7th Nursing Research Day
Research Leadership: Leveraging Intervention Research for Better Outcomes
Tuesday, June 9, 2015, Ryerson University
www.ryerson.ca/nursing

BOOK OF ABSTRACTS

Photo of Daphne Cockwell
PROGRAM COMMITTEE

Lori Schindel Martin, Chair

COMMITTEE MEMBERS

Annette Bailey
Heather Beanlands
Cristina Catallo
Susannah Edwards
Sherry Espin
Suzanne Fredericks
Sepali Guruge
Charlotte Lee
Karen LeGrow
Elizabeth McCay
Joyal Miranda
Kristine Newman
Nancy Purdy
Daria Romaniuk
Souraya Sidani
## OVERVIEW

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<td>Dr. Jenny Ploeg</td>
<td>Professor and Scientific Director of the Aging, Community and Health Research Unit (ACHRU), McMaster University</td>
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<td>Dr. Annette Bailey</td>
<td>Assistant Professor</td>
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<td>Daphne Cockwell School of Nursing, Ryerson University</td>
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Keynote Address: (8:40-9:45) – Tecumseh Auditorium

**Building your Program of Research through Coaching Others**

**Dr. Greta Cummings, RN, PhD**
Professor, School of Nursing; Principal Investigator, Connecting Leadership Education & Research (CLEAR) Outcomes Program, School of Nursing, University of Alberta, Edmonton, Alberta

Dr. Cummings’ research and scholarship focuses on leadership, management policy and other organizational aspects of health care delivery that influence organizational, health care provider, and patient outcomes.

Dr. Cummings is principal investigator of the Connecting Leadership Education & Research (CLEAR) Outcomes Program, which focuses on the development of leadership by individuals and organizations to achieve better outcomes for healthcare providers and patients.

She is one of 3,215 Highly Cited Researchers ranking among the top 1% most cited for their subject field and year of publication.

Afternoon Panel (3:30-4:30pm) – Tecumseh Auditorium

**Building Research Capacity Within Community Networks**

Presented by:

**Veronique Boscart, RN, MScN, Med, PhD**
CIHR/Schlegel Industrial Research Chair in Seniors Care for Colleges
Conestoga College

**Jenny Ploeg, RN, PhD**
Professor and Scientific Director of the Aging, Community and Health Research Unit (ACHRU), McMaster University

**Annette Bailey, RN, PhD**
Assistant Professor
Daphne Cockwell School of Nursing, Ryerson University

**Dr. Greta Cummings, RN, PhD, Discussant**
**Grandmothers’ and Mothers-in-law’s Cancer Literacy and Family Intergenerational Post-Migration Dialogue**

Margareth Zanchetta, PhD, RN 1, 3, Patrick Cloos, PhD, MD 2, 4, Soumya Tamouro, BA, MSW 2, 5, Christine Maheu, PhD, RN 3, 6, 7, Manon Lemonde, PhD, RN 3, 8, Ndeye Ndiaye, BA, MA, MSW candidate 4, Pascale Baribeau, BScN student 1. 1-Daphne Cockwell School of Nursing-Ryerson University; 2-Research Group METISS-CSSS de la Montagne, Montréal, 3- Nursing CoP Research-Cancer Care Ontario, 4- School of Social Work – Université de Montréal, 5- ACCESSS Alliance Montréal, 6-Ingram School of Nursing – McGill University, 7- Princess Margaret Hospital, 8- University of Ontario Institute of Technology

**Background & Purpose:** Immigrant grandmothers’ and mothers-in-law’s savoir-être and savoir-faire related to cancer and the nature of the intergenerational cancer literacy and dialogue among immigrant families remain unrecognized by settlement services. This study identified cancer-related knowledge and conceptions held by those immigrant women that would influence family cancer preventive and early detection practices.

**Methods:** This exploratory qualitative study conducted 2 focus groups with 11 participants born in Colombia, Cameroon and Democratic Republic of Congo living in Montreal. Discussions were audio-recorded, transcribed, codified using Atlas ti 7.0 and analyzed using thematic analysis.

**Results:** Participants voiced their beliefs of external origins of cancer. Regardless of these beliefs, they were eager to learn about cancer genesis, progression, prevention and forms of treatment. This could be explained by the finding that the participants had the role of health mentors in the family. Participants promoted healthy eating habits to prevent cancer within their families, which exposed an intriguing paradox considering their beliefs of an uncontrollable origin of cancer. Their oral culture of health challenges current cancer education initiatives.

**Conclusions and Implications:** Future early detection cancer programs should respond to women’s interest on instrumental cancer-related strategies for early detection reinforcing thus their actions to protect personal and family health, as well as educate new comers. Key recommendations for cancer programs for this population include extending the health education to go beyond cancer-related lifestyle factors, wide dissemination of cancer early detection messages in the media, and offering educational sessions in community centres for immigrant families.
Exploring experiences of challenge and resilience in South Asian immigrant older adults with mild dementia living in the greater Toronto area

Nafsin Nizum, BScN, Dr. Lori Schindel Martin, Dr. Sepali Guruge, Dr. Josephine Wong. Daphne Cockwell School of Nursing, Ryerson University

Background: Dementia prevalence is projected to increase in the Canadian South Asian population. These individuals will be subjected to health care delivered through a dominant biomedical lens that emphasizes loss and disability. This prevailing negative discourse prevents advancement of the emergent notion that persons with dementia can experience resilience. The discourse needs to be reframed to a strength-based, resilience approach that upholds the capacity and identity of a person living with dementia.

Method: Two community-dwelling South Asian immigrant older men living with mild dementia and one female caregiver were recruited from separate ethnic-specific seniors’ day programs within the greater Toronto area. Two semi-structured interviews were conducted over the period of a month with one individual and one dyad. Duffy’s (2012) narrative analysis of identity development was utilized to interpret and re-story participants’ narratives.

Results: A diagnosis of dementia did not define the men living with mild dementia as they did not associate their identity with the condition. Resilience for the two men was reflected in the following themes: 1) having meaningful worth, 2) having a strong sense of faith, 3) having supports that improved quality of life, and 4) coming to terms with limited control.

Conclusion: Identity and the ability to be resilient remained in two South Asian persons living with mild dementia despite evident deficits. It is recommended that health care providers can help to foster resilience through education, practice, and policy changes that are designed to uphold the strengths and identity of persons living with dementia.
**Sugar in our blood: The meanings of diabetes among newly arrived Filipinos in the United States**

Reimund C. Serafica, PhD, MSN, RN¹, Susan Lane, PhD, MSN, RN². ¹University of Nevada, Las Vegas, ²Appalachian State University

**Background and Purpose:** The prevalence of type 2 diabetes mellitus (T2DM) is increasing in the United States, particularly among immigrant populations. Filipinos are at high risk for developing diabetes, especially T2DM. The purpose of this qualitative ethnography study was to explore the knowledge, perception, and beliefs of newly arrived Filipino immigrants about T2DM.

**Methods:** This is a qualitative descriptive ethnography study used face to face interviews, which were conducted using an interview guide. A sample of newly arrived first generation Filipino immigrants (N=46), not diagnosed with T2DM, living in southeastern part of United States was used in the study. Content analysis was conducted using the NVivo 8 software.

**Results:** The perceptions of T2DM were varied, but several beliefs were widely held: (a) T2DM is a “sugar disease” that is based on sweet food intake, (b) T2DM can result from several factors, including strong emotions and lifestyle characteristics, (c) beliefs about strong emotion are related to diabetes causes, and (d) a major and undesirable outcome of T2DM is weight gain.

**Conclusions and Implications:** Some of the diabetes beliefs that this study delineates provide anchors for future culturally appropriate intervention programs for recent Filipino immigrants. One of the major findings in this study was the low diabetes literacy among the participants. Immigrants with low diabetes literacy may have lower awareness of the disease condition, which may have a negative impact on their disease prevention behaviors. These results provide information for the design of health programs for the prevention of T2DM.
Sexual violence against women by intimate partners in the Sri Lankan context: A review of the literature
Dr. Sepali Guruge, Dr. Vathsala Jayasuriya-Illesinghe, and Melanie Selvadurai. Daphne Cockwell School of Nursing, Ryerson University

Background and purpose: Intimate partner violence (IPV) is a significant global health issue. In Sri Lanka, a country that is deeply-affected by a protracted war, literature reviews have focused on IPV, in general. Consolidated information about how war influences the perpetration of and responses to male sexual IPV (SIPV) against women is lacking. This paper aims to address this knowledge gap.

Methods: Published and grey literature from the last 35 years was identified from electronic databases, websites, and repositories/archives at universities and libraries. Eight studies that focused on SIPV were reviewed.

Results: Prevalence of SIPV ranged from 3 – 20%. The risk of SIPV was reported to be greater than non-partner sexual violence during war. In addition to contextual factors that increase women’s risk of SIPV across the country (poverty, alcohol/drug use, low status of women, stigma), factors specifically connected to the post-war context (militarization of civilian life, loss of social capital, perception of violence as a male entitlement and the need to ‘protect’ girls and women from community violence) were highlighted. Legislative barriers (such as a restrictive marital-rape law), breakdown of infrastructure, transportation, health and administrative services prevent women from seeking recourse.

Conclusion: Limited research provides a glimpse into the complexity of SIPV experiences for the women in post-war Sri Lanka. Within prevailing social conditions SIPV is less likely to be reported and its consequences for women not are recognized/addressed. The current post-war situation and changing political milieu provide new opportunities to address this research and practice gap.
Women’s narratives of intimate relationships and irritable bowel syndrome
Megan Nguyen, RN, BScN, MN Student, Dr. Jennifer Lapum, RN, BScN, MN, PhD, Associate Professor, Dr. Margaret Malone, RN, C-PHN, BAAN, BA, MA, PhD, Associate Professor, Dr. Annette Bailey, RN, BScN, MSN, PhD, Assistant Professor. Daphne Cockwell School of Nursing, Ryerson University

Background & Purpose: Irritable bowel syndrome (IBS) is a chronic digestive disorder that primarily affects women. Research has shown that the illness experience of IBS can disrupt social relationships. However, the area of intimate relationships from women’s perspectives has yet to be explored despite the deep involvement that intimate partners often have in the experience of living with chronic illness. Thus, this study explored women’s experiences of intimate relationships while living with IBS.

Methods: An arts-informed, narrative inquiry underpinned by critical feminist theory was utilized. Three women were recruited from a university in Ontario through recruitment posters and by word of mouth via a recruiter. Data collection methods included two semi-structured interviews, an arts-based activity during the two-week period between interviews, and a follow-up telephone call two weeks after the second interview.

Results: Current analysis of women’s narratives have revealed that their experience of intimate relationships while living with IBS was an emotional experience that influenced their body image and perception of self as an intimate partner. Women’s experiential accounts reflected the importance of honest communication and self-compassion as well as support and understanding from their intimate partner.

Conclusions/Implications: The findings to date suggest the need for counseling and education interventions to create opportunities for patients with IBS to discuss their intimate relationships in supporting the management of IBS. Furthermore, the current findings indicate the need for future research to explore a dyadic approach to IBS management in which both women and their intimate partner are involved.
A review of literature on interventions and programs that engage men in preventing intimate partner violence

Sepali Guruge, RN, PhD; Vathsala Jayasuriya, MD, PhD, Daphne Cockwell School of Nursing, Ryerson University; & Sadaf Grace Seifi, MA Candidate, Immigration and Settlement Studies, Ryerson University

Background: According to the World Health Organization, 15%-71% women experience intimate partner violence (IPV) in countries around the world. While programs and interventions to address and/or prevent IPV have used various strategies, a majority of these have focused on women, and much less has been done to engage men in addressing and/or preventing IPV.

Purpose: This paper presents the findings from a recently-conducted review of literature on programs and interventions that engage men in addressing and/or preventing IPV.

Method: Literature published in the last 20 years was searched using Ryerson University’s Search Everything tool. Of the 22 papers that met our inclusion criteria, 20 were based on studies conducted in North America.

Results: Most programs and interventions used: (1) peer engagement; (2) cognitive behavioral therapy; (3) psycho-educational strategies; or (4) counseling strategies, to address and/or prevent IPV. Of these, peer engagement and cognitive behavioral therapy were group-based initiatives, and psycho-education and counseling programs were one-on-one programs. Effectiveness of group-based programs ranged between 59 and 84 percent, and brief, structured, group-based educational programs were found to be the most effective.

Implications: Engaging men in addressing and/or preventing IPV deserves urgent attention. We will discuss key strategies that can be applied in the design and delivery of an innovative intervention that involve men in addressing and/or preventing IPV.
What is the extent of theory in computer-based sexual health promotion interventions?
Christine Cassidy RN BScN PhD Student, Andrea Bishop PhD, Janet Curran RN PhD. Dalhousie University, School of Nursing

Background: Sexual health is a critical component of health and well-being that remains a public health challenge, as many sexual health interventions have had mixed success at preventing sexually transmitted infections (STIs) and HIV/AIDS. Studies have shown that interventions are more likely to succeed when theory is used in the development and implementation process; however, many researchers continue to use theory as a loose framework without explicitly applying or testing it.

Methods: We conducted an in-depth secondary analysis of a Cochrane review on computer-based interventions for sexual health promotion to determine the extent that behaviour change theory was used to inform, develop, and test the interventions. The extent and type of theory use was assessed using the Theory Coding Scheme (TCS) – a reliable method for assessing the extent to which behavioural interventions are theory-based.

Results: The findings suggest that the majority of the primary studies mention theory in the background to the study. Fewer studies used the theory or predictors of behaviour to design the intervention or select intervention recipients. Lastly, several studies discussed the results in relation to theory; however, no studies provided support or refutation of the theory.

Conclusion: This secondary analysis demonstrates an in-depth method for examining the extent to which behavioural interventions are theory-based. The findings suggest that that theory is not used extensively in the development or testing of computer-based sexual health interventions. Future research can use these findings and the TCS to support the use of theory in developing and testing sexual health interventions.

The KT Capacity of Arts-informed Dissemination: Representation of Findings through Pictorial Narrative Maps
Jennifer L. Lapum 1, Sarah Hume 1, Linda Liu 1, Siyuan Wang 1, Megan Nguyen 1, Bailey Harding 1, Terrence M. Yau 2, Kathryn Church 1, Gideon Cohen 3. 1-Ryerson University, 2-University Health Network, 3-Sunnybrook Health Sciences Centre

Background/Purpose: Arts-informed dissemination has been shown to elicit powerful responses, yet its knowledge translation capacity is under-explored. In previous research, we designed “The 7,024th Patient” art installation to share findings about patients’ experiences of
heart surgery. In this current study, we explored how arts-informed dissemination (e.g., “The 7,024th Patient”) influences cardiovascular practitioners’ delivery of care.

**Methods:** We employed an arts-informed, narrative methodology informed by the PARiHS framework (Promoting Action on Research Implementation in Health Services). Nineteen practitioners from six disciplinary backgrounds were recruited and participated in two interviews: within 48 hours of viewing the installation and six months later. We employed and further developed Pictorial Narrative Mapping as a qualitative analytic technique, which involves aesthetic attunement to data and visual representation through pictorial design.

**Results:** In this presentation, we share the series of pictorial narrative maps as a way to represent the research findings related to how the art installation enhanced humanistic approaches to communicative and supportive care. These maps highlight influencing elements (including facilitators and barriers) of knowledge translation specific to the aesthetic components of arts-informed evidence and institutional and cultural context.

**Conclusions/Implications:** As an analytic technique, Pictorial Narrative Mapping extended the inquiry process and enhanced rigour through an artistic means as well as iterative and critical dialogue. Future exploratory research will facilitate a better understanding of how maps provide a holistic and temporal overview of the knowledge translation capacity of arts-informed dissemination. Additionally, intervention research is necessary to examine.

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**Keys To Successful HIV Stigma Reduction and Championship: Methodological Integration and Cross-sector Collaboration**

Josephine P. Wong¹, Kenneth P. Fung², Henry Luyombya³, Alex Bisignano³, Christian Hui³, Dale Maitland³, Kenneth Poon³, Alan Li³. ¹-Daphne Cockwell School of Nursing, Ryerson University, 2-Department of Psychiatry, University of Toronto, 3-Committee for Accessible AIDS Treatment

**Background:** HIV stigma creates fear that discourages HIV disclosure, testing, and care, resulting in silence and denial of the negative impact of HIV in affected communities. Community Champions HIV Advocates Mobilization Project (CHAMP) is an intervention study undertaken to promote HIV championship in Toronto’s African, Caribbean, Asian, and Latino communities.

**Methodology:** CHAMP drew on the strengths of mixed methods and health promotion evaluation strategies. It piloted two interventions: Acceptance Commitment Training (ACT) to promote psychological flexibility and Social Justice Capacity Building (SJCB) to promote collective empowerment. Pre-, Immediate-Post, and 9-month-Post surveys, focus groups, and individual interviews were used to assess the impact of the interventions. Post-intervention
monthly activity logs over 9 months and structured networking sessions were used to document collective empowerment.

**Results:** A total of 31 non-PHAs and 35 PHAs participated in CHAMP. Results showed significant reduction in internalized and enacted stigma in all intervention groups. Participants also reported 1090 HIV championship activities over 9 months post-intervention. This presentation highlights the unique impact of three key innovative strategies: (1) combining psychological interventions with collective empowerment strategies to reduce stigma; (2) promoting empathy and collaboration among PHA and non-PHA leaders across sectors to advance championship; and (3) embedding of a collective sustainable process to promote resilience.

**Conclusion:** CHAMP has demonstrated the positive impact of community-campus partnerships that tap into grassroots knowledge and scientific evidence to address stigma, promote community resilience and advance social change. Expanded partnerships and scaling-up of CHAMP interventions in real-life settings are needed to assess sustainable impact.
Knowing So Much, Yet Knowing So Little: A critical review of literature on interventions that address the stigma of mental illness

Arthur Wang, SN, Dr. Sepali Guruge, RN, Dr. Vathsala Jayasuriya, MD. Daphne Cockwell
School of Nursing, Ryerson University

Background: In Canada, as is the case in many parts of the world, mental illness is a significant public health concern. Stigma has a detrimental impact on individuals living with a mental illness: it can affect their access to employment, safe-living accommodations, and timely care and services.

Purpose: This paper presents findings from a recently-conducted literature review on interventions addressing the stigma of mental illness.

Method: RULA database and mental health organizations’ websites were searched for relevant Canadian literature written in English in the last 10 years. A total of 36 papers that met the inclusion criteria were reviewed.

Results: Interventions mostly used direct and indirect contact-based or didactic models. Direct contact-based models involved participants interacting in person with an individual with a lived experience of mental illness whereas indirect contact-based models used audio, visual and/or written material to incorporate aspects of this interaction. Didactic models involved interactions with individuals who have knowledge of and/or professionally support people living with a mental illness. Results show that interventions using direct contact-based models to facilitate small group workshops were most effective in creating positive attitudinal changes in participants’ perceptions of mental illness. However, participants of these studies were mostly students, youth and/or young adults, women, and health care professionals.

Conclusion: There is strong evidence of the effectiveness of direct contact-based interventions in reducing the stigma of mental illness. However, their long-term impact is not well-documented. Future research also needs to include men, children, older adults, and people from diverse ethnic backgrounds.
Dialectical behaviour therapy: an evidence-based mental health intervention as a catalyst for change in homeless youth

Elizabeth McCay, RN, PhD, Celina Carter, RN, MN, Andria Aiello, RN, MN, Heather Beanlands, RN, PhD, Souraya Sidani, PhD, Linda Cooper, RN, PhD, Jean Hughes, PhD, Shelley McMain, PhD, Susan Quesnel, MD, FRCPC, Carol Howes, MSW, Jeff Karabanow, PhD, Bruce MacLaurin, MSW, John Langley, MD, Stephen Hwang, MD. 1-Daphne Cockwell School of Nursing, Ryerson University, 2-School of Nursing, Dalhousie University, 3-Centre for Addiction and Mental Health (CAMH), 4-Covenant House, Residential Outreach Programs, 5-School of Social Work, Dalhousie University, 6-Faculty of Social Work, University of Calgary, 7-Department of Psychiatry, University of Toronto and St. Michael’s Hospital, 8-Keenan Research Centre of the Li Ka Shing Knowledge Institute, St. Michael’s Hospital

**Background:** Dialectical Behaviour Therapy (DBT) emphasizes self-acceptance and is well suited to homeless youth who experience high levels of mental health challenge. A 12-week DBT intervention was implemented and evaluated to assess the effectiveness of DBT to reduce emotional distress and strengthen resilience amongst homeless youth at two Canadian transitional housing programs (Toronto and Calgary).

**Methods:** An implementation science approach was adopted to engage stakeholders, address barriers to effective implementation, and build the capacity of frontline clinicians. Evaluation was comprised of a mixed method approach; specifically a wait-list control design and a subsample of qualitative interviews.

**Results:** A total of 139 youth were recruited. Sixty participants completed the intervention; and 29 participants comprised the waitlist comparison group, with 50 participants dropping out. Participants who received DBT demonstrated a statistically significantly decrease in depression, anxiety, hopelessness, and suicidality and statistically significant improvements in self-esteem, social connectedness, resilience and overall functioning following the intervention. Participants in the wait-list control group did not demonstrate any significant improvement. Further, all of the gains attained by youth who participated in the intervention were sustained at four and 10 weeks post-intervention. Qualitative findings indicated that youth viewed DBT as a catalyst for change.

**Conclusions:** Results of this study demonstrate that DBT offers promise in meeting the needs of street-involved youth. Furthermore, this study demonstrates that it is possible for an interdisciplinary team to implement this evidenced-based intervention with youth at community agencies, thereby increasing access to needed services to support youth in ultimately exiting the street.
Tobacco Initiative 4 years after Implementation: Patient, Staff & Family Experiences
Mary-Lou Martin and Helen Kirkpatrick. St. Joseph’s Healthcare Hamilton

Tobacco addiction is a significant cause of mortality and morbidity in individuals who have a mental illness. This follow-up study parallels an original study that described the patients’ and staff experiences pre- and post-implementation of a Smoke Free/Tobacco Initiative (SFTI). This study describes the experiences and perceptions of individuals with mental illness, their families, and their healthcare providers regarding the SFTI and Best Practices on Smoking Cessation that were introduced four years ago. An exploratory case study approach was utilized. The sample included a total of 151 participants: 72 patients, 7 family members and 72 staff. Multiple sources of data were used. Thematic analysis of the interviews and the focus groups were conducted. Quantitative data was analyzed using descriptive statistics. The majority of patients (58%) were smokers and the majority of staff (77%) and family (71%) were non-smokers. Patient smokers (22%) and staff smokers (50%) indicated they would like to quit within the next 6 months. Patients (12%) indicated they would like to quit during their hospitalization. Fifty percent of staff who smoked identified they would like to quit in the next six months. Themes for patients, staff and families will be described. The findings advance knowledge by providing new insights about the experiences of patients, families and staff with a SFTI and best practices. Recommendations about the sustainability of best practices related to tobacco cessation in a mental health and addiction setting are described.
Exploring support persons’ narrative accounts of waiting for lung transplant
Linda Liu, RN, BSc, BScN, MN Student, Dr. Jennifer Lapum, RN, PhD, Dr. Heather Beanlands, RN, PhD, Dr. Oona St-Amant, RN, PhD. Daphne Cockwell School of Nursing, Ryerson University

**Background/Purpose:** In order to qualify for the lung transplant wait-list, patients must have a designated support person agree to provide constant care for them. Patients and support persons must also relocate to be within a 2.5 hour drive from the transplant site. Despite the potential impact, little research exists about support persons’ waiting experiences. A narrative study framed by the concept of liminality was conducted to explore support persons’ experiences of waiting for lung transplant.

**Methods:** Four support persons were recruited from a lung transplant program in Ontario. All of the participants had to relocate to Southern Ontario from places such as Eastern Canada and Northern Ontario. Two semi-structured interviews were conducted with each participant about three to four weeks apart and participants journaled for approximately two weeks between interviews.

**Results:** Preliminary findings revealed that the waiting experience is an isolating journey, whereby support persons became separated from their relationships and social life because their lives revolved around the patient’s health needs and the anticipation for a transplant call. Support persons also described disruptions to their own health, such as delayed access to health care or depression, associated with the emotional and physical struggles of waiting and caregiving.

**Conclusions/Implications:** Findings from this study suggest the need for health care practitioners to assess the impact of waiting on support persons’ own health and well-being. This exploration may lead to the implementation of supportive interventions that are tailored and responsive to support persons’ unique needs as they wait for lung transplant.

Trauma Informed Care: The perceptions of patients and staff 2 years after implementation

A previous study by the researchers described the perceptions of staff and patients about their care experiences prior to the implementation of trauma informed care. The purpose of this single case study was to describe staff’s perceptions about the care of patients and to describe
patients’ perceptions about their care in a mental health and addiction program 4 years after a trauma informed care approach was introduced. A purposive sample was recruited. The total sample size was 130 participants with 65 multidisciplinary staff participants and 65 patient participants. Focus groups and interviews were audio-recorded. Thematic analysis of qualitative data was used. Descriptive statistics were used for quantitative data. Twenty-two percent of patients indicated that staff seemed knowledgeable and helpful about trauma/abuse. Aspects of the care experience reflecting principles of TIC and best practice were identified. Sixty-five percent of the patients reported experience with trauma abuse. Patients (72%) identified their experience of trauma/abuse as occurring both as a child and an adult. Ninety percent of staff were familiar with TIC and they (98%) wanted more knowledge and skills. Staff (83%) identified their setting as using routine screening for trauma/abuse. Ninety-two percent of staff identified that a safety plan was created when a patient discloses trauma/abuse. Five themes emerged from the staff focus groups and interviews. Similar to other studies, a high rate of trauma/abuse was identified in this population. Staff have experienced some success in integrating TIC into their practice and the care experience of patients reflects principles of TIC.

Narrative Inquiry Works-in-Progress (NI-WIP), as research and educational leadership
J. K. Schwind RN, PhD ¹, G. M. Lindsay RN, PhD ², L. Manankil-Rankin RN, PhD(c) ³, E. Suen RN, MSc Student ², I. Boldt RN, MN student ¹. 1-Ryerson University (RU), 2-University of Ontario Institute of Technology (UOIT), 3-McMaster University

Background and purpose: As nurse teachers-researchers we conduct Arts-Informed Narrative Inquiry in our joint endeavors. We teach qualitative research graduate courses at our respective universities and supervise graduate students (masters and doctoral) implementing Connelly and Clandinin’s Narrative Inquiry (NI). Reconstructing our experience as graduate students in a 1990s narrative inquiry works-in-progress (NI-WIP) course lead by Dr. F. Michael Connelly, we created a similar group for our seven health sciences students from three universities and offered a mentorship opportunity for a faculty colleague interested in NI. Methods: In our NI-WIP group we teach NI as an embodied method, where students and faculty live out the 3-Dimensional NI space that includes temporality, place (we meet for full days at six-week intervals at a central location), and sociality (teaching-learning takes place in relationship between group members as well as reflexively within, including personal and social dimensions of experience). Students offer their thinking, writing and questions to each other, engaging in dialogue that assists them to move more deeply into their inquiry.
Results: Students reconstruct their experience of participating in the NI-WIP group in relation to their learning about the method, its application to their graduate research and the academic responsibility of peer-feedback within a research and educational leadership context.

Significance and implications: NI-WIP with graduate students demonstrates one means to promote the legacy of research knowledge grounded in a specific methodology for future generations of nurse teachers-researchers. This approach is transferable to other methods and faculty-student groups.


**Improving the Use of Sexual Health Services Among University Students in Nova Scotia: A Knowledge Translation Approach**

Christine Cassidy RN BScN PhD Student\(^1\), Janet Curran RN PhD\(^1\), Audrey Steenbeek RN PhD\(^1,2\), Donald Langille MD\(^2\), Ruth Martin-Misener RN-NP PhD\(^1\). 1- Dalhousie University, School of Nursing, 2- Dalhousie University, Community Health and Epidemiology

**Background:** In Canada, university students are among the highest risk population for sexually transmitted infections (STIs), yet, the rates of sexual health service utilization among university students remain low.

**Objectives:** A mixed methods design with a theory-based knowledge translation (KT) approach will be used to address four objectives: 1. Describe university students’ current use of sexual health services 2. Identify the barriers and facilitators for student access of sexual health services 3. Design an evidence-based KT intervention that can be used by service providers to increase the use of sexual health services 4. Identify strategies that will assist university decision makers, policy planners, and students to facilitate the use of sexual healthcare services.

**Methods:** To address objective 1, I will conduct a secondary analysis of a large Maritime-based data set to describe university students’ current use of sexual health services. To address objective 2, interviews and focus groups will be conducted with a sample of undergraduate students and clinicians to identify their perceived barriers and facilitators to the accessibility of sexual health services. To address objectives 3 and 4, a mapping exercise will be conducted to link behavioural determinants identified from the interviews and focus groups to specific behaviour change strategies and interventions.

**Expected Outcomes:** The aim of this theory-based KT intervention is to increase the use of sexual health services for the high-risk population of university students, thereby preventing negative sexual health outcomes and ultimately, improving sexual well-being. By using theoretically relevant strategies, the proposed theory-based intervention will have a higher likelihood of succeeding.
Impact of a leadership institute on the professional lives and careers of nurses
Nancy Purdy, RN, PhD¹; Julia Ann Scott, RN, BA, MBA²; Judith Skelton-Green, RN, MSN, PhD, FCCHSE²; Beverley Simpson, RN, BScN, MSc, CMC². 1-Daphne Cockwell School of Nursing, Ryerson University, 2-Dorothy Wylie Health Leaders Institute

An evaluation study was conducted to determine to impact of a leadership institute that has been offered for over a decade. The evaluation sought to better understand the perceived influence of the Institute on professional lives and careers of alumni and identify the mechanisms by which leadership development strategies lead to success. Nurses from all levels of leadership and from most provinces completed an online survey (n=165) and a subset was also interviewed (n=33). Design elements that impacted their development included the theoretical and conceptual content, interactive and experiential structure and take-away resources. Alumni who reported the greatest impact of the program on their knowledge, skills and confidence as leaders also had higher levels of career satisfaction and work engagement. The leaders described various techniques for ongoing self-reflection that helped them in their leadership role by enabling them to focus, develop their emotional intelligence when interacting with others and make better decisions. Insights into ongoing leadership development were also revealed as alumni reported a variety of additional educational strategies they have engaged in post-program e.g. skills and knowledge related to change management, quality improvement, and strategic planning. Recommendations for organizational learning included the need for coaching, mentoring and career counseling specific to the leadership career path. The objectives of this presentation are to 1) describe critical design elements for leadership development programs, 2) identify organizational strategies to support ongoing leadership development and retention of leaders, and 3) offer strategies for individual development at all stages of one’s leadership career.

An online strategy to educate undergraduate nursing students in dementia care: Gentle Persuasive Approaches
Lori Schindel Martin¹,4, Daria Romaniuk¹,4, Nancy Purdy¹,4, Kristine Newman¹,4, Linda Cooper¹,4, Audrey Kenmir¹,2, Michelle Hughes¹,2, Sandy Weisenthal¹,3, Gina Marasco⁴, Calen Freeman⁴. 1 - Ryerson, Centennial, George Brown Collaborative Nursing Degree Program. 2 – Centennial College site, 3 – George Brown College site, 4 – Ryerson University site

Purpose: Nursing students require knowledge of dementia prior to clinical placements. Limited dementia-specific understanding contributes to caregiver anxiety and moral distress, problematic given a growing demographic of people living with dementia. This paper will
Research Leadership: Leveraging Intervention Research for Better Outcomes

Oral Presentation Abstracts

Present the quantitative results of a study to expose first-year undergraduate nursing students and their clinical instructors to a dementia-specific intervention, Gentle Persuasive Approaches (GPA). The intervention was delivered using an online format in a collaborative degree program. This project builds upon previous GPA feasibility evaluations implemented in March 2013 and 2014.

**Method:** A mixed methods approach using quantitative self-efficacy and satisfaction measures, a 10-item multiple choice knowledge test, and group interviews immediately pre- and post-intervention provided data. Bandura’s social learning theory (1985) underpinned the study, whereby self-efficacy increases motivation and performance related to dementia-specific interventions.

**Findings:** Quantitative findings demonstrated participants’ (n=293 students; 13 clinical instructors) greater confidence in capacity to manage dementia behaviors (p < .0001). Participant satisfaction with the content and delivery of the course was high (p < .001). Knowledge test change scores supported participants’ acquisition of new dementia knowledge related to such practice indicators as communication, behavioral interpretation, and person-centred care strategies (p < .01).

**Conclusions:** Findings from this study provide support that delivering GPA using an online platform is a promising intervention for undergraduate baccalaureate nursing programs. Findings will inform the direction of a randomized-control study involving a sample of first and fourth year nursing students to determine the dose of GPA necessary for acquisition of essential dementia care competencies.
Informing nursing practice in men’s health: Inconsistencies between media discourse and health statistics
Margareth Zanchetta¹, Aaron Byam¹, Donna Solomon², Katayoon Jalili³, Siliva Tallarico⁴.
1-Ryerson University, 2-Hannam Fertility Centre, 3-West Park Healthcare, 4-Canadian Association for Equality

Background & Purpose: Canada’s lack of national men’s health policy and acknowledge the gaps in public knowledge of men’s health issues. The media was targeted as a source in order to gain better understanding of the type of health concerns and messages communicated to the general population. This study aimed to analyze newspapers’ influential role on population’s health education and awareness about men’s health in Canada, and understand the media’s contribution to facilitate awareness about the synergy of social determinant of men’s health and lifestyles.

Methods: This study retrieved 55 newspaper articles were collected from the national newspapers The Globe and Mail, National Post, and Metro News published from the years 2010 to 2013 selected by using “men’s health” and “boy’s health” as key words. Documents retrieval was done in February 2014. Bardin’s method of document analysis were used with remaining 43 articles. Contents that were organized in a chart according to source of the article, and informative, awareness, political/criticism, unclear, and key messages.

Results: Informative and awareness messages are the predominant discourse mostly in the area of prostate and sexual health. A paucity of contents and silence on the solution to publicized problems related to the areas of political issues, access to health services, collaborations/inter-sectorial actions revealing a lack of government action, creation of men’s health policy, and citizen participation engagement.

Conclusions and Implications: Nurses should recognize the discrepancy between official men's health statistics as opposed to the stereotypical health concerns projected by the media that emphasize sexual issues.
How Do Parents Engage in Partnerships with Members of the Interprofessional Health Care Team in Pediatric Intensive Care? A Qualitative Case Study

Christine Dennis, RN, BScN, MScN, PhD student, Dr Pamela Baxter, RN, PhD, Associate Professor, Dr Jenny Ploeg, RN, PhD, Professor and Scientific Director of the Aging, Community and Health Research Unit (ACHRU), Dr Susan Blatz, RN, PhD, Assistant Clinical Professor. School of Nursing, McMaster University

**Background:** The admission of a child to hospital typically creates stress and anxiety for parents. These feelings are often intensified in the PICU, where parents face a number of unique challenges that may influence how they engage in partnerships with health care (HC) team members. Partnership is linked to patient safety, cost effectiveness and quality HC outcomes; and, may facilitate family centered care (FCC) and interprofessional collaboration (IPC). It remains unclear, however, how to best promote partnerships between parents and the pediatric HC team as a whole. Additionally, to date there are no known published studies exploring how parents engage in parent-team partnerships in PICU. Thus, the purpose of this qualitative study is to explore how parents engage in partnerships with members of the interprofessional HC team in PICU, inclusive of how the partnerships may change over the child’s stay.

**Methods:** This project employs an exploratory single case study design with embedded units. Data is being collected through interviews with PICU parents, non-participant observations of parent-team partnership events, and a review of key documents.

**Results:** HC team members may better understand what parents value about – and expect from – parent-team partnerships over the child’s PICU stay. Additionally, parents’ perceptions regarding strategies, barriers and facilitators to promote parent-team partnerships will be clarified.

**Conclusions:** A full understanding of partnership could contribute to FCC and IPC intervention studies in this practice area. Findings may provide direction to policy, educational and research initiatives across a number of local, national and international pediatric HC sectors.
Preparing students for clinical placements: Impact of online dementia training
Calen Freeman¹, Lori Schindel Martin², Daria Romaniuk², Kristine Newman², Audrey Kenmir³, Sandy Wiesenthal⁴, Linda Cooper², Nancy Purdy², Gina Marasco². 1-Baycrest Health Sciences, 2-Ryerson University, 3-Centennial College, 4-George Brown College

Caring for an aging population requires nurses with gerontological knowledge. There is a need for undergraduate curricular content about necessary skills for application to responsive dementia behaviours. The aim of this study was to determine impact of an online Gentle Persuasive Approaches (GPA) program on preparation for first year clinical placements. This study was part of a multiple methods study to determine the feasibility of embedding an online version of GPA into the first year nursing curriculum for all Ryerson Collaborative Program nursing students and clinical instructors. Conceptually framed using Bandura’s social learning theory, this study investigated whether participants’ (n=293 students; 13 clinical instructors) knowledge and confidence in dementia care would be positively influenced through GPA. Qualitative data was collected through both open-ended questions (n=211) administered online and semi-structured group interviews (n=4) exploring participants’ knowledge and comfort with caring for older persons with dementia. Data was analyzed using thematic analysis. The preliminary data suggested that despite having knowledge about dementia prior to the GPA intervention, participants were unaware of dementia caregiving and communication principles. GPA provided participants with appreciation for meaning behind responsive behaviours, and increased confidence to use newly learned strategies to prevent such challenging behaviours. Findings emphasized the importance of building communication skills, and identified the advantages and disadvantages of the online format. Preliminary data supported that with modifications such as the inclusion of opportunities for review, discussion, and role play, GPA-online is likely a feasible and sustainable way to provide dementia specific training to nursing students.

A New model of Antenatal Care: The Short Stay Unit
Valerie Glasgow RN, BScN, MSc, EdD(c),IBCLC¹,², Lindsay Pollard RN, BScN, MN, CNS¹, Louise Glaude RN, BScN (H), SCM, PNC¹, Tanya Fernandes RN, BScN, PNC(c)¹, Dr Wendy Whittle MD, PHD, FRCSC¹, Joanne MacKenzie RN, BScN, MScN¹, Victoria Antoniu, MSc, MHSc Can. ¹, Sheryl Hewko RN, BScN, MSc¹. 1-Mount Sinai Hospital, 2-Ryerson University

This project was implemented at a tertiary level obstetrical center with a 34-bed antenatal inpatient unit; the average length of hospital stay (LOS) for an antenatal patient is 2.1 days, with a range of less than 24 hours to 189 days. A recent transition to a newly modelled
inpatient facility provided specific opportunity for process improvement: the development and implementation of a “Short Stay Unit” (SSU) dedicated to the comprehensive, safe, and efficient care of the antenatal patient admitted with an expected LOS of three days or less. The SSU is a ward-style room with four privacy-protected bed spaces within the larger antenatal unit.

Appraisal of the current state of patient care, workflow, and workspace configuration was completed by a multidisciplinary team using LEAN methodologies. This was followed by the creation of explicit patient admission criteria, streamlined nursing and medical care-plans, and the implementation of a pilot project to determine feasibility. Detailed evaluation metrics were created including: (1) percent adherence to LOS of 36 hours or less, (2) percent adherence to a defined goal and care-plan documented at time of admission, (3) percent adherence to complete documentation of nursing admission history, (4) patient satisfaction scores at or above the corporate target for the antenatal unit, and (5) staff satisfaction scores at or above the benchmark for the unit. The SSU launched on February 24, 2015; the metrics will be reviewed at 6-month intervals and after 100 patient admissions.

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**Nurses’ perceptions of medication use at the end-or-life in an acute care setting**

Juliana Howes RN MN CHPCN(c). Mount Sinai Hospital, University of Toronto

**Background:** Palliative care is frequently part of nursing practice in acute care settings. Research has looked at nurses’ perceptions on end-of-life care in hospital and identified symptom management as a concern.

**Aim:** The goal of this research was to explore nurses’ perceptions of end-of-life medication use in a hospital setting in order to understand current practice and identify interventions that will address needs.

**Methods:** Using a qualitative description methodology, 22 nurses from 8 medical and surgical units participated in 7 focus groups. A set of open-ended questions were used to guide discussion. Data was analyzed using a constant comparative method.

**Findings:** Nurses expressed difficulty identifying certain symptoms, such as distinguishing between delirium and pain. Medications that were not familiar were less likely to be used, such as Midazolam. Nurses often experience a conflict between their desire to achieve comfort and
their fears surrounding medication use. Fears included hastening death, side effects such as depressed respirations, and the possibility of CADD pumps errors. Nurses value collaboration with team members, but often feel unsupported. It was felt that physicians were reluctant to involve the palliative care team and there were delays in obtaining orders or clarifying goals of care. Family was recognized as part of the team, but nurses felt uncomfortable with medication use when their feelings conflicted with family perspectives. Nurses felt unsure how to address these concerns and found communication with families challenging. Education and resources regarding symptom assessment and common end-of-life medications was identified as important, including information on appropriate doses and indications for use.

**Delirium Stewardship: Prevention, Detection and Management of Delirium in Older Adults with Hip Fractures through a Multi-faceted Program (Study in Progress)**

Stephanie Jarvis, RN(EC), MN-NP Adult, GNC (C) Clinical Nurse Specialist – Seniors Health, Aaron Yuen, OT Reg. (Ont.), MSc(OT), BMSc (Hons.) Elder Life Specialist – Hospital Elder Life Program, Dr. Andrew Baker, MD, MHSc, FRCPC, Medical Director – Seniors Health. William Osler Health System

**Background/Purpose:** Post-operative delirium occurs in up to 65% of older hip fracture patients. Delirium has been associated with a significant increase in mortality, complications, length of stay and nursing home admissions. Randomized trials have shown that multi-component preventative strategies are most effective at reducing delirium rates. The purpose of this study is to evaluate the effectiveness of an evidence-based program that incorporates best practices in the prevention, detection and management of delirium.

**Methods:**

**Study Design:** Retrospective chart review and prospective single cohort study

**Participants/Setting:** Hip fracture patients aged 65 years and older admitted to a 38-bed orthopedic unit. Approximately 60 patients will be enrolled into a usual care/nonintervention cohort (November to January 2014) and 60 patients in an intervention cohort (February to May 2015).

**Interventions:** (1) Education and protocols for all unit staff, patients and families (2) Multi-disciplinary proactive geriatric consultation (3) Volunteer Program – Hospital Elder Life Program.

**Measurements:** Detailed assessment and review of medical records will be performed to ascertain pre-fracture status. Presence of delirium, delirium duration and severity will be measured by the Confusion Assessment Method – Severity Tool (CAM-S). Baseline cognitive and functional status will measured by the Mini-Cog/Digit Span Scale and the Barthel Index.

**Discussion/Next Steps:** The results of this pilot study will inform system-wide implementation of Delirium Stewardship, enhance care for seniors and help build partnerships with the geriatric program. Should the program have a substantial impact on the prevention of postoperative delirium in the elderly, it could be extended to other facilities.
Improving the health care needs of the LGBTQ community: A work in progress secondary analysis of self-related health of female bisexual undergraduate students
Joelle Monaghan, Audry Steenbeek, Don Langille, Erna Snelgrove-Clarke. Dalhousie School of Nursing

**Background:** Given the limited research on the health of bisexual, university female students, findings suggest, that this population is experiencing disproportionate rates of health disparities. Bisexual females have higher risk for mental health concerns and risk-taking behaviors, such as substance use and having multiple sexual partners, which make them more susceptible to sexually transmitted infections (STIs). As such, it is imperative that we examine the health of bisexual female students and their use or nonuse of healthcare services to improve health outcomes for this population.

**Methods:** A secondary analysis of cross sectional data collected by Drs. Steenbeek and Langille during the Dalhousie Undergraduate Student Sexual Health Services Survey 2012 (n=10,361), will be used to examine the overall health of bisexual females (n= 2998) and answer the following: What are the predictors of overall self-rated health and use of sexual health services for bisexual female students on Maritime University campuses? Descriptive analysis will characterize the study population across all variables of interest. Univariate and multivariate logistic regressions will examine the relationships between health service use, substance use, social support, depression risk, and self-rated overall health among bisexual females.

**Implications:** It is hopeful, that these analyses will shed light on the barriers and/or facilitators of accessing healthcare services for bisexual, female undergraduate students at eight universities in the Canadian Maritimes. Understanding the determinants of bisexual females’ self-rated overall health will provide direction for improving access to quality primary health care and ultimately improve the overall health of bisexual females on Maritime campuses.
Development of Intelligent Assistive Technologies to detect agitation symptoms of dementia
Kristine Newman¹, Alex Mihailidis², Belkacem Chikhaoui³. 1-Daphne Cockwell School of Nursing, Faculty of Community Services, Ryerson University, 2-Barbara G. Stymiest Research Chair in Rehabilitation Technology Toronto Rehab Institute-UHN / University of Toronto; Associate Professor Dept. of Occupational Science & Occupational Therapy / Institute of Biomaterials & Biomedical Engineering University of Toronto, 3-Toronto Rehabilitation Institute

Background/Purpose: Dementia, such as, Alzheimer’s disease, is a fatal, progressive, degenerative disease that destroys brain cells. According to the Alzheimer Society of Canada in 2010, an estimated 500,000 Canadians have Alzheimer’s disease or a related dementia. It is projected that in 5 years, as much as 50% more Canadians, and their families, could be facing Alzheimer’s disease or a related dementia. Agitation is a distressing symptom of dementia that affects the individual’s quality of life. Detecting and assessing the signs of agitation in individuals with dementia is important so that therapeutic interventions can be effectively implemented. This project has developed intelligent assistive technologies (sensors) to support algorithms that are able to recognize these agitation behaviours from persons with dementia. By developing these algorithms, it will in turn help develop a predictive system of the occurrences of these agitation behaviours for persons with dementia and their caregivers.

Methods: The system incorporates different sensors for collecting movements: physical and verbal behaviours. The sensors included in this study are Kinect (skeleton joint relative, absolute angles & velocity) and Wristband sensors (mean/variance of each axis signal, entropy & the correlation between axis signals).

Conclusions/Implications: The system developed is able to recognize different human behaviours. The preliminary results obtained for healthy participants’ shows suitability of the proposed solution for human behaviour recognition. This can be generalized to other complex behaviours such as agitation and aggression.

Changing the behavior of the Caribbean immigrants in Toronto
Khelesh Persaud, RN, PhD. Daphne Cockwell School of Nursing, Ryerson University

The purpose of this study was to evaluate the efficacy of the Canadian diabetes health education program in changing the behavior of Caribbean immigrants in Toronto with Type 2 diabetes using the health belief model. There is limited information in the literature about this topic. Previous studies conducted on the Caribbean population’s Type 2 diabetics did not
include sufficient educational information to meet the needs of the Caribbean people to decrease further health complications. This quasiexperimental study built upon existing research that suggested there is an overwhelming desire for culturally-sensitive diabetes self-management education. The sample consisted of 128 adults between the ages of 35 to 60 years with a history of Type 2 diabetes in the Scarborough community in Toronto. Participants were randomly assigned to the intervention or control groups by recruitment number to assess the effect of education using a pretest and posttest design. Data were analyzed via t tests, which showed significant differences between the intervention and control groups. The implications for social change included practitioners working with the Caribbean immigrant population for the reduction of total national health care expenditures through improved diabetes health care education, particularly in handling culturally-specific cases. Providing culturally-tailored education to the diabetic Type 2 population will not only decrease acute and chronic complications but will also promote a better quality of life, self-care, knowledge, and understanding of the disease process.

Blood cultures: They can and will be faster through nurse driven research
Marissa Weiler, RN; Tessa Cornelissen, RN; Kate Van den Broek, RN, NUA; Bjug Borgundvaag, MD; Shelley McLeod, MScN. Mount Sinai Hospital, Schwartz/Reisman Emergency Centre

Sepsis is a leading cause of death in North America and the key to effective treatment is rapid identification of bloodstream pathogens via blood cultures. At present, blood culturing takes approximately three to five days due to reliance on pathogen growth in blood culture medium prior to species identification. Qvella, a molecular diagnostic company, has developed a new technology for pathogen detection by direct sampling of whole blood without the need for culturing, decreasing time of results to hours. The aim of our current study within the Emergency Department (ED) at Mount Sinai Hospital (MSH) is to compare this new technology with conventional blood culture testing. The end goal is to enable targeted antimicrobial treatment in the shortest amount of time for the patient.
Our team of investigators includes Microbiology and Emergency Medicine physicians, a clinical epidemiologist, and two ED nurses. The nurse investigators are involved in all aspects of the study and are primarily responsible for day to day study operations (patient identification, enrollment, and consent, data and sample collection and handling, data management and integrity), including supporting frontline nurses who are responsible for consenting and enrolling individual patients. Samples will be run consecutively on the new technology and then compared to the conventional results. Should the new technology prove accurate, it will be
implemented within the Antimicrobial Stewardship Program at MSH. We anticipate that the successful implementation of this technology will improve patient outcomes by allowing more timely decision making for patients with suspected sepsis.

**The provider and the recipient: Exploring the varying perspectives on culturally competent care in current literature**

Maryana Zaplatsinska, Daphne Cockwell School of Nursing

**Background:** Culture affects one’s view of health and illness. To this extent, research literature emphasizes positive association between the availability of culturally competent care and improved health outcomes, particularly among the population of elderly immigrant adults. Considering Canada’s multicultural backbone, along with the sociological trend of progressive ageing of the country’s population, a literature review was conducted to explore the experiences and perceptions of both elderly immigrant adults and frontline healthcare practitioners regarding the current state of culturally competent healthcare.

**Methods:** The literature reviewed includes publications dating up to April 2015 retrieved from electronic databases CINAHL, ProQuest Nursing Journals and Medline. The methodology of the integrative review was adopted from the work of Whittemore and Knafl (2005).

**Results:** The disarray between the nurses’ and patients’ experiences with, and understanding of, culturally competent care may be attributed to educational, institutional and personal factors. Approaches for enhancing the availability of culturally competent care aimed at elderly immigrant adults are explored, including the practice of ethnic match.

**Conclusions/Implications:** The findings of this integrative literature review have guided the development of a Master’s level thesis aiming to understand the perspectives of frontline healthcare staff providing care to elderly immigrant adults living in ethnic-specific long-term care homes. The notable results also emphasize the benefit of implementing training initiatives related to cultural competence for health care practitioners caring for older immigrant adults.
## Conference Presenter Contact List

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## Conference Presenter Contact List

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