

Abstracts, Oral

Listed alphabetically by Author's last name

Transitioning from a Nursing student to a Clinical Teacher: Striving to Survive

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To minimize the shortage of Saudi nurse teachers, Saudi universities hire new BSN graduates as clinical teachers. Clinical teachers are normally expected to have sufficient and appropriate clinical experience to be able to facilitate the learning of nursing students in the required professional practice settings. The lack of clinical practice experience and the short time frame between transitioning from a new graduate to a clinical teacher create challenges for these new teachers. This lack of practice experience as a nurse may influence the quality of students' learning in practice settings. The purpose of this study, therefore, was to explore the experiences of Saudi Nursing Clinical Teachers (SNCT) with the processes of clinical teaching and student evaluation. This is the first known study to explore the experiences of the SNCT when they assume their teaching responsibilities in colleges and universities in Saudi Arabia. A descriptive qualitative design was used and sample consisted of five Saudi nurse teachers. The findings were that SNCT experience difficulties and challenges with their clinical teaching roles and responsibilities as well as with student evaluation. Research findings will be presented.

Reorienting Risk to Resiliency: exploring street-involved youth perspectives on preventing transition to injection drug use in BC

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Background: The Youth Injection Prevention (YIP) project was a multi-phase participatory research project that sought to identify the resiliency factors that prevented youth from transitioning to injection drug use (IDU). Youth co-researchers led 10 community-based focus groups and 15 key informant interviews were performed. Emerging themes were

identified by open coding and thematic analysis, and the findings were illustrated in a video titled 'Greater than our Addiction'.

Objective: To disseminate findings of an innovative, collaborative project with street-involved youth co-researchers

Methods: Interactive community workshops, featuring the video and other activities, were designed by youth co-researchers. These workshops were held with street-involved youth in six cities (Kelowna, Prince George, Nanaimo, Surrey, Vancouver and Victoria) to explore local issues.

Results/Discussion: A total of 67 youth (28 female, 39 male) participated in the workshops. Perceived risk factors differed between settings and included living situation, trauma, lack of familial support, boredom, media, drug availability and stigma. Common themes of resiliency factors included the desire for a better life, support from others, concerns for health and self-image, responsibility for others, goals, self-worth and fear of needles. Youth voice emerged as a strong theme with participants expressing their desire to be heard. The project provided important insights into how practitioners can effectively engage youth.

Conclusion: Gaining the perspectives of street-involved youth about factors that prevent and dissuade IDU provides a complementary perspective to risk-based studies and encourages strength-based approaches for coaching and care of at-risk youth.

Communicating Drug Alerts: Developing Guidelines Informed by People Who Use Drugs

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Background: BC lacks evidence-based guidelines for issuing alerts about drug-related harms such as overdoses due to changes in drug potency or the presence of toxic substances in street drugs. Messages indicating an increase in drug strength, may cause unintended harms by promoting drug-seeking behaviors.

Objective: To develop evidence-based guidelines to effectively communicate illicit drug alerts to service providers and people who use drugs (peers).

Methods: Four focus groups were conducted with peers in Vancouver's downtown eastside and five front-line service providers were interviewed. Using semi-structured interview guides participants were asked to identify quality assurance practices employed by peers to protect themselves and how information about adverse events related to street drugs were typically received. Participants were also asked about the appropriate language, content, preferred mode of communication and frequency of warning messages. Audio-recordings were transcribed verbatim, organized in NVivo and analyzed using standard iterative qualitative methods.

Results/Discussion: Thirty-two peers participated in focus groups (17 male; 15 female) aged 23-70 years, and over half self-identified as Aboriginal. Peers suggested posters should be in a standard recognizable format, dated and removed in a timely manner; language should imply harm and describe the signs and symptoms to look for, and include specific

actions to prevent and respond to the issue. They also requested information be shared through many different outlets, including traditional print media, social media channels and flyers.

Conclusions: Engaging peers and service providers can improve appropriateness and effectiveness of alerts to reduce harms in this stigmatized and marginalized community.

"There's a housing crisis going on in Sydney for Aboriginal people": Focus group accounts of the housing experiences of Aboriginal people living in Western Sydney, Australia, and perceived associations with health and wellbeing.

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Inadequate housing is acknowledged as a key determinant of the poor health of Aboriginal Australians yet there is little published research about housing conditions for those living in urban areas. This study explored the views of Aboriginal people in Western Sydney about their housing circumstances and what, if any, relationships they perceive between housing and health. Four focus groups were conducted with clients and staff of an Aboriginal community-controlled health service in Western Sydney (n=38). Inductive, thematic analysis was conducted using framework data management methods in NVivo10. Focus groups proved a culturally appropriate forum for conducting research with Aboriginal participants and framework data management methods facilitated transparent analyses for team members from different cultural backgrounds and with varying research experience.

Five high-level themes were derived: the battle to access housing; secondary homelessness; overcrowding; poor dwelling conditions; and housing as a key determinant of health. Participants associated their housing experiences with poor physical health, poor social and emotional wellbeing and other ill effects. Housing issues were said to affect people differently across the life course; participants expressed particular concern that poor housing was harming the health and developmental trajectories of many urban Aboriginal children. Housing was perceived as a pivotal determinant of health and wellbeing that either facilitates or hinders prospects for full and healthy lives. This study suggests that more emphasis needs to be placed on improving housing for urban Aboriginal people in order to close the health and life expectancy gap between Aboriginal and non-Aboriginal Australians.

Bent but Not Broken': A Mixed Method Study of Mothers with Breast Cancer

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Following a diagnosis of breast cancer, a mother's first expressed concern is usually for the well being of her children. Healthcare practitioners seldom consider mothering, focusing instead on medical management of the disease and side effects. Cancer can significantly impact a mother's capacity to provide care for her children; however, mothers often

feel the need and responsibility to continue the same level of care for their children as before cancer. This presentation will explore the findings from a mixed method study of women undergoing chemotherapy for breast cancer (N=32). The purpose of this study was to describe how cancer and cancer treatments impact a mother's ability to provide care for her children. All participants completed a demographic survey, the Fatigue Symptom Inventory, the Functional Assessment of Cancer Treatment, General, and the Parent Disability Indices. Ten of 32 participants were selected using purposive sampling for in-depth semi-structured interviews. Interviews were transcribed verbatim and analyzed using a grounded theory approach. Results indicate that mothers with younger children required more social support and adaptations to routines, while those with teenage children relied on their children to help around the home and in the community. For all participants the need to continue to provide care for children in spite of cancer was a priority. Implications for healthcare practitioners and future research will be discussed.

Researcher burnout: The emotional impact of doing qualitative health research on sensitive topics

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Research in the field of medical oncology often contains sensitive subjects. When using a qualitative methodology, researchers are immersing themselves in the research field, which involves personal contact between the researcher and the participants. Consequently, there is a possibility that researchers undertaking this sensitive research may be exposed to emotional risk.

However, there is very little evidence about the researchers' experiences of undertaking qualitative research. This is partly due to the lack of acknowledgment of feelings as part of the research process, as a result of the dominating discourse on objectivity and rationality in the academic world. As a consequence, there is almost no formalized support available for researchers, in contrast with other professionals who have to deal with sensitive situations. Also, the concept of researcher-burn out is currently underdeveloped.

This presentation in the form of a personal testimony wants to illustrate what the impact of doing sensitive research can be on the researcher. More specifically, I want to describe the experience of doing in-depth interviews with palliative cancer patients who were living alone for 2 years, which resulted in a burn-out afterwards. As well, I want to demonstrate some possibilities of self-care of the researcher, focusing on the concepts of reflexivity and ethical mindfulness. Lastly, I will demonstrate what measures a research group can take in order to prevent burn-out of their researchers.

Using grounded theory methodology for a qualitative meta-synthesis: the case of a literature review about sexuality after cancer treatment

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Sexual dysfunction has been reported as one of the most adverse effects of cancer treatment. We therefore conducted a qualitative meta-synthesis to identify the way cancer patients' sexuality changed after treatment. We chose to use a grounded theory method for this meta-synthesis, since the goal of grounded theory -portraying the range of influences on human action and the process of change in response to context- is well-suited for our goal. In principle, grounded theory offers a potentially suitable approach for the synthesis of primary studies. The advantage lies in the use of the method of sampling and analysis, where the emphasis is on an in-depth synthesis of theoretically selected studies rather than on a superficial synthesis of a large number of studies. Furthermore, the constant comparative method has the advantage of offering a clear set of procedures by which data may be analyzed. However, there are almost no examples of the use of grounded theory for synthesis. As a consequence, no guidelines are available on how to practically conduct such a synthesis. This presentation will show how we tackled several practical issues, for example the issue of how to apply theoretical sampling with studies, or how to perform the substantial, axial and selective coding. We will illustrate this with examples of how we build our theory about the cancer patients' changed sexuality based on a synthesis of qualitative studies. This way, we will show how this innovative approach to qualitative data collection and analysis, can provide insights that are useful for both policy and practice.

Informal support needs of cancer patients who are living alone: A qualitative insight

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Literature suggests that cancer patients who are living alone are a vulnerable population because of the absence of support of a partner. As a consequence, patients living alone might have specific support needs towards other persons in their informal network. We want to explore which informal support do patients living alone perceive as helpful during their cancer treatment. A theoretical sample of 32 patients living alone and undergoing cancer treatment were interviewed, using a semi-structured interview guide. Seventeen of them were interviewed a second time 8 months to 1 year after the first interview. Analysis was conducted using grounded theory techniques. Results showed that the informal support patients received was not experienced unconditionally positive. It had to reduce the disadvantages of living alone while not endangering the advantages of living alone. This resulted in a need for equilibrium between distance and proximity with their informal network. The preferred equilibrium was influenced by the patients' history of living alone, the psychical and emotional acuteness of the disease and the prognosis of the cancer. We found two important shifts in the informal support needs of patients living alone as treatment progresses. We can conclude that receiving informal support is seen by the patients living alone as an ambiguous blessing. It has to be given in a fine, sensible balance in order to be perceived as helpful. Health care providers could educate the informal network of the patient about the helpful and unhelpful support they can give to that patient.

Are Narrative Inquiry Methods Consistent with Critical Theory Approaches? Oral Presentation

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Narrative inquiry (NI) uses the collection of stories as the source of its data. Stories are the tools with which individuals build a sense of their experience in the world, and the vehicles by which they share that sense with others. Narratives are uniquely appropriate in revealing the socialization of a person in a political and cultural context. Thus one can draw understanding of a social situation and social practices through the stories of individuals. But can a research method that focuses on the stories and experiences of individuals, provide evidence that addresses power imbalances and societal structures at a collective level?

While rooted in the interpretivist paradigm, NI advocates believe that, with proper respect and attention to the narratives of the individuals involved, narrative inquiry can serve effectively as a critical methodology that contributes to making visible, and contesting, oppressive conditions. Key to the success of fusing narrative inquiry methods with critical approaches is a central commitment on the part of the researcher to social justice.

Using examples from a study of nursing leaders who have increased the diversity of the profession through their work with members of indigenous, immigrant and visible minority groups, this paper demonstrates that narrative inquiry can effectively allow for the examination of individual experience from a political perspective, a lens that addresses the underlying forces of power. Using narrative inquiry as a methodology, the study unearthed the synergies linking the personal stories of nursing change agents to the societal changes they seek.

Exploring the 'black box' of practical skill learning in the skills centre

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In preparation for clinical placements students in the health professions learn practical skills across two sites; skills centre and clinical setting. This learning order is based on assumptions of transfer of learning. In order to follow 'a trail of transfer' it is necessary to explore the skill learning in the skills centre as this is where transfer starts. The two studies we report on in this paper are novel in its kind and aimed to categorize and describe in detail the generic learning activities students used during skills centre practice. Nursing students from two cohorts in two different university colleges were video-recorded between 2008-2012. We entered into a scarcely researched area and used the method of video-enhanced observation to be able to study the details in students' talk and actions during practice. Transcriptions of students' talk on the videotapes were used parallel with the joint watching of videos. Discussion of interpretations and

categorizations in the research group was interspersed with individual watching of the recordings, adding to the refinement of categories. Categories described in the first study were used as a starting point in the second study. This was useful since it sensitized us in 'seeing' more learning activities in the second study. Our paper will discuss the process of analysis and exemplify this process with the defined learning categories. We consider our findings a starting point in a further work of comparing and contrasting with learning in the clinical setting.

"There's gotta be some balance:" Nurse reflections on family-centered care in the Pediatric Intensive Care Unit (PICU)

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Background: Family-centered care in pediatrics involves a partnership between healthcare staff and family, working together to best meet the needs of the child. Nurses play a critical role in supporting family-centered care, yet few studies have explored nurse perceptions of the impact family-centered care has on nursing practices.

Methods: We conducted semi-structured interviews with ten nurses in a PICU with a customer service orientation, including sound-proof rooms with glass doors to accommodate family visitation 24/7. Nurses were asked about the benefits and challenges of family-centered care in this environment.

Results: Nurses described a balancing act between prioritizing the needs and safety of the child while also supporting parents. Parents are encouraged to rate nurses' performance and nurses describe knowing that parents' evaluations are often based on subtle behaviors, such as how the nurse holds the baby or when they get a blanket for the parents. Nurses recognized the benefits for parents of the private rooms and 24-hour access, but also reported that this new PICU structure limits opportunities for monitoring multiple patients at once and mentoring new nurses. Nurses also report feeling they could no longer ask parents to step out for procedures or shift hand-offs, creating perceived barriers to communication with other nurses.

Discussion: These results highlight some of the perceived challenges for nurses that add to their work processes and may inhibit performance. Recognizing and addressing these issues is important to assure that the child receives the best care possible, parents feel supported and nurses maintain job satisfaction.

Mobile phones as learning tools

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Mobile phones as learning tools in resource-limited settings. A study from advanced midwifery education in KwaZulu-Natal, South Africa

Many mhealth and mlearning interventions fail, because they adopt a techno-centric view and ignore the local context. To address this, the present study investigated the 'organic' adoption and educational usage of mobile phones by health workers in rural health settings.

A qualitative study was conducted interviewing nursing/advanced midwifery students, facilitators and nursing managers from rural, resource-constrained regions in the province of KwaZulu-Natal, South Africa. Content analysis used the concepts of Community of Inquiry theory as 'a priori-constructs'.

The research revealed a number of unexpected learning and teaching practices - based on the grass-root adoption of mobile phone functions and in particular social apps. These practices involved cognitive, teaching and social presence as well as reflective practice and enabled rich educational experiences - according to the Community of Inquiry Theory.

In view of future mhealth and mobile learning efforts, mobile phones appear to be particularly suitable to facilitate competence development in the following ways: (a) problem solving and situated co-construction of local knowledge (b) socio-cultural participation - to alleviate professional isolation; (c) connecting learning in workplaces with formal education systems; and (d) addressing unpredictable opportunities and challenges that are typical for the changing and provisional (health) contexts observed. Instead of ignoring the revealed practices, health and education institutions are well advised to support learners in media literacy - enabling them to more effectively and critically use existing (mobile) technologies.

Influencing the Future of Health Care by Synthesizing Qualitative Research

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Although synthesis of qualitative research findings remains contentious, it is time for qualitative research to have a greater impact on the future of health care and nursing practice. We will reconsider what we have learned from the past about approaches to qualitative synthesis and the implications for this current era of evidence-informed interprofessional practice and mixed- methods research. Evidence synthesis is also increasingly important for informing

proposal development and knowledge translation. However, the diversity inherent in qualitative methodologies creates complexities surrounding how best to synthesize qualitative research. We will first explore a number of traditional approaches to qualitative synthesis from meta-aggregation to more interpretive approaches, such as meta-ethnography. We will consider the philosophical, theoretical, and procedural issues that require further exploration. We will then provide a map or framework for practitioners and students who are trying to make sense of this complex and disputed terrain. As relatively new researchers working with the Joanna Briggs Institute, we hope to provide some tools for others new to this exciting area of knowledge synthesis with the goal of improving the quality of health for future generations.

Knowledge translation of nursing care for children with special healthcare needs using assistive technology in care: voices of Caretakers in the production of Fact Sheet

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Children with special healthcare needs leave the hospital to go home with new demands that require continuous care in their everyday life which culminate with the need of new practices from their Caretakers. They also need to understand what caring for those children involves and how to incorporate the process of caring as part of a daily routine.

The aim was to produce a fact sheet about the use of adaptive technologies by children, taking the caretakers voices and nursing knowledge; discuss the implications of nursing knowledge translation on its education material.

Fieldwork involved "Body Knowledge" dynamic as a strategy of art based research to approach the challenges of caring for children who need aids for daily living; survey of evidence based nursing, and an using of the software Pages, iWork 09 for the fact sheet.

After research project was approved by the Institutional Review Board nine groups of family (22 Caretakers) participated the group meetings at their home and/or in the clinic of a public hospital in Rio de Janeiro.

Results showed the learning needs related to: a) use adaptive technologies in the daily care; b) the application of nursing knowledge about bathing with stomas; c) caring for the child stoma and the skin around it. A fact sheet was structured with "every day bath", "move-up and integrate yourself!", "Eat without risk of choking", "to sleep soundly."

We concluded that the encounter of Caretakers' voices and knowledge of pediatric nursing allowed the production of educational materials toward dialogic language.

Keywords: Pediatric nursing; child care; Family

Service-learning benefits for the host organisations: A participatory action research study

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An innovative community service-learning program was established in 2010 for second year occupational therapy students to develop professional behaviours, cultural acceptance, civic responsibility and communication skills through volunteering in a community-based service. The study aimed to explore the impact of service-learning within two local secondary colleges. In pairs, occupational therapy students provide assistance to secondary students from a refugee background or students with learning difficulties, mental health issues or are disengaged at school. The researcher collaborated with a key staff member from each college as co-researchers to explore the perceptions of staff identifying benefits, disadvantages and strategies to improve the program. A qualitative approach using participatory action research was chosen as the most appropriate research design. Face-to-face focus groups were conducted with teaching and support staff to obtain their experiences and perceptions relating to the benefits and disadvantages of the program. Focus groups were audiotaped, transcribed and analysed to identify and describe major themes. Staff reported numerous benefits for the secondary students. Students with limited English were able to practice conversational skills while also being assisted with their school work. Teachers reported increased engagement and support for students from a refugee background while students who were disengaged or had difficulties attending to tasks were more focused. Classroom teachers expressed a desire to be more involved to assist with supporting and debriefing the occupational therapy students. The findings of this research have highlighted a number of benefits and areas for improvement.

Using digital stories to capture youth perceptions of positive mental health

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Positive mental health is viewed as being the basis for individual well-being and functioning. To understand youth positive mental health, it is imperative to include them in qualitative research. Young people are the experts in their own experiences and their perception may be markedly different from how adults, including health professionals, view their experiences. This study aimed to gain an understanding of young people's perspective of positive mental health and how they achieve it. The research method was interpretive description, which enabled the understanding of complex subjective experiences with the scope for clinical interpretation. Purposeful sampling was used to recruit adolescents who were clients of a youth mental health service. Digital stories were the primary source of data collection enabling participants to construct a compelling account of their own experiences through the use of images, music and narration. Over 3 workshops, participants constructed 2-3min digital stories on positive mental health and what promotes positive mental health in their lives. Thematic analysis was applied to the digital stories and transcriptions of the workshops to

identify themes. Inductive reasoning was used as opposed to deductive. Five main themes emerged: components of spirituality, occupational factors, aspirations, social influences and challenges and barriers. The participant definitions of youth positive mental health support a holistic approach to healthcare, rather than the absence of mental illness symptoms. Developing a strong sense of self, accepting themselves and embracing their identity contributed to positive mental health. Factors in positive mental health were social connectiveness, engagement in “social leisure” or “achievement leisure”.

We need to talk! Why oral resident-care information exchange is essential to the provision of person-centred care in long-term care settings

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Introduction : The movement away from task-oriented care toward the consistent provision of person-centred care (i.e., care based on residents’ needs and preferences) is widely recognized as the goal of long-term care (LTC) providers’ culture change movement. The purpose of this study was to explore why the attainment of this goal has remained elusive for many LTC facilities, despite significant effort to alter practice.

Method : We conducted an institutional ethnography to explore the textually-mediated work processes that influence the day-to-day work practices of care aides in LTC settings. The social organization of LTC facilities was explored through the observation of care aides’ practices and the interaction of those practices with institutional texts.

Results : We found that, although they provided 80% of the care to residents, in all sites studied, care aides lacked practicable access to the institutional texts that contained important information relevant to the residents’ care needs and preferences (e.g., assessments, care plans, social histories). The care aides primarily received and shared information orally, a process that was largely dependent upon the quality of their working relationships with one another and especially with management.

Conclusion : Access to detailed knowledge of residents’ needs and preferences is fundamental to the provision of person-centred care. The transfer of this knowledge to and between care aides is dependent upon the quality of the relationships managers develop with and among all care team members. Initiatives aimed at building supportive work teams are essential to the provision of person-centred care in LTC.

The Experiences of Embodiment in Women Considering Post-Mastectomy Breast Reconstruction

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As breast cancer survival rates increase, more attention is directed to the long-term impact of mastectomy on women's well-being. Mastectomy can affect a woman's valuation of her body and her sense of who she is. Poor body image and body dissatisfaction can lead to psychosocial distress. Reconstructive surgery may restore a woman's self-image and self-confidence and improve quality of life. Body image has received considerable attention in the psychosocial oncology literature. However, its narrow focus on the quantitative evaluation of body image fails to capture the multi-dimensional complexities of women's embodied experiences of living with an altered body; complexities that can influence their decision to consider breast reconstruction.

This presentation will highlight the qualitative study results on the experiences of embodiment in women considering breast reconstruction. As part of a larger pilot randomized controlled trial to assess the feasibility of a pre-consultation educational group intervention on the decision-making process for breast reconstruction, a purposeful sample of 8 women was recruited, and telephone semi-structured interviews were conducted. Thematic analysis was used to extract emerging themes and variations. Merleau-Ponty's work on the body provided the theoretical lens to guide data analysis.

The women in this study were proactive in their care. In deciding to have breast reconstruction, they took action to reclaim their altered body, achieving a sense of 'wholeness' and being 'normal'. The knowledge gained will support health care professionals in developing more comprehensive interventions to improve the quality of life of women living with breast cancer.

Nurse and Physician Managers: Building Collaboration Through Intentional Partnering

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Collaborative management structures are critical to transforming care delivery specifically, collaboration among senior leaders is essential. Co-leadership models is one approach however, little is known about how it operates in the healthcare setting. Nurses and physicians are uniquely positioned to share the executive roles in a co-leadership dyad; yet, most of what is known about this relationship has been based on research at the clinical unit level from the nurses' perspective.

A grounded theory approach as articulated by Charmaz (2006) seeks to understand how nurse and physician managers in formalized dyads work together to address clinical management issues. Data is comprised mainly of participant observations and semi-structured interviews collected in a hospital department recognized for operationalizing nurse-physician dyads at all levels of management. Six dyads represent the sample size with twenty one interviews and ninety hours of observation conducted. Constant comparison, open and focused coding, theoretical sensitivity and memos are used in data analysis.

A preliminary substantive theory on the process that characterises nurse and physician managers work together is presented and elucidates: the day to day functioning of the nurse-physician management dyad, the characteristics that determine how the nurse and physician management relationship evolves; the factors that influence their ability to work together; the challenges experienced and the strategies used to manage their relationship. Findings may inform other formalized dyads in the organization of the process of nurse-physician manager relationships; as well as other settings where initiatives of co-leading are being considered or implemented.

Working at Intersections: Psychotherapy, Complexity and Interdisciplinary Research

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The presentation will explore the personal experiences of a researcher working at the intersection of complexity science and interdisciplinary studies. Specifically, this session will focus on the researcher's journey towards merging organizational theory, psychotherapy practice and a research methodology to advance interdisciplinary knowledge creation.

Solution focused brief therapy is a pragmatic and non-normative future focused change method. The therapist role is to move the conversation from problem to solution talk; to co-construct the future that the client prefers to actualize. Complex Responsive Processes is a relationally based organizational change theory that regards the future as being under perpetual construction. Drawing upon commonalities of social constructionism and relationship to inform the co-creation of the future, this study will explore the potential for Complex Responsive Processes to inform therapeutic change.

Several key sources served as the impetus of this study. For instance, in 1996, The Gulbenkian Commission on the Future of the Social Science proposed that the future for the social sciences lies in adherence to interdisciplinary research. Gergen (2009) noted that academic disciplines provide a disservice to knowledge by creating barriers that subdivide meaning-making communities thereby isolating them from each other. One response to such disciplinary division that has been proposed is hybridization. Within such a process, researchers pursue interests of mutual concern to advance knowledge creation that enjoys a richness that arises from multiple perspectives. Alternatively, pursuing knowledge through amalgams of multiple perspectives create bridges between disciplines that may ignite further exploration into previously areas for growth that would be unattainable with strict adherence to one discipline. The intent of this study is to explore such an intersection of theories to move add to our knowledge of change.

Complex Responsive Processes is both theory and research methodology. It is a form of narrative inquiry in which the researcher is the instrument. This presentation will engage participants in a discussion of Complex Responsive Processes as a theory that may inform co-creation of the future in solution focused brief therapy. Complex Responsive Processes

as research methodology will also be discussed. Specifically, we will explore the reflexive processes through which meaning emerges.

Introducing the Refractive Life History Method

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In my Master's Thesis I used a life history methodology drawing on phenomenology and hermeneutic philosophies. I invited five participants from for-profit organization and three participants from not-for-profit organizations. Inspired by a variety of expert researchers in life history methodology, and basing it on their suggestions to ask participants about important facets of life (family, work, special social relationships etc.), I asked them to tell their life histories nine different times and each time had focused on a different dimension (family, work, special social relationships etc.). Once they completed their nine life histories I asked them to articulate what they see in their future according to the nine dimensions. What I realized was that I had developed a method I would like to call the Refractive Life History method. There were numerous benefits to this technique, such as prompting memories, cross referentiality, and new illuminations dawned on the participants. After the data was collected the data was distributed in accordance to the nine dimensions that they represented. What I found was that there were interesting convergences and patterns present when the nine timelines were presented parallel to one another, also begging new questions to be answered.

Hearing the Voices of Residents with Dementia and their Carers: Conducting Ethnographic Research in Dementia Care Settings

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Conducting ethically sound qualitative research within residential care settings poses unique methodological challenges. In part, this is due to the growing number of residents with dementia and the challenge researchers face to include their perspective. However, it is also due to the complexities inherent in communal living environments and the organizational structures that govern the activities of such environments.

Drawing on our ethnographic fieldwork experiences, this presentation highlights key learnings for researchers seeking to include the perspectives and experiences of individuals with dementia and their carers.

Understanding the subjective experiences of individuals with dementia cannot be garnered solely through the use of proxy reports; rather it requires direct engagement of individuals themselves. Our key learnings centre on creative ways of soliciting the individual's perspective, and ensuring the process of consent and assent be conducted in ways that the capacity of the individual to participate (or not) is accentuated.

Developing relationships with participants is an essential component of any ethnographic study. Our key learnings highlight the importance of prolonged engagement as a means of coming to know and understand the person with dementia, the manner in which they communicate, and their experience of being-in-the-world. Our learnings also

centre on developing and navigating relationships with carers alongside a respectful and sensitive consideration of the dynamic socio-political environment within which care is situated. Lastly, our key learnings highlight the implications of becoming enmeshed in the culture of a dementia care setting, and the researcher's moral obligations to residents and carers.

Spirituality Perspective and Breast Cancer Screening Behavior in African American Women: Exploring the Definition of Spirituality

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Purpose: The purpose of this study was to gain understanding of the meaning (inner importance) and function (the purpose it serves or the role it plays in life) of spirituality to AAW, as it relates to, or influences decisions regarding breast cancer screening.

Significance: African American women (AAW) have a higher breast cancer mortality rate and a lower survival rate than any other racial or ethnic group. Understanding those personal factors that allow some AAW to overcome adversity and engage in health behaviors is crucial to reducing this disparity. The literature identifies spirituality to exert a significant influence on health behaviors of AAW.

Methods: The study participants were 47 AAW between 45-85 years of age from Metropolitan Chicago who participated in a larger study exploring breast cancer screening behaviors of AAW. Women were asked to complete Reed's Spiritual Perspective Scale (SPS) and to complete a qualitative item, which asked them to describe how they defined spirituality.

Analyses: Items from the SPS were analyzed using descriptive statistics to determine the participant's sense of spirituality. Qualitative data were analyzed by content analysis to determine the participant's definition of spirituality and the impact of spirituality on their breast cancer screening behavior.

Results: Findings revealed that AAW reported a high degree of spirituality with SPS scores ranging from 1.1 to 6.0, while mean total SPS scores were 5.3 ± 0.79 . Content analysis of qualitative data revealed four themes. Participants described spirituality in terms of believing in a Higher Power, in terms of what God is, what believing in a Higher Power does or brings to their lives, and how believing in a Higher Power affects who they are as people. Sub-themes included awareness of, knowledge of, faith in, personal relationship with and/or communicating with a Higher Power.

Conclusion: Findings add valuable insight regarding the importance of spirituality for AAW and emphasize the need to include spirituality as a construct in health behavioral studies of AAW.

Implications: Such advanced understanding can guide the development of innovative spiritual-based strategies to promote health in AAW.

Listening deeply: Understanding experiences of reproductive tourism through poetic inquiry

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This paper explores the use of poetic inquiry as a form of interpretive and aesthetic inquiry into the meaning and experience of reproductive tourism. The context is an ethnographic study of transnational egg donation, focusing upon the fertility services industry in Cancun, Mexico. Drawing upon postings to online infertility discussion forums as well as interviews with stakeholders in Cancun, we jointly experimented with several forms of found poetry as a method for listening deeply to the voices of participants. As our process evolved, we engaged in independent creation of three kinds of poems, each with different constraints. This was followed by reflective memoing, circulation of the poems and written response to the works we each produced. In this paper, we will describe our process, sharing excerpts from our memos and reading aloud from selected poems. Throughout the paper, we will pause to identify how the work resonates for us as we listen through poetry to the sometimes heart-breaking and extraordinarily resilient voices of women who struggle with infertility, and women who donate their eggs.

Picture This: Guidelines for Ethical Visual Research Methods

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Although there has been considerable increase in the use of visual research methods over the last decade, there have been few resources available to guide ethical practice in visual research. Visual research methods may employ images as a form of research data and/or as a stimulus when using other methods such as interviews. Visual data includes photographs, video, video-diaries, drawings, portraits, and cartoons; these may be pre-existing or found images, researcher-generated images, or participant-generated images that are produced through individual or collaborative approaches, such as murals created by a number of participants. The growth of digital technologies is expanding the ways in which images can be created and shared, and the range of applications for visual methods. For example, internet based visual research now includes analyses of virtual characters and their experiences, Facebook images, and geospatial mapping combined with photography. Our paper describes some of the key ethical issues using visual methods (minimizing harm, consent, confidentiality, representation, fuzzy boundaries and authorship/ownership) and the inductive process we adopted to develop a set of ethical guidelines for visual research. The guidelines address two sets of concerns confronting researchers and REBs. One set of concerns arises when methodologically rigorous and worthy studies are not given ethical approval because the methodology is not well understood. Another is that key ethical challenges arising from visual research have not been fully recognised and/or planned for. These guidelines are intended to be useful for visual researchers as well as members of research ethics boards (REBs).

Chronic illness and the knowledge worker: The role of the body in shaping the production of academic work

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Academics are knowledge workers who are known for their intellectual outputs. Although these outputs are often attributed to their minds, it is flawed to think that their bodies are not essential to their knowledge work. In other words, a disembodied view of the production of academic work is an incomplete one. In this presentation we examine the role of chronically ill academics' bodies in shaping the production of their academic work. We focus specifically on Canadian academics who have multiple sclerosis (MS), a chronic illness characterized by symptoms of pain, fatigue, and neurological impairment. We draw on the findings of 35 phone interviews conducted with full-time, part-time, and retired Canadian academics with MS. In this study we set out to understand if and how academics with MS who work at Canadian universities negotiate the socio-spatial workplace after onset and explicate the ways in which systemic institutional barriers and enablers inherent in this workplace shape the experiences and employment outcomes of this group of workers. A key finding of thematic analysis reveals the complex ways in which participants' chronically ill bodies mediated, shaped, and regulated the production of their knowledge work. We explore this finding in the presentation through examining five themes: (1) the changing body; (2) the accommodated body; (3) the fluctuating body; (4) the present body; and (5) the absent body. We conclude by discussing the pressing need for creating an embodied view of academic work, and knowledge work more generally, in both research and practice.

Comparing Individual Interviews and Focus Groups as Qualitative Data Collection Methods

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Individual interviews and focus groups are two common data collection methods in qualitative research. To date, it is unclear whether one method is more useful in research identifying barriers and facilitators for behavior change in clinical practice. We examined data from individual interviews and focus groups exploring clinicians' beliefs and attitudes towards the use of the CATCH decision rule to determine which method was most appropriate in this context. Twenty-three clinicians from six emergency departments took part in individual interviews. Seventeen of these participants also participated in five focus groups. Half of the participants took part in individual interviews first, the other half participated in the focus groups first. We compared: time required to organize and conduct each method; volume of data collected; estimated cost; and important themes identified from each. Preliminary analysis of the data reveals the same important barriers and facilitators are identified in both types of data. All major themes were discussed using each method; however, focus groups resulted in a more in-depth examination of each theme, while the interviews produced a greater number of individual experiences. The number of hours required to conduct the individual interviews was almost double that of focus groups, but this format was more accommodating of emergency clinician's busy schedules.

While focus groups provide the opportunity to observe group interaction, interview data can result in more themes overall. Qualitative researchers will need to consider the aim of the research, time, and resource implications and make decisions about prioritizing depth or breadth of themes when choosing their data collection methods.

The Intensive Care Unit: Experiences of Patients, their Families and Nurses

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This study, based on the phenomenological perspective of Merleau Ponty, asked the questions: What are the patient's and their family's experiences of the nurse in an intensive care unit environment? What are the nurses' experiences of the patients and families in an intensive care unit environment? Using Van Manen's six concurrent procedural activities and three thematic approaches, this study was able to elucidate the experiential descriptions, essential relationships, and meaning structures of the intensive care unit experiences of the fifteen participants during critical illness. Through storytelling and dialogue, the participants revealed their lived experience, including their descriptions and perceptions about the meaning of ICU experience in their lives. Five integrating common themes, three specific themes and corresponding descriptors were illuminated. The five integrating common themes were: family as a unit, physical care/comfort, physiological care, psychosocial support, and transformation. The three specific themes were: advocacy, uncertainty, and confidence in the nurse and healthcare team.

It is my belief that the knowledge illuminated in this study, used cautiously, provides insight into how these experiences can influence nursing practice, education, and future research. This study affirms the mutual influence among the family, patient and nurse during a critical illness experience. This study supports the tenets of family-centered care, which mandates the purposeful inclusion of the family in all aspects of their loved one's care, is needed. These can be achieved by involving the family in the patient's care, and including them in interdisciplinary rounds and discharge planning and instituting flexible or open visitation.

The social organization of mouth care in the intensive care unit: An institutional ethnography

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Intubated and mechanically ventilated patients are vulnerable to acquiring respiratory tract infections. The endotracheal tube is a foreign body within the patient's oropharynx, a mechanical pathway into the lungs, which causes disruption of oral health that can result in ventilator-associated pneumonia (VAP). VAP is a major cause of morbidity, mortality and excess resource consumption. As in other jurisdictions, the Ontario government has mandated VAP prevention through standardized practice guidelines and surveillance. Nurses provide most of the mouth care in the ICU and have the greatest opportunity to interact with intubated and ventilated patients. Notwithstanding this extensive experience, little research has examined the perspectives and problems that nurses encounter in the application of this 'basic'

preventative care. The purpose of this institutional ethnography (IE) was to empirically explore the social organization of mouth care in one critical care unit in Ontario, Canada. Inquiry began in the field with day/night nursing work observation before exploring broader institutional practices and discourses. Findings revealed a disjuncture between the ideals of VAP prevention and the actualities of mouth care. Nurses described a hidden unit-based curriculum comprising extensive workarounds in order to overcome limited time, training and tools to enact evidence-based expectations. As a counterpoint to the designation of oral care as a 'basic' nursing task, this study demonstrates how its complexity is obscured behind conceptual representations of hygiene. Given its attention to social organization, IE holds special potential to uncover practical knowledge and unanticipated problems, thereby reformulating the evidence for clinical nursing practice.

From the Care Gap to the Invisible Labour Trap: Rapid Ethnography as a 'way in' to Long-Term

Tamara Daly

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While a large body of research documents the nature, rewards and burdens of informal home care work, almost no studies focus on the informal, unpaid and largely invisible residential long-term care (LTC) work of relatives, volunteers and students, or the liminal, 'in-between' work of privately paid companions. Studies use team rapid ethnographies to understand formal work organization and conditions, labour processes, and care work. For this study, we conducted team rapid ethnographies in 6 Ontario non-profit LTC facilities to better understand the division of labour between formal and informal care work; we built on the method by introducing dining room 'maps'. Feminist political economy and francophone ergonomic work analysis guided our multi-scalar design and thematic analyses of: 167 key informant interviews (with staff / managers, private companions, relatives, volunteers and students); work observation field notes; policy documents and dining maps. Heavy workloads resulted from residents' unpredictable and irregular needs as well as from system-level austerity measures that resulted in a care gap with too few staff available for the care requirements. Organizations managed care gaps with reliance on one of five informal care models. This paper discusses the models, the challenges and the promising practices associated with reliance on informal and in-between care in institutionalized spaces. The study contributes to the qualitative health research literature by showing how the pairing of rapid team ethnography with the two analytical frameworks produced detailed care work mapping and surfaced tensions between system, organizational and individual levels.

Social Factors Affecting the Well-being and Mental Health of Elderly Immigrant Women in Canada

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Introduction: It is well documented that immigration, either voluntary or by force, is a stressful event that has a considerable effect on the aging process and on one's state of well-being. One reason for this is that through immigration, individuals lose control over their lives and their familiar connections. The effect of these losses and the additional stresses of immigration are magnified when the complexity of aging is factored in. Although Canada is one of the major immigrant and refugee-receiving countries, there is still a gap in immigrants' understanding of social needs upon immigration and the supports and resources that are available. Little literature exists on the connection between mental health and the needs of elderly immigrants, especially in the case of elderly Iranian women. Results: The sample

of older Iranian women recruited for the study was from metropolitan areas in Toronto (40%), Vancouver (35%), and Ottawa (25%). To understand the needs of elderly Iranian women, narrative inquiry was used. As well, semi-structured and open-ended interviews were conducted. Themes such as English proficiency, volunteering, socioeconomic status, and immigration status were identified as significant factors contributing to the mental health and well-being of the elderly Iranian women. Discussion: Narrative inquiry is used in this study. Narrative inquiry is the collaboration between researcher and participants over time, in a place or series of places, and in social interaction with milieus. Being connected with one's own ethnic community has a positive effect on promoting one's mental health, well-being, and satisfaction with life. In this study, social activity and involvement in one's ethnic community were considered as leading factors in one's well-being. Analysis of data showed a multi-layer phenomenon overlapping each other. However, volunteer work and involvement in social and community-based activities were found to be the leading positive factors that contributed to the well-being of elderly Iranian women. Implications: The results of this study help the elderly, their families, and therapists understand the social needs of this specific population. Moreover, the outcomes of this study help to provide effective and supportive services at the individual, group, and community levels, as well as education, and research.

Living with the Choice: A Grounded Theory of Iraqi Refugee Resettlement to the U.S.

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Though the United States has become a place of increasing resettlement for refugees, particularly Iraqi refugees who have been forced to flee their homeland due to violence, persecution and civil unrest, little is known about Iraqi refugee resettlement in the United States, or the way in which resettlement impacts health and adjustment. A grounded theory study was conducted to develop a substantive theory of Iraqi refugee resettlement. Participants in the qualitative study included 29 Iraqi refugees and 2 community partners who participated in face-to face interviews. Data analysis and interpretation revealed fundamental concepts related to Iraqi refugee resettlement. Results of analysis showed that for Iraqis choosing to resettle here, the outcome is dichotomous: satisfaction or regret. The outcome is influenced by contextual factors as well as facilitating and hindering intervening conditions during the basic social process of resettlement transition. Each refugee's story is unique, yet all share common threads. This study allowed Iraqi refugees the opportunity to voice their personal experiences of resettling in America, and revealed life stories that inspire and illuminate a process that can guide health care delivery as they cope with the stresses of their journey. As a result, an in-depth storyline was established to explain the process of resettlement for Iraqi refugees. The development of this resettlement theory, grounded in Iraqi refugee experience, has the potential to guide nursing education, enhance the efficacy of practice, inform policy development and form the basis for research.

To be or not to be A longitudinal phenomenological study of identity formation in medical undergraduates

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Helping medical students develop a professional identity is an important part of medical training.

Identity is interactionally formed and strongly impacted by the environment. Learning in the clinical environment provokes emotional responses, known to influence identity formation in medical students. Emotional learning, whilst recognised, remains under researched in medical education. The aim of our study was to explore the emotional experiences of medical students, as they progressed through medical training. Building on our previous work, we were particularly interested in how this impacted their identity development. We carried out a longitudinal phenomenological study, comprising individual interviews with 11 students in year 1, 3 and 4 of the undergraduate medical curriculum. Four students chosen for in-depth interpretive phenomenological analysis, represented a broad variety of experiences, ways of responding and developing their social identities. Principles of template analysis were used to create a visual summary for each individual student. By clustering codes we procreated integrated themes for all students. One student expressed being overwhelmed by emotions which strongly influenced the extent in which she could participate and initiate social relations with patients and co-workers, hampering learning. Others felt resentment when things were decided for them, influencing motivation and eagerness to learn. Some felt restricted and a lack of agency at pivotal moments affecting their level of engagement. Our data demonstrates the dynamic interaction between emotional experiences, context and identity formation of medical students. A strength of our study is our ability to demonstrate how this occurs over the course of medical training.

Undertaking qualitative research on sensitive topics: A review of current work

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It is now over 20 years since the widely cited seminal text 'Researching Sensitive Topics' which provided researchers with insights into some of the challenges that they might face when undertaking research on sensitive topics was published. Interest in these the issues faced by qualitative researchers working in the health disciplines has continued to grow since this publication. This has led to recognition of the many challenges that researchers face when undertaking research using the myriad of qualitative methods available today. Drawing on empirical and reflective accounts published in the health and social sciences I present a synthesis of the main challenges that have been identified by researchers over the past 10 years. These challenges include; ethics, emotional responses to data collection and analysis, boundary blurring, leaving the field and researcher safety. In addition to researchers I will also explore documentation relating to transcribers and others included in the projects. Many qualitative researchers are seeking guidance on how to deal with these types of challenges and how to publish their own accounts. This presentation will provide guidelines based on the review and an outline of the main journals currently publishing these important accounts. Expanding our knowledge in this area will enable qualitative researchers to be better prepared for the work that they do and ensure that they are not harmed (emotionally or physically) in the process.

Research with Refugees: The Utility of Heuristic Inquiry

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Although the mental health of refugees has been a focus of researchers for some time now, refugee transitions and refugee counselling are underrepresented and often neglected topics in the counselling literature in Canada. The research and practice of multicultural therapy with refugees continues to focus on a medical model and quantitative research methods. Within the current landscape of refugee counselling, very little research exists about refugees' counselling needs as conceptualized from refugees' perspective. This presentation discusses the usefulness of heuristic inquiry when conducting research with culturally-diverse populations. This presentation also offers a unique conceptualization of heuristic inquiry from a postmodern perspective with the focus on highlighting important refugees' experiences, multiple contexts within which these experiences occur, and the importance of including refugees' voices in their own research. Lastly, this presentation challenges professionals to continue discourse about re-conceptualizing qualitative research approaches to better fit culturally diverse populations.

The Experience of Individuals who have Gastric Band Placement: Implications for Nursing

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Surgical interventions are increasingly used to produce significant weight loss and slow the progression of the co-morbidities associated with obesity. The purpose of this research is to gain a deeper understanding of individuals' experience of living with gastric banding. The findings will be used to inform nursing practice. Interpretive phenomenology was the method used to capture the human experience of individuals who underwent the procedure to help lose weight. In depth interviews were conducted with four individuals. The interviews were audiotaped and transcribed. Data were initially sorted using N-Vivo software into 11 categories. Structural analysis of the texts resulted in the emergence of themes that included several tasks that should be addressed in the perioperative period. The themes are (1) the importance of adequate preoperative time and preparation to fully understand dietary and eating behavior modifications and the implications on lifestyle that gastric banding may have, (2) prevention of post operative complications and preparing an action plan to guide individuals should post operative complications arise, (3) becoming aware of others' reactions towards self after having the surgery, (4) ensuring the availability of support systems, and (5) developing of an awareness of the problems associated with eating in a social setting or in a restaurant. The significance of these findings for nursing is that perioperative instruction must be designed to address specific issues identified.

"It's not just about prostate cancer, it's about being a gay man": A phenomenological study of the lived experiences of gay men with prostate cancer

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By 2030, it is estimated that the number of men with prostate cancer will double to 1.7 million worldwide. In order to continually improve and deliver exceptional standards of patient-centred cancer care, it is necessary to understand the needs of socio-culturally diverse cancer patients and their families. Past research into the experiences of men with prostate cancer has been conducted from a predominantly heterosexual perspective. Hence, it is largely unknown whether health services are currently meeting the needs of gay men who are diagnosed with this disease. By adopting an interpretive phenomenological approach, this qualitative study sought to explore the lived experience of twelve gay men with prostate cancer. Guided by Van-Manen's approach and utilising Merleau-Ponty's existential framework, this study was able to reveal the embodied context in which gay men experienced their cancer journey. I discuss how adopting a phenomenological approach has the potential to help uncover subtle, yet significant, differences between gay and heterosexual men who experience cancer. Insights from the study findings will illustrate the challenges that these gay men faced within health care and support settings, the impact of cancer on their personal relationships, and, the perceived threat that cancer posed to their identity. I conclude by discussing the implication of these findings for healthcare services and offer recommendations as to how the needs of gay men with prostate cancer could be better met in the future.

The 'Looking Glass Self' and Deliberation Bias in Qualitative Interviews

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Charles Horton Cooley's concept of the "looking glass self" is widely understood as crucial for revealing how an individual's sense of self is related to the perceived judgments of others. However, the temporal aspect of this classic concept is neglected in contemporary applications. In response, this paper places the looking glass self within Cooley's holistic approach to individual, group, and society, including his stress on the temporal dimension of life. In terms of method, I find that Cooley's view of the self as an imaginative, social – and temporal -- process allows for a deeper understanding of interruptions and silences during qualitative interviews. To this end, I introduce the term "deliberation bias" to shed light on how the looking glass self is influenced by the type of interview method used. This model is appropriate for members of helping professions who value qualitative research, and who view empathy and sympathy as core human capacities essential to their enterprise.

"It's a balancing act": Understanding relational strategies of community-dwelling older adults navigating post-emergency care and health in the context of everyday life

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Older adults (age ≥ 65) in the United States make approximately 20 million Emergency Department (ED) visits annually. With systemic barriers in access to care, the unrestricted availability of the ED serves as a safety net for biomedical and psychosocial concerns. However caring for these complex patients with multiple morbidities and medications is difficult in the fast-paced ED. Patients, providers, and researchers have called for more inclusive, holistic, and multidisciplinary ED practices to enhance the quality of care delivered and reduce 30-day visit recidivism. The goal of this study was to address these calls by situating visits to the ED for community-dwelling older adults in the contexts of their everyday lives. With discharge papers in hand, what happens when our participants transition home?

Participants and their caregivers were interviewed in the ED and their homes over six weeks after discharge. Member checking was conducted with four participants after 9-12 months. Adopting grounded theory methods, we iteratively collected and analyzed data. Our findings highlight three dialectic processes participants adopted to navigate health: staying 'busy' but recognizing constraints; staying 'healthy' with multiple morbidities; and, staying 'independent' and asking for help. One of our participants told us, 'it's a balancing act.' Navigating these tensions and the strong cultural discourses of aging, health, and independence characterizes their current lives. Our findings highlight the complex and relational nature of strategies older adults adopt and the challenges they tackle as they work toward maintaining 'health' and achieving 'successful aging,' as they have come to define them.

Nurse - Client Situated Interaction (NCSI) a contextualized emerging grounded theory of Registered Nurses processes of delirium recognition.

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Delirium is the most frequent complication associated with hospitalization of older adults. The incidence of delirium increases with age and 6% to 56% of older adults experience delirium during hospitalization. The mortality rate among hospitalized older adults with delirium is high and 40% of these patients die within a year after diagnosis. Despite the negative impact of delirium on clinical outcomes registered nurses fail to recognize delirium in up to 3 out of 4 cases. The aim of this research is to construct a theory that explains the processes that registered nurses use to recognize delirium in older adults. Constructivist grounded theory was utilized to gather and interpret the perspectives of 17 registered nurses. Interviews with the participants were transcribed and data analysis was conducted concurrently with sampling until theoretical saturation was achieved within emergent thematic categories. Categories and properties related to the phenomenon of contextualizing delirium were identified and related back to the central phenomenon of delirium recognition. Developed categories were charted and relationships between the categories captured in a conceptual framework. The core of the framework is anchored on the situated interaction between the registered nurses and patients. This core is influenced by four psychosocial processes (connecting, existing, exchanging and advocating) and other contextual key structures that guide the process of delirium recognition. These preliminary findings has the potential to contribute to an expanded contextual view of delirium recognition in acute care setting and highlight the importance of supporting policies for more education, resources, and training.

Utilizing the definition of the situation of Symbolic interactionism to explore the clinical reasoning processes used by RNs in acute care settings to recognize delirium

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Symbolic Interactionism (SI) is a theoretical perspective that guides and contextualizes qualitative inquiry. The 'definition of the situation' as main tenet of symbolic interactionism, is informed by multiple sources of knowledge, and has guided the researchers of this study in defining, understanding and depicting the clinical reasoning processes that RNs use to recognize delirium in acute care settings. Despite being a complex and multidimensional process, clinical reasoning in nursing is a core requirement for safe practice and depends on observable social, physical and physiological cues. The dynamic context of acute care settings and its unique circumstances are saturated with sophisticated interdependencies and endless contingencies that influence the clinical reasoning process. We used the constant comparative logic of grounded theory to analyze the responses of 17 RNs in acute care settings. The definition of the situation was the overarching compass directing our analysis to capture the, micro, meso and macro perspectives and thus influencing the RN's clinical reasoning process. We concluded that definition of the situation is the driving force of the wheels of clinical reasoning process and is instrumental for collecting, analyzing and organizing information in a methodical manner to assist in recognizing delirium. In this presentation we will demonstrate how utilizing the definition of the situation contributed to better understanding of the clinical reasoning process. Moreover, we will also share how better understating of the clinical reasoning processes will have implications on educators, administration, practice and research.

A Narrative Evaluation of a Pilot Community-based Nurse Navigator Role in an Urban Priority Neighbourhood

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Introduction/Background: In response to the striking health and social inequalities existing across communities within a large Southern Ontario City the McMaster University School of Nursing has partnered with the local municipal government, and other community partners to evaluate a pilot program designed to enhance health and social outcomes within a specific priority neighbourhood. This specific neighbourhood is deemed a priority due to the complex interplay between social determinants of health. The innovative pilot program is a nursing based system navigation role, grounded concurrently in the community and a local Primary Care Practice. The role is uniquely designed as the nurse provides navigation for individuals and families while functioning as a networker to facilitate improved service integration at a systems level. This study serves as a person-centered evaluation of the program, emphasizing the impact on the lives of community members.

Methods: This narrative study explores the experience of persons utilizing navigation services. Programs tell a story; therefore, the collection and analysis of participants' life stories, in conjunction with field notes, observations, and documents, create a common narrative of the experience of navigation in a community setting.

Results/Findings: A thematic analysis of participants' life stories was conducted to present a common narrative of community members' experience of navigation. Emphasis was placed on the personal, social, and temporal components of participants' life stories.

Conclusions: In keeping with the pilot, potential improvements to the role will be highlighted as described by participants. Future implications for the utilization of a nursing-based systems navigation role in other priority neighbourhoods to address unmet health and social needs will be presented.

Enhancing Nursing Education Mentoring Partnerships Using CMM

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Graduate nursing students need to have mentors to help guide them through the process and importance of learning. This type of relationship can promote professional development and entry into doctoral programs, supporting overall enhancement of the nursing profession and ultimately our patient outcomes. Students require nurturing relationships, to enhance scholar-practitioner development. This takes additional time and intent to support students as they matriculate through graduate education programs in particular using online learning platforms.

With the use of the Coordinated Management of Meaning (CMM) using the Lived stories-Untold stories-Unheard stories-Unknown stories-Untellable stories- stories Told- stories Telling (LUUUUTT) and Daisy models and conversation triplet we can explore the dynamics of the mentor- mentee relationship to understand the complexities and bifurcations points, which propel students towards potential innovation, successful knowledge synthesis and the ability to take positive relationship development into their professional environments.

Using action research we can develop an understanding of what works in a mentoring relationship and what actually supports student success from the student and faculty perspective. This information will be disseminated in the form of a new faculty course to help faculty develop as mentors supporting mentoring relationship with students within the online course-room.

Talking about Personal Emotions and Professional Boundaries: An interpretive study of paid providers of residential care

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Caring for older persons in residential health care settings can involve challenging emotional situations, yet emotional expression may be constrained due to job requirements or professional culture. We use an interpretive (social constructionist) approach to examine how twenty-six care providers (nurses and health care aides) talk about their emotions. Transcripts were analyzed by two researchers using coding and constant comparative techniques. Participants described emotional reactions to difficult patient or family behaviours, death, co-worker conflict, moral distress and workload constraints. Various interpretive frameworks are used to manage emotions. In particular, participants spoke of needing to suppress emotions and avoid 'caring too much' or 'taking things personally.' Many sought to reconcile their

own emotions with expectations of professional detachment. A competing framework was also evident in comments suggesting that one should vent or express emotion. Tension between these two goals may manifest as ambivalence. Participants also drew on a binary framework in which the ability to suppress emotions at work was either present or absent. Caring about and emotional engagement were identified by all participants as necessary to their professions, however 'too much' self-expression and caring are viewed from a professional boundaries perspective as weakness, unprofessional, and signifying an inability to cope. However, talking about detachment may have identity implications that participants sought to avoid, for instance through rationalizing emotional suppression, or rejecting the professional boundary framework. Implications for training and workplace support will be discussed.

Locating the Qualitative Interview: Reflecting on Space and Place in Health Research

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Interview location has been widely overlooked in the nursing literature. This paper presents a discussion of interview location in the context of health research with particular emphasis on the concepts of space and place. It draws on six research projects that were conducted between 2008 and 2013 in Canada, and is informed by key texts on the concepts of space and place. We argue thinking about space and place in the context of interviewing is one way to engage in reflexivity. The reflexive accounts featured in this paper support the need for researchers to engage in explicit analysis of their own interview locations and to discuss the significance of space and place in their own work. These accounts suggest that location is a fundamental aspect of the interview process.

Mandatory weight loss and the wait for weight loss surgery: Experiential reflections on and responses to practice

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Weight loss surgery (i.e., bariatric surgery) is an increasingly common treatment for so-called clinically significant obesity. Mandatory pre-surgical, behavior-induced weight loss, although not standard, is a relatively common recommendation among bariatric surgical clinics. Clinical research exploring the impact of this practice on surgical outcomes, safety and patient health is equivocal and yet this recommendation persists in many bariatric clinics. So, we sought to understand the impact of this recommendation on people who pursue bariatric surgery by questioning the experience using phenomenology. Experiential accounts (i.e., data) were gathered from seven individuals waiting to have the procedure at a large, publically funded clinic in Western Canada. Multiple interviews were conducted and data analyzed according to phenomenological analytic gestures of epoch- (i.e., bracketing), reduction (i.e., re-ducere or returning to) and writing. The resulting text weaves around four themes: 'just nod your head and carry on' - silencing through the ideal; waiting and weighing - promoting weight consciousness to the weight conscious; paying for surgical approval through weight loss; and presurgical weight loss and questioning the need for weight loss surgery altogether. We consider experiential findings in relation to experimental evidence and offer a critique of this practice. We suggest this recommendation in particular, and clinical recommendations more broadly, should take into account patients'

experiences to ensure the recommendations do not do more harm than good. We situate this study within a larger discussion about the possible contribution of experiential knowledges to clinical guidelines, practices and pedagogies.

Everyday Family Life of Intercultural Families with Young Children

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Family functioning has been widely studied by researchers as an important topic concerned with families' ability to address changes and challenges in their day-to-day lives. However, little research on family functioning has included families that reflect the cultural diversity of contemporary families in Canada and other western developed countries. In particular, there is a dearth of research on intercultural families - families led by partners from different cultural backgrounds - despite their growing numbers in Canada. To begin addressing this knowledge gap, we will present findings from an ethnographic study about family functioning in intercultural families as it is influenced by various factors including the partners' cultural backgrounds and social and economic conditions. Based on our findings from a family genogram interview with five intercultural families and individual interviews with each partner in the five families, we will highlight six main features of effective family functioning described by participants: communication, spending time together, sharing family roles, sharing common values and goals, embracing cultural traditions, and providing and receiving support. Although there are some consistencies between these features and previous research on family functioning, there are also some important differences. In comparison to prevailing models of family functioning, our findings point to complex and reciprocal relationships among individual and family characteristics, culture, social and economic conditions, and family functioning. Our study suggests the need for researchers and practitioners to re-think family functioning of intercultural families as being predominated by challenges and problems and to instead recognize the unique strengths of intercultural families.

Enhancing meaning-making through sensory engagement with material objects

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There has been an increasing level of interest in the use of the senses in qualitative health research. In particular this has concentrated on the key senses of sight, sound, smell, taste and touch in interviews and ethnographic research. We build on this work by focusing on the use of material objects in research interviews. We argue that integrating the use of material objects, particularly those selected by the research participants, offers a different kind of engagement on the part of the participant, which can add richness and complexity to the kinds of knowledge that can be generated. We reflect on the use of material objects in research, and examine how material objects can be used and integrated in interview practices; objects can either be participant-selected, or researcher-selected, each having its own benefits and challenges. Using examples, we present how participants sensorially engage with these objects, using visual, auditory, olfactory, and tactile means. This engagement with material objects, particularly those that are personally meaningful to participants, is useful when examining sensitive research topics; it offers the potential for participants to identify salient

associations and/or express what may be otherwise unsayable. This approach enriches interviews by offering insights into experiences which would otherwise be difficult for researchers to access. We discuss practical strategies in using this method as well as analytic approaches. We also consider the ethical challenges of using material objects in qualitative interview research.

Faculty Navigator Program: Impact on the Transition from Practice to Education

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Research suggests that supporting novice faculty in the transition from clinical expert to educator is an effective approach to retention and is critical for effective student learning. The Faculty Navigator Program (FNP) at Red Deer College is an innovative approach to support this well documented transition. It involves individual interactions between the novice faculty and Navigator as well as a Community of Practice.

This project examines the effect of the FNP on the self-efficacy for teaching and the process of transformation to becoming an educator. The project also examines the components of the FNP and the characteristics of the Navigators that effect self-efficacy and support the transformation to becoming an educator.

This exploratory mixed method, non-experimental process used an in-subject design, collecting self-reported measures of self-efficacy at three times in the FN Program: a pre-test at the beginning of the academic year and a retrospective pre-test and a post-test at the end of the academic year. The modified Self-Efficacy Toward Teaching Inventory (SETTI) was used for collecting quantitative data. Qualitative data was collected in semi-structured interviews. Findings reveal that there is a change in the self-efficacy scores in the post test scores and the qualitative data describes themes related to increased self awareness of the teacher identify, a sense of loss of the clinician identity and a love of teaching to manage the stresses.

The Prevention and Management of Visual Impairment in People with Dementia

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The prevalence of dementia and conditions causing visual impairment both increase with age. A combination of the two can seriously impact on an individual's quality of life, emotional and functional state, increase the risk of falls and treble the likelihood of requiring residential care.

The objectives of this study were to understand attitudes towards eyecare for people with dementia, to identify and describe reasons for under detection or inappropriate management of visual impairment in people with dementia and explore interventions to improve eye health.

Face to face semi structured interviews (36) were conducted with people with dementia. Focus groups (12) were conducted with family carers, professional care workers and optometrists to facilitate comparison and contrast of personal and professional perspectives.

Data were analysed using framework analysis. Common themes emerging from the data included: experiences of eye examinations; threats to eye care arising from current service provision; the impact of visual impairment on quality of life; and supporting people with choices regarding eyecare.

Individuals interviewed in the early stages of dementia expressed attitudes and exhibited behaviours to eye care conducive to maintaining maximum visual health but focus group data uncovered the challenges faced in optimising eye health and eyecare as dementia worsened. The dementia sufferer's ability to comply with the demands of the eye examination and reluctance to wear spectacles as dementia progress are major challenges but also important are the attitudes and understanding of dementia shown by carers and eye care professionals.

Study findings have led to recommendations for raising public and professional awareness, improving communication between carers and eye care professionals and a review of the delivery and funding of eyecare services.

Using narrative inquiry to gain insight into nurse leaders' ethical development

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The nursing profession is challenged by ethical dilemmas and moral distress resulting from the emotional labor of nurses intensified by the health demands of an aging population and decreased financial and human resources. Nurse leaders who can positively influence workplace ethics and stress are needed. These leaders have developed resilience, or an ability to utilize their skills and strengths to cope and recover from challenges, counteract burnout, reduce distress, and improve overall well-being. Positive practice environments are those in which ethical dilemmas are managed effectively and staff members build their resilience. Although nurse leaders play a key role in fostering such positive practice environments, how nurse leaders bring their ethical knowing (developed through positive and negative experiences of resolving ethical dilemmas) to their leadership practice is poorly understood and cannot inform nursing practice.

This narrative research project examines the narratives of nurse leaders who mediate ethical issues in their management practice and how these experiences impact their ethical leadership. The research team will report on the results of semi-structured narrative interviews with nurse leaders in British Columbia and New Brunswick. Ethics permeates all aspect of healthcare practices and, yet, the ways nurse leaders manage ethical conflicts are not well known. The study's

narratives of nurse leaders? will help reveal how ethical issues are constructed and addressed by nurse leaders. These accounts will enable the development of intervention approaches that provide support to nurses in positions of authority when they have to make decisions regarding ethical problems in their workplaces.

Telling the story of the intervention: The development of qualitative process evaluation methods for a complex intervention in health policy agencies

Abby Haynes
Sax Institute

Process evaluations of complex interventions in complex settings are increasing, but there is little detailed guidance for developing appropriate methods.

This presentation provides an overview of the process evaluation of SPIRIT (Supporting Policy In health with Research: an Intervention Trial). SPIRIT aims to improve individual and organisational capacity to use research in health policymaking. The year-long intervention is multi-component, locally tailored, and being implemented in six government agencies in Sydney, Australia. The process evaluation aims to 'tell the story of the intervention' in order to help interpret the study's outcomes measures, and make recommendations about program improvement.

We are using flexible and pragmatic methods informed by cross-disciplinary social science and the SPIRIT logic model. Our work addresses three domains: 1. The intervention as it is implemented (including how well the program theory is realised in 'real world' delivery), 2. How people are participating in and responding to the intervention, and 3. The contextual characteristics that mediate this relationship and may influence outcomes. Data collection methods include purposively sampled semi-structured interviews at two time points, direct observation and coding of intervention activities, anonymous participant feedback forms, document analysis, and informal conversations with implementation staff and participants. Data is managed using Framework Analysis. Data analysis focuses on developing a schematic case study of each agency's culture and context, and using thematic analysis to explore potential explanatory themes across the six agencies.

Qualitative Study of Newborn Resuscitation in Nigeria

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Every year nearly a quarter of a million newborns die in Nigeria. Although improvement has been made towards lowering child under-five mortality, there has been no improvement in newborn morbidity within the neonatal period of life. Studies have shown that 10 percent of newborns need help breathing or resuscitative support at birth. Evidence indicates that the perception of health workers is relevant and reflective of actual practice within hospital settings and may be significant predictors of resuscitative performance in appropriate circumstances. No studies have evaluated the feelings of rural Nigerian health care workers towards newborn resuscitation education.

Purpose: This study will evaluate the attitudes and perceptions of health care workers regarding newborn resuscitation education.

Research questions:

- (1) What are the attitudes and perceptions of healthcare workers regarding Neonatal Resuscitation Instruction provided?
- (2) What are the health care workers ideas regarding what needs to be done to make high risk newborn education more effective in Nigeria?
- (3) What do the health care workers believe could be preventing change in high risk newborn care?

Methods: In-depth interviews were conducted individually and tape recorded with two leading rural hospital Attending doctors and with the Director of Nursing Services at a tertiary hospital facility in Osun State, Nigeria. These interviews were voluntary and transcribed and returned to the interviewees for editing before final drafts were combined for coding. Voluntary focus groups were held with nurses, doctors and medical students who participated in newborn resuscitation education. Information was recorded on a white board while focus group participants discussed the guiding questions. They also wrote individual thoughts, feelings and attitude statements on papers that were submitted at the end of the focus group. Information that was gathered from in-depth interviews and focus groups was coded through Hypertext qualitative analysis software. Consensus of themes were identified and obtained by myself and my research supervisor, who has successfully conducted qualitative health care educational studies.

Outcomes: Attitudes and perceptions of health care workers regarding newborn resuscitation were transcribed and have many implications for improvement in newborn resuscitation in rural Nigeria.

Benefit: This project will enhance knowledge of what needs to be done in order to empower more health care workers to save newborns in Nigeria.

Key Words: Neonatal, Tertiary Facility, Resuscitation, Qualitative, Health-Care Workers

Exploring the Experience of Infant Feeding Support Among Nurses

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Nurses who work in the perinatal field consider infant feeding to be a priority care issue, and work with mothers to support them in this capacity. In my current doctoral research, I am exploring nurses' experience of infant feeding support. I build on interdisciplinary literature and incorporate findings from my previous hermeneutic study, which elicited unexpected negative responses among some women towards nurses' engagement with evidence-informed breastfeeding promotion.

In this study, I am interviewing perinatal nurses (past and present) from across Canada, using hermeneutic methodology. As the research progresses, I continue to strive for enhanced understanding about the complexities that nurses face in the context of institutional and societal expectations for women to achieve success with breastfeeding. In my presentation today, I share the research preparation and progress with the research that has occurred to date. I underpin the discussion by describing my process of hermeneutic interviewing, including the advantages and challenges associated with employing a hermeneutic perspective as a methodological and philosophical approach to my research.

Using Straussian Grounded Theory to Understand Nursing Perspectives on the 'Difficult' Patient

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In the hemodialysis population, patients who choose not to follow their care plans are often labelled as 'difficult'. This label can influence the how the patient's nurse consciously or unconsciously chooses to enter the nurse-patient relationship. Although researchers have examined this relationship from the patient perspective, research aimed at understanding the nursing perspective is lacking. Objective: to gain an in depth understanding of the psychosocial processes that come into play for the nurse in her encounter with a 'difficult' patient and how these processes then influence the approach the nurse will take in future patient interactions. Research question: In what way does the behaviour of the 'difficult' hemodialysis patient impact how the nurse views the patient and will deliver subsequent care? Methods: using Straussian grounded theory; semi-structured interviews were conducted with a liaison nurse and clinical nurse educator on a hemodialysis unit in Calgary. Data analysis and findings: six categories emerged from the open and axial coding process: evolutionary practice; resistance to maintain self interest; fear as a result of uncertainty; strategizing to minimize risk; empathy as sacrifice to gain access; and social identity. From the relationships that surfaced between the six categories, emerged the final core category: influences come from within. Conclusions: understanding the processes that influence the nurse's perspective and approach to the 'difficult' patient can help increase awareness in nurses about how to manage these interactions in order to transform the nurse-patient relationship into one that is empowering to both the patient and the nurse.

The Use of Interpretive Description in the Development of Complex Health Interventions

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The use of qualitative evidence to inform the development of complex health interventions results in strategies or programs that are contextually specific, that can be tailored to holistically meet the specific needs of the target population and that reflect the skills and strengths of the health care provider. In the field, there is currently a lack of methodological rigor or designs to guide the inductive development of these types of interventions. The qualitative approach of interpretive description provides guidelines and principles that are useful for creating complex health interventions. Interpretive description has been specifically developed to address applied health problems and to build upon disciplinary knowledge to address clinical practice objectives. Expanding upon qualitative work conducted to develop a intervention to identify and respond to intimate partner violence within the context of a nurse home visitation

program for socially disadvantaged pregnant women and mothers, I will discuss the strengths of interpretive description in guiding this work, outline principles for purposeful sampling in intervention development and build upon a needs, practice and problem analysis framework that can be used to guide data collection and analysis. The process for then integrating qualitative evidence with other key sources of information to develop the intervention components will be outlined. The application of this process can lead to a more informed understanding of intervention strategies that meet client-identified outcomes, enhance adherence to intervention goals, and that are highly relevant to the health care context and the professionals involved in care delivery.

‘Previously We Lived Two Separate Lives’: An Interprofessional Rural Preceptorship Pilot with Nursing and Medical Students:

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Ordinarily, preceptorship entails the one-to-one placement of a student with a discipline-specific practitioner. We sought to innovate a clinical teaching and learning pilot, emphasizing interprofessional (IP) collaboration and teamwork. The goal of this model was to bring nursing and medical students together in a rural setting for a formal, clinical experience of authentic teamwork. Evidence indicates that rural practitioners have an especially strong team ethos, and that teamwork between rural RNs and physicians translates into improved care, enhanced environments, decreased workloads, cost benefits, and increased efficiency. The purpose of this study was to generate empirical knowledge contributing to evidence-based interprofessional preceptorship development and enhancement. The research question was, ‘What is the psychosocial process involved in a preceptorship that is specifically designed to foster interprofessional engagement of medical and nursing students in the clinical setting?’ To date, our data have yielded the following themes: a) creating and finding opportunities; b) student characteristics; c) getting the ball rolling; d) carving out time; e) the faces of facilitation; f) breaking from tradition; and g) the role of the rural context. These findings suggest that formal, interprofessional experiences give students the opportunity to collaborate authentically, enhancing their interprofessional, clinical acumen as students and ultimately as qualified practitioners.

Mixed Method Design Increases Information Yield from a Randomized Controlled Trial of Guided Imagery

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Qualitative methods are being increasingly recognized for their ability to augment understanding of mechanisms underlying health care interventions and their effects on patient outcomes. Qualitative findings provide additional information about the application, operation, and outcome of the intervention beyond statistical findings. In addition, qualitative findings can clarify conceptual links between the intervention and outcome. We conducted a mixed-methods

sequential exploratory study to examine the feasibility and effectiveness of a guided imagery intervention on pain and function in 82 persons undergoing total knee arthroplasty. The quantitative component of the study was a longitudinal randomized controlled trial aimed at determining the effectiveness of listening to a recorded guided imagery intervention on pain and function six months postoperatively. The qualitative component was designed to determine the feasibility and acceptability of study participation and intervention delivery, explicate mechanisms of intervention and placebo responses, and identify reasons for study dropout and low compliance. Sources of qualitative data included (a) diaries maintained by all participants during the intervention phase, (b) interviews of participants who dropped out of the study or who showed low compliance, and (c) interviews of participants selected by criterion sampling to identify average and extreme cases on values of the quantitative outcome variables in treatment group. Qualitative findings from this study will aid in the design of future studies of guided imagery and add to the body of knowledge regarding how guided imagery works.

Long-term Adjustment and Reimplantation Surgery in Patients with Implantable Cardioverter Defibrillators

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Implantable cardioverter defibrillators (ICD) are the standard of care for individuals with life-threatening cardiac arrhythmias. These devices treat arrhythmias by rapidly pacing or shocking the heart into a normal rhythm. Patients make physical, psychological, and social adjustments to living with a device during the initial year but the long-term adjustment has only begun to be explored. One aspect unexplored is ICD replacement, in which a new device is reimplanted every 4-7 years due to battery depletion or worn parts. Accordingly, the purpose of this study was to examine the long-term physical, psychological, and social consequences of living with an ICD and the experience of recurrent surgery for patients with ICDs. The focus of the study was to identify distinctive differences in this experience among various ages through the lifespan, and between men and women. Ethnographic methods were used for data collection and were analyzed and interpreted using a with-in case and cross-case method, focusing on concepts generated from a variety of gender, chronic illness, and age-related theories. ICD recipients' long-term adjustments were characterized by both differences and similarities according to sex and age. Men exhibited more bravado than women and were more likely to engage in risk-taking behaviors. Women remained engaged in caring behaviors following implantation and surrounded themselves with other women as their support network. Young women were also concerned about childbearing once they had an ICD. Both men and women were concerned about reimplantations; the risks, technology reliability, financial strain, scarring, and continued follow-up for years to come.

The Lived Experience of Vulnerability when Addressing Quality and Safety in Nursing Practice. A Phenomenological Approach

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Over the past decade the quality and safety movement has marshalled the attention of healthcare system leaders, and more recently the attention of Nurse Educators. The CASN (Canadian Association of Schools of Nursing) and Quality and Safety in Nursing Education (QSEN) have developed guidelines, competences, and resources to incorporate quality and safety into nursing curriculum. In this paper we briefly summarize the key principles of the quality and safety movement. We also identify the lived experience of patient risk associated with hospitalization by employing Sellman's (2005) foundational work on vulnerability in nursing practice. We argue that academic education for registered nursing practice requires a scholarly incorporation of phenomenological perspectives regarding the patient's experience of a 'health systems based' agenda. To that end, we offer an example developed by a teaching team for a second year nursing course, in which students learn to care for patients in the context of a number of acute and chronic health challenges. We suggest that by framing quality and safety in the context of Sellman's work, nursing practice can be elevated beyond potentially routinized tasks and standardized guidelines. Instead, a knowledge-able, philosophically nursing practice transpires, in which patients' lived experience of vulnerability occupies a central focus of care.

Refining Nursing Practice: A Grounded Theory of Nurses' Workplace Learning

Darlaine Jantzen

Camosun College

First-line nurses engage in ongoing learning to maintain safe, competent patient care. This learning is made necessary by both individual nurse's internal motivation and external workplace requirements. The dynamic and shifting health care environment places enormous demands for learning on registered nurses at a time when economic and regulatory drivers are reducing support for their formal learning, through continuing education. In this presentation I outline the findings of a grounded theory study of how nurses learn to nurse well in the current health care environment. Using semi-structured interviews and participant observation of experienced nurses nominated for their exemplary practice and grounded theory analysis I theorize a basic social process of refining nursing practice. This refining of nursing practice begins in nursing education and early work years through 'getting grounded,' a process which involves establishing capabilities that are used by nurses throughout their careers. These capabilities are (a) setting and maintaining high standards, (b) having a healthy apprehension, (c) seeing the whole patient picture, and (d) being self-aware. Key catalysts for nurses' workplace learning are mentor-guides, workplace camaraderie, and a highly functional workplace team. Although refining nursing practices includes both formal and informal learning, a significant amount of nursing expertise is developed through puzzling and inquiring, an iterative process of learning while nursing. I explore the findings in light of related literature and theorize that existing approaches for preparing and supporting nurses for practising nursing in current health care require complementary efforts to accomplish the goal of excellent patient care. Recommendations include enhancing nursing education and catalysts for workplace learning, as well as rewarding the essential role of mentor-guides in the workplace.

Exploring the lived experiences of stigma and discrimination among persons living with HIV (PLH) in rural communities: patient and family stories

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HIV infection is a contagious, greatly feared and highly stigmatized disease. AIDS-related stigma and discrimination manifest differently in different communities and sometimes violate human rights. In Nigeria, persons living with HIV (PLH) often migrate to rural communities to hide because of fear of stigma. This exploratory, qualitative study was aimed at identifying the lived experiences of stigma among PLH and their families in six randomly selected rural communities in southern Cross River state, Nigeria. Twenty-one PLH, 21 close relatives and 183 community members were selected through purposive voluntary sampling. Data were collected through focus group discussion and phenomenological interview where participants told stories of stigmatizing words, attitudes and actions expressed towards them or others. Each participant was interviewed twice, using pidgin English and local dialects. Sessions were recorded on audio tapes and process notes and transcribed verbatim for analysis using NVivo 7.0. Four themes and six sub-themes emerged including Blaming/condemning, Ostracism, Humiliation/loss of dignity and Rejection/self-isolation. Stigmatizing words were ('living corpse', 'a disgrace to family and society'); stigmatizing attitudes ('no one buys my wares anymore', 'made to sit at back of Church', 'not allowed to share in Holy communion'); stigmatizing actions, ('being spat at', 'no-one buys my wares', 'everyone leaves the stream as soon as I enter', 'made to keep money on the ground when I buy things', 'I don't socialize anymore'). Participants did not know that some of these constitute human rights violations. Findings suggest the need for community behaviour change interventions and form the basis for national policy.

Healthcare Policy and the Cultural Imaginary: How Canadian Fans of Grey's Anatomy Relate the Show to Ideas about Good Patients and Good Medical Service

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This presentation relates to an interdisciplinary qualitative case study using the show Grey's Anatomy to spur discussion about healthcare with fans aged 18 to 30 in Canada's westernmost provinces. The study focuses on policy-related questions and portrayals of who deserves medical care, which services are covered, and how medical services are organized. The highly rated Grey's Anatomy seemed interesting because, further to the premise that popular culture teaches audience members about themselves and sociocultural context (Jubas, 2013; Sandlin, Wright, & Clark, 2008; Tisdell, 2008), the study team noted that there have been few cultural texts highlighting healthcare produced by and for Anglo-Canadians, despite evidence that healthcare is one of the most iconic 'Canadian' issues ('Health care remains top issue,' 2010). We are, then, concerned with how views on Canadian healthcare are informed by imported cultural images. Themes discussed here are the belief that private, for-profit care is associated with quality (including shorter wait times), and the abandonment of policy in favour of social networks, personal resources and building a sympathetic case to resolve problems.

Consistent with the conference theme, this presentation illustrates possibilities for health-related research innovations. Combining textual analysis, common in humanities-oriented cultural studies, with focus groups and interviews from the social sciences and educational studies, this project suggests how interdisciplinarity can be taken up to pose new

questions and deepen insights about Canadians' experiences and learning about healthcare in an era characterized by neoliberal pressures on citizens and public services, and global influences on culture and policy.

Validation of a Qualitative Research Instrument

Agnes Kaufman

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In 2005 Mihai et al. conducted a written survey, distributed to 400 Romanian respondents, to determine their opinions about ionizing radiation. The interest in ascertaining reactions to ionizing radiation, particularly in a medical setting, is relevant to determine if there is a possibility that diagnostic examinations are declined due to lack of understanding of radiation and its potential uses and effects. The medical implications of delaying diagnostic evaluations may not only impact the patient personally but additionally add unnecessary stress an already overburdened health care system when the condition has advanced and requires a substantially more costly and potentially less effective treatment regimen. The original survey (2005) was distributed to radiation workers (26%), medical doctors without exposure to ionizing radiation (12%) and the general public (68%). The results of the survey indicated that with increased educational levels there was a corresponding decrease in anxiousness related to radiation exposure.

The objective of the current study was to attempt to validate Mihai et al.'s measurement instrument – that is, the questionnaire. This study redistributed Mihai's original questionnaire to a select group of bioethicists to elicit their comments about the questionnaire. With the comments and recommendations received a new questionnaire was devised. This new questionnaire was redistributed to the bioethicists to elicit their responses. The new questionnaire still demonstrated a significant unease with radiation exposure among a group of educated professionals.

Because of the important contribution of diagnostic examinations, particularly radiation emitting examinations to the diagnosis and treatment of patients, it is imperative that the public be educated about these concepts. Misunderstandings of medical radiation may potentially discourage individuals from submitting to needed diagnostic examinations. It would be advisable to initiate public education disseminated via media campaigns sponsored by community programs to credibly inform the public of the true risks and benefits of medical radiation examinations. In our modernized society there should not be individuals who experience unease or possibly even decline valuable medical radiation examinations. Without these examinations patients' diagnoses may be inaccurate and delayed. From an administrative point of view, without these examinations the cost of determining diagnoses may potentially be escalated significantly.

A limitation of this study was the small number of participants who reviewed the original Mihai et al. 2005 questionnaire. Furthermore, the study participants that were utilized represented only one segment of the population - they consisted of bioethics professors and graduate students from one northeastern university in the United States. The study results may have been impacted – internal bias - by the narrow segment of the population represented by these participants. A recommendation would be to conduct this investigation on a larger scale to validate results. .

Care to Touch? A meta-ethnographic synthesis of Touch in the healthcare professions

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Touch is integral to clinical practice. It is a significant component of nonverbal communication and frequently a taken for granted activity in healthcare. The literature on touch is diverse across the healthcare professions. Objective: To identify, describe, critically analyze and synthesize the literature on touch in everyday clinical practice. Method: Meta-ethnographic synthesis. We outline our strategy (and difficulties encountered) for literature search, inclusion & exclusion criteria and data extraction. We searched MEDLINE, CINAHL, PsycINFO, EMBASE, SocioFILE and ERIC using MeSH headings 'Touch'; 'Relationship' AND (doctor OR patient OR nurse OR professional); 'Communication'. Medical Subject Headings (MeSH), keywords and text word searching was used to include terms such as 'Touch' 'Nonverbal communication', 'personal space', 'relationship' and applied using Boolean operators. There were a total of 1011 papers after de-duplication. Application of exclusion criteria resulted in 369 papers. Abstracts and full text were reviewed leaving 22 qualitative papers. Studies are heterogenous in focus making translation difficult. Study quality was variable. Medical literature is scarce, the topic is more discursive in nursing and counseling disciplines. The concept of boundaries will be used as a line of argument to present our findings, exploring tensions between professional-patient boundaries, legitimate and illegitimate touch, space as a metaphor for expression of touch and individual-collective professionalism. In presenting the initial results of this investigation we hope to test our findings and

stimulate interdisciplinary debate with colleagues to inform further work in this field.

Creating transformational change in community mental health services

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In this year long, co-operative inquiry, action research study with people with enduring mental illness, health professionals, family members and carers, we sought to identify participants' perspectives of the meaning of recovery-oriented care. We aimed to develop shared understandings to inform recovery-oriented services for people with enduring mental illness. Through extensive participant dialogue there was acknowledgement of the power differences between participants. Thematically analysed data identified an overarching global theme: "I want services to hear me". The theme reflected a shared view that the voices of mental health consumers are important to health service development, but a participatory process, where consumers, carers, psychiatrists, mental health nurses, and allied health professionals engage in deep and meaningful conversation was unique and valuable. Actions included mapping the integration of consumer participation within a mental health service and developing workshops to support change. In our study, the use of participatory processes enabled discrimination to be revealed and difficult topics associated with psychiatric practice to be explored. Our findings indicate that partnership approaches, where all people associated with mental health services can work together in service development, enables the social determinants of health to be

addressed more effectively. Our study is unique, as it brought together different stakeholders who were involved in sustained engagement over a twelve-month period. Whilst our approach was at times challenging, it supported genuine transformational change.

Developing participatory methods that meet the needs of rural communities: the Rural ECOH study

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The international literature is replete with case studies of community participation in healthcare planning. Many have not been systematically or robustly evaluated. The Rural ECOH study, across six Australian communities, was designed to robustly evaluate the usefulness of 'Remote Service Futures', an evidence-based method of community participation. Using oral health as a focus, the theory was that services and local people would come together for evidenced-based discussions about oral health and would design costed strategies to address oral health challenges. Whilst 'Remote Service Futures' has been successfully used in the United Kingdom, in the Australian context, its translation has not been easy. Our findings reflect the dilemma of whether local organisations really want to delegate decision-making power to communities, and whether people want to participate in structured ways. We discuss the challenges that we encountered, and provide examples of the approaches that we have used to engage all stakeholders, including modifications to ethics processes, using social media, community conversations, working with existing community and social groups, and extensive work with community champions. Our findings have implications for policy and practice. Whilst internationally, policy promotes the active engagement of citizens and health service providers in health planning, service design and evaluation, there is little guidance on how this can be achieved. Our recommendations provide clear direction for enacting participation policy at a service and community level.

The challenges of implementing community based research in an Australian rural healthcare context

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In Australia, community participation in health service planning, delivery and evaluation is mandated through quality and safety standards. These standards are informed by international health policy that promotes community participation as a solution to the challenges faced by communities. Our participatory research study, across three Australian communities, was designed to develop meaningful participatory models that would address quality and safety standards. For our health service partners, there was an underpinning assumption that participation by citizens would build resilient, self-determining communities capable of dealing with complex access and equity issues and poorer health outcomes. The theory was that by giving decision making powers to community members, healthcare would be more locally responsive, costs would be contained and health outcomes would improve. Whilst we used a robust, community participation method, enacting participation at a grass roots level was exceptionally challenging. Data analysis resulted in three themes, a lack of shared understandings, governance and practical application, and sustainability, and we utilise these to explore the reality of implementing traditional methods of community-based research in a rapidly changing healthcare context. Drawing from our experience we provide practical recommendations for researchers undertaking contemporary participatory research and detail strategies that can be used to support the development of meaningful participation and engagement of all stakeholders in health service planning, delivery and evaluation.

Transitioning from hospital to home: The experiences of people requiring long term mechanical ventilation (LTMV) and their family caregivers: Preliminary Findings

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Advanced life support technologies have contributed to a growing population dependent on long term mechanical ventilation (LTMV). Although people receiving LTMV are increasingly discharged from hospital to home, little is known about this transition. The goal of this descriptive qualitative study was to elucidate the transitional experiences of people receiving LTMV and their family caregivers.

Recruitment of participants occurred through hospital and community respiratory clinicians in British Columbia, Ontario and Saskatchewan. Semi-structured telephone or home interviews were conducted with 18 adults receiving LTMV and 13 family caregivers. To foster reflexivity in analysis, regular team meetings were recorded, transcribed and reviewed to reach agreement on the developing themes.

Preliminary descriptive themes that have emerged include 'Mixed Expectations', 'Home as Hospital', 'Changing Roles and Responsibilities' and 'Isolation'.

From the perspective of adults receiving LTMV and their caregivers, there are not one but multiple transitions. For the adult receiving LTMV the more profound transition is the commencement of LTMV, not the transition from hospital to

home. While for family members, the more profound transition is moving from being a family member to primary caregiver. Participants described early uncertainties regarding their home management capacities and varying degrees of isolation in their transition. Health care professionals may use these findings to improve sensitivity, understanding and opportunities for improving transition in a growing LTMV population. Potential resources warranting inquiry include the development of peer support for people receiving LTMV and their families, in addition to community outreach, to more effectively bridge clinical and domiciliary environments.

Patient Experiences of Medically Unexplained Physical Symptoms: A Qualitative Investigation of Meaning

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Current diagnostic models in medical practice do not adequately account for patient symptoms that cannot be classified. When common diagnoses are exhausted, physicians will turn to investigating less common possibilities and at the moment of perceived saturation where all known diagnostic possibilities have been excluded, physicians - and patients - confront uncertainty in diagnosis which gives rise to the label of Medically Unexplained Physical Symptoms (MUPS). This phenomenological study, conducted by two teams of physician-researcher dyads in two geographic locations, sought to explore patients' experiences of prolonged uncertainty in diagnosis to elucidate and document the phenomenon. Participants in this study described their experiences with and consequences of MUPS primarily in relation to levels of acuity and acceptance of uncertainty, the latter loosely correlated to length of time since onset of symptoms (the longer the time, the more forbearance participants expressed). We identified three experiential epochs including the active search for a diagnosis, living with MUPS and, finally, acceptance/resignation of their condition. Findings point to the heightened importance of the therapeutic relationship when dealing with uncertainty. We also suggest that undergraduate and clinical education, as well as health care institutions, systems and research need to reflect that appropriate, effective and nuanced communication between patients and physicians as the bedrock upon which all health care is based.

Testing the Feasibility of ¡Cuidate! with Mexican and Central American Youth in a Rural Region of a South U.S. State

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Specific regions of the U.S., with increasing numbers of Latino youth, are in greater need of culturally sensitive sexual risk reduction programs. The Latino community, public school and regional university collaborated to test the feasibility of ¡Cuidate! in a rural region of a southern state. Twenty Mexican and Central American youth participated in the ¡Cuidate!

Program and post-program focus groups. Key findings were a) early adolescent girls, ages 13 to 15 years, gained the most from this program, b) mixed gender groups modeled healthy sexual communication and c) condom skills building provided a context of shared partner responsibility. Grade level and gender differences were significant. Focus group discussion noted that everybody needs sex education, the best program is hands-on and sexual decision-making is different after this program. The findings support the need for community-based efforts to provide safe, trustworthy environments that can deliver culturally sensitive sexual risk reduction programs to all adolescents.

Heart Transplantation: African Americans' Lived Experiences

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Heart transplantation is the accepted therapy for end-stage heart failure. Heart recipients are encouraged to perceive the heart mechanistically, as a new pump. In this paper, it is argued that replacing failing African American hearts with functioning hearts from deceased Whites must be considered much more than a complex technical procedure. A phenomenological philosophy offers a promising way to explore gender and racial health disparities following transplantation embedded within 'Tyranny of the Gift.' Understanding the disturbances to embodiment and personal racial identity associated with transplantation may explain adverse outcomes as well as the reluctance of many African Americans to undergo heart transplantation. Using grounded theory methodology, in-depth interviews with African American men and women heart transplant recipients were conducted post transplant. In addition, participant observations of a support group; in-depth interviews with transplant social workers were also conducted. This study found that gender and race influence African American's post-transplant adjustment to a new heart; and that gender and racial disparities are manifest throughout the transplantation process. This paper suggests that heart transplantation embodies covert and overt gender and racial inequities, which may be prevalent throughout various healthcare procedures where racial and gender stereotypes, impel misinformation; distort diagnoses and often alter proper treatments.

The Lived Experience of the Transgender Nursing Student

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Background: College campuses are diverse with a definition that includes lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals. Studies indicate that factors influencing academic and social success include: non-supportive academic environment, lack of faculty involvement/commitment, and institutional barriers. Students who are LGBTQ have the added stress of managing potential stigma from being in the gender and/or sexual minority. There has been little published about the experiences of the transgender college student and nothing on the transgender nursing student. Research suggests that LGBTQ nurses are the focus of two types of oppression: internalized negative attitudes and external sources of harassment/discrimination. LGBTQ nurses are frequently found to be invisible in the nursing workforce, absent from discourses of professional nursing organizations, ignored or pathologized in the nursing curriculum, and infrequently found in nursing journals. Objective: The aim of this research is explore the lived experience of the transgender nursing student. Study design: Using purposive sampling, participants were recruited via LGBTQ organizations, a national student nurse organization, websites and listservs. Taped and transcribed telephone

interviews used qualitative phenomenological inquiry (n=18). Data analysis: In progress using qualitative content analysis. To date emergent themes from the analysis include: Compounded stress from nursing school, stigma, fear, lack of educator knowledge, a paucity of transgender health content in nursing curricula, inconsistent support from administration, faculty and staff nurses as well as a lack of institutional and personal support systems. Grant support: UNC-W School of Nursing Corbett Grant.

Exploring the Balance System of Consumer Perception in Restaurant

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National Pingtung University

Tzu-Li Chuang

National Pingtung University

With the progressive increase in the average consumption of the people in Taiwan, consumers' demand for quality products and service is on the rise. As far as dining behavior is concerned, consumers are more and more concerned about the food with high quality, better dining requirements, and elaborate essence of service as well as high-level dining environment. In other words, enterprise not only has to offer the service which aptly satisfies consumers but also completely transforms its service features into the value that consumers are questing after in order to establish consumer loyalty. This study mainly adopts the research method of means-end chains and makes in-depth analyses with the combination of halo effect and balance theory. The aim of the study is to explore the relationship between the inner sense perception of consumers when they choose high-level restaurants and the essence of their balance system.

The conducting and process of this study will be useful in our understanding of the evaluation consumers have of high-level restaurants and in further analyzing the attribute preference and sensible evaluation of consumers when they face different service products. Those relevant marketing persons can thus provide or improve each service item of restaurants with the analysis result of this study and formulate appropriate marketing and advertising strategies in order to strengthen the competitive capacity of restaurant industry.

Exploring the key strategies of advertising appeal by using the means-end chains

Chin-Feng Lin

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Hsin-Chung Huang

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This study was based on Kano's model to investigate consumer's need and preference for functions of mobile phones and used Means-End Chains (MECs) to examine consumer's cognition and perception of product functions. The two models were integrated to create a 'Two-dimensional Hierarchical Value Map' as the foundation for the analysis of advertising strategies. This study first adopted content analysis method to induce attributes and outcome variables from literatures, printed media, and Internet advertisement about mobile phones. The nine value variables on the List of Values (LOV) proposed in Kahle (1989) were employed to find out the need and preference of three segmented groups of consumers, high school students, college students, and non-student, for mobile phone functions and further understand the outcomes and value perceptions generated by their preferred functions.

The 2-dimensional model analysis indicated that the functions of mobile phones preferred by consumers were mostly one-dimensional. The MECs analysis showed that 'MP3 music player', 'built-in camera', and 'mobile phone exterior design' were the functions valued by consumers when they purchased mobile phones, and 'increase of pleasure in life', 'enjoyment of the life of technology', and 'practicality' were the outcome benefits generated from product attributes. 'security', 'sense of accomplishment', and 'fun and enjoyment of life' were the ultimate values resulted from outcome benefits.

To discern consumer's need from the heart is the basis of marketing advertising planning. Mobile phone manufacturers and marketing personnel may use the proposed 'two-dimensional function-value map' integrated with Kano's model and MECs to understand consumer's need and preference for product functions and further use the result and value perceptions as the reference for marketing advertising strategies and product designs.

Finding where I fit: An autoethnography of integrating ethnomusicology in music therapy

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Music therapy researchers and theorists throughout the field are calling for collaboration with ethnomusicologists. Through autoethnography research, exploring and describing my own narrative of transitioning from ethnomusicology to music therapy, I hoped to illuminate some new understandings relevant to the discussion of theoretical integration. This research highlights perceived differences in academic culture between the two disciplines, in particular the uncritical academic environment of music therapy and the hypersensitivity to cultural issues in ethnomusicology that may contribute to philosophical hesitation towards 'doing something' with music, as music therapy of course must do. Relevant theoretical activities and approaches are identified, possibly expanding the view of ethnomusicology's role in music therapy as being beyond one of simply providing cross-cultural information.

"Leisurely Dining": Exploring how work organization and informal care shape residents' dining experiences in long-term care

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Food provision and the dining experience are integral to resident quality of life in long-term residential care (LTC) homes. Previous research has established that mealtimes are among the busiest times in nursing homes (Lopez 2006; 2007). Austerity measures in publicly funded LTC homes results in insufficient staff, burdened with heavy workloads and competing interests, which limits the amount of time available to assist residents with eating.

Rapid ethnography (Baines and Cunningham, 2011) within a feminist political economy framework was used for an international, interdisciplinary research project exploring healthy aging, and a parallel study investigating interrelationships between formal and informal care. Our innovative team-based method involved observations and

interviews (with residents, staff/managers, family, volunteers, students, and companions), and the use of dining maps (Daly, 2012). This paper analyzes 15 dining maps completed in Canadian, Norwegian and German sites to provide a) a cross-jurisdictional comparison of mealtime work organization and b) the time spent by formal and informal care providers assisting residents with meals.

Informal care providers in all sites spent a minimum of 25 minutes assisting one resident with eating. In contrast, staff was responsible for serving food, assisting numerous residents, recording intake, and cleaning up; in the majority of sites, staff could only afford 5-15 minutes of often-interrupted time to assist with eating, while sometimes necessarily helping two or more residents at once. Dining room maps highlight how too few staff hinders the ability to create a non-rushed, high quality resident dining experience, which is imperative for health and wellbeing.

Voices and Visions. Perspectives and Experiences of Teen Mothers in Sudbury, Ontario

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Sudbury District Health Unit

Much of the research on teen pregnancy has been designed to describe the resultant health and social disparities, disruption of education, lowered job prospects and childhood disadvantages in an effort to develop strategies for reducing its prevalence. Very few studies explore the experiences of the teen mothers themselves, particularly to understand the community barriers they face and how these could be improved to assist them with parenting. Using a feminist participatory action research methodology, this study documented the narratives of 8 teen moms in Sudbury, Ontario, to understand their experiences, and to hear their ideas for solutions for any barriers or challenges that limit their mothering. This was a mixed methods study using quantitative, qualitative and visual methods of data collection; data were collected using a demographic questionnaire, an individual interview, two group interviews, and 10 photographs taken by each participant. The results indicated themes of pregnancy/birth experiences, the challenges of motherhood, the significance of stigma and stereotypes, strengths and resilience, and recommendations. This presentation will focus on the methodological implications of the use of feminist participatory action research in this study: the importance of relationships with gatekeepers; the equalization of power between participants and researchers; women's experiences in knowledge creation; research capacity building; and the promotion of social action.

Complicating the dominant morality discourse: Parents' constructions of problematic substance use

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The research literature indicates that problematic substance use as health behaviour is poorly understood, sometimes viewed as deviance, at other times as a disease, and most often as a combination of these states. In an earlier article we

showed that the use of substances by women who are pregnant or new parents is often conceptualised by providers within a fetal-caregiver paradigm that prioritizes a conceptualization of women as incubators and primary caregivers of infants. However, that substance use during pregnancy and early parenthood cuts across social divisions and is shaped by socio-structural contexts including health care cautions us to critically examine public health interventions aimed at implementing prevention and risk identification programs for pregnant and early parenting women who are identified as problem substance users. In this follow-up paper we examine qualitative data from a convenience sample of biological mothers and fathers associated with a recent harm reduction intervention in Victoria, British Columbia known as the HerWay Home program. We focus on participants' conceptualisations of what is problematic about substance use during pregnancy and the transition to parenthood. Our results show that while many parents (similar to providers) reflect dominant social ideals regarding maternal abstinence, particularly during pregnancy but also during early parenting, the biological mothers and fathers we interviewed simultaneously embed their conceptualisations within a complex array of systemic and interpersonal social factors, identifying their own health experience as foundational to understanding their infants' health. Relatedly, participants identified that different substances, patterns of use, and contexts of use are part of understanding of 'risk', 'harm' and 'harm reduction', revealing a more complex depiction of problematic substance than is available in public health campaigns. These results point to an urgent need to move away from a prevailing focus on health behaviour as only an individual responsibility and instead capture the multiple ways people carry out and make sense of health-related practices, including substance use during critical turning points in their lives. We discuss our results in light of the current literature and suggest policy implications.

Strategies For Holistic Health Support Of Men In Polygynous Relationships

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The study has two separate but related aims, which are to explore the social and health experiences of men who are in polygynous relationships and to develop holistic health and social strategies to support men who are in polygynous relationships.

Objectives of the study were to identify the different permutations of polygynous relationships that related to health and social issues; to clarify the social status of men who are in polygynous relationship; to explore and describe the health experiences of men in polygynous relationship; to explore and describe the social experiences of men in polygynous relationship; to explore the spiritual experiences of men who are in a polygynous relationship; to describe and to generate holistic strategies to support men who are in a polygynous relationships.

Method: In this study, the researcher used descriptive and interpretive phenomenological processes to develop a range of holistic strategies to support men who were in polygynous relationships. The researcher described the experiences and developed interpretations based on the lived experiences that the men reported.

Findings: Polygyny remains the reality within the Bapedi nation in Sekhukhune area. The practice of polygyny is not only for the affluent as indicated in most literature but is also practiced as a corrective strategy for families who are experiencing marital problems. Polygyny is not viewed as abusive to the women and children but rather beneficial to the women. It helps to reduce the risks of the development of cervical cancer that is predisposed by frequency of sexual intercourse. Polygyny promotes the morals within the communities, as children grow up within the two parents' environment as opposed to the rising numbers of single parent families. Polygyny practice in the Sekhukhune areas is a voluntary choice and not a forced marital arrangement.

Conclusions and recommendations: The researcher recommended policy guidance to support health practitioners with

strategies to assist members of polygynous families in need of help. The policy also guides employers to recognise and to register the second or third wife as beneficiaries of the working husband.

Exploring Parental Perception of Healthy Eating and Physical Activity: Results from a Photovoice Project

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The purpose of this study was to explore parental perception of assets and barriers to healthy eating and physical activity. The prevalence of overweight and obesity among children worldwide continues to be a public health priority. Parents are the key change agents within the family system; uncovering parental perception of assets and barriers to healthy weight maintenance are necessary to plan interventions tailored to the family unit.

A community based participatory research (CBPR) approach, employing the Photovoice data collection method, was used. Ten mothers of children aged 2 to 18 years were recruited to participate from a community clinic in Georgia, USA. With disposable cameras, participants took 25 pictures on the themes of healthy and unhealthy eating and physical activity in their homes or communities. Focus groups and individual interviews were used to discuss the pictures. Data were analyzed using Diekelman, Allen, and Tanner's (1989) steps for thematic analysis.

Five major themes were found: role-modeling, cultural food choices, accessibility of healthy and unhealthy foods, influence of technology on physical activity, and lack of safe places for physical activity. The results of this study will help to plan interventions in this community to reinforce parental strengths (e.g., role-modeling), and address family barriers (e.g., accessibility to unhealthy foods) to healthy eating and physical activity. Further research is needed to substantiate the findings.

The Nurse Match Instrument: Matching Professional Nursing Identity & Professional Nursing Values with Potential Nursing Recruits Using Qualitative Methods

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We describe Part 2 of the qualitative research processes of constructing a novel instrument, 'Nurse Match'; to explore the values of prequalifying nurses and match them with the professional identities of professional nurses in the United Kingdom (UK). The professional identity of professional nurses is nebulous and difficult to articulate clearly and with consensus but remains a desirable attribute of professional nursing. Existing literature reviewed for the research found limited evidence or empirical research into the concept of professional nursing identity or nursing values. The 'Nurse Match' instrument is based on an established approach to identity measurement: Identity Structure Analysis (ISA), and

its associated psychometric tool; Ipseus, both of which, have been employed in a number of applied areas, together with 'Match' system for comparing the profile of a nurse applicant with the desired profile of an experienced and successful nurse practitioner. Matching values of new nursing applicants with professional values is supported by Health Education England (HEE) & recommended in many recent high profile public enquiries into failings in UK health care provision. Pre-qualifying nursing applicants now undergo qualitatively different forms of assessment of their values and attributes, in order to measure caring values, attitudes and behaviours attuned to the requirements of UK professional nursing. The 'Nurse Match' tool was developed using qualitative methods in response to the demand for assurance that only those candidates with the right value base are selected for nursing and that universities providing nurse education are achieving in developing these core values in students.

Title: Creating An Institute For Nursing Research (Irn): Using The Patti©* Strategy To Meet The Needs Of Service Partners (Patti* Copyright)

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The innovation of an Institute for Research in Nursing (IRN) at Bucks New University (BNU) was fostered through the process of partnership working, which requires qualitatively different research methodologies in order to foster an environment of co-participatory researching and working. Higher Education Institutions (HEI's) are perfectly placed to foster partnership working and collaboration with service providers but the results of these collaborations are often intangible and difficult to define. Despite both organisations being public service providers they are driven by very different goals. The NHS prioritises delivery while HEIs prioritise publication and grant income. The synergies and potential impact on the public good of collaboration has been generally recognised but the means of achieving collaboration in practice have faltered and despite considerable effort over a prolonged period of time clinical/academic careers in nursing and the allied health professions have not become mainstream. We argue for a move away from the traditional predominant paradigm of Evidence Based Practice, where there is a separation of the producers of research evidence in universities, which is then applied to practice, instead we argue for Practice Based Evidence, (PBE) which can then inform academia and be applied to the practice of teaching, learning and the practice of nursing. We outline how we promoted PBE through qualitatively different co-participatory research through our PATTI* ? research strategy, which identified four main topics:

1. The Priorities Of Populations & Local Community
2. The Strategic Trusts-Wide Priorities
3. The Nursing Priorities
4. The IRN Collaborative Priorities.

Health care professional's experience of silence in hospice palliative care: A hermeneutic analysis

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End of life is a time replete with moments of intense joy, suffering and sadness. In hospice palliative care, interactions between people facing their death, families and care providers can be both meaningful, and angst-filled and at times, poorly understood. Within the realm of these situated communications, the experience of silence has been particularly under-researched.

What is the experience of silence for health care professionals, with people at the end of life and their family members? This question informed a qualitative research study in which eleven members of an interdisciplinary care team responded to a call for in-depth interviews on the topic. Philosophical hermeneutics has underpinned this work from the conceptualization to the interpretive analysis. Interpretive hermeneutics grounded in the contextualized human experience parallels both hospice palliative care and the approach to this study. Findings of this study will be presented alongside what is previously known about the experience of silence in the context of therapeutic relationships in ways that both re-inscribe tradition and disrupt our previously taken for granted assumptions of the meaning of silence.

It is anticipated that understandings generated through this research will inform professional care provider's approach to interactions with patients and families in hospice palliative care.

Embracing care: The experience of family carers managing technical health procedures at home.

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Advances in medical care and technology, population ageing, policy shifts towards community care and family preferences for home over institutional settings are contributing to increased demands on family carers. Beyond housework or personal care, some carers take responsibility for 'technical health procedures' ranging from changing wound dressings to managing a tracheostomy. There is limited research about carers' experiences with such roles or how professionals teach and support them.

The objectives of this research were to develop theory about how families learn to undertake technical health procedures and their experiences of managing these procedures at home. Grounded theory methodology was used with data drawn from interviews with 26 family carers caring for their child (20), partner (3), parent or grandparent (3). Technical procedures included nasogastric or gastric feeding, intravenous medication, tracheostomy management and peritoneal dialysis. In addition, 15 health professionals involved with teaching family carers were interviewed.

An overall theory of 'wayfinding' has been developed, comprising two major processes: a learning process (moving from initial training to novice caring to becoming an expert carer) and 'embracing care' which describes the way family carers experience and respond to taking on the role of managing technical health procedures.

This presentation will focus on the spectrum of embracing care (accepting embrace, resisting embrace, reluctant embrace, relinquishing embrace and being overwhelmed by the caring role) and describe patterns of movement between these positions. It will also consider the social and health services contexts in which embracing care occurs and the implications for health professional practice.

Interpretive Policy Analysis of Food Insecurity in the Public Policy Debates of Canada ‘

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Interpretive policy analysis concerns itself with situated meanings, historical contexts, and the importance of human subjectivity. These are the cornerstones of a critical approach to policy analysis which challenges the positivism and scientism of normative policy analytic research. Hansards are the verbatim transcripts of Canadian legislators speaking within the federal Parliament or the provincial Legislative Assemblies. Household food insecurity (lack of access to food because of financial constraints) is a significant and persistent public health problem in Canada affecting 12% of households with important health and mental health consequences. Examined over time, by jurisdiction, by political affiliation, and within rhetorical debates, Hansards provide a substantive data set from which one can study how food insecurity is socially constructed as a policy problem in Canada.

We created a comprehensive extract database from federal and provincial (British Columbia, Ontario and Nova Scotia) Hansard legislative and select sub-committee transcripts from 1996 to 2012 using online and manual search strategies based on select keywords (e.g., food insecurity, hunger, low income, poverty). Compiled extracts were analysed through iterative coding, immersion/crystallization, and critical interpretive policy approach.

We found a paucity of federal or provincial health or social policy propositions directed at food insecurity despite vigorous discussion about the problems of ‘hunger’, ‘food bank use’, and poverty in general. We suggest that a greater understanding of how food insecurity is problematized in key political institutions offers the opportunity to align interventions and policy action in ways that are more acceptable to policymakers.

Qualitative Interviewing with traumatized and vulnerable populations: A social work perspective ‘

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For many years there has been a debate about the apparent ‘hand in glove’ fit between the profession of social work and qualitative research (Gilgun, 1994; Padgett, 1998; Bein & Allen, 1999; Lorenzetti, 2013). Social work skills of active and reflective listening, their comfort with the naturalistic surroundings through home visits, their emphasis on context specific meaning making, and their openness to learning from the client are processes that parallel those of qualitative interviewing (Gilgun, 1994). Both the qualitative interview and the social work relationship are based on respect and

curiosity regarding the perceptions of those we are working with. Social workers and qualitative researchers are interested in uncovering hidden complexities as well as hidden agendas (Lorenzetti, 2013). In-depth interviews aim to engage participants in authentic dialogue to reach new levels of awareness and uncover hidden truths. Personal narratives of suffering and oppression can inspire and transform. Informed consent ensures participants are aware of the aims of the research/social work encounter. Padgett, (1998) cautioned social workers that there are serious matters to be considered that differentiate qualitative research from social work practice not the least of which are outcomes or goals: helping vs knowledge generation, or criteria that indicates success. Considering that social work research is frequently associated with populations that are marginalized, even traumatized, the need to carefully distinguish these roles from each other becomes more urgent. This paper examines the moral, ethical as well as emotional costs researchers must weigh as they engage with vulnerable and traumatized individuals.

Enhancing Supportive Decision Making For Aboriginal Patients and Family Members

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Background: In Canada, Aboriginal peoples have higher mortality and morbidity rates than their non-Aboriginal counterparts. Aboriginal peoples' voices are often dismissed, with little known in the mainstream medical or bioethics literature regarding their experiences in healthcare decision making.

Purpose: Via stories from Aboriginal patients, supportive decision makers (SDMs include formal surrogates and loved ones who make joint decisions alongside a competent patient), and patient navigators/liaisons, this presentation examines factors affecting Aboriginal patients'/families' ability to make complex healthcare decisions that uphold their priorities and values.

Methods: Twenty-four in-depth semi-structured interviews (14 patients, 10 SDMs, and 3 patient navigators/liaisons of Aboriginal ancestry) were conducted in a Canadian city. Transcribed data were coded and thematic analysis was informed by grounded theory.

Results: Participants identified three intersecting themes regarding challenges in healthcare decision making. First, patients/SDMs consistently encounter relational obstacles including distrust, stereotypes, or dismissal of Aboriginal stories by HCPs as irrelevant to care. These barriers perpetuate the lack of cultural safety in clinical encounters. Second, some patients/SDMs face informational barriers due to their low literacy regarding western and institutional medicine and lack of accessible information. Third, participants highlighted systemic factors including their distrust of institutional care, HCPs' ignorance of traditional healing practices, and lack of coordination between healthcare and other social services.

Discussion: Participants highlighted the importance of promoting socio-historical understanding, dismantling stereotypes, fostering relationships, coordinating various aspects of care, and attending to indigenous ways of knowing in strengthening therapeutic alliances. Professional and systemic strategies to promote Aboriginal-centered care will be discussed.

Reframing Rigor in Qualitative Inquiry

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The ongoing crisis in qualitative inquiry is ensuring “reliability and validity”. Guba and Lincoln’s now classic works (Guba, 1981; Lincoln 1985, 1995; Lincoln & Guba, 1986) recast rigor as trustworthiness, authenticity, transferability and so forth, but, because the debates continue, these standards have failed.

Yet all of the strategies or criteria or approaches suggested thus far continue to focus on the researchers, pay minimal attention to the characteristics of the subject/topic/phenomenon that is being “certified” as reliable/valid. In other words “verification” of reliability and validity has been associated with researchers’ techniques and strategies, excluding consideration of the nature of what is being verified. In this presentation, I suggest a new approach, reframing validity and the place of reliability in qualitative inquiry.

Domestic violence as an assault on selfhood: implications for women’s citizenship

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Domestic violence is known to have a deleterious impact on women’s mental health. Most research in this area is quantitative and focuses on identifying mental health problems in women during or soon after leaving violence. As part of a wider study into the influence of domestic violence on women’s citizenship, we undertook a major online qualitative and quantitative survey in Australia that included questions about both the more immediate and longer term effects on emotional wellbeing. This paper is based on preliminary thematic analysis of 557 women’s qualitative text-based responses to an open-ended question about the impact of domestic violence on their psychological and emotional wellbeing. As contextual background, 70% of the women who answered these questions (N=613) indicated good psychological and emotional wellbeing before domestic violence, while 90% and 65% respectively reported poor psychological and emotional wellbeing during and after domestic violence. Qualitative thematic analysis of the text-based responses revealed profound experiences of dehumanisation and depersonalisation that extended well beyond the period of violence itself. In addition to identifying specific mental health problems such as anxiety and depression, many of the women described experiencing violence as a process that stripped them of their sense of self and self-esteem. This included coming to doubt their thoughts, feelings, opinions and sanity, losing trust in others and retreating from relationships. In theorising citizenship from a feminist perspective, Lister (1997) argues that ‘to act as a citizen requires a sense of agency, the belief that one can act’, and that self-identity in turn requires self-esteem (P.38). She also argues that citizenship involves belonging (1997). The paper examines the implications of considering domestic violence as an ‘assault on the self’, and explores how some women nonetheless manage to overcome these experiences to re-discover self, agency and belonging.

Developing a readiness assessment framework for scaling up a population health intervention: A critical interpretive synthesis

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The need to scale up population health interventions (PHIs) to improve human health and reach particular health goals (e.g. Millennium Development Goals) has been echoed throughout the literature. A PHI is defined as a discrete set of actions that impact a number of people on a jurisdictional level, with the potential to improve health and reduce health inequities by changing the underlying conditions (i.e. social determinants of health) of health risk. However these health benefits may not be realized if PHIs remain small, localized, and are not sustained.

Currently, the process of implementing and sustaining the scale up of a PHI is poorly understood; thus, there is limited guidance to inform decision-makers and implementers who are considering scaling up a PHI. The purpose of this paper is to generate a readiness assessment framework regarding common processes used to successfully implement and sustain scale up of a PHI.

A critical interpretive synthesis of peer-reviewed and grey literature was conducted, which encompassed proven PHIs, an explicit attempt to scale up, and empirical data related to the scale up process. Methods also included grounded theory techniques, thematic analysis, and concept mapping. Analysis identified three phases (pre-scale up, implementation, and sustainability) in the scale up process that have both shared and distinct elements. The overall process involves facilitators, barriers, resources, and supportive conditions. These components will be further elaborated in a readiness assessment framework that may be used by stakeholders to make an informed judgment regarding their readiness to scale up their PHI.

Investigating Determinants of Drinking Behaviours

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Water is essential for all functions of the human body and therefore maintaining a state of optimal hydration is beneficial to health and can enhance quality of life. Although there are several recommendations regarding total water intake, there is limited information regarding real-life drinking habits and how these relate to these guidelines. The aim of this novel study was to assess knowledge, beliefs and behaviours of hydration, including motivators and barriers to drinking and potential behaviour change enablers.

57 participants took part in 11 focus groups to ascertain knowledge, beliefs and behaviours of hydration. They also provided a 24-hour food diary and two urine samples.

Analysis of food diary data and urine revealed variation in terms of hydration status and quantity and types of beverage consumed.

Thematic analysis of focus group transcripts revealed a variety of themes which had an effect on beverage choice and drinking behaviours, including Nutritional Content of Beverages, Limiting Food Intake, Busy or Bored, Culture and Peer Influence, Routine/Habit, Illness and Ethical Positioning. These themes encompass nutritional knowledge and information, social context, environmental context and personal context.

This study highlights the types and quantities of beverages consumed and how this relates to hydration status and current recommendations of total water intake. In addition, there appears to be great degree of variability relating to what beverages are being chosen by whom along with when, where and how. This information is helpful for health care providers, policy makers and drinks manufacturers.

Renal Transplantation Illness Narrative: Focusing on Family Experiences with Autosomal Dominant Polycystic Kidney Disease

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Tokai University

Hiroki Maeda

Tokai University

The purpose of this study is to explore how a family with autosomal dominant polycystic kidney disease (ADPKD) experiences their illness and their history of illness through renal transplantation to a child from a parent without ADPKD. A child suffered renal failure from ADPKD and her family selected renal transplantation as a treatment. Semi-structured interviews were conducted with the family members, and phenomenological methods were used to analyze the data. The research plan was reviewed and approved by the Ethics Committee.

ADPKD, a hereditary disease, creates a strong personal bond between the parent with ADPKD and the child with the same. However, the structure of the family relationship totally changes when the other parent is required to take on the roll of donor. The family members reflected on the history of their illness from diagnosis of ADPKD through to renal transplantation. They reframed their experiences in a historical narrative, participated in patient advocacy groups, and dealt with a subarachnoid hemorrhage in the parent with ADPKD. By recalling their illness through narrative, they were able to recognize that many people supported them. After renal transplantation, the child began to perform daily activities again with ease. The family members' roles have changed and they have started developing a new lifestyle. In future research, we would like to explore the relationship between involvement with patient advocacy groups and the family life of patients with ADPKD in Japan.

Diabetes in pregnancy among First Nations women in Alberta: a mixed methods approach

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The purpose of this research was 1) to generate an epidemiological profile of First Nations diabetes in pregnancy in Alberta; and 2) to qualitatively explore among First Nations women both the experience of having diabetes in pregnancy and the factors that contribute to achieving a healthy pregnancy.

De-identified administrative data of delivery records were explored (years 2000-2009). A focused ethnography was conducted with 12 First Nations women with previous diabetes in pregnancy that sought care in Edmonton. Unstructured interviews were recorded, transcribed, and subject to content analysis.

First Nations women were more likely to have antenatal risk factors and adverse infant outcomes, which were compounded by diabetes. Although GDM rates were higher among First Nations women, prevalence grew more rapidly over time in non-First Nations women. The longitudinal rates of pre-existing diabetes were generally steady, yet First Nations women endure a greater than two-fold higher prevalence. The experience of diabetes in pregnancy is one wrought with difficulties but balanced to some degree by positive lifestyle changes. A struggle for control permeates the experience, but having a strong support system (family, healthcare, cultural/community and internal) and the necessary resources (primarily awareness/education) allows women to take some control of their health.

As high-risk pregnancies and poor outcomes are more common among First Nations women, efforts must be made to improve pregnancy care. Specifically, these efforts should strive to enhance the support systems of these women, increase their sense of autonomy, and raise awareness of diabetes in pregnancy and its accompanying challenges.

The Stop, Look and Listen Study: Using ethnography with children and young people with learning disability and their families in hospital.

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The numbers of children and young people (CYP) with learning disability and complex health needs has increased significantly over the past four decades and is expected to continue to rise. Despite recognition of the rights of CYP to be consulted and involved in decisions about their care, the voice of those with learning disabilities remains largely unheard. Traditionally this group is excluded from research due to perceived practical and ethical challenges.

The aim of the study was to understand the needs and experiences of CYP with learning disability and their families in a paediatric tertiary healthcare setting. This paper is a critical review of ethnography in this context, identifying the opportunities and challenges that arose through its application.

Ethnography facilitated meaningful involvement with these patients and their parents by repeated engagement over a prolonged period of time. Through observation, communication and immersion, the researcher became part of the patient's journey, gaining a real time understanding of their experiences. Moreover, ethnography proved invaluable for acquiring insights into what the hospital world might look, sound and feel like to those unable to share their experience

through their own words. Ongoing observation of staff, parent and patient interactions also helped identify the position CYP with learning disability occupy within the hospital setting. Challenges with using ethnography included identifying eligible participants, fitting data collection around healthcare provision, establishing boundaries and ensuring everyone's story was told.

This study has shown that ethnography has significant potential as a methodology for future research with this patient group.

School Trajectories of Students in Alternate Programs: The Role of Stress and Coping

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Learning how to cope with stress is an important developmental task of adolescence. Part of the stress that many youth experience is learning how to navigate the pressures and expectations of school, particularly the transition to secondary school. For youth with emotional and behavioural difficulties (EBD), dealing with this stress can be overwhelming and can have negative repercussions on their physical and mental health, including anxiety and depression. As such, understanding how youth perceive stress in the context of schools is an important area of research. The purpose of this study was to explore the lived school experiences of students with EBD. Eighth grade students (n=6) created a visual map of their school trajectory and participated in a semi-structured interview, and data were analyzed using interpretative phenomenological analysis (IPA). Findings indicated that students adopted some positive coping strategies, but when these were not successful in mediating their stress, students resorted to self-harm, substance misuse, school self-exclusion, and aggression to help them cope. Ultimately their high levels of stress combined with maladaptive coping skills negatively impacted youth's health and educational outcomes, including their removal from traditional educational programs. These findings highlight the importance of teaching youth adaptive coping skills to support their physical and mental health during adolescence and over their lifecourse, and of making administrators and educators aware of the role of school context and policy in the relationship between stress, health, and education.

The Personal Capacity of the Non-Traditional College Nursing Student in Remaining in School

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The retention of the nursing student remains one of the most crucial processes that impact associate degree nursing programs. College nursing student retention is significant to our future healthcare needs and continues to be an issue from the financial perspective as well as student, faculty, and family perspectives.

This research created an innovative beginning theory to describe the associate degree nursing student and their ability to remain in school. Enhancing personal capacity emerged as the central phenomenon which guided ten associate

degree nursing students toward retention and graduation. Utilizing Charmaz (2006) as a grounded theory approach, interpretive statements were lifted from students' personal descriptions of their actions to remain in school. Personal capacity was interpreted as statements that describe how the non-traditional college nursing student stays in school through the following processes: redefining self in maintaining health and wellness, minimizing learning strategies, restructuring finances, and adjusting for living tolerance. Through these processes, the ability of enhancing personal capacity was realized which, in turn, increased opportunities for the college nursing student to remain in their nursing program.

Producing stress through public policy: Constructions of stress in the text of U.S. legislation O

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Although stress has been the focus of extensive research in the health sciences, many scholars have criticized the stress concept on grounds that it constructs societal issues as individual-level problems. These social constructivist scholars have called for critical examination of the ways that institutions produce meanings of stress, but empirical research about how stress has been constructed in textual artifacts of these institutions is lacking. I sought to address this knowledge gap by qualitatively exploring constructions of stress in the texts of U.S. legislation.

I conducted an ethnographic content analysis of all bills introduced in U.S. Congress between 1989-2009 assigned the Legislative Indexing Vocabulary term 'Stress (psychology)' by the Congress Research Service (N=154). I imported the full text of each bill into NVivo. I coded texts using an inductive approach and employed constant comparison and theoretical sampling techniques to analyze the texts.

I found stress to be constructed as an amorphous, but predominantly individual-level, problem in the text of proposed legislation. A wide range of experiences were identified as stressors, ranging from care giving to farming. Mitigating health issues caused by stress was frequently presented as the rationale for stress-focused legislation and interpersonal violence was often identified as both a cause and consequence of stress. Discourses of individualization, such as 'stress management' and 'lifestyle change,' were pervasive and legislative proposals to prevent exposure to stress were limited. Macro-level stressors (e.g., poverty, unemployment) were not discussed within the context of stress.

Implications research and science-based advocacy will be discussed.

Practical skill performance across different learning sites in nursing education.

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There is a general assumption that practical skills learned through simulation are highly transferable to the clinical setting. However, little is known about students' skill performance on patients following simulation-based learning in the skills centre. To investigate skill performance across learning sites we video-recorded four nursing students while they

practiced peripheral vein cannulation in the skills centre and the clinical setting. Making sense of video-recorded data is challenging due to few set ways of analysis. In addition, the novel nature of our investigation made it necessary to think in new ways about the analysis. In our case we developed a software solution that was able to handle large amounts of details on each student's performance, such as 47 defined steps of skill substance, sequence of the steps, and codes defining the accuracy in performance of each step. The quantification of the students' performance enabled a qualitative description of their learning. The findings showed a relationship in accuracy of performance across skills centre and clinical setting. Many steps of the skill were performed correctly across learning sites. Some steps were performed incorrectly, while several steps were not performed or not relevant to perform in both learning sites. We view this software as a heuristic that assisted in a comparative approach to each student's performance across the two learning arenas. It allows for the identification of similarities and differences in performed steps and in the accuracy of performance across learning sites. We will discuss the analysis and exemplify with some findings.

'I really hadn't thought about it:' How ovarian cancer patients find out about clinical trials

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Ovarian cancer is the most lethal gynecologic cancer. While 75-80% of women respond to initial treatment, 70% will face recurrent, incurable cancer. Clinical trials (CT) may offer improved survival or disease stabilization and accelerate discovery, yet patient participation is low. As part of a larger study addressing CT decision-making among ovarian cancer patients and their family members, we explored the experience of finding out about available CT through semi-structured interviews with 27 patients (ages 36-76 years) who had been offered a trial at a comprehensive cancer center. Thematic analysis yielded major findings around patients' evolving openness to the idea of clinical trials, their active or passive access to trial information, and the role of health care providers in that process. We found that patients approach the idea of trials differently at points along their disease trajectory. While the idea may be overwhelming at the time of diagnosis, patients appeared more open to receiving information or more motivated to search for it with a first or subsequent recurrence. Some patients said they actively searched for CT information online, but the results were described as overwhelming and cumbersome. Most patients said they preferred information to come directly from their doctors, who they described as more knowledgeable about the science, eligibility criteria, and appropriateness of the trial. However, patients were uncertain about whether their doctors kept them in mind as new trials became available. These findings have important practical and ethical implications for how health care providers help patients find out about CT.

QOL & Inner Strength in Families with Adolescents

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Gayle Roux

University of North Dakota

The purpose of this study was to describe the perceptions of Quality of Life (QOL) and Inner Strength in families. This research is a component of a large mixed method, multi-site study in the United States on improving health outcomes for families with adolescents with spina bifida (SB). The larger study investigated adaptation in families with adolescents and young adults (AYA) with and without spina bifida (SB). Families (N=198), (parent and AYA) completed telephone interviews with QOL questions. Participants included parents with AYA with SB (54%) and without (46%). The parents were primarily female (94%) and Caucasian (86%). The mean age of the adolescent was 15.2 years. Content analysis was conducted. Themes included perceptions of the meaning of QOL for the family and adolescent. Concepts described were importance of friendship, time for togetherness, connectedness, financial stability, and family activities. Although differences between individual and family meaning of QOL emerged, the overall appraisal was positive. Comparison of QOL in the families and adolescents living with and without SB will be discussed. Study results can assist providers to focus support on enhancing family strengths important to parents and adolescents. The findings emphasize the need for comprehensive interdisciplinary teams to promote independence of the teen as well as health of the family unit. Future cost-effective, quality healthcare innovations should include strategies for the health and QOL of families and adolescents. Further study is needed to maximize QOL and Inner Strength in families with adolescents living with neurological conditions.

Harnessing the Power of Social Media to Enhance Your Qualitative Research

Tracie Risling

University of Saskatchewan

Jillian Wilmot

University of Saskatchewan

The pervasive influence of social media (SM) is continually evolving and increasingly relevant for healthcare and health research. There are significant opportunities for qualitative researchers to harness the powerful connectivity and tools of SM in advancing their own research agendas. This presentation will include results from a recent literature review on the use of SM in healthcare with a particular focus on qualitative research application. To begin, an overview of SM statistics will be shared providing a real-time look at the immense reach and collaborative strength of these media. From the results of the literature review, three distinct opportunities for the use of SM to enhance qualitative research efforts will be presented: (1) the use of SM for participant recruitment; (2) the role of SM in knowledge translation; and (3) how researchers can use SM to create personal learning networks and professional connections. The presenters will briefly introduce some common SM platforms with practical tips on how researchers can establish connections, or enhance their current use of these. A discussion on the power of the #hashtag in directing SM messaging and efficiently cataloguing SM data will conclude this session.

The Role of Communities of Practice for Registered Nurses in Specialized Practice O

Tracie Risling

University of Saskatchewan

The community of practice (CoP) concept is being increasingly utilized in health literature, yet little has been reported on healthcare specific CoP function. This presentation features the results of a recent study on communities of practice (CoPs) in nursing. The purpose of this constructivist grounded theory research was to explore nursing specific processes associated with CoPs in specialized acute care settings with a focus on their potential role in Registered Nurse (RN) integration and professional development. Key findings from this research included the identification of competence in the specialized RN role as a main concern for participants. The achievement of competence was influenced by two social processes relating to the transition and integration of new RNs into their specialized environments. The social context for this development was a CoP in each specialized unit and several specific aspects of these nursing CoPs were discovered and will be detailed. This presentation will conclude with recommendations from this research for the further support of CoPs in healthcare settings. There is much more that can be done to realize the potential contributions of these communities in successfully integrating, and further educating, nursing professionals.

The complementary role of individual-level and community-level health promotion interventions: Baseline findings from a Grounded Theory study

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Health inequalities are the result of social inequalities and are a major concern in the UK. In Stoke-on-Trent there are relatively high levels of deprivation, a population health profile that compares poorly with national figures, and considerable health inequalities across the city. A number of large scale programmes have been commissioned to address this common issue. Yet, the degree to which these programmes complement one another is unclear. By improving this understanding, programmes could be better co-ordinated and targeted to maximise their impact on health and health inequalities.

This qualitative longitudinal study aims to explore the respective roles and complementarity of two such programmes: the Lifestyle Service (LS), an individual-level health programme that uses behaviour change techniques to promote healthy eating and physical activity; My Community Matters (MCM), a community-level programme that aims to improve health through engaging residents in community change.

This paper will present baseline findings from participant interviews at the beginning of their engagement with the respective programmes, analysed using Charmaz's constructive approach to Grounded Theory. Fifty semi-structured interviews with 23 participants from the LS and 27 from MCM were recorded, transcribed verbatim and will be coded using constant comparative analysis.

Analysis of baseline data has explored differences and similarities in expectations of participants in each programme. Preliminary themes in terms of similarities are: supportive role, seeking external guidance, desire to make a change. In terms of differences: well-defined vs. multiple vague targets, or requirement of own endeavour vs. external direction. Preliminary findings of baseline data will be presented, with descriptive statistics on typical population profiles.

An Uneasy Subjection: The Emergency Room Encounters of Women with Cardiac Symptoms

Heather Eileen Russell

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Heart disease is a leading cause of death in North America for women, and imposes a particularly onerous burden both on the individual and society. Healthcare institutions have focused on improving efficiencies in the institutional delivery of healthcare, while individual management of health in the context of their private lives has received much less attention. Current evidence suggests that healthcare professionals and female cardiac clients may be using disparate discourses and practices which constrain the optimal identification and management of women's cardiac health.

An analytic interpretive approach to discourse analysis was used to examine the practices and understandings of health professionals and women with cardiac symptoms by exploring instances of communication in the Emergency Room encounter. Field observation and interviews of health professionals as well as women seeking care for heart symptoms in an Emergency department were used to gather the data.

The biomedical view of health and healthcare, and the institutional imperative of economics and efficiency were found to be the privileged discourses for both healthcare providers and women seeking healthcare. Their narratives revealed both resistance and alignment with these privileged discourses, and the understanding and management of these women's health issues was constrained. Understandings generated from this research could support the privileging of new discourses in health care encounters that orient to the individual management of health, and that encourage a new ethos within healthcare encounters.

The use of sequential exploratory mixed methods to explore the consequences of a sudden change in methadone formulation and determine the prevalence of these consequences

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Methadone Maintenance Treatment (MMT) has been available in BC for over 40 years, and is an important harm reduction tool. MMT is effective in reducing heroin use, HIV, hepatitis C, mortality, and improves social functioning and pregnancy outcomes. There are currently over 14000 people on MMT in BC. Retention is less than 50% due to program-related or patient factors and incarceration. Literature shows that intolerance to formulation changes is important in MMT retention and social stability.

In February 2014, methadone was changed BC-wide from a compounded orange drink, to ten times more concentrated cherry-flavoured syrup (Methadose), and dispensed undiluted. At harm reduction and overdose prevention meetings

researchers heard concerns voiced by health professionals and community groups about the lack of preparation prior to the change, safety issues and perceived difference in effectiveness of MMT. This prompted researchers to explore consequences of formulation change by adding questions to four focus groups with peers already arranged for a study about communicating drug alerts. Peers reported dissatisfaction with the taste and disruption with treatment; some felt Methadose was inadequate and needed to increase or separate doses or reverted back to heroin use. This information helped develop quantitative questions added to the annual harm reduction distribution site client survey to determine prevalence of these consequences.

This is an example of how a sequential exploratory mixed methods design with an initial phase of qualitative data collection and analysis, followed by quantitative inquiry, can be used in a timely manner in response to an emergent issue.

Constructing the Grievable Patient: Influences of Race and Gender in mid-Century Canada

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Understanding how patient care and nursing practice has been organized historically by the intersecting influences of gender, race, class, and culture provides a useful means by which to evaluate current standards and practices. In this paper I focus on the axis of race and gender to explore and make visible how nurses, as part of a complex health-care hierarchy participated in dominant discourses in the mid 1960s with resulting adverse outcomes for a particular female patient. Drawing from my doctoral work in nursing and women's labour history, I present a historical case study that surfaces deeply rooted discourses that have shaped the social construction of nursing care. As Summerfield (1998) explains, there is no experience outside the discursive context in which it occurs. Thus, a critical feminist analysis of oral history interviews reveals the complex "interplay between discourse and subjectivity" (Summerfield, 1998, p.2). This presentation also draws on the work of Butler (2003/2009) and her theorizing about the precariousness of life. According to Butler, our lives are always vulnerable, always precarious and always at risk from the outset. In order to protect ourselves, we depend on "counting," on our lives being "grievable" or of value to others. This discussion has relevance for nursing today in revealing changes over time in how the ethic of care in nursing is discursively organized, influenced by shifting social and historical locations around who constitutes the "grievable" patient.

Sympathy, Shame, and no Solutions: Media portrayals of Fetal Alcohol Spectrum Disorder

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Fetal Alcohol Spectrum Disorder (FASD) is a non-diagnostic term for a range of disabilities that result from alcohol exposure in-utero. The prevalence and impact of FASD on individuals, families, and society through policies and programmes has begun to be recognised in several countries. Australia currently lacks such policies and programmes,

provides minimal funding and support options, and is yet to implement guidelines for alcohol consumption during pregnancy.

From 2012, several media articles about FASD have been published in Australia as a result of FASD policies being debated by federal and state governments. We undertook an inductive frame analysis of the coverage over 12 months of FASD in 21 national and metropolitan newspapers. Our focus was on the latent meanings of three particular aspects of the news media data: a discourse of sympathy for those with FASD, shaming of women who drink alcohol while pregnant, and a lack of solutions being provided by current policy.

We discuss the meanings of these aspects of media portrayals of FASD in relation to their practical and theoretical implications. Our findings suggest that portrayal of pregnant women as both victims of FASD and villains responsible for FASD may be problematic, and may contribute towards confusion about and stigma against FASD. Thus we suggest media guidelines form part of policy regarding FASD in Australia and other jurisdictions already with a policy or considering bringing about FASD policy.

Continuity of Care Experiences in Alberta

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The concept of continuity of care (CoC) emphasizes the healthcare user's, caregiver's and healthcare provider's perspective on integrated care experienced as connected and coherent, as well as consistent with the healthcare user's medical needs and personal context. In 2012, the Health Quality Council of Alberta (HQCA) reported that Albertans who felt their health care was poorly coordinated and those who felt their medical information was not shared, experienced more difficulties accessing services, were less satisfied and rated quality of care lower. The aim of the current study was to engage Albertans in exploring and identifying factors that influence their experience of a seamless or fragmented patient journey. To explore these issues in more depth, the HQCA conducted 40 key informant interviews with Albertans who have used a variety of different services (e.g., primary/specialist/hospital care). Key findings indicated that Albertans rely on their family physician, who is often disconnected from the rest of the healthcare system. These findings were then presented to over 50 primary care providers during interactive feedback sessions and structured focus groups, which indicated how they often "work around" the system to help patients/families get the care they need. Identified "work around" causal factors and key barriers/enablers to CoC, lead to the development of a provincial CoC scale, and a storyboard displaying where patients are most at risk of adverse outcomes. Implications are identified for policy makers, future improvement initiatives and future qualitative research.

The Disclosure Dilemma: Disability, Equity Accommodation and a Resource for Health Care Providers

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Sarah Scorgie

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Healthcare professionals play a significant role in the diagnosis and treatment of chronic illness in adults. Less frequently addressed, however, are the skills needed to successfully navigate life across a number of domains following diagnosis. Research suggests that many persons with disability are reluctant to disclose in the workplace resulting in limited access to services and accommodations, which can negatively affect performance. This paper presents an original model for deconstructing the complex dialogue surrounding disclosure of disability with the goal of achieving equity accommodation.

A secondary analysis of narrative interviews with 33 adults attending post-secondary institutions in Canada and the US was conducted using 'discourse surrounding disclosure' as a 'sensitizing concept' (Bowen, 2006). Emergent themes included fear of lowered expectations; safeguarding identity, competence and worth; and others as 'gatekeepers' of opportunity. Participant responses to resistance to accommodation were situated in reactions of anger, sadness and apprehension. To move beyond these responses persons with disability need a framework for deconstructing disclosure dialogue and negotiating equity accommodation.

Based on interview themes, a model was formulated that situates disclosure issues as occurring in four domains: People and Perceptions (identifying stakeholders, their roles, attributions, perspectives); Principles and Power (identifying the values, ethics and systems frameworks that guide decision making); Pathways and Processes (examining possible means of goal attainment); and Product and Profit (exploring outcomes and benefits). Given the relationship between equity accommodation and goal realization, the model is an additional resource healthcare providers might utilize to enable persons with chronic health conditions to thrive.

Children with Disabilities: Perceptions of Health Care Experiences

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The voices of children with diagnosed disabilities are often unheard in the health care system and improvements need to be made in their health care experiences (Sartain, Clarke, & Heyman, 2000; Shilling, Edwards, Rogers, & Morris, 2012). The purpose of this qualitative study was to learn about the perceptions that children with disabilities have regarding their health care experiences. The Certified Child Life Specialist researcher used interviews, drawings, and medical play as methods to discover the three participants' perceptions of previous health care experiences, as well as, the affect these experiences imparted. These perceptions inform how health care professionals can improve the care provided to this pediatric population.

Inductive analysis was applied to investigate the data from the child participants with the following five themes emerging: medical setting, medical intervention/equipment, people at the medical setting, behavior and control, as well as, feelings and emotions. The research findings suggested that children with disabilities who have general medical experiences (i.e., well-child check ups) may have primarily positive perceptions of health care experiences, and can communicate this well through drawing and medical play. This study demonstrated the significance of researching children who have disabilities to further understand which of their healthcare experiences are unique requiring specific individualized intervention and which ones are typical as for their peers without disabilities. Creative analytic practice was utilized to incorporate participants' perspectives through poetry "a practical and powerful means for reconstitution of worlds" (Richardson, 1993, p. 705) and ethnodrama representations of the data.

Prescribing better tomorrows: Decoding drugs advertisements for Alzheimer's disease '

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Alzheimer's disease (AD) is an incurable disease characterized by decline in intellectual abilities and memory. Cholinesterase inhibitors (ChEIs) are drugs used in the treatment of AD which, despite modest effects, have witnessed phenomenal sales growth and are now widely prescribed. This presentation is based on findings from a study that examines printed advertisements for ChEIs. Drawing on social constructionist theory, the presentation first addresses how these advertisements frame the efficacy of ChEIs in relation to the everyday experiences of people with AD and their caregivers. Specifically, the findings reveal how the advertisements translate lackluster clinical trial results into dramatic pictorials highlighting the drug's power to enhance the person with AD's ability to maintain valued social roles and social relationships. These pictorials deploy powerful visual and linguistic metaphors which suggest exaggerated therapeutic efficacy and the promise of an improved future. Second, the presentation will critically articulate the challenges and procedures involved in investigating the discursive dimensions of pharmaceutical advertising. Using examples from the study's findings, the presentation will survey techniques of rhetorical visual analysis used to attend the rich and diverse messages that characterize this type of advertising. The central argument is that visual imagery in pharmaceutical advertising possesses a mythical dimension of promise that represents often chronic and incurable diseases as imminently treatable. This is a matter of public concern as pharmaceutical advertising has been shown to influence physician prescribing patterns and to undermine the ability of consumers to make reasoned decisions in the marketplace.

Anonymity for Whom? Researcher Assurances for Male Homicide Detectives with Sensitive Data: Research Instruction Ramifications '

Jeffrey M. Smith

Creighton University

A direct result of the Male Homicide Detectives' study was that homicide detectives challenged the researcher assurances of protected anonymity and data security. As a result of this initial investigation, instruction on the topics of data security and anonymity has been amended in the Research course in our graduate program. This presentation introduces old practices retired and a new design for teaching as a direct result of qualitative research findings.

The Role of Leadership for Increased Employee Engagement in Health Care: A Case Study

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Memorial University

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Eastern Health

Regina Coady

Eastern Health

The literature on employee engagement in health care indicates that leadership is one of the main drivers for employee engagement. Engagement is important because it is believed to enhance patient safety. This presentation is on a case study designed to examine the role of leadership in increasing manager and employee engagement following the introduction of a leadership framework. The research is part of a larger pan-Canadian study on leadership. Focus groups were held with four groups of directors or managers who came from a variety of settings, departments, and professions within a single health authority (n = 38). The data were imported into and analyzed using the qualitative analysis software (NVivo10). Content analysis was used to identify common themes and patterns found in response to the questions asked. Key findings were the complexity of the constructs of engagement and leadership. Many of the capabilities required for setting up the leadership framework were ones that were important to the implementation of the framework, such as good communication, inclusiveness, openness, flexibility, and transformative thinking. Key to success for all groups was the attention to diversity and the need to create a culture of engagement to overcome some of the barriers identified. Two approaches that helped with leadership development were the FISH! Philosophy? and the LEADs in a Caring Environment Framework?. The study findings have implications for mergers of health care organizations and the need to focus on the people within those organizations to help with employee engagement.

Using a layered approach to uncover clinical knowledge qualitatively

Jennifer Stephens

University of British Columbia

Sally Thorne

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Although interview and participant observation represent mainstay data collection approaches across many applied qualitative methods, the inherent value of capitalizing on multiple angles of vision to capture nuanced clinical knowledge has not yet received a similar level of indepth attention in the literature. In this study, we are using a multilayered approach to the generation of an interpretive description of issues of identity and embodiment as they are experienced by persons with haematological cancers. Unlike solid tumour cancers, in which the disease can be clearly distinguished from the personhood of the afflicted individual, cancers of the bloodstream are systemic and holistically experienced. The distinction has not yet been emphasized within the clinical literature to an extent that can inform communication and care. We are therefore tapping historical literature, lay literature, patient interviews and participant observation as well as interviews with clinical experts as a layered approach to unpacking and deconstructing available knowledge about this phenomenon. This presentation will focus on the merits of using a multilayered approach to informing and deepening conceptual understandings of a complex clinical phenomenon.

"Then a Miracle Occurs": Rhetorical Strategies in Complementary and Alternative Medicine's Quest for Recognition

Sigrid Streit

The Pennsylvania State University

Practitioners of complementary and alternative medicine (CAM) will, at times, reference magic and miracles when claiming reliability and validity of their treatments. In a culture that openly rejects magic and the supernatural, such references seem counterintuitive. I explore the arguments practitioners make; in particular, I analyze illness narratives that use references to magic and miracle as a particular expression of CAM's unique identity outside mainstream

medicine. The study of narratives allows for insights into social contexts and cultural paradigms. My data is comprised of articles and books aimed at CAM practitioners and the general public, and observational and interview data collected during fieldwork at a Massage Therapy Program. I argue that in CAM's use, references to magic and miracle not only function as placeholders for scientific discovery but also as rhetorical means, supporting community-building efforts. I show how such references enable practitioners to define CAM as a community outside the mainstream, distinctly different from biomedicine. Health care is big business; studying arguments for the validity and reliability of health care practices as well as the motivations behind them furthers our understanding why certain health care practices and philosophies, and, by extension, health care systems are valued while others are not.

The participant structure of parent-healthcare provider interaction during peripheral vein cannulation with resistive children in hospitals

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Hospitalized children undergo many painful procedures. Children often resist such procedures, resulting in the use of physical restraint. Parent-healthcare provider interactions affect children's experiences and is an important context for understanding their resistive actions. Knowledge about parent-healthcare provider interaction can provide a better understanding of how restraint is used during procedures. We explored how parents and healthcare providers interacted in situations where newly admitted preschool children resisted peripheral vein cannulation (PVC). Six situations of PVC were video recorded including 6 preschool children, 8 parents/relatives, 7 physicians and 9 nurses. We adopted the perspectives of turn taking and participant structure from interaction analysis when analyzing the video material. The findings comprised an unfolding interaction resulting from the children's resistive actions and the number of attempted PVC's. In the first structure, health care providers and parents cooperated to accomplish a redefinition of the children's strong protest by using distractive talk and performing firm physical restraint together. The second structure appeared after failed attempts. The parents stopped interacting with the health care providers and their use of restraint became less firm. This allowed the child to display stronger resistance and the procedure became more difficult. The third structure was a consequence of parental distancing and resulted in health care providers either helping each other to continue distracting interactions or to stop verbal interaction all together. Both reactions left the children's resistive actions unmet. The identified structures can contribute to a better understanding of the processes of interaction during medical procedures with resistive children.

Using current technology to shape innovative qualitative research

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Brock University

Melanie Stansfield

Niagara Health System

Heather Kilty

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Linda Ritchie
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In an interpretive phenomenology study, nursing students from Canada recorded their experiences of nursing in Swaziland, Africa, using digital photography. Senior nursing students participated in a community health nursing course that included various nursing experiences over a three week period in Swaziland. Students took a series of ten photos, accompanied by a written synopsis that portrayed their experiences. Challenges arose during data analysis and with identifying potential journals to publish the results of this study. The objective of this presentation will be to discuss additional analytical strategies used and share the lessons learned when identifying appropriate journals that will include digital photography.

Analytical strategies commonly used in phenomenology needed to be complemented with photo interviewing analysis and visual content analysis. These two strategies facilitated the interpretation of the experiences portrayed in the students' photos. What emerged were comparisons and contrasts related to the role of the nurse, health care models, and the availability of resources. Additionally the students' portrayals revealed experiences related to personal learning, spirituality in nursing, and an interdisciplinary team approach to patient care.

Choosing the appropriate journal to disseminate research is often difficult but becomes more challenging when photos are included. One consideration for a photo infused manuscript is the option of open access journals.

The inclusion of digital photography has the potential to advance traditional methods of qualitative inquiry, as current or new technology is integrated into qualitative research methods researchers will need to look for novel or alternative ways to disseminate knowledge.

Whose side am I on? When findings don't match participants' or collaborators' perspectives or interests

Diane Tapp
Laval University

Discourse about qualitative methods highlights the importance of providing fair and valid representation of the 'object' under investigation. This rule also applies to case studies, these involving in-depth data collection. What happens when these representations are manifold, as are the nature of the results? When the results do not support participants or institutions leaders' views and interests or, worse, when they seem to show that the well-intentioned efforts of close collaborators (i.e., thesis directors, colleagues, practioners in the researcher's own discipline) are not serving the ends they are meant to serve? Finally, what happens when a study is linked to specific academic interests, such as power and professional emancipation? These issues could potentially-and perhaps often do-hamper the process of 'elucidating new knowledge', as ideally conceived.

The presenter will discuss these issues on the basis of personal experience, where a doctoral research (an in-dept case study focussing on the implementation of a new 'nursing philosophy of palliative care') lead to results that could be seen as not only unexpected but also compromising with respect to current and established practices and, hence, could be seen as 'threatening' in certain respects. Results can thus be detrimental to the interests of any of several stakeholders, such as practioners and institutions, generating tensions between stakeholders, including researchers themselves, who

have interests of their own. The difficulties will be multiplied when the study results can be seen as equivocal, lending support to a plurality of diverging interests.

Communicating Chronic Pain: Digital Media and Arts Workshops as Qualitative Health Research

Jen Tarr

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Pain is a subjective experience, and appropriate diagnosis and treatment rely on the sufferer finding ways to adequately communicate that experience to health professionals. Standardized diagnostic tools such as the McGill Pain Questionnaire rely on linguistic descriptors, yet these do not necessarily match patients' own language (DeSouza and Frank, 2000) and there are problems with translation to other languages (Costa et al 2009). Chronic pain therefore remains a significant problem for clinicians and patients. Non-verbal or non-textual expressions of pain are under-researched but the wider availability of digital recording media provides promising tools.

This paper draws on data from the project Communicating Chronic Pain, which explored non-verbal methods of expressing pain including images, memes and videos on social media as well as arts workshops using digital photography, drawing and sculpting, sound and music, and participatory theatre. The paper will explore the strengths and weaknesses of these methods and how they make particular aspects of the experience of pain visible, and the consequences this may have for patient communication. The paper focuses on two primary issues: first, what can digital and arts-based methods offer as forms of qualitative health research? Second, to what extent are they able to reconfigure traditional conceptions of pain as a private, unshareable experience (Scarry, 1985)? This is not an uncritical celebration of these methods, but a careful evaluation of their potential. As new methods and media emerge, it is important to understand how they challenge, augment or supplant traditional qualitative methodologies in health research.

Negotiating healthcare decision-making as 'a two-way street, working relationship': patient experiences of shared decision-making

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A growing emphasis on patient-centered care in recent years has led to a shift from paternalistic towards shared decision making (SDM) models with healthcare provider (HCPs) partnering with their patients through complex healthcare decisions. Nonetheless, few studies have sought to explore patients' experiences of SDM. This presentation reports patient narratives of barriers and facilitators to SDM stemming from a larger ongoing Canadian study on the intersecting social, contextual, cultural, and systemic factors affecting the ability of patients/families of diverse backgrounds to make complex healthcare decisions. In-depth semi-structured interviews with 55 patients faced with a range of decisions related to chronic illness, oncology, degenerative disorders, mental illness, infectious disease and/or brain injuries were conducted. Grounded theory informed an inductive thematic analysis using comparative techniques

to explore patterns and variations of SDM. Preliminary findings indicate participants' level of involvement depended on three key themes based on provider, patient and system factors: 1) Epistemic Humility: HCPs' willingness to be epistemically humble and acknowledge patients' expertise was reported as central to SDM. 2) Patient (Dis)Empowerment: Systemic provisions, or lack thereof, to sufficiently empower patients to engage in SDM; 3) Taking Charge: Patients' own perceived responsibility to take an active role and advocate for SDM. Findings from this study support existing research that SDM is a preferred model across many patient populations. Nonetheless, this study highlights key barriers hindering SDM and provides evidence that this approach, while often advocated as a best practice model, is not always actualized in practice.

Barriers to Advance Care Planning: Perspectives of Healthcare Providers, Patients and Supportive Decision Makers

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Advance care planning (ACP) has been shown to support patients in making future healthcare decisions and lowering healthcare costs at end-of-life (EOL). Nonetheless, recent studies indicate that EOL communication, documentation, and ACP implementation remain inadequate. This presentation discusses healthcare providers' (HCPs), patients' and family members' views towards personal, institutional, and system-level barriers to ACP.

In-depth semi-structured interviews with 55 patients, 25 family members, and 37 HCPs of culturally diverse backgrounds were conducted in a Canadian city. Grounded theory informed the interview coding and inductive thematic analysis. Constant comparative techniques were used to explore patterns and variations of ACP experiences across and between datasets.

Multi-level barriers were reported across all participant groups. Personal barriers centered on relational dynamics (e.g. distrust, difficult family dynamics), communication (e.g. HCPs' own reluctance to initiate difficult conversations), and lack of cultural competence among HCPs. At the institutional level, a lack of coordinated care and communication across multi-disciplinary teams hindered the initiation and/or implementation of ACP. System-level barriers included lack of education and training opportunities for HCPs to engage patients and families in difficult ACP conversations.

While all groups reported similar institutional and system-level barriers, HCPs and patients/families saw the other parties as main contributors of personal-level barriers. Understanding of reasons behind these different perspectives is important. Given the inherent power hierarchy in health care, HCPs need to develop better self-awareness of their own barriers in holding EOL communication. Such awareness can help HCPs to explore strategies to better support patients and their families in ACP.

Injuries to carers of people with ID displaying challenging behaviours: A mixed methods study

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*New Directions**Toby Martin**University of Manitoba; St. Amant Research Centre**Lesley Anne Fuga**University of Manitoba*

People with intellectual disabilities often display challenging behaviour. Support workers have a disproportionate number of injuries while supporting people with intellectual disabilities in a variety of settings.

The aim of this research is to understand how support workers, managers and trainers understand and respond to workplace injury. This mixed methods study included prospective and retrospective audits of injury reports by support workers injured in the workplace. Three phases of the study included interviews of managers (6), support workers who had been injured (18) and trainers (12). This presentation will provide brief findings from the three phases and how the findings are reconciled in the mixed methods analysis.

This study will improve our understanding of several perspectives of the organizations involved in supporting people with ID who display challenging behaviour. Within a socioecological model findings are incorporated to facilitate recommendations for changes in response and support and knowledge translation of the training related to workplace injuries.

Implementation of a need assessment tool in cancer rehabilitation. A qualitative study*Susanne Thayssen**The Research Unit of General Practice, Institute of Public Health, University of Southern Denmark**Dorte Gilså Hansen**The Research Unit of General Practice, Institute of Public Health, University of Southern Denmark**Jens Søndergaard**The Research Unit of General Practice, Institute of Public Health, University of Southern Denmark**Palle Mark Christensen**The Region of Southern Denmark**Mette Terp Højbye**Interdisciplinary Research Unit, Elective Surgery Center, Silkeborg Regional Hospital**Helle Ploug Hansen**The Research Unit of General Practice, Institute of Public Health, University of Southern Denmark*

Systematic assessment of cancer patients' rehabilitation needs is recommended nationally and internationally. Questionnaires are considered to be useful tools in such assessments. Although general practitioners (GPs) as the patients' primary healthcare providers have a prominent role in cancer care, little is known about GPs' and patients' perceptions of using a need questionnaire in this context. Therefore, a qualitative study was designed to explore 11 GPs' and 16 patients' experience of using a questionnaire when addressing patients' needs. Each GP recruited one-two patients to complete the questionnaire 'Distress Thermometer and Problem List along with the Impact Thermometer' prior to a consultation.

Participant observation of 14 consultations using the questionnaire was carried out. Subsequently GPs and patients were interviewed about their experience. Data were collected during 2012 -2013 and are in the process of being analyzed. One methodological challenge is handling field notes in the analysis.

Preliminary results indicate that most GPs and patients found the questionnaire manageable and helpful. The agenda of the consultation was clear, because focus was immediately directed to the needs identified by patients. Many GPs were

surprised by the patients' needs and concerns. Both GPs and patients found that the questionnaire provided an opportunity to address issues, which otherwise might not have been discussed during consultations, despite their importance to patients.

These findings suggest that using a questionnaire as a tool when assessing cancer patients' rehabilitation needs is clinically useful and beneficial for GPs and patients alike.

Exploring the Paradoxes of Risk Surveillance in a Paediatric Cystic Fibrosis Clinic O

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Over the last 30 years health providers' philosophy underlying treatment for paediatric cystic fibrosis (CF) has shifted from a reactive approach to one that exemplifies the convergence of risk surveillance and chronic disease management. Cystic fibrosis management is now driven by a proactive and aggressive treatment stance. This involves routinely measuring and monitoring children's bodies for particular clinical objective measures, interpreted as risks to be controlled by intervention treatments and guard against the possibility of progressive decline in health status and shortening of lifespan. In addition, children and parents are also subject to inquiries about the uptake of recommended treatment protocols in the home. While health providers rationalize the drive underlying their practices, they are also confronted by the limitations of probabilistic thinking as this approach can lead to paradoxical effects. Drawing upon interviews, observations and document review from a two-year ethnography within a Canadian CF clinic, this paper analyses the tensions arising from risk surveillance practices including: creation of anxieties about quarterly monitoring and test results; frustrations and perceptions of performance failure when clinic stability is not achieved; and the creation of conflict in the home arising from the expectation of parent's 'parallel vigilance' to monitor adherence in the home. In the absence of a cure, the paradoxes of this approach are considered where providers are compelled to enact the current approach, as per the standards of care, but where risk surveillance can also lead to compounding emotional and practical demands for families without the guarantee of positive outcomes.

Using Photovoice to Explore Nigerian Immigrants' Eating and Physical Activity in the United States

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African immigrants are one of the fastest growing immigrant groups to the United States; there is a crucial need to learn about African immigrants' beliefs and lifestyle behaviors that may impact health. The purposes of this study were to: 1) explore the perceptions and practices of Nigerian immigrants regarding healthy eating and physical activity in the U.S.; 2) assess the influence of cultural beliefs of Nigerian immigrants on eating and physical activity; 3) describe the role that

healthcare providers can play in helping to promote healthy eating and physical activity; and 4) evaluate the feasibility and efficacy of using photovoice to collect data on the perceptions and practices of Nigerian immigrants regarding healthy eating and physical activity. Design: Qualitative visual ethnography using photovoice. Methods: Thirteen Nigerian immigrants were recruited. Data were collected using photography and focus groups discussions at a church. Photovoice methodology and Leininger's four phases of qualitative analysis were used to analyze photographs, field notes, and focus group transcripts. Findings: Four overarching themes emerged from the data: moderation is healthy, Nigerian ways of living are healthy, acquiring American ways is unhealthy, and cultural context is important to promote healthy behaviors. Conclusions: Photovoice was a feasible, effective methodology for collecting data on the perceptions and practices of Nigerian immigrants. Nigerian participants believed that adherence to traditional dietary and activity practices is healthy. Nurses and other healthcare providers must make concerted efforts to communicate with and educate Nigerian immigrants about healthful eating and activity behaviors within their cultural context.

Reflections on learning during proposal developmen

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Research capacity development requires processes of transferring learning into the applicable skills to conduct research. These activities imply theory-practice integration. Bridging the theory-practice gap in an open distance learning context, which is often associated with a sense of loneliness and working in the dark, is a challenge. Postgraduate students often struggle with the development of their proposals as a result of their inexperience with applying the theoretical knowledge of research methodology to the actual proposal writing. The aim of this presentation is to describe the experiences of participants regarding learning during proposal development in an ODL context. A qualitative approach was used to reflect on experiences of the supervisor and cohort of students on research capacity development at postgraduate level. Data were analysed using the conceptual framework for educational design to promote transfer of learning. Core findings highlighted the lonely struggle that students have with theory-practice integration, the importance of facilitation of processes and not content and the need for optimisation of peer support. Formalising the structure of the community of learning must include support and guidance in the application process to the real world. To enhance transfer of learning it is important to apply each step and core principles of a learning theory, model or conceptual framework diligently. Constructive alignment of all activities and elements of effective learning opportunities should be ensured. These elements include authenticity, activating of existing knowledge, creating a community of learning, engaging with new learning material, demonstrating competence and applying it to the real world.

Supports and Barriers to Family-centred Adult Critical Care: A Taxonomy

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In recent years there has been increasing interest in family-centred care and the establishment of partnerships with family members based upon mutual respect, collaboration, and support. Despite published claims of family-centred care practices made by some adult critical care units, many critical care nurses struggle with understanding and enacting family-centred care. Family members are more frequently relegated to the role of visiting guests at best, and considered the most significant obstacle to nurse performance, at worst. Why do these barriers, both the physical and perceptual, persist at the grass roots levels in spite of the evidence? And why is it that some critical care nurses maintain a strong focus on the family, as reported by family members?

The purpose of this qualitative descriptive study was to investigate Family-centred Adult Critical Care (FcACC) from the perspective of critical care nurses in Alberta in order to develop a taxonomy of supports, barriers, and strategies related to FcACC. Findings indicate that many critical care nurses view the provision of FcACC as a choice, influenced by each nurse's values, personality, and education, as well as by educators, charge nurses, managers, physicians, and the culture of the unit. Throughout Alberta, the extent of FcACC practices reported by participants varied across individual nurses, units, hospitals, and geographical locations. These findings challenge critical care nurses, educators, practice leaders, and policy makers, to promote FcACC as best practice, to eliminate individual and systems barriers to FcACC, and are informing the development of a survey to assess practices Canada-wide.

Using the Listening Guide to Understand Inter-Personal and Inter-Professional Tensions: Listening To What Health Professions Trainees Were 'Saying' About Palliative and Non-Acute Care Training

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Uniformed Services University of the Health Sciences

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Working with palliative and non-acute care patients requires specific skills. To acquire these skills, trainees must spend considerable time in these settings, engaging with patients, their families, and the care teams that support these patient population. Anecdotal accounts suggested that trainees' experiences in palliative settings posed unique inter-personal and inter-professional challenges. To better understand these challenges, we engaged health professions trainees in a humanities-informed, patient-centered, interprofessional education intervention that took place in several care units in a non-acute care teaching hospital. All intervention activities were presented to the learners in relation to four humanities-based principles: human experience, historical perspectives, professionalism, ethics and law. As part of the intervention, learners (including medical, nursing, and other health professional students) were asked to construct a creative summary that illustrated how caring for a specific patient impacted on them. The creative summary format was unspecified (the instructions stated: "Be creative. Have fun"), resulting in a wide range of submissions including poems, paintings, and board games. To analyze these creative summaries, we used the Listening Guide (LG) as developed by psychologist Carol Gilligan. LG is a method of analysis that supports knowing the inner, personal experiences and cognitive processes of another person. This presentation describes LG and its four steps, illustrating this qualitative analysis process through the analysis of a data sample from our study. We demonstrate how our LG analysis provided unique insights into the deeply personal tensions our trainees experienced while working with this unique patient population and their families.

The illness experience according to stroke survivors

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Recovery after stroke is complex and involves biomedical, social and psychological aspects of health and quality of life. Having a stroke can lead to the person and their family caregiver face the demands associated with major disabilities resulting from this condition. Thus, currently, a broad and multidisciplinary scientific debate is observed about the advances needed to promote health and quality of life for stroke survivors, through a comprehensive approach emphasizing the rehabilitation process. This interpretative case study aimed to understand the meanings of the illness experience among eight stroke survivors in the south of Bahia, Brazil. Data were collected through face to face in-depth interviews and an interpretative analysis was performed. The illness experience related to stroke was understood as a biographical rupture, a condition between life and death, invalidity, loss of autonomy, incapacity to work. Social support from family and religion were essential to cope with changes in everyday life after stroke. Important needs related to rehabilitation interventions at home and in the communitarian context were identified, and the participants mentioned difficulties with the rehabilitation process after hospital discharge. The stroke experience marked a break in the lifestyle and the way people work and how they understand illness. These results suggest a need to enhance educational intervention strategies with a primary focus on individual and collective empowerment in the process of health self-management as well as strengthen the social support network, involving especially the family who will face the demands of care associated with stroke.

Connecting the Disconnected: Successful Partnerships for Mental Health and Substance Use Issues

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Laura Tate

Provincial Director (Community Action Initiative),

Mental illness costs the Canadian economy \$51 billion per year in lost productivity alone (Government of British Columbia, 2010). In BC, the challenge of addressing mental health has been framed through a ten year plan, called Healthy Minds, Healthy People. The plan seeks to reduce costs and enhance responsiveness to issues by encouraging a range of service delivery mechanisms in the formal health care sector including through community-based agencies, ideally in partnership. However, research into community-based health partnerships often focuses on health outcomes or barriers to partnering (e.g. the influence of differing expectations, differences in resources, or the need for conflict negotiation). Not enough is known about how to structure successful partnerships from beginning to end. A grounded theory secondary analysis was used to review 28 projects funded by the Community Action Initiative (CAI), which is a

grassroots agency that provides grants to non-profit agencies partnered with other agencies (including governments) to address mental health and substance use. Eleven of the projects were led for First Nations or Aboriginal agencies, and 27 of 28 included Aboriginal stakeholders (clients). The results highlighted the value of reflection, problem solving through resolving tensions (implying that tension is normative), capacity building through internal stakeholders, and celebrating to drive the 'story' and generate passion. It was also apparent that the funder had a supportive relationship with community agencies, which seemed very important in the context of mental health support delivery. We suggest further thinking about the unique nature of mental health partnerships, which may 'connect the disconnected.'

Mapping migrant students' paths to academic perseverance and integration to a host society: building blocks and chunks of success stories

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Our premise is that students with permanent resident status in Canada experience stress from both academic and socio-cultural integration to a host society. We attempted to derive differential integration paths at multiple levels from mixed qualitative and quantitative data from undergraduate students enrolled in health sciences programs.

The objective of this presentation is to share the results of a literature review enhanced with personal and institutional experiences lived by undergraduate students in the health sciences, with a focus on identifying building blocks that either support or hinder academic perseverance.

Contextual elements such as migration experience, integration trajectory in the host society, academic adjustment (theoretical and clinical training), individual and collective learning approaches, intentions to enter the job market, and perceptions of employability were collected, analyzed and mapped.

Cognitive mapping is a process not directly observable, but builds on perceptions and experiences related to capacity to solve certain issues (personal, familial, economical) through shortest socio-cultural and gender sensitive paths from a point of origin (migrant student with a resident visa) to a functional and successful health care worker.

It is expected that such cognitive modeling will gain perspective into the complexity surrounding the intersections between academic perseverance, institutional settings (academic, health care and social services establishments) and personal investment strategies for success. In turn, this will lead to optimal management of socio-cultural and gender-based diversity in academic institutions towards greater student retention and degree completion as well as allowing for the finest paths of integration into a host society for newcomer students to Canada.

Reflections on Ethical Risks to Qualitative Researchers

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University of Alberta

The field of qualitative research ethics has typically focused on risks to research participants and has tended to focus very little on the risks to researchers themselves, other than physical vulnerabilities in dangerous settings. There is a growing recognition that researchers themselves face risks as they participate in research relationships. This presentation focuses on some of the risks that qualitative researchers may face, based on my own experiences in several recent studies. These include hearing and responding to disagreeable participant comments, listening to distressing stories, and meeting the expectations of research participants in terms of the purpose and outcomes of the research project. Awareness and discussion about the risks to researchers are needed so that supports and strategies to address these can be derived.

"Man plans, God laughs": Experiences of Canadian Reproductive Travel in Online Forums

Heather Walmsley
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In this article, I analyze the 'Travelling abroad for IVF' forum on the infertility website, www.IVF.ca, to generate new knowledge about outbound Canadian reproductive travel. The article begins with a review of existing scholarship on reproductive travel, and the Canadian context. Analysis of forum discussions then reveals valuable new insights into a) Canadian destination and treatment choices, and motivational factors for outbound reproductive travel, b) the experiences of Canadian reproductive travellers, and c) the significance of online community and lay expertise for those seeking IVF, surrogacy, and/or donor eggs abroad. Finally, I raise questions of ethics and the reliability of knowledge, and suggest opportunities for incorporating both analytic insights and disconcerting questions into a multi-sited and post-geographic ethnographic research agenda.

Too Smart for Your Own Good: The Paradoxical Experience of Twice-Exceptionality

Christiane Wells
Walden University

This presentation will use autoethnography to explore my experiences as a twice-exceptional (2e) woman derailed in adolescence by an identity shift from 'gifted' to 'mentally ill.' As a child with 2e, I was educated as 'academically talented' while struggling with undiagnosed attention-deficit/hyperactivity disorder, baffling adults with asynchronous, disruptive behaviors that negatively impacted my academic achievement. Worldplay, beginning in middle childhood, enabled my participation in an imagined world constructed to cope with chronic stress. Bipolar disorder, leading to my first hospitalization at 21, initiated my membership in a stigmatized population with the devalued identity of 'mentally ill.' Numerous hospitalizations damaged my self-concept, but driven to reclaim my former desirable identities, I fought to reject stigma and create a successful life. Guided by theories of intelligence, resilience, and stigma, my passage through the paradoxical spaces of 2e and mental illness may provide a voice to the underserved 2e population through analysis of personal texts and reflexive dyadic interviews.

Attending to the Loss of Family Normalcy in Childhood Cancer: A Qualitative Analysis of Family Systems Intervention

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University of Manitoba

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The illness suffering of children and families living with childhood cancer is characterized in part by a loss of family normalcy. Throughout treatment, and into survivorship, families grieve for, and long to return to, the family they had known prior to illness. Within this presentation, part of the research findings from a larger doctoral dissertation study which explored the illness suffering of family members in childhood cancer and family systems intervention based on the Illness Beliefs Model, will be discussed. Hermeneutic phenomenology and family process research methods were used to analyze 52 hours of videotaped family intervention sessions, as well as post-intervention family (3 families) and clinician (3) qualitative interviews. While the larger study included findings of family interventions that addressed several aspects of the illness suffering experienced, within this presentation, we will describe specific findings related to the theme of a loss of family normalcy and the longing to return home. Specific intervention practices which lessened the illness suffering experienced included: offering a new interpretation of the belief that family life could never be the same again, articulating individual and family strength, a sensitive acknowledgement of the multiple layers of illness suffering, and eliciting the experiences of multiple family members in a shared therapeutic conversation. These research findings highlight the need to better understand the beliefs underlying the suffering experienced by family members in childhood cancer, and the urgent need to attend to those beliefs and the experiences of suffering they evoke, within the process of family systems intervention.

Living with Contested Illness: The Torment of Turbines and Struggles for Health Justice

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Recent sociological research underscores how contemporary relationships of environment and illness are increasingly contested and the sources of extensive political and technical debate. This paper presents findings from ethnographic research on the lived experience of citizens living in the 'footprint' areas of industrial wind energy installations. The research is based on over two hundred face-to-face, one-one-one, and group interviews with residents of the 'footprint' areas of industrial wind projects as well as experts (e.g., physicians, acousticians, attorneys) working on citizens' behalf. Interviews took place from July through October 2012 in the Midwestern and Northeastern United States, Ontario, Canada, South Australia, Victoria, Australia, and the north island of New Zealand. Those interviewed shared stories of suffering from a range of symptoms, including sleep disturbance, headaches, tinnitus, ear pressure and pain, dizziness, vertigo, nausea, visual blurring, problems with memory and concentration, panic episodes, accelerated heart rate, chest pains, and sensations of bodily vibration. Overwhelmingly, wind industry, government, and state-sponsored medical officials' trivialize or deny symptoms, as instances of the 'nocebo' effect or manifestations of 'stress.' The paper demonstrates that despite the popular appeal of wind energy as a 'clean,' 'green' and 'renewable' energy source, the lived experience of wind energy is far more dubious. The analysis considers physical and emotional suffering related to industrial wind turbines as an emerging environmental illness, and citizens' quest for legitimacy as a struggle in 'popular epidemiology' to achieve health justice.

Using focus groups to hear Chicago Head Start parent and staff perspectives on policy addressing children identified as obese or overweight. What went right, what went wrong

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Our University Nutrition Department provides nutrition education to urban Head Start Programs near us, in addition to developing health policy as members of the Health Services Advisory Committee. These serve as diverse Community Nutrition rotation sites, where our Dietetic Interns teach and learn. We attempted to investigate parent and staff perspectives on the current overweight/obesity policy being utilized by Head Start sites. We piloted an evaluation at four sites within areas identified as having the highest incidents of childhood obesity in the Chicago. Children at these sites come from predominantly Latino, African American, and Caribbean family backgrounds.

Two focus groups took place at each center, engaging parents and staff on their views of addressing healthy eating and childhood obesity. As an incentive for participation, these focus groups coincided with a "healthy meal demonstration" provided and served by Dietetic Interns helping with the project at the site. All parents, staff and children from these centers were then invited to participate in a nutrition education programs, and a nutrition health fair, determined by the site staff. The focus groups were recorded and analyzed for themes. Themes that emerged addressed more cultural views of body image, socioeconomic and parenting issues, than Head Start Policy. This presentation will review the strength and weakness of the focus group technique used by the researchers, in light of Community Based Participatory Research literature.

We Do Recover, A Mother Daughter Dialogue

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Utilizing a dramatic dialogue reading letters, a mother and daughter explore their historical development as women and leaders from the 1970s to today. This is an auto-ethnographic piece, framed in the context of a non-traditional family, challenging the norms of racial, sexual and class boundaries. The work is informed by Marxism, Feminism, and Critical Social Theory. The Piece exposes the complexities of mothering girls during the last 40 years, given the changing roles and expectations of women. It also reveals the internal resilience and human will to survive in the face of addiction, sexual abuse and a profit driven society still dominated by patriarchy and exploitation. "We do recover" speaks to the strength these two women found from communities of women in their lives, their mothers' mothers and the other mothers, who provided wisdom, love and support. The joy of life and of giving life is perpetuated in this relationship.

Who cares, and how?: Understanding informal caregiving roles in medical tourism through data triangulation

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Medical tourism occurs when individuals travel abroad for medical care that they pay for out-of-pocket. Our previous research has established that Canadian medical tourists are often accompanied abroad by friends and family members who serve as informal caregivers. Informal caregiving thus occurs in medical tourism, yet this phenomenon has received little dedicated research attention to date. This analysis contributes to a multi-qualitative method study that aims to understand more about the informal caring responsibilities taken on by these individuals, who we call caregiver-companions. This analysis draws from multiple data sources: 1) interviews with medical tourists (n=31), 2) interviews with international patient coordinators at destination clinics and hospitals (n=21), 3) interviews with caregiver-companions (n=20), and 4) an online survey distributed to Canadian medical tourism facilitators (n=7). Here we compare the different perspectives each group brings to understanding the roles that caregiver-companions play through a process of data triangulation. The key question for this triangulated analysis is: are the caregiver-companion roles originally identified by thematic analysis of the international patient coordinator dataset confirmed by other groups' views and experiences and in what way is the scope of these roles clarified? These three key caregiver-companion roles are: knowledge broker, navigator, and companion. By using four datasets of stakeholders who are differently-situated in relation to the practice being examined (medical tourism) - medical tourists, international patient coordinators, medical tourism facilitators and caregiver-companions - we uncover what these distinct groups have in common and what differs in their conceptions of informal caregiving in medical tourism.

Fusion of Horizons: An Interpretive Analysis of Women's Choice for Caesarean Deliveries

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The phenomenon of Caesarean Deliveries on Maternal Request (CDMRs) is complex and can be confusing to health care providers. There is no consensus among clinicians as to whether maternal choice is an appropriate reason to perform a caesarean delivery. The idea of choice itself is complicated by ethical questions of how much maternal autonomy overrides considerations such as safety, economics, and by debate over how 'choice' is framed within cultural, political, and social influences.

In my planned research study, I will use an interpretive approach grounded in Gadamer's hermeneutic philosophy. Hermeneutic research begins with close attention to a phenomenon and its context. In the case of CDMRs, there is a need for interpretation within the clinical and social contexts in which it occurs given the differences among how women and health care providers understand the choice for caesarean deliveries. Similar to a conversation between two individuals attempting to communicate in different languages, the reasons underpinning the choices of these women are at times foreign sounding to health care providers. There is a need for an interpretation to create understanding between the two.

I aim to explore how women understand their choice for caesarean delivery in a contemporary cultural context and offer an interpretation that can be shared and debated with care providers. Humanities-based research of this kind enables close study of a complex topic like CDMR through the lens of individuals' experience and through exploration of how people arrive at meanings rather than the search for an objective, measurable standard.

Women's choice for caesarean delivery is increasingly present yet is poorly understood in contemporary healthcare. Interpretive research offers a way to improve our understanding, as health care providers, as women enter into conversations with us about their choice.

A Pilot Study on Integrating Spirituality into Professional Counselling among Malaysian Counsellors

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The purpose of this paper is to explore the experience of a Malaysian counsellor on the integration of spirituality into professional counselling. The pilot test involved the first of the six participants who are Registered Counsellors whose clients come from all walks of life and are being selected purposively to participate in this study using interpretative phenomenological analysis.

Two in-depth interviews with the participant were conducted recently. Among the pertinent questions asked on the participant were: What does spirituality mean to you? What is your perception toward integrating spirituality into counselling? What is your experience of dealing with the spiritual dimension of your clients in the counselling process? What are your feelings toward integrating spirituality into counselling?

The interviews were audio-taped and transcribed into verbatim. Along with the journal written by the participant for triangulation, the data from the interviews were analyzed and classified into super-ordinate themes and themes. Among the super-ordinate themes that emerged were: Finding meaning in what people is experiencing is essential to their existence; modern technology challenges the way people relate to each other; all the presenting problems of the clients have to do with spirituality, and dealing with the spiritual issues of a client is part and parcel of counselling. As a result of this pilot test, the feasibility and limitations for the main study will be discussed.

Building Health Capability and health literacy: Exploring Chinese International Students' Experiences with Social Support in a Canadian Context

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In comparison to the past, more international students are studying in Canada and becoming future immigrants. A better understanding of the factors that influence international students' health, such as health capability and social support, may help future immigrants sustain their health in Canada. While there have been many studies on immigrant health, few have applied a participatory approach with culturally appropriate lenses, the approach of this current study. Recognizing that Chinese citizens make up a large number of international students in Canada, this focused ethnographic study engaged Chinese international students, a population that has a high likelihood of immigrating to Canada, to explore their experiences with social support.

Guided by a participatory approach, we formed a community advisory board with organizations that work closely with international students on campus. The advisory board maintained engagement throughout the project using community feedback. Under the guidance of the advisory board, we interviewed 20 Chinese students in Mandarin about their experiences with social support. The interviews were transcribed, translated, and analyzed using the latent content analysis approach. We found that social support affected the Chinese students' health capability directly and indirectly. The participants had culturally specific perceptions of social support, which, most notably, increased their health awareness in Canada. They found their health capability improved when many started managing health independently with raised health awareness, but without appropriate social support. However, the students emphasized that their health and health capability could have been better improved if stakeholders recognized the appropriate social support they perceived.

Mid Life men and women's recovery work following a first MI: Are their needs being met?

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Despite evidence that secondary prevention reduces risk for a subsequent MI and improves health, many MI patients lack clarity regarding what has happened and what they need to do following their MI. Yet, health care professionals (HCPs) working with MI patients follow longstanding published practice guidelines. The aim of this study was to use institutional ethnography (IE) to understand the secondary prevention work of midlife patients, family caregivers, and HCPs following a first MI. An IE begins with a problematic which for this study is the difference between HCPs perceptions and perceptions of midlife patients hospitalized for MI regarding secondary prevention of MI. We interviewed 7 male and 1 female patients ages 43-55, 3 family caregivers, 18 HCPs, and 6 managers. We collected observational and textual data. Patients and their family caregivers participated in 1-2 interviews, lasting 1-1 1/2 hours each. HCPs and managers were interviewed once each for about one hour. All interviews were recorded and transcribed verbatim. Data were coded in NVIVO. Categories and relationships between them were mapped. Our findings revealed fragmentation of service provision and communication break-downs that led to disconnects between HCPs' work and patients' recovery work. The prescriptive, largely gender blind HCP practices obscured 'patient' and family caregivers' needs. Thus there was inconsistent, sometimes ineffective, support for patients' secondary prevention work and challenges for patients when navigating the system. The implications are that nurses and other HCPs and managers should attune to patients' and family caregivers' needs and advocate for a more supportive system of care.

Point-of-care Nurses Perceptions Strengthens the Conceptualization of a Nurse Researcher Pathway

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Registered nurses require competencies for evidence-based practice, yet such competencies are lacking in the literature. A research team developed such competencies through three phases: a systematic review of the literature, stakeholder consultations, and focus groups and individual interviews with point-of care nurses. In this presentation we provide an overview of the qualitative component of the initiative. Our research question was: How do the draft competencies fit with your perception of competencies required in your practice? Over two months we interviewed 42 practicing nurses in 12 group and 11 individual on-line interviews using semi-structured questions. Prior to the interviews participants reviewed a draft competency document where competencies were organized according to a step-wise pathway. During the interviews participants commented on the readability of the document and its usefulness, and they were asked to place themselves in a 'step' within the framework. Data were transcribed verbatim and analyzed using qualitative content analysis. Nurses told us that the progression of competencies occurs over time and does not always move in a stepwise fashion, but rather, a nurse may position herself in more than one level. Further nurses emphasized that the context of their practice shaped their progression to higher levels of competency. This study enabled us to access the voice of point-of-care nurses that provided validation for the usefulness of the document, strengthened its readability, and sharpened its conceptualization. Further, the findings indicate that nurse research competencies do not exist in isolation but are shaped by the workplaces within which nurses practice.
