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A Mixed Methods Study of Maternal Competence and Self-Efficacy Theory in First-Time, Low-Income Mothers.

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The Experiences of Arab immigrant women in emergency departments in Halifax Regional Municipality

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The proposed feminist interpretive phenomenological study will explore the taken-for-granted and daily experiences of Arab immigrant women when accessing the Canadian Health Care System through emergency departments (EDs) in Halifax Regional Municipality (HRM). Eight Arab immigrant women who have had an experience in an ED in HRM will be recruited from the community. Phenomenological interviews and focus groups will be carried out to better understand how these women negotiated their experiences of the ED in HRM. To date, no studies concerning the experiences of Arab immigrant women accessing EDs were found in the Canadian literature. The purpose of the research is to contribute a deeper understanding of this population of women-- including their health care beliefs, values, and attitudes--while engaging with health care providers, specifically nurses in EDs. By filling a gap in the research evidence, the proposed study offers a basis to advance health care providers' knowledge about the experiences of Arab immigrant women during emergency care, which may contribute to providing safe, ethical, competent, and equitable care to this population. The study further provides a basis for future studies concerning Arab immigrant women, which in tandem with additional research, may contribute to institutional policy development, to best practice guidelines, educational curricula, and continuing education for health care providers caring for this group of women. A further benefit of the study is the potential empowerment of Arab immigrant women by having their voices recognized and included in research. Consequently, this may potentiate an improvement in their health outcomes and a better quality of life may also be anticipated.

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**Delivering Neonatal Palliative Care in NICU**

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Background: The World Health Organization defines paediatric palliative care as holistic care of medical, psychosocial, emotional and spiritual needs of a child with life threatening/life limiting conditions as well as supporting caregivers. Neonatal palliative care is becoming an increasingly important aspect of care of critically ill neonates, especially with survival of extremely premature infants with complex medical needs. However, comprehensive neonatal palliative care is inconsistently implemented in neonatal units across North America.  Objective: The aim of the study is to explore the concept of 'neonatal palliative care' as understood by parents and health care professionals, along with the facilitators and obstacles in providing palliative care in the neonatal intensive care unit (NICU ) setting in Edmonton, Alberta.  Study design: Focus groups involving NICU nurses, nurse practitioners, specialists and parents of critically ill infants who received care in the NICU.  Focus group data were analysed using qualitative content analysis. Preliminary analysis indicates: Anticipated death of a critically ill infant is a tragic, traumatic and paradoxical event, primarily for the families, but also for the health care professionals providing treatment and care.  The study participants explored personal, professional, philosophical and organizational considerations related to delivery of responsive neonatal palliative care. Parents emphasized the need for an environment where support would be consistent and the respect for the magnitude of the experience and for privacy would prevail. The need for an on-going education in palliative care and creating multi-disciplinary team support was emphasized by health care professionals.

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Midwives' experiences of providing maternity care for women from Black and Minority Ethnic (BME) backgrounds: An exploratory study

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Despite policy and practice initiatives, maternal and child health inequalities persist in the UK. Greater Manchester, UK has a high ethnic mix and people from Black and Minority Ethnic (BME) communities have significantly worse experience and health outcomes than White British peers. There is limited information about BME women's experience of maternity care. Even less is known about health professionals' perceptions of the impact of ethnicity on the quality of care received by BME women. This is important because midwives play an important role in maternity care and can have invaluable, trusting relationships with patients and their families, which could form the basis of improving access to healthcare not only for women but also their families. This study, therefore, aimed to explore midwives' experiences of providing care for BME women to obtain a better understanding of their perspectives on health inequalities that BME women face. A purposeful sample of qualified midwives (N= 20) was recruited from one NHS Trust in Greater Manchester. Semi-structured interviews were conducted. Interview data were analysed using thematic analysis. Emergent themes from the analysis include: communication issues, contributors to health inequalities, barriers to care, advocates for women, influence of policy, and demographic shift. Improved understanding of midwives' perspectives on maternity care and

reasons for health inequalities for BME women contributes to the evidence base and could help to shape future maternity care models in the UK. The study concludes with recommendations for research and intervention to establish equal maternity care such as providing BME and other marginalised women with resources to assist them in accessing health care services.

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Taking the plunge into metasynthesis: first steps in developing a database of qualitative studies on teen pregnancy and parenting

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Early childbearing is considered a significant public health challenge in the US and UK. Emphasis in clinical and policy discourse on cost and poor outcome of teen births has overshadowed teen mothers' experiential knowledge of the meanings, rewards, challenges, setbacks and loses associated with mothering. Two metasyntheses conducted a decade ago highlight that teens experience mothering as challenging, rewarding and transformative. Both studies omitted early studies and many additional studies have since been published that address previously neglected groups of teen mothers or experience.

This paper presents the development of a database of qualitative research on teen pregnancy and parenting to conduct a metasynthesis. This database has been created through a retrospective search eliciting numerous articles that are individually screened for use of qualitative methods that they relate to teenage pregnancy and mothering, focus on under 20s and are written in English. All selected articles are recorded in an Endnote library and a summary table.

As on the 22.4.13 348 articles have been selected; a number greater than preceding metasyntheses and representing a greater range of studies. Of these studies 138 have been reviewed to date noting author's discipline, sample size, qualitative method, aims and findings. Articles are also reviewed according to Kearney's typography of levels of qualitative research.

This large scale metasynthesis will identify themes and foster a broader understanding of early childbearing which can inform the design of future studies and strengthen interventions that are consistent with teen mothers' complex realities.

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A Qualitative Exploration of Spirituality/Religion and Coping with Chronic Pain: Four Illustrated Journeys

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Over 80% of Canadians identify as religious. However, spirituality/religion remains understudied in chronic pain despite evidence demonstrating its critical influence on psychological and physical wellbeing. This research explored the role of spirituality/religion for individuals with chronic pain using interpretive phenomenology, as previous studies are largely

quantitative and are limited in their scope and understanding of spiritual/religious domains. Four women with chronic pain participated in two individual interviews. They were selected from a larger group to represent differing emphases of spirituality/religion in a person's life prior to the onset of chronic pain. Participants described themselves as spiritual (no religious affiliation) or Catholic, and two were Sisters of Charity (Catholic nuns). They were 42-86 years of age. Time with chronic pain was 8-30 years and was due to arthritis, fibromyalgia, accident/injury, and disease/surgery. Interviews were transcribed verbatim and analyzed. Analyses revealed three main themes and 8 subthemes. The first theme was 'Personal Life Journey' with subthemes: 'Living your personal worldview' and 'Personal journey with chronic pain'. The second theme was 'Impact of Worldview on Pain' with subthemes: 'Using worldview to give meaning to pain', 'Using worldview to protect oneself from pain', and 'Using worldview to guide decision-making'. The third theme was 'Impact of Pain on Worldview' with subthemes: Clarifying worldview', 'Deepening worldview', and 'Bargaining within worldview'. This study illustrates how spirituality/religion offers a particular adaptive role for individuals with chronic pain who identify such worldviews. These results highlight the influence of spiritual/religious frameworks within which individuals understand their experience with chronic pain.

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## Patient Involvement in Patient Safety: Exploring Patient and Nurse Perceptions

*Andrea Bishop*
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While traditionally patient safety practices have been aimed at reducing the risks of providing health care from a practitioner point of view, the role of patients as safety agents in their own care has begun to take hold. This study aimed to explore patient and nurse perceptions of patient safety and to identify similarities and differences between the two groups. Between June 2011 and January 2012 focus groups were conducted using a semi-structured interview guide with patients and nurses in four inpatient hospital units located in. Focus group guides aimed to elicit participant feedback on how patients are currently involved in their care while hospitalized, the influence of provider behavior on patient involvement, and strategies that could be used to improve patient safety during hospitalization. Focus groups were audio-recorded and transcribed verbatim and were analyzed as a complete data set using thematic analysis. Focus group discussions revealed similar perceptions between patients and nurses, with four main themes emerging: (1) Wanting Control, (2) Feeling Connected, (3) Encountering Roadblocks, and (4) Sharing Responsibility for Safety. Overall, the themes point to the importance of creating a context for patient involvement to occur, with a need to provide greater opportunities for patients and nurse to interact meaningfully. As such, there may be a disconnect between current strategies employed by health care organizations to involve patients (e.g., pamphlets) and what patients see as integral to involvement (e.g., interaction).  Greater integration of patient involvement into existing workflow is recommended to ensuring greater interaction given existing time constraints.

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Regulating for Quality: Exploring Pharmacy Regulatory Authority Roles in Improving Medication Error Reporting

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Reporting and learning from medication errors within both hospital and community settings is imperative in ensuring high quality and safe health care provision. In Canada, pharmacy regulatory authorities (PRAs) have the potential to influence reporting and learning in community pharmacies through the promotion of standardized quality assurance and improvement programs. The aim of this study was to explore the perceived roles and responsibilities of PRAs in enhancing medication error reporting and learning and the perceived barriers that regulators face in executing such roles. Two focus groups were conducted with staff members from ten Canadian pharmacy regulatory authorities in Fall 2011, including assistant / deputy registrars (n=7) and pharmacy inspectors (n=9), and were audio-recorded and transcribed verbatim. Thematic analysis was used to analyze the two data sets, with coding done inductively. Five themes emerged from the two focus groups: (1) defining error reporting and learning compliance, (2) navigating role conflict, (3) educating for enhanced error reporting and learning, (4) promoting the positive/removing the fear of error reporting, and (5) tailoring error reporting and learning consistency. Overall, participants acknowledged that PRAs could play a significant role in enhancing medication error reporting through the provision of education and coaching for pharmacies to achieve reporting standards. However, participants also perceived a possible role conflict in both educating and promoting a process for achieving a standard while also inspecting against compliance. Participants suggested that greater education for PRAs themselves would be valuable to better enable them to communicate the benefits of reporting and learning to pharmacies and ensure compliance.

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## Multigenerational experiences of teenage parenting

*Sally Brown*
     *Durham University*

The debate has shifted during the late 20th and early 21st century from regarding teenage pregnancy as a moral problem, due to the unmarried status of the mother, to positioning it as a social problem due to the age of the mother. Teenage pregnancy and parenthood have been viewed as overwhelmingly negative, a feature of deprived communities which needs to be 'solved' by technical and educational means. The cumulative risks of young parenting are framed in health terms as part of a discourse about social exclusion, disadvantage and inequality.

The purpose of this study was to investigate the experiences of young parents across the generations, embedded in local contexts and cultures in the north of England. The study takes a qualitative approach, using in-depth interviews with family members. Interviews were recorded and transcribed, and analysed using constant comparative methods.

None of the young mothers had planned to get pregnant, but decided to keep the baby because it seemed like the best option, they were encouraged and supported by their families, or because of strongly held beliefs about abortion.

For many young women, motherhood is an attractive choice and for some can be a positive turning point, although this is an unpopular view which has been rejected by politicians. In policy terms, in many Western countries, teenage

motherhood is positioned as a 'problem' to be solved. There is, however, a mismatch whereby policy-makers regard it as a problem but those experiencing it do not.

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## Close Your Nose to Drink the Stinky Water: The Lived Experience of Home Care Workers

*Daniel Bustillo*
        *Columbia University*

Boris and Klein (2012) have made note of our societal predilection to think about care in terms of its consumers and their conditions rather than the providers of care, the workers. This predilection is grounded in historical currents, which have had corresponding differential impact on caregivers, particularly those engaged in the provision of care as home care workers. Home care workers have been described as the garment workers of the modern economy, with the low pay, skimpy benefits and weak prospects for upward mobility tending to draw mostly immigrant women with few marketable skills (New York Times, 5/25/2007). Given the aforementioned historical underpinnings pertaining to the development of home care work, and the essential role played by home care workers in a society where demand for such service is ever increasing, surprisingly little scholarship has focused on the actual lived experience of home care workers. Using a critical hermeneutic phenomenological process this study focuses on the current lived experience of home care workers in New York City. Through the use of a theoretical framework centered on Foucault's 'Discipline and Punish', Goffman's work on social stigma and Kalleberg's notion of precarious work, this study also seeks to demonstrate how the data gathered illuminate the dichotomized spaces home care workers are forced to navigate as part of their daily lived experiences.

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## Use of an i-Pad and Stories about Me App in a Cross-Cultural combination Narrative Inquiry/Auto-ethnography in Cambodia

*Jocelyn Campbell*
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Technology has opened up new opportunities for cross-cultural investigation. This poster illustrates the use of an i-Pad and the App 'Stories About Me' in a combination Narrative Inquiry/Auto-Ethnography enacted in a Cham fishing village in Cambodia. The researcher is an Occupational Therapist studying the details and context of the daily life and typical activities of village girls in order to inform future development projects, in particular those with a focus on rehabilitation. The Cham people are the Muslim ethnic minority of Cambodia, making up approximately 10% of the population in a country predominated by Khmer who mainly follow Theravada Buddhism. The participants included young females between the ages of 6 and 18, a research assistant, a female village elder, and the researcher as auto-ethnographer who co-constructed and co-illustrated stories about their daily lives with the presenter. The i-Pad and App provided a simple-to-master method for them to use to dictate and illustrate stories about their daily lives in their own words and language, according to four main themes: wanting, everyday life, choices, and transformation. When the stories were completed, they could then hear their illustrated story told back to them in their own voice by touching the screen to turn the electronic pages. Information about the process of introducing and then withdrawing powerful technological tools in a basic village setting, the reactions of participants, and the pros and cons of this method to obtain data will be discussed.

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Silent Voice of African American Adolescent Girls in Parent-Child Sexual Communication

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The purpose of this descriptive qualitative study was to explore African American adolescent girls' perceptions of barriers and facilitators to sexual communication with their parents. A convenience sample of 64 African American girls ages 12 to 14 was recruited through community-based organizations in Alabama. Data were collected using individual interviews (n = 36) and focus groups (n = 3; 28 participants). Individual interviews focused on participants' perceptions of their conversations with parents about sex. Focus groups were held to validate findings from interviews. Verbatim transcripts of audiotapes, observation notes, and demographic data were primary data for analysis. Thematic content analysis was used in analysis and interpretation of qualitative data to formulate meaningful categories, themes, and pattern0073. The qualitative research software, QSR N-Vivo?, was used to code and sort data into categories. The SPSS statistical software was used to conduct descriptive analyses to describe the study sample. Mean age of study sample was 13 years. Out of 64 participants, 5 reported having engaged in sexual activity. Mean age of sexual debut was 13 years. Key findings were related to participants' beliefs that sexual communication with their parents is hindered by the parent only focusing on pregnancy prevention and abstinence. The majority of participants desired to have an open discussion about sex with their parents. Findings from this study suggest that strategies to improve the content and quality of parent-child sexual communication are warranted as a pre-emptive strategy to enhance African American adolescent girls' ability to avoid or delay sexual activity.

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**Beyond the dial tone: Reflections on the use of telephone focus groups in health education research**

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*Kaylee Eady*
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Focus groups are extensively used in qualitative health research, and while excellent for stimulating rich group discussions, they tend to rely on face-to-face interaction. This poses a challenge for large scale, multi-site health studies. However, telephone focus groups can be used to facilitate group dialogue between participants who cannot easily, or cost-effectively, be brought together in person. This paper outlines lessons learned from the use of telephone focus groups in a qualitative health education study. Through the use of this method, this study explored the perspectives of a geographically dispersed sample of residents and program directors. Five focus group sessions were conducted with 23 participants, garnering representation from six Canadian provinces. Sessions were audio recorded and transcribed verbatim for analysis.

We noted several key benefits to using telephone focus groups, including enhanced access to busy health professionals and the elimination of travel, allowing participants to join the session from their preferred location. Moreover, removing face-to-face contact enhanced anonymity, facilitating the rich discussion of a sensitive topic. In terms of future considerations, audio quality and ease of transcription can be compromised by background noise and crosstalk. Additionally, the success of this type of focus group relies heavily on the skill of the moderator. Unlike traditional face-to-face focus groups, the absence of non-verbal behaviours requires reliance on verbal cues and advanced active listening skills. Given our experiences, we recommend the use of telephone focus groups in qualitative health research and encourage continued thoughtful reflection on the practical application of this method.

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Tracing the impact of norms and values from policy to practice: A case study of HIV and STI policies in two Nova Scotian Health authorities

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The Public Health Agency of Canada includes the accessibility of health services and social environments (including prevalent norms and values) among the social determinants that shape the health of Canadians. Canadian health researchers have examined barriers to STI and HIV screening that emerge downstream from the intersection of prevalent norms and values, and the generation of health service policies. However, ensuring equitable access to STI/HIV screening requires an examination of these interactions upstream at the points where they occur, and tracking of their effects throughout the top-down regulatory process to the points at which they influence service accessibility.

Drawing on Critical Social Theory and a Health Systems framework, this study will apply Grounded Theory to examine the process by which health care policies are translated into service provision within two Nova Scotian Health Authorities (HAs): the Capital District HA and the Cape Breton District HA. Data will be collected through an analysis of extant policy documents relevant to each HA, and through a series of in-depth semi-structured interviews involving stakeholders from either HA who are involved in the translation of policy-to-provision.

Through this study, the author intends to identify historical and contemporary interactions between human values, inequitable distribution of social power, and the regulations that direct the provision of STI/HIV screening. It is anticipated that tracing these interactions through the top-down regulatory process will aid in determining policy-based strategies to support the alignment of sexual health service provision with the unique needs of the diverse populations within Nova Scotia.

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**A Mixed Methods Study of Maternal Competence and Self-Efficacy Theory in First-Time, Low-Income Mothers.**

*Debra Copeland*
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Mothers with higher maternal competence in early parenthood are more comfortable performing infant skills and interpreting their infants' cues. Further, high levels of self-efficacy are related to less conflict in mother-child interactions. First-time, low-income mothers' new role, life stressors, and economic hardships can increase psychological distress resulting in less positive parenting practices. However, some low-income mothers experience successful role adaptation. This mixed methods study compared qualitative interview responses of mothers with the highest and lowest maternal competence scores, and sought to validate aspects of Bandura's Self-Efficacy Theory. Maternal verbalization cues nurses to maternal psychological state, and sensitizes them to maternal self-perception.

Low-income, first-time mothers 1-6 months postpartum (N = 21) completed the Parenting Sense of Competence (PSOC) scale, then were interviewed using a 9-item semi-structured interview guide that elicited reflections about early mothering experiences. Directed content analysis (Hsieh & Shannon, 2005), was used to compare interview responses from mothers scoring < 25th and > 75th percentiles on the PSOC and to identify efficacy expectations from Bandura's Self-Efficacy Theory.

Mothers with the highest (n=5) and lowest (n=3) PSOC scores reported similar concerns with maternal role adaptation. However, mothers who reported lower PSOC scores verbalized more problems in their 'postpartum experiences' and 'feelings about being a mother categories'. Bandura's Self-Efficacy theory was validated in this sample.

Finding interventions to support the maternal role is important not only for maternal health, but also to facilitate competency and confidence in infant nurturing and care.

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Perceived Impact of a Short Term Study Abroad Elective in India on Physical Therapist Students, Faculty, and Clinicians: A Pilot Study

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Physical Therapist education in the United States consists of rigorous coursework, typically with little opportunity for study abroad. Yet, many experts consider cultural competency and an appreciation for global issues in health care to be essential components of contemporary health professions? education. An elective course in India was designed for physical therapist students, with course objectives including: developing an understanding of Ayurveda (traditional medicine), providing clinical practice in underserved communities, and comparing health care systems. However, it became clear from analysis of reflective journals from students and faculty, that the course was transformative in unanticipated realms. Each US student and faculty member kept a daily journal, and upon completion of the course, expanded upon three events or learning experiences that stood out as being particularly meaningful. While there was an expected diversity amongst these reflective writing pieces, there were also common themes. A fresh appreciation for the phrase ?body-mind-spirit connection? often used in Western health care was powerfully shared by many, with descriptive examples of when that connection became more obvious than in previous classroom or clinical experiences. Participants also described events that caused them to put aside long-held beliefs regarding the importance of schedules and timeliness, developing an appreciation instead for flexibility and unpredictability. Indian clinicians completed a survey, indicating the clinical value of this experience for them, but did not have a reflective component. This preliminary

data suggests that further reflection by all participants in future experiences is essential for understanding the profound impact of such courses.

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## Girls on the Street, period: A qualitative study describing how homeless and street-involved girls manage menstruation.

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        *University of British Columbia*
*Elizabeth Saewyc*
        *University of British Columbia*
*Jerilyn Prior*
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The health needs of young women living on the street are often overlooked because women are less visible and less vocal than men. To inform the development of health support programs for young women, we conducted qualitative interviews with 19 young women who were accessing services of street youth health clinics or shelters in two cities in British Columbia, Canada, focusing on the issue of managing menstruation. Findings revealed that, while young women did experience challenges dealing with menstrual periods, the masculinized street environment produced a reluctance to raise these issues with peers or shelter staff. Silences regarding menstruation were attributed to an unwillingness to appear 'weak' in front of male friends and unknowlegable to female friends, a desire to be a 'tomboy' rather than a 'typical girl', embarrassment over approaching male staff to ask for supplies and a more general lack of understanding about the physiological processes of menstruation. Results indicate that creating more opportunities for open discussion about menstruation would decrease awkwardness for both young women and men and promote better health outcomes.

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Occupational Therapists' Perspectives on the Cognitive Performance Test

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        University of Toronto

Introduction. With an increasing aging population there is a need for cognitive assessments that provide functional information regarding clients' abilities. Occupational therapists (OTs) use the Cognitive Performance Test (CPT) to identify cognitive deficits that impact client performance. No qualitative research has explored OTs perspectives on the CPT. This qualitative descriptive study explores the perspectives of OTs regarding the effectiveness of the CPT in capturing functional capacity of older adults with cognitive impairments.

Methods. One focus group was conducted with eight OTs. The qualitative data was analyzed using an inductive, constant comparative analysis.

Results. OTs described important features of the CPT. Themes related to its relevance as a predictor of occupational performance, its usefulness as a tool for communication and recommended areas for improvement.

Conclusions. Evidence gathered provides important findings about the effectiveness and utilization of the CPT with suggestions on how to improve this assessment to enhance occupational therapy practice.

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**The student experience of university paramedic education and training:  from classroom learning to situational understanding**

*John Donaghy*
      *University of Heartfordshire*

Essential for the development of the United Kingdom's paramedic profession, is the need for a greater body of knowledge and critical mass of evidence to illustrate the relationship between the traditional, Institute of Healthcare and Development (IHCD) trained workforce, with that of the current graduate workforce.  This research explores processes of acculturation and socialisation of university student paramedics into the working environment of the paramedic profession, from the classroom to the workplace. The notion that situated learning is an integral and inseparable aspect of social practice is one which can be referred to as legitimate peripheral participation.  The current relationships between paramedic students, studying a university undergraduate paramedic degree, and the ambulance workplace, along with the traditional cultures and traditions, which appear implicit within the "profession", are somewhat fragile and endemic within the ambulance service. The use of observations as a method, underpinned by ethnographic principles facilitated exploration of the trajectories of six student paramedics whilst on clinical placements. This resulted in the generation of over 150 hours of data. It is postulated that this research will give a deeper meaningful insight into the process of student acculturation into the workplace. This will further inform developments within the paramedic curriculum, as well as in practice. This poster depicts a work in progress and the research findings will be embedded within contemporary literature and seminal works of a number of authors to support and position this research within a conceptual framework.

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An interprofessional and intersectoral approach to examining HIV/HCV policy prevention for youth in Altantic Canada

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Greg Harris
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Interprofessional (IP) and intersectoral (IS) collaboration has received much attention as a means of expanding integrated models of care. In Canada, the psychosocial and economic impacts of HIV and HCV have dramatic repercussions on our population and place pressure on our public health system. In Atlantic Canada, the Our Youth Our Response (OYOR) study brought together an IP/IS research team to explore primary and secondary prevention policies related to HIV and HCV among youth across four sectors: corrections, education, health, and community.

The IP/IS team conducted provincial policy scans which yielded a total of 425 documents across all four sectors pertaining to HIV/HCV prevention for youth in Atlantic Canada. The team used an iterative and collaborative IP/IS approach to create and apply a framework to capture policy structure details in each province. In-depth interviews were also conducted with key informants to identify current policy gaps and provide recommendations within and between each sector.

The IP/IS approach allowed the team to capture the synergies, differences, on-the-ground realities, and innovations in the field of HIV and HCV prevention within and across sectors under the integrated approach as put forward by the Public Health Agency of Canada (PHAC). Preliminary findings show inconsistent levels of collaboration between sectors, particularly between health and education as well as between health and corrections. Though informal bridges between sectors often exist, funding barriers and professional silos stifle the establishment of formal IP/IS relationships and sharing of novel prevention approaches in the Region.

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**Moderately Autonomous Older Adults Aging-in-Place: Results and Methodological Challenges**

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In Canada, 92% of older adults live in their home compared to 8% in long term care facilities; however, deteriorating health and difficult access to home care services are often cited as the cause for institutionalization.  Aging-in-place has been identified as a priority for older adults but over half of them have no plans for their future support needs.

Because the majority of older adults are successfully aging at home, the purpose of this qualitative descriptive study was to gain a better understanding of the experience of aging at home for seniors with a loss of independence and their families. Fifty four participants, some in rural or urban areas and speaking English or French, were recruited from a variety of methods to participate in a face to face semi-structured interview. Data analysis was conducted concurrently with data collection and verbatim analyzed, line by line in order to identify common categories and themes. The results provide a better understanding of the experience of aging-in-place as well as the challenges and means developed to support living at home.

Although the study was successfully completed a few months ago, methodological challenges were encountered, the first being the recruitment of older adults with loss of independence, the second being the data analysis with English and French verbatim. This presentation will highlight the results from the current study along with its nuances while advancing the methodological challenges encountered by team members.

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Infertility Treatment in an Overwhelmed System: Couples' experience of fertility clinics post government funding of IVF in Quebec

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Sharon Bond
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Peter Chan
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Nancy Feeley
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        McGill University
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Quebec is the first North American jurisdiction to fund 3 cycles of in-vitro fertilization (IVF). This policy, effective August 2010, led to a significant upsurge in the number and diversity of patients utilizing fertility clinics in Quebec. As part of a larger research program to understand the effects of this policy change, this study describes how infertile couples experience treatment in fertility clinics since the inception of government funding for IVF.

Using a qualitative descriptive design, semi-structured interviews were conducted with 32 heterosexual couples pursuing fertility treatment at two Montreal fertility clinics. Audiotaped interviews were transcribed and subject to thematic analysis.

Several themes dominated patients' perceptions of their experience with fertility treatment. Frustrations about time included long waiting lists at public clinics, long waiting periods at each stage of the treatment process, and appointments held hours behind schedule. Especially after so much waiting, many patients expressed disappointment that their meetings with physicians were rushed and very brief. Patients perceived the system as lacking sensitivity; the clinics did not provide the individualized care they desired. Yet, patients expressed sympathy for staff who appeared overwhelmed by the volume of patients and were grateful for government funding. The perception of a system overwhelmed as an effect of government funding is found in the comparisons patients drew to infertility treatment in Quebec prior to government funding and to infertility treatment elsewhere. These newfound difficulties must be addressed, as they have become a significant aspect of the experience of infertility treatment in the province.

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### Mental health self-care support for children and young people: exploring provider and user perspectives

*Rebecca Elvey*
>       *The University of Manchester*
*Peter Bower*
>       *The University of Manchester*
*Roger Catchpole*
>       *Young Minds*
*Sarah Kendal*
>       *The University of Manchester*
*Susan Kirk*
>       *The University of Manchester*
*Steven Pryjmachuk*
>       *The University of Manchester*

Various approaches exist for supporting children and young people (CYP) in self-caring for their mental health, but little is known about how different models are experienced when applied in practice. Six case-study sites in England and Wales were sampled as exemplars of different models of mental health self-care support for CYP. Semi-structured interviews were used to explore the perceptions and experiences of CYP (aged 5-17), families and staff (various professionals and support workers) at the sites. Fifty-two participants took part in interviews and the verbatim transcripts were subjected to thematic analysis. CYP, families and staff agreed that building self-care skills, using practical techniques, was important; support could be gained through structured games and activities, or informal sharing of tips and ideas. Peer support was facilitated through groups and online forums and at these sites, the emotional benefits of shared experiences, particularly in reducing feelings of isolation, were appreciated. Staff emphasised the importance of ensuring the support was accessible and acceptable and of gaining the trust of CYP and families. The value of a welcoming, non-judgemental ambience was mentioned repeatedly; CYP and families in particular ascribed this to the manner and qualities of the staff, who they trusted and felt comfortable with. For CYP, being listened to, having time to tell their own stories and being treated with empathy and compassion were particularly important. These findings bring together multiple perspectives on models of self-care support for CYP's mental health which have salience for research and practice in these fields.

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## 'They're quite a grey character that you never really see': professional and lay perceptions of pharmacists' identity.

*Rebecca Elvey*
> *The University of Manchester*
*Jason Hall*
> *The University of Manchester*
*Karen Hassell*
> *The University of Manchester*

Pharmacists' professional identities have been researched in the past, but little is known about how pharmacists are seen by others. This study explored the contemporary notion of pharmacists' identity from multiple perspectives. Eighty five pharmacists and support staff from hospital and community pharmacy, doctors, nurses and pharmacy users took part in semi-structured interviews. Verbatim transcripts were subjected to thematic analysis. Whilst strong, clear self identities as valued suppliers and advisers of medicines were evident, other aspects were problematic. Pharmacists from both sectors recalled that historically, pharmacists often worked out of sight, in hospital basements, or at the back of pharmacy shops and there was an enduring sense from some, of pharmacists still "hiding", in part because of their medicines supply work keeping them in the dispensary, but also through their reluctance to come forward and interact. For many other participants, pharmacists were a familiar, but low-profile presence in daily life; they were generally viewed as pleasant people, but somewhat lacking in interesting or distinctive characteristics. Professional and lay people found pharmacists indistinguishable from other professionals in the hospital and from support staff in the community pharmacy. In addition to this anonymity, pharmacists were seen to be largely absent from elements of social and cultural life; when asked to name a famous pharmacist, lay interviewees, and even some pharmacists, were unable to do so. Intriguingly, when famous pharmacists were recalled, they tended to be troubled, even dangerous, fictional characters. These findings have implications for patient-centred care and multi-disciplinary working.

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## The Presentation of Depression in the British Army

*Alan Finnegan*
> *United Kingdom Ministry of Defence*

Background:   The British Army is predominately comprised of young men; often from disadvantaged backgrounds, in which Depression is a common Mental Health (MH) disorder.

Aim:  To construct a predictive model detailing the presentation of depression in the British Army that could be utilised as an educational and clinical guideline for Army clinical personnel.

Methods:  Utilising a Constructivist Grounded Theory, phase 1 consisted of 19 interviews with experienced Army MH clinicians.  Phase 2 was a validation exercise conducted with 3 General Practitioners (GP).

Results:  Depression in the Army correlates poorly with civilian definitions, and has a unique interpretation.

Discussion & Implications: Young soldiers presented with symptoms not in the International Classification of Disorders and older soldiers who feared being medically downgraded, sought help outside the Army Medical Services. Women

found it easier to seek support, but many were inappropriately labelled as depressed.   Implications include a need to address the poor understanding of military stressors; their relationships to depressive symptoms and raise higher awareness of gender imbalances with regard to access and treatment.  The results have international implications for other Armed forces, and those employed in Young Men's Mental Health.

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## CMM Creates a Collaborative Learning Partnership

*Lydia Forsythe*
> *Londes Strategic Healthcare Consulting, University of Oklahoma*

Creating innovative ways to engage and support student learning is an ongoing evolution. In particular in healthcare, professionals needs to be a part of what the learning experience will encompass from both a practical and experiential standpoint. Involving nursing students in the design and development of curriculums by using action research gives the student an opportunity to engage in research while also participating in social change in learning. In using the Coordinated Management of Meaning (CMM) a facilitator of learning can open the students to integrating theory into practice as the student synthesizes learning into practical applications with the use of storytelling and developing a greater understanding of the importance of appreciative communication skills. By asking questions, which are reflexive in nature the students reflect upon their own awareness of how they perceive and integrate new learning as they span their own use of new ideas and contribute to the development of new curriculums. These experiences can then be translated into patient care delivery to enhance dialogue with patients and within care delivery teams. We need to have student input to create relevant curriculums, which will enhance their professional worlds. By promoting scholarly development and engagement in research through self-reflection and sharing of knowledge we develop a collaborative partnership in the learning environment.

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## Medical school in a digital age: a novel research protocol

*Cathy Fournier*
> *Dalhousie University*
*Olga Kits*
> *Capital Health, Dalhousie University*
*Anna MacLeod*
> *Dalhousie University*

This proposed poster illustrates the protocol for a novel institutional ethnographic research project informed by Actor Network theory, underway in the Faculty of Medicine at Dalhousie University. The study is exploring the implementation of state of the art technological changes in the undergraduate medical education program with the goal of learning more about how faculty, staff and students are experiencing a technology-focused curriculum renewal.

Since 2010, Dalhousie medical school has made significant changes, and has become increasingly digital, in terms of curriculum design, delivery and assessment. Examples of these changes include the paperless delivery of the curriculum, the use of electronic teaching cases, assessment tools, and curriculum management systems. More recently, the

undergraduate curriculum has become fully distributed and delivered simultaneously to campuses in New Brunswick and Nova Scotia using state of the art telepresence (videoconferencing) system.

Our poster presents a visual representation of this comprehensive, three-year study highlighting our qualitative data collection approaches, which include: 1. a textual analysis of the documents and policies structuring integration of new technologies; 2. a series of observations of technologically-mediated curricular events including lectures, small-group learning experiences and committee meetings; and, 3. in-depth, open-ended interviews with faculty, staff and students.

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## Video analysis in a multi-perspective approach

*Pia Frederiksen*
          *University of Aalborg*

In my presentation I want to discuss how to overcome some of the challenges associated with the use of video for analytic purposes.

As in a range of other disciplines (for instance medical care) an increasing focus has been on social interaction in educational research in recent years. By way of example we know that teaching in school is embedded in various forms of social interaction that has a huge impact on learning processes. It may be themes such as teacher-student relationships or informal relationships between students such as cliques, bullying, exclusion, inter-ethnic relations et cetera. In my own research I am concerned with how informal relationships between students affect 'learning behavior' and by implication academic achievements for some students (Frederiksen 2012, 2013).

Concurrently with the increasing interest in social interaction, the use of video has been a preferred source of data-recording. Social interaction is complex and determined by details and compared to e.g. interviews, surveys or field notes of participant  observers the advantage of using video is that is enables you to capture and retain detailed information about social interaction in concrete occasions.

Yet there are some difficulties associated with the use of video in research.

A well-known problem is that the use of video provides an immense amount of information which requires systematic data analysis procedures to avoid that some phenomena are missed or over-emphasized by chance. It is essential that such procedures are firmly rooted in an awareness of theoretical standpoint.

In the field of education a variation of theoretical and empirical approaches has been used in analyzing video. Some studies are based on ethnology and conversation analysis, (Garfinkel 1967, Heritage 1984, Goffman 1967, 1981, 1983) where the interest has been directed at determining in which ways the production and interpretation of action relies upon a variety of resources: spoken, bodily and material resources, such as objects, tools et cetera and which emphasize the sequential nature of communication (e.g. Mehan 1979).

Other studies have been inspired by ethnography of communication, interactional sociolinguistics (Gumperz & Hymes, 1972) and discourse analysis (Wetherell 2001), where the interest has been focused on prior learning as a source of social order and  social actors use of interpretative resources (discourses) in the production and interpretation of action and identity (e.g. Erickson 1992, Cazden 2001, Bloome & Clark 2006).

Al though especially the latter group of studies, in varying degrees, attempts to build bridges between different approaches, the overall picture is, that the individual study frequently captures only particular aspects of the resources /factors that influence the process of social interaction. In studies inspired by ethnology and conversation analysis e.g. the interpretative resources that participants draw on are 'overlooked' and in studies inspired by discourse analysis e.g. the nonverbal and other important resources in the interaction are 'overlooked'.

To refine video analysis as a tool - and thus enabling richer analysis - there is a need to develop an analytical framework that is able to capture both direct and indirect resources in the production of meaning and action of the participants', based on knowledge of the sequential nature of communication.

Through its systematics such a framework or analytical form should at once help to reduce randomness in the selection of information from the video recording and through a multi-perspective structure differentiate the analysis of interaction.

In my own research into how formal and especially informal social interaction in the classroom affects learning behavior of students I have devised and used such an analytic form in my handling of extensive video information.

This analytical approach and results from my actual study will be presented at the conference.

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## What's your story? Questions of power and publics in the treatment of tuberculosis

*Laurel Friedman-Aytes*
       *University of California*

Taking as its starting place the persistent global burden of tuberculosis, this research considers how individual and familial experiences with the disease can contribute to biomedical practices and public discourses about tuberculosis control, including what constitutes effective detection, treatment, and advocacy.  This is an important issue because the subtleties and complexities of tuberculosis diagnosis and treatment have shaped the development of public health protocols that can be invasive and disruptive to the social life of patients, families and communities. This research employs a mixed method ethnographic design to examine the shifting stories that have defined tuberculosis across time and place in order to better understand the conditions particular to Southern California, including its position as a border region with an increasingly diverse refugee population. To consider the intersecting perspectives and stories that define tuberculosis and efforts to treat and contain the disease in San Diego County, the study utilizes document review (e.g. of policy statements, recommendations and reports released by lawmakers, researchers and community coalitions); direct observation in the clinic and offices at the Tuberculosis Control Program at San Diego County's Health and Human Services Agency; recurring interviews with tuberculosis care providers; and narrative elicitation through open ended, in-depth interviews and visual and auditory recording techniques with people who have been treated for tuberculosis and their families. Currently at its midway point, this research offers preliminary findings related to the implications of treatment models that emphasize individual education and obedience while not fully accounting for the range of social, systemic and discursive factors that influence healthcare decisions of individuals and their families. By considering a plurality of voices, this research also contributes to ongoing debates regarding illness narrative, the medical treatment of individuals with tuberculosis, and the responsibility of the US government to care for the health of its citizens in relation to a disease that cannot be contained by a cartographer's pen.

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## Perspectives of health-care workers in Botswana toward guidelines and policies used in prevention of occupational exposure to Mycobacterium tuberculosis

*Bojosi Gamontle*
   *University of British Columbia*
*Organisation of Co-authors*
   *University of British Columbia*

Mycobacterium tuberculosis (TB) infection results in over 2 million deaths worldwide annually, with low and middle-income countries disproportionately affected. Botswana has a TB notification rate of 478 cases per 100 000, in the general population. High rates of TB in patients are directly correlated with greater risk of infection in healthcare workers. The control of occupational TB is important as TB disease can lead to increased morbidity in healthcare workers, which can lead to compromised healthcare provision. The aim of our study was to: critique the existing infection control and occupational policies and guidelines; explore perceptions of policy-makers and healthcare workers towards formulating and implementing infection prevention measures that control occupational TB. Our nine-month data collection period was based in Botswana, in four health institutions (two public and one private hospital, and one administrative). We evaluated TB prevention policy items and guidelines using a validated appraisal instrument. We conducted semi-structured in-depth interviews with twenty-two personnel in leadership positions in areas of infection control, occupational health and TB program coordination. We conducted five focus groups with healthcare workers who have direct contact with TB patients, to explore their perceptions towards implementing TB guidelines. Theoretical sampling was used in recruiting participants. We chose grounded theory approach to analyze participants' responses. Preliminary analysis indicates inadequate information exchange between policy-makers and implementers. Our findings will assist policy-makers to endorse occupational TB guidelines that healthcare workers find practical and implementable, and will contribute towards increased knowledge exchange and effective exposure prevention strategies in healthcare workers.

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## Laboratory or Sanctuary? Patients' Perceptions and Experiences of Diagnostic Imaging and Radiotherapy

*Lynne Gordon*
   *University of Hertfordshire*
*Martin Vosper*
   *University of Hertfordshire*

This study is currently in progress and will be completed in September 2013. A limited number of papers have explored diagnostic imaging and radiotherapy via the first hand personal accounts of patients/service users. Previous studies have mainly employed audits and structured questionnaires, relating to specific procedures and/or treatments, leaving untapped a rich vein of individual narratives related to patients' expectations, perceptions and experiences of diagnostic imaging and radiotherapy procedures. A phenomenological study was undertaken to examine the perceptions and experiences of participants who had recently undergone either diagnostic imaging procedures or radiotherapy treatment in a range of NHS and private facilities in the UK. To date, fifteen participants have been interviewed following recruitment via purposive sampling. Areas explored include participants' perceptions of both staff and environment of imaging and radiotherapy departments, positive and negative experiences, awareness of risks and benefits of imaging

and radiotherapy procedures.  Additional issues raised during the interviews were followed up on an individual basis by the interviewer. Initial thematic coding of the transcribed interviews indicate several emerging themes with clear differences between perceptions of radiography and radiotherapy practice. In relation to diagnostic radiography emergent themes include: frightening nature of machinery, not knowing, reassurance, need for more communication, starkness (of environment) and haste.  For radiotherapy key elements incorporate:  anxiety/frustration, expectation versus reality, good communication from radiotherapy staff and waiting for treatment. The views of patients as service users are of vital importance in informing healthcare staff and shaping the quality of health service delivery.

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## Healthcare Professionals Implementing Smoke-Free Policies at Inpatient Psychiatric Units: An Ethnographic Study

*Lyle G. Grant*
> *Saskatchewan Institute of Applied Science and Technology*

*John L. Oliffe*
> *University of British Columbia*

*Joy L. Johnson*
> *University of British Columbia*

*Joan Bottorff*
> *University of British Columbia*

Smoke-free grounds policies (SFGPs) were introduced to inpatient psychiatric hospital settings to improve health among patients, staff, and visitors. An ethnographic study was undertaken in Northern British Columbia, Canada to improve our understandings about how SFGPs are affected by institutional cultures. Data included participant observation, document review, informal fieldwork discussions (n=11), and interviews with patients (n=20), healthcare professionals (n=19), and key informants (n=2) at two hospitals. Iterative and inductive processes were used to derive thematic findings and develop cultural understandings. Reporting results related to healthcare professionals, cultural factors supported some healthcare professionals in subverting and resisting the SFGP while advocating and caring for patients. Strong, consultative leadership, including input and participation by those most directly responsible for policy implementation, offered the strongest indication that policy-maker intent could be implemented. This study highlights the actions taken and challenges faced by those implementing SFGPs in inpatient psychiatric settings. Consistency in implementing the SFGP across the organization was a significant challenge, influenced by local context, the nature of the policy, resource availability, and healthcare professional discretion under the policy. Local contexts and cultural factors can be conceptualized in broad contexts as a means to illuminating a myriad of factors affecting SFGP implementation. These factors include individual beliefs and attitudes, the influence of group norms, leadership and consensus building, and locale-specific norms. Healthcare professionals working in inpatient psychiatric units require long-term commitment of resources and supports to meet the additional demands of professional practices that accompany SFGP implementation.

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## Implanted Health Technologies: From the Technical to the Comprehensible

*Shawn Harmon*
> *University of Edinburgh*

Through the IHT Project, we are exploring socio-legal aspects of implanted technologies, particularly how implants challenge notions of identity and normality. Focusing on in vivo sensors and cochlear implants, which implicate very different regulatory concerns, we have conducted some scoping interviews, which will be followed by Focus Groups.  FG questions will be:

What is people's bodily experience and how might devices change that?

How are views changed if devices have intention inscribed into them?

What is the desirability of the new functionalities being sought?

What should regulatory frameworks actually do about shaping those functionalities?

Within this process, we are using art to both clarify issues and concerns around implants, but also to provoke; our view is that art in qualitative health research can simplify complex ideas, convey significant amounts of information, explore cultural-level assumptions, and can thus reach places that social science cannot. This poster will explain our use of art in the interviews and our intended uses in the FGs.

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## Graphic and Novel: Law, Bioethics and Medical Futures

*Shawn Harmon*
        *University of Edinburgh*

While many health technologies are considered 'novel', particularly those that are implanted or, alternatively, are cellular-based, technologies often take longer to develop than we anticipate, so the rhetoric of 'new' can be unhelpful; levels of 'transgression' or 'radicalness' diminish over time, and by the time there is broad social uptake, novelty can be worn away completely. The Graphic and Novel Project sought to construct a near-future world within a structured approach to design which relied, in part, on stakeholder engagement. Information obtained was crafted into a speculative fiction graphic story aimed at highlighting key current and future ethical and legal issues around the development and deployment of regenerative medicine. The outcome is a richly illustrated online novel which can be used for a range of deliberative or teaching purposes. One of the messages that emerge from the crafting of the novel is that all socio-ethical assessments are partial, so judgments on the acceptability of technologies ought to focus on the methods for making decisions about them and the processes for shaping futures rather than the actual substance of those futures. This poster will highlight the design process, the questions that are explored in the book's chapters, and is aimed at soliciting opinions on the potential uses of such a book.

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## I have to do what I believe': Sudanese women's beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada

*Gina Higginbottom*
        *University of Alberta*
*Jalal Safipour*
        *University of Alberta*
*Beverley O'Brien*

*University of Alberta*

*Zubia Mumtaz*
*University of Alberta*

*Sophie Yohani*
*University of Alberta*

*Philomina Okeke*
*University of Alberta*

*Patricia Paton*
*Alberta Health Services*

*Yvonne Chiu*
*Multicultural Health Brokers Co-operative*

Amongst immigrant populations in Canada, refugee women are one of the most vulnerable groups and pregnant women with immediate healthcare needs may be at higher risk of health problems. This presentation discusses findings from the qualitative dimension of a four-phased mixed-methodological study having the research question: how can we reduce the disparity experienced by immigrant women in accessing and navigating maternity care? A focused ethnography was conducted in 2010 with Sudanese women living in an urban Canadian city. Twelve women (mean 36.6yrs) having experience using maternity services in Canada within the previous two years participated in two focus groups to map out their maternity care experiences. Data was analyzed with ATLAS.ti software using Roper and Shapira's framework. There are many beliefs that impact upon behaviours and perceptions of these women during the perinatal period. Traditionally, the women mostly avoid anything that they believe could harm themselves or their babies. Pregnancy and delivery were strongly believed to be natural events without need for intervention. Furthermore, the sub-Saharan culture supports the ideology of patriarchy. Pregnancy and birth are events reflecting a certain empowerment for women, and the women tend to exert control in ways that may or may not be respected by their husbands. Individual choices are often made to foster self and outward-perceptions of managing one's affairs with strength. In today's multicultural society there is a strong need to avert misunderstandings, and perhaps harm, through facilitating cultural awareness and competency of care rather than misinterpretations of resistance to care.

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Immigrant women's experience of postpartum depression in Canada: a narrative synthesis systematic review

Gina Higginbottom
University of Alberta

Myfanwy Morgan
King's College London

Joyce O'Mahoney
Thompson Rivers University

Yvonne Chiu
Multicultural Health Brokers Co-operative

Deb Kocay
Public Health Agency of Canada

Joan Forgeron
Alberta Health Services

Mirande Alexandre
Citizenship and Immigration Canada

Marilyn Young

Alberta Health Services

Understanding the ethnocultural orientation of immigrant women in maternity is critical for their successful integration and for social cohesion. A key aspect is the need for timely identification and treatment of postpartum depression, which has high prevalence in this vulnerable population and far reaching implications. Funded by CIHR and partnering with key stakeholders to ensure topic relevancy, we are conducting a narrative synthesis systematic review of quantitative and qualitative primary research (Popay et al, 2006) to answer the research question: What are the ethnoculturally defined patterns of help-seeking behaviours and decision-making and other predictive factors for therapeutic mental health care access and outcomes in respect of postpartum depression for immigrant women in Canada? Guidelines for systematic and grey literature review will be followed to identify and select literature. Methodological quality will be appraised using tools developed by the Centre for Evidence Based Management. The narrative synthesis methodology will rely primarily on text to summarize and explain findings, using four elements: a) developing a theory of why and for whom, b) developing a preliminary synthesis, c) exploring relationships in the data, and d) assessing the robustness of the synthesis. ATLAS.ti software will be used to synthesize findings. Our review will reveal precursors to differences in health care access and outcomes by immigrant women with depressive symptomatology, and will facilitate application of this knowledge during the creation and enhancement of mental health care programs such that they will provide culturally acceptable and appropriate care.

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**Knowledge and practice of community primary healthcare providers for the prevention of non-communicable diseases in Sri Lanka**

*Machiko Higuchi*
    *National College of Nursing Japan*
*Chandani Liyanage*
    *University of Colombo*

Sri Lanka has achieved favorable health indicators by implementing primary healthcare strategies with community-level goals. Yet, the healthcare sector faces many challenges due to Sri Lanka's socio-cultural, demographic, and health transition, with the prevention of non-communicable diseases (NCDs) being a top priority. Community-based primary healthcare providers have been trained to focus on Maternal Health Care (MCH) and develop countermeasures against non-communicable diseases. Although Sri Lanka is among many developing countries striving to address NCD-related issues, only a few studies have attempted to evaluate the knowledge and practice of Sri Lankan primary healthcare providers regarding NCD prevention.

This study aimed to evaluate the knowledge and practice of community-based primary healthcare providers in the prevention of NCDs in Sri Lanka. Focus group interviews (FGIs) and in-depth interviews were conducted using a semi-structured questionnaire to collect data. Four healthcare providers participated in in-depth interviews, and 17 healthcare providers from 3 different professional categories (i.e., Public Health Nurses Sister [PHNS], Public Health Midwife [PHM], and Public Health Inspector [PHI]) in Medical Officer of Health areas in the Colombo district of Sri Lanka participated in FGIs.

Our study revealed that primary healthcare providers working in accordance with the list of MCH-oriented duties had not obtained sufficient knowledge regarding NCDs from their basic training. PHNS commented that the syllabus of their basic training has to be revised at least every 5 years in order to keep pace with the current settings.

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Gender Perspectives on Women's Health related to socioeconomic factors in Japan

Machiko Higuchi
National College of Nursing Japan

A literature survey for research articles and reports was conducted to characterize the current situation of intimate partner violence (IPV) in Japan and propose potential interventions to prevent IPV. We found that in Japan, more than 30% of divorced women had experienced DV (Domestic Violence) while married.

According to a 2012 survey by the Asian Society, the 2 billion women living in Asia are still paid less than men for doing the same work and are extremely underrepresented in top leadership positions, even in wealthy countries such as Japan. Approximately 1 in 3 women in Japan aged 20-64 years who live alone are living in poverty. In addition, nearly 50 percent of single mothers were also found to be living in poverty, which impacts the lives of their children. Fifty percent of women wished to be divorced, but had not done so due to fear for their children's welfare or finances.

IPV transcends national, cultural, and socioeconomic boundaries and is a serious social and health concern worldwide. The violence is largely unrecognized among sexual minorities and in the broader Japanese society. Unfortunately, the current Japanese law does not include premarital IPV in its criteria for protection orders.

The present study proposes several recommendations identified from a community-based study to uncover the root causes of IPV in Japan so that it is eliminated altogether.

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## Oncology Patients' Perceptions of the Quality of Care Provided by Second Year Baccalaureate Nursing Students

*Stacy Hunt*
*Saskatchewan Institute of Applied Science and Technology*

Second year baccalaureate nursing students are often an integral part of the health care team on oncology units. Patient satisfaction is an important quality healthcare indicator and nursing care shown to be more important in improving overall patient satisfaction than any other factor. Despite these connections, little has been reported in the literature about patients' satisfaction with the quality of care provided by nursing students. Understanding how nursing students contribute to patients' satisfaction levels on oncology units offers opportunities to enhance patient care and improve student learning experiences. The purpose of this qualitative research study was to obtain a rich understanding of patients' perceptions of the quality of care provided by second year baccalaureate nursing students who were part of the nursing care team during their practicum experiences at an adult inpatient oncology unit within a community hospital in Saskatchewan, Canada. The study was conducted using a phenomenological, level 1 research design. Eight adult patients receiving inpatient treatment for cancer voluntarily participated in interviews that followed a semi-structured interview guide. Data collection and analysis occurred simultaneously. Interview transcripts and field note data were coded, first in small segments, then reduced and collapsed into eight thematic findings: personalized care,

genuine presence, competency, trust, inexperience, generativity, enhanced care experience, and overall satisfaction with quality of care. The study revealed that personalized care, genuine presence, competency, and trust contributed to patients' positive perceptions, high levels of satisfaction, and improved care experiences while hospitalized. Although most participants conveyed some negative comments related to the students' inexperience, all stated that they would allow student nurses to care for them in the future. The most compelling finding was the expression of generative concern. Regardless of the severity of their illnesses, all participants expressed a responsibility to participate in the nursing students' learning experiences, thus enabling the students to gain skills necessary for providing better care to other patients. Helping the next generation of nurses succeed was of profound concern to the participants and may have facilitated achievement of their own developmental milestones. The results of this study demonstrated the mutual benefits realized by student nurses and patients when student nurses are members of the healthcare team on the oncology unit. Baccalaureate nursing students should be placed on oncology units for clinical practicums to facilitate student learning and contribute to oncology patients' satisfaction with nursing care in these settings.

**Revisioning NP practice within hospital teams using Constructivist Grounded Theory**

*Christina Hurlock-Chorostecki*
   *Western University / London Health Sciences Centre*
*Dr. Cheryl Forchuk*
   *Western University*
*Dr. Carole Orchard*
   *Western University*
*Dr. Mary van Soeren*
   *Canadian Healthcare Innovations*
*Dr. Scott Reeves*
   *University of California*

Hospital-based NP roles are multifaceted making it difficult to clearly articulate how and why NP actions improve quality, safety, and experience of care. Existing models have not illuminated the full extent of this expanding advanced nurse role within hospital teams. A new theory, grounded in multiple perspectives, offers NPs, hospital leaders and academics a pragmatic approach to describe, validate, implement, and evolve the role within hospital teams. The theory emerges from two multi-year research studies of Ontario hospital-based NPs and the interprofessional members of the teams they work with. NP role value meaning is described as three practice foci: evolving the role & advancing the specialty, focus on team working, and holding patient care together. Constructivist Grounded Theory facilitated the emergence of a comprehensive theory that interweaves team member expectations with NP insights, interprofessional practice concepts, tensions arising from power inequities, and the fine art of balancing NP privilege. The Hospital-Based NP Interprofessional Practice Theory (HB NP IP) provides a new vision from which innovative hospital-based NP roles can be clearly defined, explored, and validated as valuable members of the healthcare system.

**Promoting Young Men's Health: Utilization of School-Based Youth Health Centers in Nova Scotia, Canada**

*Timothy Jason*
   *Dalhousie University*

*Jacqueline C. Gahagan*
        *Dalhousie University*

The purpose of our inductive and exploratory mixed-methods study was to further our understanding of young men's perceptions of health service needs, utilization of school-based youth health center services, and perceived barriers and facilitators to such utilization. The qualitative phase of our study included interviews with educators and service providers, as well as boys and girls in grades 10-12, in order to gain preliminary information regarding the broader contextual issues related to young men's use of school-based youth health centers. In-depth interviews were followed by separate focus group discussions with youth, health and social service providers, and educators. The focus group discussions produced a number of key themes believed to influence youths' decisions to access school-based youth health centers, including: perceptions of help-seeking as a gendered social practice; lack of knowledge regarding the range of services offered by school-based youth health centers, perceived stigma, and concerns related to issues of confidentiality and anonymity. The overall findings indicated a tension between certain gendered beliefs or what students should do in the event of a health concern and intention or what students would do in the event of a health concern. This tension is governed, in part, by well-established gendered norms and expectations regarding health seeking behaviors. Results also suggested a potential role for teachers and parents in further promoting school-based youth health centers. Creating a supportive environment for young men and normalizing their utilization of school-based youth health centers represent necessary steps to addressing their chronic underutilization of these important services.

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## Community participation in healthcare design, planning and evaluation: the opportunities and challenges of community based research.

*Amanda Kenny*
        *La Trobe University*
*Jane Farmer*
        *La Trobe Rural Health School*
*Virginia Dickson Swift*
        *La Trobe Rural Health School*
*Nerida Hyett*
        *La Trobe Rural Health School*
*Peter O'Meara*
        *La Trobe Rural Health School*

Using an innovative, community based, participatory action research method, developed in the UK; this Australian study was designed to engage communities in meaningful healthcare planning, service design, and evaluation. Government health policy in several countries emphasises the need for community participation in health care decision-making; however, there is little direction on how these policy directives can be implemented at the community level. Whilst community participation policy aims to engage citizens, health consumers, communities and services in partnerships that result in co-production of healthcare, numerous studies have indicated that the result is often the tokenistic inclusion of disempowered community members who have little voice or power and little input into overall decision making. In designing and implementing our study, we were determined to build trust, empower community members and develop partnerships that would result in participation moving to the level of healthcare co-production. Our work with three small, rural communities, in Victoria, Australia, had an underpinning philosophy of community based

participatory action research, however, navigating the issues and complexities of the method has not been without its challenges. In this presentation we will outline our study and provide detail on its implementation. Whilst ideally, community based participatory research methods are intended to be driven by the community using a 'bottom up' approach, we will share the practicalities of working with communities and present the challenges and opportunities that are inherent in this type of research.

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## Being diagnosed with tuberculosis

*Hanne Konradsen*
*Gentofte University Hospital*

Tuberculosis is a disease increasing in numbers all over the world. The disease is contagious and potentially lethal. Research examining the perspective of the patient has until now primarily focused on people living in the developing world.

This study aims at exploring and explaining the process of how patients experience being diagnosed with tuberculosis, living in Denmark. The study uses grounded theory design. Data consists of single person open interviews and observations/ informal conversations with patients at different outpatient wards. Furthermore observations are collected when following nurses outside the hospital, in example when offering free sputum samples in centres for homeless people or teaching non-healthcare professionals about tuberculosis and the risk of getting infected.

Data analysis consists of constant comparison, coding, theoretical sampling, diagramming and development of a theoretical model.

Preliminary analysis indicates a core concern 'being public diagnosed'. To minimize the effects of the public diagnose a strategy of restoring control develops. This strategy encompasses four subcategories 'living better than before', 'living as before', 'knowing who is infected' and 'knowing all about treatment'.

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## Healthcare provision for diabetes in Canada and Globally: Perspectives of multiple stakeholders in the second Diabetes Attitudes, Wishes and Needs (DAWN2) study

*Katharina Kovacs Burns*
*University of Alberta*
*Michael Vallis*
*Dalhousie University/Capital Health*
*Stuart Ross*
*University of Calgary*
*Debbie Hollahan*
*Waterloo Wellington Regional Diabetes Coordination Centre*
*Jina Hahn*
*Novo Nordisk Canada Inc.*

DAWN2 examined perspectives of people with diabetes (PWDs), family members (FMs) and healthcare professionals (HCPs) regarding healthcare provision, in Canada and 16 other countries. Surveys developed and translated for PWDs, FMs and HCPs, incorporated new, standardized and adapted questions, including open-ended. Descriptive quantitative analyses are presented as % Canadians and cross-country ranges, accompanied by qualitative quotes. Each country had 500 PWDs, 121 FMs, and 281 HCPs participating.  61.3% (18.5%-67.6%) PWDs reported health care teams were supportive, but claimed that their beliefs differed (PWDs; HCPs respectively):  were encouraged to seek support for diabetes care (17.3%; 42.6%), were contacted after a visit (16.4%; 24.0%), and care was well organized (56%; 63.4%). One PWD would like to see a more proactive approach from Diabetic or Health Care system in dealing with persons with diabetes. Rarely is there any follow up when I have attended meetings. They always say they will keep monitoring me, however, it never happens. 42.7% of FMs (20.0%-60.3%) also believed medical care, including regular follow-up, needed major improvement. FM said: I would like to see non conflicting advice on how best to manage it [diabetes]. HCPs identified improvements needed in self-management education (57.4%; 26.4%-81.4%), psychological resources (62.4%; 40.6%-79.6%), and earlier diagnosis/treatment (53.6%; 45.0%-85.5%). HCP suggested to involve the patient and family in creating goals of treatment. Ensure that the patient understands how my goals may differ from their goals even though we want the same general outcome. Findings are relevant for policy and service planning.

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Engaging in community-based health research: Becoming comfortable with being 'steered'

Heidi Lauckner
    Dalhousie University
Robin Stadnyk
    School of Occupational Therapy Dalhousie University

In order to create sustainable communities where older people continue to be engaged, age-friendly initiatives are taking place across Canada and beyond. The active participation of community members in diverse qualitative research processes, such as community consultations and community forums, is central to strengthening the age-friendliness of communities. Effective partnerships between researchers and community representatives are essential to these processes.

In order to gather the perspectives of older adults in a rural Canadian town on what constitutes an age-friendly community, a research partnership was formed between the Town Council, a community centre and researchers at a local university. Based on guidelines developed by the Public Health Agency of Canada, a community steering committee composed of representatives of local organizations directed this community-based research process. The research project involved generating a community profile, holding focus groups with 35 older adults, interviewing 20 key informants, and holding a community forum to review and prioritize areas for community action.

The focus of this presentation is the researchers' reflections on the process of working closely with steering committee members on this research project. We will highlight the valuable insights provided by the steering committee that strengthened the trustworthiness of this research process and how the partnership was structured to enable this sharing of expertise. The authors will discuss the lessons they learned that required 'unlearning' being the lead, and the benefits gained by being 'steered' by the community. This presentation will be of interest to community-based health researchers and their community research partners.

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**Correctional Health, Provider, and Policy Perspectives on the Role of Intra- and Interagency Collaboration in Successful Linkage of Prison Releasees to Community HIV Care**

Lisa LeRoy
        Abt Associates
Sara Donahue
        Abt Associates
Cristina Booker
        Abt Associates
Alejandra Mijares
        Abt Associates
Josiah Rich
        The Miriam Hospital/Brown University

HIV-positive prisoners face unique barriers and may not link to medical and supportive services in a timely manner upon release. This multi-site study is identifying and analyzing elements of successful linkage of HIV-positive releasees to community HIV care.

Semi-structured interviews with correctional staff, policymakers, and community healthcare and social service providers and administrators in North Carolina and Rhode Island were conducted to examine characteristics of discharge planning, reentry activities, and community services. Data from 20 interviews were analyzed to identify critical policy and programmatic elements of linkage to care processes.  Further analyses will incorporate additional interviews in these and other states.

Interviewees identified features of successful linkage to community HIV care, including early initiation of tailored discharge and reentry planning and timely communication between prison and community providers. Agencies and staff that collaborate to support access to HIV care include correctional health staff, community providers, health departments, and policymakers. In North Carolina, challenges to linkage included insufficient information sharing processes within prison and to outside providers; Rhode Island interviewees identified robust prison and community collaborations as an important component of successful linkage.

Ongoing implementation of coordinated discharge planning and reentry activities is a critical component of the process to link HIV-positive prisoners to community services. Coordination and communication among prison staff and providers and functioning collaborations between prisons and community providers each contribute to successful linkage of HIV-positive releasees to community care. Findings can inform state and local efforts to strengthen services and policies that improve releasees' access to care.

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Comparing the Assisted Living and Traditional Long-Term Care Models: The Perceptions of Facility Managers and Assisted Living Champions

Pamela Loewen
        University of Lethbridge
Carla Carnaghan

University of Lethbridge

Tracy Oosterbroek

University of Lethbridge

In Canada, provincial government agencies have developed a health care system to address an aging population's needs. However, little is known about the supportive living component of that system, including assisted living. It is still relatively new in western Canada, with long-term care facilities providing most of the care for seniors and others who can no longer live independently. Nevertheless, these are distinct approaches to care. Specifically, assisted living emphasizes independence and choice, while long-term care emphasizes more structured care delivery. The merits of each approach are not yet well understood, especially in a Canadian context.

As the preliminary stage of a larger, ongoing research project based in western Canada, this study looked at nine participants' perceptions of assisted living vis-a-vis the long-term care model. Specifically, we interviewed three champions of the assisted living model, three managers associated with an assisted living facility, and three managers associated with a long-term care facility. The semi-structured interviews focused on the meaning of assisted living and long-term care, similarities and differences of the two care models, and the meaning of quality of care and quality of life. Our analysis suggests that the assisted living champions and facility managers held different views about those topics. These preliminary results are discussed within the following themes: types and levels of resident needs; flexibility, choice and allowable risk; the role of staff; weighing individual wishes against medical needs; different definitions of quality of care; organizational history and values matter; and importance of managerial philosophies.

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## A Qualitative Study of the Management of Knee Symptoms: We're All Looking for Solutions

*Crystal MacKay*

*University of Toronto/ Toronto Western Research Institute*

*Joanna Sale*

*Li Ka Shing Knowledge Institute, St. Michael's Hospital; University of Toronto*

*Elizabeth M Badley*

*Toronto Western Research Institute, University Health Network; University of Toronto*

*Susan B Jaglal*

*Toronto Rehab, University Health Network; University of Toronto*

*Aileen M Davis*

*Toronto Western Research Institute, University Health Network; University of Toronto*

The prevalence of osteoarthritis (OA) increases with age and as a result, much of the focus of research and interventions has been on older adults and end-stage disease. However, the first signs of OA begin in the fourth or fifth decade. Little is known about how younger adults respond to and manage OA. This study aims to explore how people aged 35-65 years manage knee symptoms. The principles of constructivist grounded theory guided data collection and analysis. We included individuals who self-reported a diagnosis of OA or reported knee symptoms (i.e. pain, aching or stiffness) on most days of the past month. Purposive sampling was used, in particular seeking variation in age and sex. Data were collected using focus groups (six focus groups; 41 participants). Data were analyzed using a constant comparative method. Our analysis explains the ongoing process people engage in as they proactively try to find ways to control current knee symptoms and future disease progression. Their approach to management was not linear but rather moved back and forth between searching for solutions and active management (ongoing use of strategies). During the process,

participants typically consulted health care providers but often perceived that medical care didn't have much to offer them.  These findings point to a mismatch between participants' proactive approach and the reactive approach of the health care system that has focused on the need to self-manage (which people are doing) and late-stage disease. Implications for health care delivery, particularly chronic disease management, will be discussed.

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## Miscarriages in the emergency department: Proposal for a phenomenological analysis.

*Kate MacWilliams*

    *Dalhousie University School Of Nursing*

Miscarriage, pregnancy loss under 20 weeks gestation, is the most common complication of early pregnancy. Treatment for a miscarriage is focused on confirming its occurrence and medically managing the process rather than preserving the pregnancy, as nothing can be done to prevent it.

Despite this reality, women under 20 weeks gestation must seek medical care in adult acute care emergency departments (EDs). In contrast women over 20 weeks gestation are eligible for obstetrical care that can prevent premature labor as the age of fetal viability has been reached. Miscarriages are generally not treated as an emergency, unless the woman herself becomes unstable. This exposes women to prolonged wait times, fragmented care and overcrowding. It is an environment that fails to convey a message of caring for someone experiencing a loss.

Previous studies provide insight into the experience and meaning miscarriage and literature examining miscarriages and emergency care is predominantly focused on the medical management. A gap exists within understanding how emergency care shapes the experience of miscarriage for women.

The researcher draws upon personal experiences as an ED nurse working with this population thus influencing the research question and interpretation/analysis process. Hence, an interpretive phenomenological approach will be used to answer the proposed research question: 'What are the experiences of women coming to the ED for care while having a miscarriage?' Heideggerian hermeneutical approach will be central to the analysis process, as the researcher and participants will together co-create an understanding of the phenomenon of miscarrying the in the ED.

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## The Nursing Station as a "Center of Coordination" - A Study of Work in an Acute Care Ward

*Hiroki Maeda*

    *Tokai University*

*Yumi Nishimura*

    *Tokyo Metropolitan University*

The purpose of this study was to describe how multiple nurses collaborate in sharing patient information, as a study of work, a concept that originated in sociology.

The research location was a cardiovascular and respiratory ward, with fieldwork, interviews and video recordings conducted by two investigators. The methodological approach we used was ethnomethodology, initiated by H. Garfinkel. The research plan was reviewed and approved by the Ethics Committee.

Ward nursing comprises multiple participants collaborating to respond to many patients. The nursing station is the "Center of Coordination" (Suchman, 1994), at which the nurse manager and the leaders of teams coordinate other nurses' activities, enabling the latter's work in other rooms.

This study describes the collaborative work of the leaders and other nurses in a ward by analyzing video data. We analyzed how the nurse who works as the team leader manages the information to be confirmed when information is relayed at the time of each shift change and when reports are received from the nurses in charge of each hospital room.

Our analyses clarified that the function of the leader in collaborative work is to realize the coordination of the variety of tasks conducted by the nurses in charge of each hospital room.

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Exploring Women's Experience with a Targeted Treatment Program for Postpartum Depression and the Influence of the Social Determinants of Health

Anne Mahalik
> *Dalhousie University*
Joanne MacDonald
> *IWK Health Centre*
Emily Gard Marshall
> *Dalhousie University*

The birth of a child is considered by many to be among the happiest times in a woman's life. For many women, however, this experience may be marked by feelings of insecurity, irritability, and tearfulness. Approximately 17% of new mothers are reported to suffer from postpartum depression (Lanes, Kul & Tamin, 2011). Left untreated, postpartum depression has been associated with insecure attachment in infants and may inhibit the mother's ability to seek treatment (Letourneau, et al.; O'Hara, 2009). This study examines the lived experience of treatment for postpartum depression and how participants' experiences are influenced by social determinants of health. This phenomenon is examined through the lens of a four-level socioecological model to provide insight into how various levels of influence play a role in the experience of patients who have completed treatment in the Reproductive Mental Health Service at IWK Health Centre. Patient participants will be asked to complete a demographic survey asking about social determinants of health followed by an in-depth semi-structured qualitative interview. Participants' experiences will be captured through qualitative descriptive inquiry and analysed using a framework approach. Survey and interview data collected will be brought together in the interpretation of the results to supplement and clarify findings. Knowledge generated by this study will assist health care providers to help mothers in their care to adapt to the responsibilities of new motherhood and to fully engage in their treatment and recovery from postpartum depression.

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## Successes and Challenges in Conducting a Photovoice Study with Parents from a Nurse-Run Community Clinic: A Summary of Lessons Learned

*Nicole Mareno*
> *Kennesaw State University*
*Marilyn G. King*
> *Kennesaw State University*

In this presentation, strategies and techniques for using the Photovoice data collection method with culturally and socioeconomically diverse groups will be discussed. Photovoice is a powerful tool for community change, allowing individuals, families, and communities to reflect and communicate their everyday life experiences through the use of images captured with a camera. The aim of this study was to explore parental perceptions of family assets and barriers to healthy eating and physical activity using the Photovoice data collection method. A group of ten culturally and socioeconomically diverse parents were recruited from a nurse-run community clinic.

A brief overview of the study methods and context will be shared. Four methodological challenges will be discussed:  1) collaborating with a community agency to design a Photovoice study 2) recruiting socioculturally diverse research participants for a Photovoice project 3) data collection challenges and 4) research participant attrition. Tools and strategies used to successfully navigate methodological challenges will be shared including tips on how to engage community agencies, navigating language barriers and literacy issues, and specific measures to help reduce research participant attrition. The presentation will conclude with a summary of lessons learned about using the Photovoice data collection method with culturally and socioeconomically diverse families.

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## Long-Term Care Facilities Models of Care, Programs, Structures and Policies - One Size Doesn't Fit All

*Emily Gard Marshall*
        *Dalhousie Family Medicine*
*Michelle Boudreau*
        *Dalhousie Family Medicine*
*Nancy Edgecombe*
        *Dalhousie School of Nursing*
*Barry Clarke*
        *Capital District Health Authority and Dalhousie University*
*Melissa Andrew*
        *Dalhousie University*
*Frederick Burge*
        *Dalhousie Family Medicine*

A mixed-methods study explored a new model of care in ten long-term care facilities (LTCF) in Halifax, Nova Scotia. Perceptions, successes, and challenges of the lived experience in LTCF and the new care model were discussed during eleven focus groups and forty in-depth interviews with residents, resident family members, family physicians, nurses, extended care paramedics, administrators, and care aids. Focus groups and interviews were transcribed verbatim then entered into Atlas.ti for organization, coding and memo writing. A framework analysis approach was employed to explore both in vivo and a priori coding by a multidisciplinary research team.

Findings were predominantly affirmative towards the new model of care, yet also articulated concerns around the lack of versatility in LTCF care, structures and policies. Diversity in resident characteristics such as age, marital status, social support, mental and physical capacity, personal tastes, interests, and risk are perceived to not be adequately addressed and the concept ?one size does not fit all? in LTCF emerged. For example, residents of wide-raging age and capacity are housed together. Residents spoke of not being interested in the activities planned or having unmet care needs because

LTCF focus is on older residents with reduced capacity. LTCF?s resident diversity, including behaviourally challenged or younger residents living with the frail elderly caused concern amongst multiple stakeholders.

Findings support taking resident characteristics into consideration when designing LTCF and models of care, programs, structures and policies. Areas to be considered include age, interests, sexual orientation, relationship status, levels of support, risk, and capacity.

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## Palliative Care on the Heart Failure Team

*Allan McDougall*
          *Western University*
*Lorelei Lingard*
          *Western University*
*Colin Sue-Chue-Lam*
          *Western University*
*Glendon Tait*
          *Dalhousie University*
*Valerie Schulz*
          *Western University*
*Josh Shadd*
          *Western University*
*Fred Burge*
          *Dalhousie University*
*J. Malcolm Arnold*
          *Western University*

This poster presents the methodological approach and present preliminary results from a patient-centered qualitative study exploring health care teams. Recent guidelines and consensus panels in the cardiology community advocate provision of palliative care concurrent with congestive heart failure (CHF) treatment. However, this emerging call for palliative care integration is based on research evidence derived from the study of individual patients and individual providers - their needs, preferences, attitudes and knowledge. An approach to gathering qualitative data from across a distributed healthcare team was piloted using an innovative sampling strategy beginning with index patients and then sampling out. Patients with congestive heart failure were interviewed and asked to identify key members of their care team.  These members, including family caregivers, heart specialists and general practitioners, were also interviewed regarding the index patient's care. Using a constructivist grounded theory approach, transcripts are being analyzed to explore patterns in terms of attitudes, expectations, and current practices. 31 team sampling units have been assembled, consisting of 148 interviews with 42 patients, 37 family caregivers, and 69 health professionals. The team sampling units provide insight into the diverging and converging viewpoints of each of these patient care stakeholders around the issues of CHF care and palliative care integration. Role clarification and conflicting assumptions are emerging as salient themes.

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## Narratives of Cluttered Homes: Hoarding and Housing Stability among Low-Income People Living in Vancouver

*Alina McKay*
     *University of British Columbia*

Problems with clutter severely limit people's ability to function in their living space, contribute to the risk of physical injury, and create public safety hazards. These issues, commonly associated with hoarding, are of concern to housing providers, building inspectors, and emergency care workers. Despite these concerns there is a limited understanding of the factors that contribute to clutter, the impact it has on health and wellbeing, or the experience of hoarding as a mental health issue. Furthermore, which situations contribute to a reduction in clutter? We interviewed 21 people who lived in low-income housing in Vancouver. 10 of these people identified clutter as a problem in their lives. Primary interviews included questions about people's current housing, housing history, home and demographics, and mapped people's everyday lives. Factors that contributed to clutter included depression related to relationship problems or loss, and difficulties functioning such as illness or disability. Situations that lead to a decrease in clutter included reminders and warnings from landlords or building management, facilitated clean-ups, forced cleanouts or moves, and in some cases eviction. When people did not participate in the process of reducing clutter they often lost a sense of control and security in their housing, voiced their distrust of service providers and in many cases experienced their housing as a site of stress and dysfunction. These findings point to a need for programs that work with people to reduce their clutter, and the harm of interventions that leave people feeling powerless.

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## Outreach Screening for Medication Safety Concerns among Elderly Marginalized Population

*Colleen McMillan*
     *University of Waterloo*

Elderly are at risk for adverse drug events (ADE) due to physiological changes (decreasing renal and hepatic function), poly-pharmacy and cognitive decline and co-morbid conditions. Despite ADE being potentially fatal or life threatening, they are also preventable.  This prospective pilot study used home based assessment as a means of case finding elderly patients aged 65 years and older living independently in the community with cognitive decline, depression and/or frailty at risk of ADEs. An objective of this study was to investigate the practicality of Home Based Assessment (HBT) as compared to chart review. Marginalization was defined as low income, motor or physical disability, new immigrant, social isolation and homelessness. A total of 61 participants were recruited through the family physician.  Standardized tools commonly used in comprehensive geriatric assessments with high validity were used during the home visits and included the modified Medication Assessment Tool, the Clinical Frailty Scale, and the Geriatric Depression Score. Findings were mixed regarding the use of Home Based Assessment as compared to chart review. Of the 8 adverse drug reactions that were discovered, >50% were determined through chart review as compared to Home Based Assessments. However, Home Based Assessments had higher sensitivity to depression or symptoms suggestive of dementia that were absent in the Chart Review.  The mean time to conduct the Home Based Assessment tools was 30 minutes which is acceptable. This study will inform a larger research study with the goal of keeping vulnerable seniors safer and healthier in their own home.

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**Process of self-reformulation in Pakistani children with thalassemia major**

*Gul E Rana Mufti*
          *University of Westminster*
*Tony Towell*
          *University of Westminster*
*Tina Cartwright*
          *University of Westminster*

Beta-thalassemia major, a haematological disorder, imposes major demands on children; however, we know very little about their lived experiences. Previous predominantly quantitative studies have produced conflicting findings regarding the impact of thalassemia major on psychological functioning. This phenomenological study viewed children as social agents and aimed to understand their experience of thalassemia. The study employed a sample of twelve children aged 8 to12 years living in Multan, Pakistan. Data collection included focus groups, role-plays and in-depth interviews, which were subjected to Interpretative Phenomenological Analysis (IPA).

Various themes were identified, however, this paper focuses on one aspect of the illness experience - the process of self-reformation, with 'pre/post transfusion self', 'self at home/center' and 'comparison with other ill children' as sub-themes. Children reported a subjective difference in their health, before and after transfusions affecting their perceptions of themselves. Pre-transfusion self was viewed as responsible for the stigmatized identity; in contrast a positive self-image was associated with post-transfusion phase. The transfusion room and monthly visits to the center exacerbated feelings of being ill, whereas relatively normal environment at home gave them a sense of well-being. Whilst comparisons with healthy peers highlighted differences, ill children were perceived as the same 'caliber' providing protection from feelings of inferiority. The impact of these factors on self, particularly, the different phases of treatment, has been overlooked, which may account for the previous conflicting findings. An understanding of the issues at different phases of treatment may help professionals to provide better support for both children and their families.

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**A thematic analysis of healthcare professionals' experiences of caring For children with thalassemia Major**

*Gul E Rana Mufti*
          *University of Westminster*
*Tony Towell*
          *University of Westminster*
*Tina Cartwright*
          *University of Westminster*

Healthcare professionals are the important part of the child, family and professionals triad involved in childhood chronic illness management. However, there is a scarcity of research exploring healthcare professionals' perspectives, specifically in relation to thalassemia major. Thus, this initial study, part of a larger project, aimed to understand the experiences of healthcare professionals providing care to children with thalassemia major. In accordance with in-depth analysis involved in qualitative research, this study consisted of one focus group discussion with four healthcare professionals, two doctors and two nurses at Fatmid foundation, Multan, Pakistan. Data were subjected to semantic thematic analysis. Three main themes were identified: Professional challenges, emotional stress and managing stress. Professional challenges including difficulties in blood arrangements, lack of thalassemia awareness among parents and

shortage of staff compounded their emotional stress. Parental rudeness and excessive demands were viewed as a major source of emotional stress hindering effective communication.  Participants discussed predicaments of empathetic behavior and its impact on their personal and professional lives. Whilst healthcare professionals used a variety of coping strategies such as religion, colleagues' support and setting boundaries, their effectiveness remained limited. The findings are discussed in the light of contextual factors impacting on the experience of providing care to a child with thalassemia. The study highlights the need for professional support for healthcare professionals. Implications for the improvement of healthcare and better communication between healthcare professionals and families of children are discussed.

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## Promoting Health with Choirs: An explanatory model of group singing as a health promotion process

*Jennifer J. Nicol*
       *University of Saskatchewan*

Singing in groups is associated with various health and wellness benefits. However, as a relatively new area of research inquiry, findings have not yet suggested an explanatory model to describe the mechanisms at work that link the activity of group singing to wellbeing and health outcomes. Consequently, a constructivist grounded theory inquiry was undertaken with the intent of inductively generating an explanatory model of group singing as a health promotion process. Purposeful theoretical sampling was used to recruit 18 adult choir members who participated in individual interviews based on a guiding interview protocol that was implemented conversationally. Participants represented a range of different types of choirs -- church, school, barbershop quartet, LGBT, auditioned and non-auditioned -- and were demographically diverse. Data were simultaneously collected and analyzed using NVIVO for data management. Preliminary findings will be presented on (a) the processes by which singing is experienced by choir members as a health promoting activity and (b) factors that might account for variations. Implications for further research and practice are identified.

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## Health Literacy and Mothers' Breastfeeding Duration Decision-making

*Alberta Oosterhoff*
       *University of Groningen, Department of Demography, Population Research Centre*
*Inge Hutter*
       *University of Groningen*
*Hinke Haisma*
       *University of Groningen,*

Health Literacy (HL) is a concept to describe the extent to which people are capable of making decisions concerning health. According to this concept, health literacy is the outcome of health education, and health literacy will foster healthy decisions. There are three levels of health literacy: functional, interactive and critical health literacy. We reflect on the different levels of health literacy and mothers' decisions concerning breastfeeding duration, using cases from our qualitative research. We conducted fieldwork among mothers from the northern part of the Netherlands, applying the Hutter-Hennink Qualitative Research Cycle (QRC). Between 2008 and 2012 we conducted 26 in-depth interviews with primiparous mothers who intended to start breastfeeding and one FGD with immigrant mothers. Breastfeeding duration decisions are not solely based on health education but other knowledge sources are relevant in decision-making as well. Being health literate at a high level does not necessarily generate decisions that are recommended by health

professionals, that is, in favour of breastfeeding continuation. At the same time, long-term breastfeeding, according to recommendations, could also be found in mothers with lower levels of health literacy. Applying the HL concept as well as the QRC is useful in showing the different levels of literacy concerning health. The HL approach implies that mothers should be critical in order to make their own decisions. However, the approach implies that these decisions should correspond with the recommended outcomes. This contradiction requires reconsidering health literacy in a manner that recognizes the perspectives of mothers when studying breastfeeding decisions.

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**One click away: Reflections on the role of technology in building research capacity for an international qualitative study**

*Ashlee-Ann Pigford*
        *The Ottawa Hospital Research Institute*
*Chantalle Clarkin*
        *Children's Hospital of Eastern Ontario*
*M. Dylan Bould*
        *University of Ottawa;*

Technological advancements create innovative opportunities for qualitative researchers collaborating in geographically distributed teams. In fact, free internet-based software such as voice over internet protocol (VoIP), as well as cloud-based file sharing enhances collaboration across the globe. While the use of these technologies is described in other fields, it remains woefully understudied for qualitative research capacity building. As such, we outline lessons learned from the use of internet-based technology in an international qualitative health education study exploring the experiences of post-graduate medical trainees in Zambia. By engaging technology, Canadian-based researchers were able to collaborate with international team members in the UK and Zambia.

Using internet technologies offers several notable advantages for research, including the ability to foster a strong team culture and offer training without the costs and complication of travel. In our study, access to computers and the software Skype was available at all sites. Skype facilitated two-way communication and the delivery of training without expensive teleconferencing, courier services, or equipment purchases. Moreover, we used cloud-based file sharing to transfer large encrypted training documents, share notes, and discuss findings in real time. It is important to note, however, that issues with local internet connections, speed, and bandwidth impacted call completion, file transfers and audio quality at times. Frequent back-and-forth, as well as training and feedback opportunities were paramount in our design; using technology significantly reduced overall cost and facilitated timely analysis. We encourage continued innovative use of technology as a cost effective and readily available alternative to traditional research practices.

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**Dads' Adaptation During Deployment (DADDs): A Narrative Analysis**

*Lorrie L. Powel*
        *Louisiana State University Health Sciences Center*
*Karen L. Weis*
        *Medical Education and Training Campus*

Few would dispute the burden US military service members and their families have borne over the past decade as a result of combat deployment. Yet little is known of the stress military deployment imposes on pregnant couples. We conducted telephone interviews with 6 deployed military service members geographically separated from their pregnant wives for 30 consecutive days to 8 months. Participants were the husbands of women in their second or third trimester of pregnancy participating in an educational support intervention study of pregnant military wives at a large US tri-service military base.  We will present an analysis of the interview narratives of deployed service members and husbands that depict the challenges these service members experience as they attempt to reconcile the interplay of their military and personal identities. The narratives illustrate how deployed service members draw on their sworn allegiance to the military and their conviction of service before self to focus on their daily mission requirements even within the context of a life milestone. It will incorporate accounts that illustrate how deployment affects families in general but more specifically how it affects pregnant couples. Hence, the central organizing theme of the narrative accounts is the experience of deployment during the military member's wife's pregnancy. We code references to the accounts of deployment, its implications for role conflict, presenteeism, couple cohesiveness, wife's capacity for military life, well-being of wife during pregnancy, as well as other deployment related concerns that further characterized the husband's experience with deployment during his wife's pregnancy.

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Phenomenology of Social Work Students: Lived Experiences That Influence Social Work Students Selection of Addiction as a Field Of Practice

George Randall
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The social work profession acknowledges addiction as a major societal problem. The social work profession also acknowledges its shortage in the addiction field of practice as being problematic. The number of social work students who select addiction as a specialization is only partly responsible for the social work shortage. In 2010, there were 650,500 social work positions in the U.S., of which 126,100 were social workers in the fields of mental health and substance abuse. With the full implementation of the Affordable Care Act, mental health and substance abuse social work positions are expected to grow by 31% (39,500) by 2020.

The purpose of this study is to explore the lived experiences that influence social work students in selecting addiction as a field of practice. Qualitative methods of phenomenology will be utilized to explore the lived experiences through in-depth individual interviews. Study participants will include ten to fifteen graduate social work students who are in a substance abuse/addictions concentration. The settings for the study will be two accredited schools of social work from the northeast and one school of social work from the south region of the United States. This study will explore its primary overarching research question: What are the lived experiences that influence social work students in selecting addiction as a field of practice?

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## Recreation facility food environments:  Exploring opportunities to improve family food choices

*Laurene Rehman*
   *Dalhousie University*
*Andrea Chircop*

*Dalhousie University*
*Cindy Shearer*
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*Kelly Poirier*
*Dalhousie University*
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Nova Scotia children are 40% more likely to be overweight than children elsewhere in Canada.  To address obesity, we need environments that support healthy eating. Nova Scotia is recognized for its leadership in creating a nutrition policy for public schools with this goal in mind. However, many children spend much of their out-of-school time in environments that do not support healthy eating such as recreation facilities which often supply energy dense processed foods that are inexpensive and profitable.

Past research on Nova Scotia youth and their families revealed that extracurricular physical activities are often prioritized over healthy meal preparation during busy afterschool evening hours.  When this occurs, families opt for ready-made fast food products available either en route to or within recreation facilities where activities take place. The TIME (Tools, Information, Motivation, and Environment) is a multi-level multidisciplinary research project to investigate the role of recreation facility food environments and explore their impact on family food choices. The proposed presentation will combine facility audit information and qualitative observations and interviews with families and facility managers to explore perceptions of healthy food availability within recreation settings as well as barriers and facilitators of improvements in this area.  Findings will provide important contextual information on how changes in the food environment can be operationalized to impact family health.  Discussion will focus on triangulation of the data and how best to capture the multiple perspectives on facility food environments.

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## A Qualitative Analysis of Patients Perceptions of Treatment Components and Mechanisms of Change in Day Treatment

*Sandra M. Reyno*
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The goal of this study was to identify mechanisms of change in Day Treatment from a patient-centered perspective and determine how the specific elements of our program contribute to outcome. The MHDT program at the QEII Health Science Centre in Halifax, NS is an intensive, six week intervention for adults with significant psychiatric problems.  The treatment is multi-component, with groups targeting emotional processing, relationship with self and others, stress, assertivenss and relaxation.  The program operates as a continuous feed, with approximately 3 patients leaving and 3 entering each week

We invited patients with a range of treatment outcomes to participate to ensure maximum variation on the variables of interest.  Study participants completed interviews investigating their perceptions of mechanisms of change and program

structure/components. Content analysis was used to quantify the presence of recurring concepts, while thematic analysis was employed to group these recurring concepts within and across interviews. Participants identified the following as mechanisms of change: group cohesiveness/support (i.e., perceptions of belonging, acceptance, shared experience), skilled and empathetic staff, establishing a structured daily schedule, acquiring life/interpersonal skills, increased awareness and understanding of emotional experience, becoming more accepting of self, and more hopeful of change. Aspects of the program's structure/content that participants identified as positive included experiential learning, emotion-focused work and the timing/flow of the groups. Factors identified as negative included changing group composition, concern regarding the possibility of negative judgment, the brevity of the program and/or insufficient individualized attention from staff due to the group-based delivery. Some participants noted difficulties connecting with follow-up care providers and/or concern regarding maintaining changes without the level of support and structure provided by the program. Patient's perceptions constitute an important aspect of program evaluation. The results of this study help differentiate and clarify the components and mechanisms of change in Day Treatment, and have significant clinical and program-related implications.

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## The Irony of Structure: How to Design Qualitative Health Research to Maximize Both the Consistency and Flexibility of Data Collection

*Cynthia Robins*
         *Westat*

Government and private industry clients increasingly are supporting health research projects in which focus groups are the primary method of qualitative data collection. One of the draws, perhaps, is that focus groups are a fairly tidy way to gather qualitative information: The context of data collection is controlled, the timeframe clearly delimited, and the protocols, although labeled, 'semi-structured' are straightforward and result in a predictable process. While other qualitative approaches, such in-depth interviews or rapid ethnographic assessments, may offer greater insight into the phenomenon of interest, adopting such approaches may put the client in conflict with the project leader. The former, who wants identical information collected in the same way across all sites, insists on clear structure; the latter, believing that powerful insights come from those spaces between the lines, encourages staff to be flexible.

In this presentation, the audience will be introduced to an 'interview matrix', a tool that can ease the anxiety of client and researcher alike. This approach looks highly structured and clearly indicates what kinds of information will be elicited from what categories of respondents. At the same time, because the matrix emphasizes the broad research questions that are of interest to the client, data collection staff are given the latitude to explore the underlying concepts as they deem appropriate. Two project examples will be given to demonstrate that the use of the matrix can help ensure that the client's objectives are met in a way that does not compromise the integrity of the research.

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## Parental Perceptions of Nutrition Standards in the Child Care Setting

*Misty Rossiter*
         *Mount Saint Vincent University*
*Kimberley Hernandez*

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*Erin Kelly*
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Establishing healthy eating behaviours in early childhood is critical for optimum health and development throughout the life cycle. The family and child care environment play a crucial role in shaping food preferences, pattern of food intake, and eating style. The consequences of poor quality food provision in early childhood can negatively affect the establishment of these behaviours as well as the short and long term health of young children. In 2011 the Standards for Food and Nutrition in Regulated Child-Care Settings were released in Nova Scotia. Research aimed at understanding the impact of such standards in the home environment will highlight the influence of nutrition policy in the family setting. Face-to-face interviews with parents of children from regulated child-care centers will be conducted to explore parental perceptions of the Standards, understand if the Standards influence children's eating behaviours within the home, and explore parental and home environment influences on children's eating behaviours. The analysis will be guided by the Total Environment Assessment Model of Early Child Development. Evidence suggests that healthy eating behaviours established before age 5 are maintained throughout the life cycle. Knowledge gained from this inquiry will be used to enhance the comprehensive approach to support healthy eating among young children in Nova Scotia.

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## A qualitative analysis of a consensus process to develop quality indicators of injury care

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        *University of British Columbia*
*Niklas Bobrovitz*
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*Maria Santana*
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Consensus methodologies incorporate available evidence and expert opinion to fill gaps in the knowledge base - they are optimal in creating evidence-based measures of healthcare quality. However, there are limited studies of the key domains that are considered during panel discussion when developing quality indicators. We performed a qualitative content analysis of the discussions from a two-day international workshop of injury control to create a standardized set of quality indicators for injury care. The workshop utilized a modified RAND/UCLA Appropriateness method and included 19 quality-of-care experts. Workshop proceedings were recorded and transcribed verbatim. Key themes were identified using constant comparative. We identified four themes in the selection, development, and implementation of standardized quality indicators: a) specifying a clear purpose and goal(s) for the indicators to ensure relevant data

elements were included, and that indicators could be used for system-wide benchmarking and improving patient outcomes; b) incorporating evidence, expertise, and patient perspectives to identify important clinical problems and potential measurement challenges; c) considering context and variations between centers in the health system that could influence either the relevance or application of an indicator; and d) contemplating data collection and management issues, including availability of existing data sources, quality of data, timeliness of data abstraction, and the potential role for primary data collection. Our study provides a description of the key themes of discussion among a panel of clinical, managerial, and data experts developing quality indicators. Consideration of these themes could help shape deliberation of future panels convened to develop quality indicators.

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## Symbiosis by Persons with Disabilities

*Celia Schulz*
> *The University of Texas-Pan American*

*Gary W. Kielhofner*
> *deceased, was at The University of Illinois at Chicago*

*Vanessa Chavero*
> *The University of Texas-Pan American*

*Miriam Guerrero*
> *The University of Texas-Pan American*

*James M. John*
> *The University of Texas-Pan American*

*Rubi Rojas*
> *The University of Texas-Pan American*

*Ashley Sanchez*
> *The University of Texas-Pan American*

This phenomenological study reports on a subset of data obtained from a larger phenomenological study which explored the perspectives of persons with disabilities regarding their experiences of collaboration with others in their lives, and highlights the theme of symbiosis in the collaboration by persons with disabilities. Data potentially relevant to the concept of symbiosis were isolated from semi-structured, in depth interviews conducted with a subgroup of three study participants and coded using open coding analysis. Each piece of data was subjected to coding by four coders working individually. Once coding was completed, the coders met together regularly to compare codes; any discrepancies were discussed and resolved, and a piece of data was determined to be relevant to the theme of symbiosis by at least three out of the four coders in order to be included in the categorization process. The coders then identified categories, subthemes, and themes for the coded data. Accuracy of data was insured through follow-up validation of codes and categories by an outside reviewer, as well as member checking of the original interviews. Two overarching categories emerged: Elements of Symbiotic Collaboration (Cognitive/Cognitive Collaboration; Physical/Emotional Collaboration; Physical/Cognitive Collaboration; and  Emotional/Emotional Collaboration)  and Dependence to be Independent. Participants engaged in a variety of types of symbiotic collaborations with others.  Some of the symbiotic collaborations described by participants exemplify ways in which persons with disabilities choose to be autonomous and in control of their lives, as well as avenues for them to improve their lives in meaningful ways.

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**Novice Nursing Faculty: Mentoring for Successful Transition**

*Azizah Sculley*
> *University of Alberta*
*Dr. Florence Myrick*
> *University of Alberta*
*Dr. Pauline Paul*
> *University of Alberta*

Evidence indicates that a lack of pedagogical preparation can present many challenges for novice nursing faculty which can, in turn, inhibit their work-role transition. In particular, the need to understand pedagogy and its relevance in the classroom and clinical environment is critical to their success. Throughout the literature, it has been reported that novice faculty concede to feelings of apprehension, isolation, confusion, and being overwhelmed during their transition to the faculty role. It has also been identified that new faculty require a minimum of three years to adjust successfully to the culture of academia and to develop a level of comfort in their role as educators. To date, some studies reveal that mentorship has been acknowledged by novice nursing faculty as being indispensable for their successful transition to the educator role. Indeed it is also indicated that successful socialization of novice nursing faculty to their educator role is greatly enhanced by participating in an effective mentoring relationship. In this presentation, the authors will describe several core categories that have emerged from a current grounded theory study. The findings reveal the process involved in the mentoring of novice nursing faculty who teach in an undergraduate program in which context based learning has been adopted as the approach to teaching and learning. In addition, several barriers to effective mentoring from the perspective of novice nursing faculty will also be discussed.

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**Qualitative Research Evidence on Multiple Chronic Conditions: A Scoping Review of the Literature**

*Sarah Shoemaker*
> *Abt Associates, Inc.n*
*Lisa LeRoy*
*Jessie Gerteis*
*Jess Levin*

The increasing prevalence of persons with comorbid chronic diseases or multiple chronic conditions, the associated morbidity and mortality, and the resultant health care costs make multiple chronic conditions (MCC) one of the biggest challenges facing health care today and for decades to come.   Decision-makers are developing research agendas to improve outcomes, reduce costs and raise service quality for persons with MCC, and modify the health care system accordingly.   Practitioners are beginning to test, and researchers to examine, the effectiveness of various strategies to care for people with MCC.   Traditional randomized clinical trials must focus on large cohorts of similar patients and control for confounding variables, and the results often take years to observe and report in the literature.   A unique challenge to conducting research on MCC populations is the myriad unique combinations of conditions; over two million according to a recent U.S. study. With so many small cohorts of like patients, qualitative research offers an effective lens through which to examine many of the complex problems associated with MCC, and the critical role of contextual factors. To date, qualitative research on MCC has examined patients' illness experiences, self-management, treatment adherence, patient-provider communication, care processes and coordination.   Thus, we will present a scoping review of the qualitative research and evidence on MCC to identify and map the extent and range of existing qualitative studies, as

well as identify potential gaps and opportunities for future qualitative research to address the multitude of challenges facing the health care system and persons with MCC.

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## Researching The Perceptions and Experiences of Children and Young People Who Have a Parent With Dementia: Ethical Considerations and Concerns

*Pat Sikes*
   *University of Sheffield*

The research in question will take a narrative, auto/biographical approach to investigate the perceptions and experiences of children, adolescents and young adults (up to age 25) who have a parent with dementia. Longer life expectancy, increasing postponement of childbearing, growing numbers of second plus partnerships/families, together with improved diagnosis of early onset dementias mean that more youngsters are falling into this group with consequent implications for their personal, emotional, social, educational and life course development. With few exceptions, research into the impact of dementia within families has tended to focus on adult children and caregivers and where those under 25 are involved, they are usually grandchildren.

Narrative, auto/biographical research requires reflection on, storying, and sometimes re-storying, of lives in ways not dissimilar to various counselling approaches. Work of this kind, particularly when undertaken by academics such as me and my colleagues, who are not trained therapists, and who are primarily seeking sociological understandings, raises significant ethical considerations and concerns in each aspect of the research process including initial research conceptualisation and design, data collection, analysis, re-presentation and dissemination.

In this poster presentation I explore ethical questions around such issues as: recruitment of participants; how best to convey what involvement could mean for participants' understandings of themselves and for their perceptions of, and relationships with the parent with dementia and with other family members, friends, and associates; dealing with potential feelings of inter alia, grief, anger, loss, anxiety, dislike and approaches to re-presentation and dissemination.

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## Breastfeeding in rural Atlantic Canada: the case of Tatamagouche, Nova Scotia

*Meaghan Sim*
   *Dalhousie University*
*Sheri L Price*
   *Dalhousie University*
*Sara FL Kirk*
   *Dalhousie University*

Mothers from the Canadian province of Nova Scotia have lower rates of many breastfeeding indicators relative to other Canadian jurisdictions.  It is of continued interest to health stakeholders how best to support mothers in this province to both initiate and sustain exclusive breastfeeding practice.  The observation that mothers from the village of Tatamagouche, Nova Scotia and its surrounding area breastfeed significantly longer than provincial and national averages is what prompted an exploration of the breastfeeding culture in this geographical area.

For this study, we drew on multiple data approaches to understand the contexts that shape the culture of breastfeeding in Tatamagouche. We interviewed 13 stakeholders and conducted a focus group with current and past members (n=9) of the Tatamagouche and Area Breastfeeding Support Group about their perceptions and observations of the culture of breastfeeding in this area.  We also integrated participant observation and a survey of breastfeeding practices among the mothers from this community into our analysis.   Using thematic analysis, we identified that the geographical isolation of Tatamagouche has enabled a culture where a sense of civic duty is its ethos.   Based on the experiential knowledges of one another and identified community leaders, mothers in the community have extended the understanding of breastfeeding beyond lactation and place value on the social dimensions of the practice.   These themes permeate throughout the various actions that create the supportive breastfeeding culture in Tatamagouche. Still, the health system matters as an influential force toward defining the breastfeeding experiences of women from this community.

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## A Double Whammy! New Baccalaureate Nurse Graduates' Transition into Rural Nursing

*Jean Smith*
        *Athabasca University/Red Deer College*
*Dr. Virginia Vandall-Walker*
        *Athabasca University*

Each year, a number of new baccalaureate nurse (BN) graduates will transition into rural acute care nursing. While Canadian and international studies about novice nurse transitions have been conducted, findings have been based on data from urban or urban/rural mixed participant cohorts. Consequently, little is known about new BN graduates' transition experiences into specifically rural acute care environments. Exploring this phenomenon is timely in light of current Canadian evidence identifying high registered nurse (RN) retirement rates, migration of rural RNs to urban centres, and low novice RN retention rates in rural communities.

As the purpose of this study was to generate practical knowledge about the phenomenon of transition, Sally Thorne's Interpretive Description research approach was chosen to address the question "How do new BN graduates describe the experience of transitioning into the rural acute care environment?" This approach facilitated the interpretation of individual and group perspectives about transition and the identification of strategies to enhance positive transition experiences.

Following ethics approval, face-to-face interviews were conducted with 12 new Alberta BN graduates. Constant comparative data analytic techniques were used, which revealed the overarching theme of "A Double Whammy" and two subthemes of "A Surprise: I'm A Generalist!" and "A Shock: I'm It!"

Findings to date suggest three strategies that could positively influence new BN graduates' transition into rural acute care nursing: student preceptorship placements in rural acute care hospitals, formalized comprehensive orientation programs, and access to on-site clinical nurse educators.

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## Innovations in Interprofessional Practice for Disaster Mitigation: Nursing and Architecture

*Susan Speraw*

*University of Tennessee College of Nursing*
*John McRae*
*University of Tennessee College of Architecture and Design*
*Moriah McArthur*
*University of Tennessee College of Nursing*
*J. David Matthews*
*University of Tennessee College of Architecture and Design*
*Chris King*
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*Mary C. Nypaver*
*University of Tennessee College of Nursing*
*Joleen Darragh*
*University of Tennessee College of Architecture and Design*

The University of Tennessee Colleges of Nursing and Architecture/Design undertook an interprofessional project to design housing and a small hospital/clinic to reduce infectious disease burden among disaster affected populations in Haiti and improve access to care. Collaboration aimed to facilitate learning, maximize the impact of design on health and inform curriculum.

Global Disaster Nursing graduate students were embedded with Architecture/Design students for one academic year (total N=53), working together on the Haiti design projects. Nursing students provided side-by-side consultation and health information, while faculty provided lectures on infectious diseases. Upon project completion, students voluntarily participated in focus groups to evaluate perceived limitations and strengths of the collaboration, and offer suggestions for future projects. Transcripts were coded for themes using a phenomenological approach.

Architecture students reported that nursing consultation substantively influenced design, and impressed on them the critical role of the built environment in addressing public health issues: ventilation was prioritized; floor elevation was raised to protect against flooding and cholera transmission; multiple measures protected against mosquito infestation; sustainable bio-sand filtration was incorporated for water sanitation; hospital layout respected cultural practices. Stating collaboration, 'taught us to speak the same language, essential in today's practice world,' disciplines voiced appreciation for knowledge gained. Nurses felt the project taught communication skills crucial to optimal disaster response and structural elements reducing disaster vulnerability.

Cross-disciplinary partnerships are pathways for knowledge sharing, synergy and innovation. The uncommon alliance of nursing and architecture has value for disaster and disease mitigation, and education, research, and professionalization of the workforce

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## Tracking Patient Rationalities and Decision-Making in ARTs (Assisted Reproductive Technologies)

*Grace Tan*
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*Shireen Kashmeri*
*University of Toronto*
*Seang Lin Tan, Montreal Reproductive Center*
*Michael Dahan*

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Srinivasan Krishnamurty
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Andrew Mok
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Decision-making is a core component of patient-centred clinical care; however patient decision-making in ARTs assumes a distinct importance, as successful treatment results in creating a family. It is also a radically different kind of medical treatment as it is not completed to save a life, but rather is seen as an essential human right. This study draws on 9 semi-structured, ethnographic interviews with infertility patients (N=21 at a private Quebec clinic) to illustrate how ART decision-making is strongly influenced by social and family history. This presentation tracks patient rationalities by drawing on individual meanings of ART use. Patient narratives demonstrate the influence of social and familial history on ART use, considerations in their shift to third party reproduction, and deliberation on engaging in adoption procedures. It is also extrinsically shaped by the political and policy landscape of fertility care. Patient decision-making is also influenced by uncertainty in the regulatory environment and so-called -reproductive tourism. The (successful) results of ART decision-making not only resolves primary or secondary infertility but transforms a person's social and familial status. Hence, decision-making in ARTs is not based solely on medical considerations; rather it is intrinsically influenced by social and familial history in unique ways, which can be more easily tracked through qualitative health research.

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## Participatory videos: Exploring physical activity in northern First Nations communities

*Keren Tang*
*University of Alberta; Community Wellness Program, Yellowknives Dene First Nation*
*Cindy Jardine*
*University of Alberta*

Physical inactivity is a risk factor for chronic diseases and conditions such as diabetes and obesity that disproportionately affect Aboriginal populations. The conventional biomedical paradigm emphasizes physical activity as an individual responsibility. This research offers an alternative approach to investigate physical activity as a collective responsibility that offers benefits beyond illness prevention.

The goal of this research, done in collaboration with the Yellowknives Dene First Nations (YKDFN) Community Wellness Program, is to explore how physical activity is embedded in local and traditional culture. Better understanding of physical activity as a means for community and cultural engagement will contribute to strengthening of communities' social capital and overall wellbeing, capacity building, improving and sustaining health promotion strategies.

A participatory action research framework will guide this project in two phases. Phase 1 will apply the method of participatory video. Through their unique voice and perspective, youths from YKDFN communities will use video recorders to document the community's experience with and perspective of physical activity in a northern setting. Focus groups in phase 2 will assess the youth videos to facilitate community-level critical reflection about active living and the implementation of culturally and geographically appropriate physical activity solutions.

Lessons learned from the research process will provide insights for health promotion programs in YKDFN communities, and contribute to an in-depth understanding of community-level physical activity among Canadian Aboriginal peoples. Research outcomes and findings will be disseminated during community feasts, in moderated online forums, and through refereed publications and presentations.

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## Enabling Aging in Place with Personal and Environmental Emergency Response Systems: The HOME-Tech Study

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> *Annapolis Valley Health*
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*Emily Marshall*
> *Dalhousie University*
*Iwona Tatarkiewicz*
> *Dalhousie University*
*HOME-Tech Research Team*

Personal and environmental emergency response systems have recently emerged as potential supports to aging in place for community-dwelling older adults. However, research on the effects of these telecare monitoring systems is limited. The purpose of this study was to explore community-dwelling older adults' satisfaction and acceptability of a commercially-available telecare system, and its impact on health and well-being. Thirty-six adults (23 women, 13 men) aged 60 or older (mean=78.8; SD=8.5) were recruited to participate in the study. Participants were provided with personal alarm pendants and additional sensors such as stove sensors, medication dispensers, flood sensors, and motion detectors, based on their health needs. Individual, semi-structured interviews were conducted with participants pre-installation, and at 3 and 6 months post-installation. The data were analyzed using framework analysis. In general, participants reported feeling safer, more secure, and more confident with the personal alarm pendant at 3 and 6 months post-installation. Participants who received additional sensors varied in their levels of satisfaction with them, based on perceived ease of use and the extent to which the technology met their current and anticipated needs. Some participants also spoke about the cost of the devices as being a barrier to continued use post-study. These results show that emergency response systems have the potential to support aging in place, but more work is needed to examine the nuances in seniors' experiences of these systems.

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## Healthcare Provider Perspectives of Fertility Preservation in Post-Cancer Treatment Adolescent and Young Adult Females

*Bridgette Thom*
> *Columbia University/MSKCC*

Using grounded theory methodology suggested by Corbin and Strauss, this study explores the processes by which oncology healthcare providers discuss fertility preservation (FP) with female adolescent and young adult (AYA) survivors of pediatric cancers as well as the role oncologists perceive themselves as having in the FP process. Advances in reproductive technology enable many cancer patients to preserve fertility before treatment, but in pediatric patients, many of whom are pre-pubertal at diagnosis, pre-treatment preservation is usually not feasible. There often, however, remains a window of time between the end of treatment and onset of early menopause during which FP can occur, but intervention at this stage is rare because fertility issues are not routinely discussed with AYA patients, despite their documented desire to receive such information. Clinical staffs from pediatric and young adult survivorship programs at comprehensive cancer centers throughout the United States were interviewed using a semi-structured guide loosely based on Azjen's Theory of Planned Behavior. Four concepts were developed from a variety of open and axial codes identified in verbatim interview transcripts and author memos: defining and redefining risk, determining what 'she' can handle, determining what 'they' can handle, and the giving and taking of hope. These four concepts support a core concept: evaluating cost, which suggests that oncology healthcare providers must help patients and families in the process of evaluating the cost of FP decisions. The costs, which vary from family to family, may be physical, emotional, financial, or a combination of any of the three.

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Managing ethical problems in qualitative research involving vulnerable populations, using a pilot study

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The purpose of the researcher's study was to examine the meaning which intimate partners of female rape victims attached to their lived experiences after the rape. The conduct of qualitative research concerning non-offending partners of female rape victims, however, often involves multifaceted ethical and practical challenges which can be managed through the use of pilot studies.

The pilot study described in this report had three objectives. The first of these was to pretest and refine the proposed method for locating, accessing and recruiting intimate partners of female rape victims within the first two weeks after the rape, for participation in a six-month longitudinal study. The second objective was to identify and prevent all possible risk factors in the proposed recruitment and data collection methods that could harm the participants? safety during the main study. The third objective was to determine the feasibility of the main study, in terms of the limited financial and human resources available.

The pilot phase was valuable in identifying ethical and methodological problems during the recruitment of participants and collection of data. It allowed for methodological adjustments prior to the main study and confirmed the feasibility of the overall research design. A pilot, pretesting, phase is therefore seen as an essential component of a qualitative study involving a vulnerable population.

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**Understanding Caesarean Deliveries: A choice for new mothers**

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   *University of Calgary*
*Dr. Cynthia Mannion*
   *University of Calgary*
*Dr. Graham McCaffrey*
   *University of Calgary*

Purpose: Women's choice of caesarean delivery without medical indication has contributed to continuously rising caesarean birth rates in Canada. Yet there is a paucity of research aimed to explore women's perspectives of their choice. The purpose of this study is to discover a deepened understanding of women's choice for caesarean deliveries. Method: Five women who have chosen to have their first baby by caesarean section will be interviewed. These interviews will be transcribed verbatim. An interpretive analysis will be performed based upon the dialogic hermeneutics of Hans-George Gadamer, in order to develop a complex and highly contextualized understanding of the topic. By continuous reframing and assimilating new understandings throughout the analysis process, I will identify themes from the data and articulate ways of understanding women's experiences.
Results: A new understanding of women's choice in caesarean deliveries will be presented in this study which will provide direction for future research to better address women's choice in maternity care. The thematic analysis will highlight areas of importance for women who make this choice and may be applied to maternity nursing care to promote educated, well informed, choices in order to promote the health and well-being of women and their newborns.
Conclusion: Although current literature has aimed to solve the problem of women choosing caesarean deliveries, this study aims to provide an understanding of choice from the women's perspective.

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## Resource dispatchers' decision-making when managing ambulance resources during out-of-hospital cardiac arrests

*Julia Williams*
   *University of Hertfordshire*
*Andy Hitt*
   *South East Coast Ambulance Service NHS Foundation Trust*
*Edwards Tim*
   *University of Hertfordshire*

To manage the increasing demand for emergency ambulances in the UK, it is imperative that the number and skill levels of staff sent to an emergency match the requirements for that emergency.  When dealing with high acuity incidents such as out-of-hospital cardiac arrest (OOHCA), Resource Dispatchers (RD) may send additional resources to deal with the presumed magnitude of the emergency.  By exploring and understanding decision making processes employed by RDs when dealing with OOHCA, it may be possible to increase ambulance availability by refining the way that resources are deployed. Using a generic qualitative approach this study explores the decision making processes employed by RDs and how these decisions might impact on resource availability. Nine RDs, recruited from a busy UK Emergency Dispatch Centre, participated in semi-structured interviews. Data were analysed using a template style of thematic analysis and emergent themes were member checked for contextual accuracy.   Findings indicate that OOHCA is considered an absolute priority when triaging emergency calls and will usually take priority over other time critical emergencies, regardless of clinical need or prognosis.  RDs make difficult decisions in a challenging environment, often with very little information available.  Decisions made when dealing with OOHCA are highly emotive, complicated by targets and appear

to have little to do with clinical presentation or likely outcome.  In this study, RDs demonstrate a proclivity for prioritising OOHCA above other time critical emergencies and yet they express doubt when considering the clinical efficacy of this approach.

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## Embedded Formative Assessment: Promoting Professional Learning in Nursing Education

*Judy Woods*
> *Queen's University*

This qualitative research will examine the role of embedded formative assessment (EFA) as an approach to promote the professional learning of nursing students in a clinical context. This research will adopt the EFA terminology and operationalize five strategies that are clearly and practically described in Wiliam's (2011) recent publication. Adding embedded to formative assessment, a familiar term in nursing education, will be a gentle shift in terminology yet focus attention on the who (student, peer, and teacher) and the what (learning).

Specifically, this study asks three questions: 1) what are the demands placed on both teachers and students as they attempt to teach and learn using approaches inherent in embedded formative assessment? 2) For what purposes and in what learning contexts might embedded formative assessment make a meaningful contribution to the professional education of nurses' 3) What conditions appear to both facilitate and constrain the use of embedded formative assessment in the professional learning of clinical nursing education?

Through the use of interview and qualitative surveys, this research will examine the role of EFA in three connected studies: in clinical teaching; in learning a complex clinical skill; and in promoting self-regulated professional learning. The intention of this study is to determine the values of and the conditions under which it would be beneficial to shift the interpretation, experience, and practice of formative assessment in nursing education to be more in line with principles of embedded formative assessment. Preliminary findings highlight the importance of quality feedback given by peers and teachers.

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## Paying interdisciplinary primary health care teams in Canada

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*Adrian Levy*
> *Dalhousie University*
*Alan Katz*
> *University of Manitoba*
*Jeanette Edwards*
> *Winnipeg Regional Health Authority*
*Maryna Korchagina*
> *Alberta Health*

Increasingly more often, primary health care (PHC) in Canada is being delivered by interdisciplinary teams of providers. While the literature offers solid insight into the types and effectiveness of various payment methods for individual

physicians, the state of knowledge on how to pay teams is abysmal. We have developed a study protocol to create an inventory of payment and governance models of PHC teams across three Canadian provinces, and to develop a typology. We rely on a variety of qualitative participatory methods, including qualitative interviews, online fora for discussion and feedback from stakeholders, and a round table with stakeholders for validation of the typology. The study is based on a pilot study completed in Alberta, and funded by the CIHR Healthcare Renewal Policy Analysis grant. At the conference, we will present the results of the pilot study and our experiences with prototypes of the data collection instruments, as well as the detailed research protocol for the current study, including the improved instruments.

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