inherent to each phase of the research process, the participants had to work through an interpreter. The aim of this presentation is to describe the experiences of participants in conducting research with support in a foreign language. A qualitative approach was used to gather reflective notes from the participants and facilitator. The conceptual framework for educational design to promote transfer of learning was used as template for data analysis. Theory-practice integration was promoted by linking research concepts to existing knowledge frameworks and experiences. Emphasising principles of each research phase enhanced the application of the theory in the research proposal. The quality of the interpretation plays a key role in this theory-practice integration. The focus of the facilitation of learning should be on principles rather than content. The alignment of the learning material with the official language is crucial for enhancing transfer of learning. Analogies familiar to the context should be used to enhance understanding of constructs.

Ethical and Methodological Challenges of Researching Parent of Children, adolescents or young adults with rare diseases: Reflection by a Doctoral Student

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Background: Parents of children with rare genetic, life-limiting conditions may be considered vulnerable, and accessing such a group to conduct research can be extremely difficult. This presentation will focus on the reflection by a Doctoral Student on the experience of facing ethical and methodological challenges of researching parent of children, adolescent or young adults with a group of rare diseases called Mucopolysaccharidoses (MPS). MPS is one of a range of rare inherited metabolic disorder (IMDs) that come under category three of life limiting conditions, where there is no curative treatment available at present.

Aim and objectives: This presentation will discuss the Doctoral student's experience of proceeding through ethical and methodological challenges to access these vulnerable populations to explore parents' experience of living with MPS.

Methods: A qualitative approach study, takes the stance of hermeneutic phenomenology, which is informed by the philosophical constructs of Heidegger (1962), Gadamer (1960/1998) and Van Manen (1990/2007). Van Manen's (1990/2007) six research activities used as a guide for data collection (serial interviews) and analysis. Four main challenges arose at the ethical approval process: (1) Feasibility to achieve the participant numbers (2) Setting where the interviews would take place (3) It was considered inappropriate to communicate with the participant family by letter due to the relatively low level of participant literacy (4) It was suggested that the researcher should consider recruiting a control group.

Analysis and Results: This presentation will explore ethical challenges of recruiting who may be vulnerable into qualitative research. This presentation will also explicitly review the epistemological, ontological and philosophical assumptions of the hermeneutics phenomenology that will shape and guide this study. Data collection is at the very early stage; however it has been evident that hermeneutic phenomenological research approach would be the most appropriate to truly reflect the lived experiences of participants in this study, and allow them to share the essence of their lived experience.

Recommendations: The parents' experience of caring for these children could only be understood through interpretation of the phenomena under investigation and the complexities of the participants' world. It is therefore important to understand the ethical, philosophical underpinnings and methodological framework of any form of research which can guide nurse researchers to produce research findings and best practices that contribute to better nursing patient care.

The Covenant Health Palliative Institute: Ensuring excellence in patient and family care through qualitative research methodology ‘

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Palliative and end-of-life care (PEOLC) will become an increasingly prominent part of our health care system in Canada as our population continues to age over the next thirty years. Covenant Health is Canada's largest Catholic health care provider, formed in 2008 as a result of the amalgamation of Alberta's regional Catholic health care providers under a single administration. PEOLC is an area of strength for Covenant Health and is one of its four populations of emphasis, along with mental health and addictions, seniors' health, and rural health. The Covenant Health Palliative Institute was formed in October 2012 after ten years of planning with partners in Alberta who shared this vision. The Palliative Institute is committed to 'alleviating suffering for patients and their families through supporting excellence in palliative end of life care.' This presentation will feature several of the Palliative Institute's initiatives which utilize qualitative methodologies in order to ensure that patients and their families remain the focus of Covenant Health's health care delivery.

Bracketing: Learning from My Own Experience

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Bracketing, an essential concept of Husserlian phenomenology requires the suspension of all a priori beliefs, as well as any expectations the researcher may have, both prior to and during the research process, thereby allowing the researcher to capture the real lived experience of the phenomenon being studied.

I examine the doctrine of bracketing and the actual implementation of such through the use of a reflexive journal, as experienced by me while conducting research examining the lived experience of spirituality among Thai immigrants in the United States with Type II Diabetes.

This bracketing process required me to understand the potential impact my training as a professional nurse, my belief as a Thai Buddhist, as well as my previous studies and readings in spirituality might have on my truly understanding the lived experience of the participants in my study. Additional concerns involved the incorporation of active listening and

empathy to minimize bias, the nuance of language in translating the lived experience from Thai to English, and my perspective as a 'non-diabetic'.

My bracketing experience proved to be nebulous, more art than science, requiring a great deal of intuition and critical self-assessment, a definite challenge, but not one without value. Indeed, quite the contrary, my reflexive journal provided me with a venue with which to monitor my experiences, and helped me to identify and set aside those things that could have a negative impact upon the study's participants.

Photo Elicitation: A Strategy for Exploring Home and Health in the Oldest

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The use of photography in qualitative nursing research has traditionally involved photos taken by either the participants or the researcher. Using photographs taken by both the participants and the researcher, this qualitative study explored home in the context of health for the oldest old. Sequential interviews took place twice in each participant's home. During first interviews, the researcher took photographs of the participants and the home and asked participants to take photographs of items, spaces, or people that were significant, represented a relationship with the home, or represented their health. The photographs were used as a projective technique in second interviews. This encouraged narration and storytelling, illuminated similarities and differences, and highlighted the co-created view of home and health created by the researcher and oldest old participants. Each participant's intimate meaning or experience was combined with the interpretive nursing lens to produce this co-creation. The opportunity to see and interpret the home from the perspective of the researcher and participant enhanced knowledge about the human experience of home in the context of health.

Photo elicitation using digital photography was used to further enrich collected data. Narrative transcripts and photographs were analyzed using an inductive and interpretive approach. Home was experienced as a place of comfort and connection. Health was experienced functionally in the participants' ability to care for the home and themselves within the home. This presentation will highlight the role of photographs in the research findings and the benefits and challenges of using photo elicitation/photography with the oldest old.

Rural Research as Reflexive Metasynthesis

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The paucity of rural research in any single subject area is a barrier to theorizing about not only the difference rurality makes (an urbanistic premise) but also to understanding the strengths of rural community services. Two teams, each working on multiple studies, discovered that reflexive journey narratives could be used to interpret community health issues originally expressed through multiple types of data, including community visioning; services planning; survey instruments; and listening to parents perspectives on raising children with delays /disabilities and accessing early intervention services/information. Our reflections began when we shared our knowledge and networks during the study, providing information, or sometimes giving people rides or other practical help. Later, in sharing our study insights, we adapted metasynthesis, which is usually used from an oversight position, to compare the analytic insights gained from being provided with travel assistance, accommodation, recruiting participants or resolving logistics issues. These experiences taught us about what was important (relevant), missing (gaps) and robustly present (strengths). Reflexive metasynthesis may offer an approach to interpreting multiple diverse studies, typical of rural research, from an embedded perspective. It also offers an opportunity to formally recognize the benefits of being connected with local informants who know about the research subject and recognize community-researcher reciprocity. Reflexive metasynthesis may also support and encourage the development of more robust theorizing of what rural health services practices are and mean, and may contribute to further theoretical understanding of what rurality is and how to address its challenges.

Research on Shifting Sands: Tracking PolicyChange

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The call for more practice/policy relevant research opens up a potential gap between the time of research and the pace of change in health care and social service environments. At the same time, decision makers and health care leaders need rigorous and robust research to inform decisions, and for many practitioners continued learning is essential to sustainable practices. Qualitative research, with its attention to local contexts, population specific findings, and deep understanding (*verstehen*), rather than generalizable conclusions or de-personal statistics, may be more relevant than ever. However, because of the rapid rate of change in health care and social policy, the very context of a study may have shifted or even been transformed by the time the study ends and publications are peer-reviewed. In addition, practice partners are challenged by the length of time qualitative research takes, which in turn challenges researchers to adapt, especially as they strive for better knowledge translation. In this paper we provide examples from each of our two separate recent studies; one on nurses' learning in practice and one from partnered research on poverty policy. We suggest some implications for health and social policy researchers in order to learn from the past and move wisely into the future. As we move on the shifting sands, researchers need flexibility to adapt to suddenly changing conditions and continue their journeys of exploration, while keeping their GPS pointed toward relevance and not sacrificing theoretical goals. How do qualitative researchers adapt, and to what end?

A qualitative investigation into urbanised Indigenous Western Australian's perspective of the factors that influence their health behaviour: Exploring the challenges of respectful research

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Conventional research methods and knowledge development are often steeped in the racial bias and imperialistic practices of the dominant culture. Consequently, research can inadvertently perpetuate the marginalisation of minority cultures. Many transcultural challenges are encountered when credible research is conducted in a respectful manner within marginalised groups. Although it is acknowledged that researchers must resolve these challenges, there are limited accounts of resolution experiences or examination of the ramifications associated with the resolutions.

This presentation will outline transcultural challenges encountered while undertaking qualitative health research within urbanised Indigenous groups in Western Australia. The participatory approach together with other aspects of the research method are presented to highlight and illustrate the challenges that were encountered when seeking to engage in credible and respectful research within these marginalised groups. Specific resolutions will be outlined and the ramifications to academic rigour will also be explored. The research aspects presented include the consultation process, the recruitment process, and the involvement of cultural brokers, in conjunction with the data collection, data analysis, and the member check and feedback processes. The presentation of challenges encountered during this study is designed to encourage researchers to view research methods through the lenses of both the dominant, academic culture and the marginalised culture. The findings advocate a dual lens examination of proposed research methods to promote academic rigour without reinforcing the marginalised status of the participants.

Researching with Social Media: Are Blogs a good way to collect research data?

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A data collection method was needed that would capture researcher experiences of ethics in community-based participatory research, internationally in an open diary style. An internet based network that was accessible, instantaneous, international, interactive and trackable was needed to reach a world-wide audience from Bendigo, Australia. Researchers suggest that online social media present an opportunity for innovative recruitment and data collection methods, and blogging in particular is useful for collecting richly detailed research data.

To determine whether blogging is a good way to collect research data we set out to explore the process involved, identify benefits and barriers, explore the impact-potential of collecting data at a global rather than local level and whether blogging was potentially applicable to the rural health research context both in Australia and internationally. We recruited participants through Twitter, ResearchGate and Facebook and collected data through a WordPress.com blog. This data was transferred directly to a data analysis program eliminating the need for recording and transcription.

We encountered several challenges including slow recruitment and the very exposed nature of this method. Diversifying our recruitment method might have attracted more participants. Other lessons learned include the importance of an online presence for researchers, the usefulness of Twitter in this process and the substantial time commitment involved. Blogs have potential application for rural health research, especially as access to the internet becomes available to many more remote communities and health services, broadening capacity for participation in health research by health professionals and health service users.

Community-Based Participatory Research: reflections on rural recruitment challenges

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Australia's health policy focus on community participation means that health services are seeking ways to actively engage with their communities. This poses a challenge for health services particularly in rural areas where resources are limited. Our study is part of a health service-university partnership aimed at improving the health of rural communities through participation. A community-based participatory research (CBPR) approach was used.

We outline lessons learned from the recruitment phase of our study. This is important because, to meet accreditation requirements, health services need to demonstrate how they enact community participation activities and CBPR may be a useful process for doing this. However, it is vital that qualitative researchers planning to take this approach when partnering with health services in the future are informed regarding potential recruitment difficulties.

This presentation discusses key methodological challenges and ethical dilemmas encountered in the CBPR project recruitment phase. They include differences between formal ethics committee requirements for recruitment and the less formal personal approach preferred in rural communities, delaying recruitment to accommodate over-consultation concerns by the health service partner, working around community distrust of the university and the health service and dealing with unforeseen circumstances, such as the community's history of working in silos and what this means in terms of attempting to recruit to a project based on collaboration. Our experience points to the need for greater clarity about expectations of all parties in a qualitative health research partnership and researcher training and preparedness for anticipating locally specific recruitment challenges.
