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Conference Proceedings

Integrating Research, Theory, and Practice to Advance Informed Decision-Making in Nursing

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CONCURRENT SESSIONS - MORNING
10:15-11:40

MERCURI ROOM **PAGE**

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CONCURRENT SESSIONS - AFTERNOON
1:50-3:15

MERCURI ROOM

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POSTER SESSIONS - AFTERNOON
1:00-1:40

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Leading for Change: The Hidden Power of Informal Leadership

Sheila Boamah, RN, PhD; University of Windsor

Background: Effective nursing leadership is needed within the health care system to effect transformational change. Research has historically identified the beneficial effects of clinical leadership for optimizing care and improving patient outcomes. Few studies, however, have assessed the influence of clinical leadership at the staff nurse level and empirically tested the concept.

Purpose: The purpose of this study is to analyze the critical attributes of clinical leadership and test a model linking clinical leadership behaviours of staff nurses to patient care quality and job satisfaction.

Design: A predictive cross-sectional design was used in this study.

Methods: A random sample of 378 registered nurses working in direct care positions in acute care hospitals was surveyed in 2016. The theoretical model was tested using structural equation modeling in the analysis of a moment structures software.

Results: Nurses reported higher levels of clinical leadership skills in their practice. Staff nurses' clinical leadership behaviours had a significant and positive effect on the quality of care they provided to patients and their satisfaction in the workplace.

Conclusion: The findings indicate that informal leadership at the clinical level may be an underutilized asset in healthcare and if identified and developed, staff nurse clinical leaders have potential to improve the delivery of patient care and may offer a tangible solution to the patient safety conundrum.

Harnessing the Potential of Care Aides in Long-Term Care Settings

Miranda MazzaRN, BSc, BScN, MScN student; University of Windsor
Sheila Boamah, RN, PhD; University of Windsor

Background: In Canada, health care aides are the largest frontline workforce in long-term care (LTC) and home care sectors as they provide the majority of direct care to residents. Care aides are central to resident quality of care and quality of life, although their skill sets have lagged behind resident acuity. Training and education programs that focus on developing transformational leadership skills of LTC staff are essential in building a healthier work environment and are often seen as the key to raising standards.

Aim: To explore the training needs of care aides working in LTC facility with a view to developing an inclusive leadership program for use among staff.

Methods: A qualitative, descriptive design was adopted. Data were collected through in-depth semi-structured interviews with eleven care aides. Kirkpatrick's four-level model of training evaluation criteria was applied to assess a novel leadership training program from March 2015 to September 2015. Data were audiotaped, transcribed and a content analysis was performed.

Results: Thematic analysis revealed three areas that supported development: 'reaction', 'learning', and 'behavioural' criteria. Participants rated satisfaction with the course content and course material. Care aides also reported improved communication and expressed increased understanding of transformational leadership skills after attending the training program. The program was associated with a positive work environment including extra effort from staff, work effectiveness, and satisfaction with leadership.

Conclusion: Given that care aides provide most of the bedside care in LTC, their empowerment and education is key to providing high-quality care to residents. The findings support the implementation of an inclusive leadership approach to improve knowledge and development of transformational leadership skills among LTC staff.

Relevance to Practice: The study represents an important step in the evaluation of care aides' leadership development. The barriers to learning, experience of previous training and gaps in knowledge identified could inform the design of future training and support programmes.

Camp Nursing as Clinical Placements for Undergraduate Nursing Students

Shelley Evans, RN, MScN, PhD student; University of Windsor
Debbie Kane, PhD; University of Windsor

Background: Although traditional clinical placements (hospital or community) are providing direct practice experience for nursing students, BScN programs are experiencing a shortage of these placements (Council of Ontario Universities, 2013). Various types of camps with diverse populations of campers could provide rich exposure to pediatric patients with medical problems, behavioral disorders and learning challenges. Using summer camps as an alternative placement for nursing students could address the shortage of clinical placements and add diversity to the learning experience offered in the BScN program.

Methodology: A qualitative narrative design was used to explore how course level outcomes were achieved by fourth year level nursing students in the camp setting. Course level outcomes, which are based on nursing competencies, are developed by educational institutions to measure a nursing student's performance. Data collection was done by phone interviews. Six registered nurses who have nursing experience in a camp setting participated in this study. By sharing stories, participants provided examples to demonstrate how nursing students can meet level outcomes while in this type of placement. Through data analysis, these stories were organized into themes to help identify if the collective experiences meet competencies for nursing students.

Results: Data analysis showed that nursing students can demonstrate: principles of patient safety, critical inquiry, preventative/promotional health, reflective practice and advocacy for health care services in the camp setting. These results support camp settings as a diverse, innovative clinical option for the undergraduate nursing experience.

Cognitive Rehearsal Training Against Bullying for Undergraduate Nursing Students

Deborah Dayus, RN, PhD; University of Windsor
Debbie Kane, RN, PhD; University of Windsor
Dale Rajacich, RN, PhD; University of Windsor
Chantal Andary, BHK, MHK; University of Windsor

Background

The effects of bullying on nursing students raise a threat to the future of nursing practice and the quality of care provided. Bullying reduces nurse productivity (Berry, Gillespie, Gates, & Schafer, 2011; Yildirim, 2009) and when nurses are unable to adequately cope with bullying, nurse turnover increases (Laws, 2016). Without educating and supporting nursing students to deal with bullying behaviours, these effects will carry on to the generations to come (Cooper, 2009; Curtis, Bowen, Reid, 2007; Delez, 2003). Cognitive Rehearsal Training (CRT) is a strategy that helps people reduce impulsive actions through training/education (Griffin, 2004).

Purpose

The purpose of this research was to provide CRT to second year nursing students so that they would be better prepared to handle bullying behaviour effectively in the clinical setting.

Methodology

Prior to a four week clinical experience students participated in a CRT workshop and an interactive lecture about bullying. At the completion of the workshop they received lanyard cards that outlined how to deal with bullying and participated in role-play activities, which included nursing student bullying scenarios. At the completion of their clinical experience two focus groups (N=23) were conducted at a University in South-Western Ontario asking students about their experiences implementing the strategies taught during the workshop.

Results

While the majority of students commented that the CRT workshop helped them to recognize bullying situations, they did not have the confidence to respond to the behaviour when experienced or witnessed. Students indicated that they now recognize why they do not speak up and related this to the power differential in the workplace between nurses and students. They expressed that they wanted more education on how to respond to bullying and would like to see CRT implemented throughout their nursing program.

Conclusion

CRT workshops should be mandatory for all nursing programs.

An Evaluation Rubric for Reflective Practice in a BScN Program: Inter-Rater Reliability and Content Validity

Kathy Deshaies, PhD, RN; St. Clair College
Vesna Serafimovski, MN, RN; St. Clair College
Selena Santia, BScN, RN; University of Windsor

Background: Students find it challenging and often struggle to appreciate the benefits of reflective practice in the curriculum. Nursing educators often find it challenging to provide meaningful feedback on student reflective journals and lack the necessary resources to objectively evaluate reflections. Additionally, there is a lack of well-validated tools to assess the analytical reflection skills required of BScN students.

Purpose: To determine content validity and inter-rater reliability of an Evaluation Rubric for Reflective Journaling in undergraduate BScN students.

Methodology: A panel of five experts in nursing education were recruited to assess a newly developed Evaluation Rubric for Reflective Journaling for content validity. Additionally, 38 journals submitted by participants were blinded and independently scored by the two researchers to determine inter-rater reliability of the Evaluation Rubric.

Sample and Setting: This study was conducted at a post-secondary institution in Southwestern Ontario. A convenience sample of 180 undergraduate, second year, BScN students were recruited; A total of 38 students participated.

Results: The analysis of the evaluation rubric was favourable with an inter-rater reliability of 0.88 (Intraclass correlation) and a content validity index score of 1.0.

Conclusions: The evaluation rubric for reflective journaling has potential to facilitate meaningful reflective practice experiences for both students and educators. The researchers intend to continue to evaluate the new tool; a well validated tool will guide the future development of an effective reflective journaling template for students.

Nurse Attitudes Toward Medical Assistance in Dying: A Cross-Sectional Study of Palliative Care Nurses in Ontario

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Laurie A. Freeman, PhD, RN; University of Windsor
Jordyn Liebman, BScN Student; University of Windsor

Background: In 2015, the Supreme Court of Canada decriminalized medical assistance in dying (MAiD) for persons suffering grievous and irremediable medical conditions. This legislation philosophically conflicts with a palliative care (PC) approach which does not seek to hasten death. Therefore, it has potential to create ethical distress among PC nurses who respect adherence to the tenets of PC.

Purpose: This study explored the attitudes of PC nurses toward MAiD and their professional support needs.

Methodology: We conducted a cross-sectional survey of PC RNs and RPNs in Ontario. Letters that provided a link to an online survey were sent to participants by standard mail. Participants completed a novel instrument, the Nurse Attitudes Toward MAiD Scale (NATMS) that included 24 items ranked on a 5-point likert-type scale (*1=strongly disagree* to *5=strongly agree*). Data analyses included univariate and bivariate statistics, and linear regression.

Sample and Setting: The final sample (N=239) included 173 RNs and 66 RPNS who had worked in nursing for >20 years, and in PC for >10 years.

Results: The overall score on the NATMS was 3.42 ± 0.62. Perceived expertise in the social domain of PC ($\beta = 0.14.13$; p=0.02), personal importance of religion/faith ($\beta = -0.25$; p=0.00), professional importance of religion/faith ($\beta = -0.19$; p=0.01), and nursing designation ($\beta = -0.13$; p=0.03) predicted the NATMS score. Ethics training and clear policies for MAiD integration were reported as required supports in PC work environments.

Conclusions: This is the first study to reveal the perceived importance of religion, versus religious affiliation alone, as significant in predicting provider attitude toward assisted dying. Organizations are encouraged to address the professional needs of PC nurses. To support MAiD integration, further research is needed to understand differences in attitudes between RNs and RPNs, and how the social domain of PC influences nurse attitudes toward MAiD.

Shared Decision-Making Via Patient Decision Aids in Dermatology

Donna McLean, BA; Windsor Clinical Research Inc.
Marilyn Cameron, MSc; Windsor Clinical Research Inc.
Chelsea McLellan, MA; University of Windsor
Ashlyne I. O'Neil, MA; University of Windsor
Alex Sin, PhD; Windsor Clinical Research Inc.
Robert Dellavalle, MD, PhD, MSPH; Dermatology Service, Eastern Colorado Health Care System
Jerry Tan, MD, FRCPC; Windsor Clinical Research Inc.
InforMED PDA Group; Windsor Clinical Research Inc.

Background: Shared decision-making (SDM) incorporates patient values and preferences with health care provider expertise and best-evidence to facilitate optimal choices for individual patients. SDM can be assisted by patient decision aids (PDAs) which are tools designed to offer evidence-based information about treatment options, clarify expectations, and interrogate values and preferences. Despite being particularly suited to the values-based needs of dermatology patients, PDAs have been underutilized in dermatology.

Purpose: To develop two PDAs for acne and psoriasis, two dermatological conditions which treatment spectrums are primarily patient values-based.

Methodology/ Sample and Setting: PDA content was adapted from clinical practice guidelines and primary research, and formatted according to International Patient Decision Aids Standards (IPDAS). Feedback on the content and format was obtained through focus groups with 15 psoriasis patients and surveys with 34 acne patients. Feedback on the presentation and clinical utility was gathered through surveys with 51 physicians in Canada and the United States. Development was iterative with each data collection stage. Pilot testing with patients was finally conducted to evaluate the PDAs' effectiveness in influencing patient knowledge, decision-making preparedness, and decisional regret.

Results: The demand for decision support and satisfaction with the PDAs were high among patients. Physicians were also approving of the content and expressed strong interest in PDA use. Finally, pilot testing for both PDAs demonstrated improved patient knowledge, increased decision-making preparedness, and reduced decisional regret.

Conclusion: The PDAs address an identified need for informed SDM support tools in dermatology. Both PDAs are publicly available online (www.informed-decisions.org) to facilitate patient accessibility to open-access and evidence-based information, and to reduce the barrier of usage for health care providers.

The Effects of Introducing Prenatal Breastfeeding Education in the Obstetricians' Waiting Rooms

Donna Manlongat, MScN, RN; University of Windsor
Deborah Kane, PhD, RN; University of Windsor
Debbie Dayus, PhD, RN; University of Windsor
Rosanne Menna, PhD, C. Psych; University of Windsor

Background

The literature has identified great benefits of breastfeeding for both the mother and newborn. In light of the low numbers of women breastfeeding in Ontario, even fewer women attending prenatal classes, and limited amount of cost free prenatal classes available, a need was identified to consider alternate modes of prenatal breastfeeding education.

Purpose

The purpose of this research was to explore the effects of providing self-directed study materials to prenatal women during their third trimester appointments in the obstetrician's waiting room. The idea of presenting innovative modes of prenatal breastfeeding education in the obstetricians' waiting rooms was meant to introduce the breastfeeding topic to women who were unfamiliar with breastfeeding and help stimulate breastfeeding conversations with their nurses and obstetricians.

Methodology

This descriptive, longitudinal, pilot study used a quasi-experimental pretest-posttest survey design. There were three survey phases to the study, which included a pre-intervention prenatal survey, post-intervention prenatal survey, and postpartum survey. Data was collected and analyzed through descriptive statistics, linear mixed models, and chi-square testing.

Sample and Setting

A convenience sample was used for selecting participants and the inclusion criteria to participate in the study were slightly adapted from the Breastfeeding Surveillance in Ontario project. Two obstetrician offices were chosen for the research setting based on their adequate resources and office space to conduct the study.

Results

This study found the support of a significant other was significantly related to breastfeeding intention. Also, introducing the prenatal education resources in the obstetricians' waiting rooms, significantly increased breastfeeding attitudes and knowledge among the participant group.

Conclusion

Introducing prenatal breastfeeding education in the waiting rooms can potentially increase breastfeeding rates within Windsor-Essex County, which can in turn, improve the condition of maternal and newborn health within the community.

“I Will Not Waste a Day of Your Life”: Working Together to Improve Patient Flow in Medicine Units

Kristi Cecile, RN, BScN, MN; Windsor Regional Hospital
Lori Mariuz, RN; Windsor Regional Hospital

Every day is valuable for every patient and their loved ones. A hospital stay is only one part of the life journey and healthcare teams need to provide meaningful care each and every day, and not cause delays or barriers that prevent people from returning to their homes and families.

Optimizing patient flow and moving patients smoothly through an acute care hospital visit is also crucial to achieving positive patient outcomes. Poor flow creates long waits in the ED, delays in transferring patients to inpatient beds, longer lengths of stay, patients placed “off service” because of bed demands, and poorer discharge rates. Optimal patient flow allows for improved care by the team, and more time at the bedside for nurses.

After examining best practices world-wide and using research based techniques, multidisciplinary teams developed innovative strategies to improve patient flow for admitted medicine patients. Patients are immediately transferred to assessment bays on the appropriate unit and the team, including nurses and physicians work together to provide timely access to diagnostics and intervention. The Command Centre is the central hub for communication, escalation, and decision-making. Daily huddles focus on removing barriers for individual patient care and systems barriers that impact patient flow.

Since implementation in October, 2017 results include a 50% reduction in admit to bed times, improvements in meeting targets for expected day of discharge, and reduction in off service placements so patients receive care on the most appropriate unit based on their condition.

Closing the Gap Between Academe and Practice: The York-CAMH Collaborative Model

Elsabeth Jensen, RN, BA, PhD; York University
Rani Srivastava, RN, PhD; CAMH Hospital
Khadija Uddin, RN, BScN

A historic agreement between the Faculty of Health at York University and the Centre for Addiction and Mental Health (CAMH) has established the York-CAMH Collaborative. The goal of Collaborative is to accelerate the knowledge and practice for promoting mental health locally, nationally and globally. The two organizations have a long history of working together to provide student placements in both undergraduate and graduate programs. This agreement goes well beyond the existing arrangements for the benefit of both organizations. The goal of Collaborative is to accelerate the knowledge and practice for promoting mental health locally, nationally and globally. By bringing education and service closer together this integrative approach will support the delivery of York University Faculty of Health education programs in closer partnership with the CAMH. While many agreements exist to facilitate student education or research, comprehensive agreements such as this are rare. Planned programs will include student placements/internships, research assistantships, research volunteers, research collaborations and continuing Professional Development initiatives for CAMH staff. This unique partnership will enable the York University and CAMH to conduct leading research, education, and practice/system improvement through interprofessional research and collaborations leading to positive impacts on mental health promotion, healthcare, safety and patient outcomes.

How Standardized Practices Assist Nurses in Providing Safer Patient Care

Jeff Geml, MPH, CCRP; Windsor Regional Hospital
Lynda Truong, RN, BScN; Windsor Regional Hospital

Nurses are expected to provide optimal care in busy and often distracted environments. Creating systems that support nursing practice creates a culture of safety and is integral to providing safe patient care. This presentation will outline how using standardized practices taken from best practice literature has assisted nursing staff in providing more consistent, efficient, and safer patient care. These standardized bundles are integrated into daily nursing practice and include shift to shift report, care rounds, safety huddles, transfer of accountability, comfort rounds, and in room white boards. Standardized bundles provide nursing staff with the most reliable methods and ensure they have the resources needed and a system that supports safe clinical practices.

The effective application of these standard bundles has resulted in increased patient safety, improved efficiency, and increased nursing time at bedside. Comfort rounds and safety huddles have contributed to a 29% decrease in patient falls compared to the previous year. Daily Care Rounds have provided a structured opportunity for nurses to partner with physicians to discuss daily care plans and discharges. It has also provided a natural opportunity to focus on Quality Based Procedures (QBPs) which have clearly identified pathways and lengths of stay. Standard bundles have redefined how care providers interact, collaborate, and practice to provide safe and effective care.

Relational Nursing Practice as a Method for Combating Structural Violence in the Lives of Women Who Experience Intimate Partner Violence

Rachel Colquhoun, RN, BScN, MScN, PhD student, Western University
Marilyn Ford-Gilboe, PhD, RN, FAAN; Western University
Colleen Varcoe, PhD, RN, UBC; University of British Columbia

Background: Effective interventions to reduce the long-term health/social consequences of IPV are needed, particularly those that focus on women's lives beyond the crisis of leaving. Drawing on findings from our research program, we developed and implemented the Intervention for Health Enhancement and Living (x, primary health intervention designed to reduce the negative effects of IPV on women's health and quality of life.

Objective: The purpose of this analysis is to explore the women's varied experiences with iHEAL intervention developed for adult women who have recently separated from an abusive partner with attention given to how varied social locations affected both the processes and outcomes.

Method: A community sample of 29 adult women who had separated from an abusive partner up to 3 years previously were confidentially interviewed three times: before the intervention, immediately post-intervention, and 6 months later. Data analysis took place concurrently with data collection, allowing for emerging analysis to inform subsequent interviews. An Intersectional perspective guided the data analysis and argue that IPV and its consequences need to be understood within a wider socio-political context.

Results: Overall, women reported poor health at baseline with many attempts to access services across sectors to manage their health needs. Women expressed their dissatisfaction with "cookie-cutter" services. iHEAL was consistently described by women as collaborative, individualized support according to their specific needs. Nurse interventionists provided women with tools to create space for themselves to heal and to advocate to address larger systemic barriers to their health/healing. Women made significant strides in self-confidence and their ability to access resources in the community and advocate for change.

Conclusion: All women benefited from this women-centered, nurse led intervention to varying degrees. Nurses were able to support women in ways that fit with their lives and the systems in which they interact to help women rebuild their health and lives.

Are Mobile Apps Helpful or a Hindrance to Oncology Patients during Treatment?

Sheena Gagnier, RN, BScN; University of Windsor
Laurie Freeman, RN, PhD; University of Windsor
Sheila Boamah, RN, PhD; University of Windsor

Background:
A multitude of self-help mobile applications are being developed and deployed daily with use growing exponentially to promote health and wellbeing. However, there is little evidence to support the ability to track, evaluate effectiveness, or usefulness of mobile applications among oncology patients during treatment.

Purpose:
To review the state of science around use of mobile applications in oncology patients during treatment.

Methodology:
A content analysis was conducted using published literature written in English between January 2014-June 2018. The search was conducted using PubMed, Scopus, Google Scholar, CINAL and Web of Science. Of 150 scholarly articles retrieved 18 met inclusion criteria.

Results:
Findings suggest that mobile applications may be useful for cancer patients undergoing treatment. However, the majority of studies had small sample sizes, were conducted outside of North America, and described newly developed applications that are not readily accessible.

Conclusion:
It is evident that mobile applications have the potential to transform the care and management of oncology patients. Researchers should consider replicating these studies to assess usefulness and impact on care among oncology patients.

Toward an Effective Primary Health Care Intervention for Women Who Have Experienced Intimate Partner Violence: A Subgroup Analysis of Who Benefited and Why

Rachel Colquhoun, RN, BScN, MScN; Western University
Marilyn Ford-Gilboe, PhD, RN, FAAN; Western University
Tara Mantler, PhD; Western University

Background: Effective interventions to reduce the long-term health and social consequences of IPV are needed, particularly those that focus on women's lives beyond the crisis of leaving. Drawing on findings from our research program, we developed and implemented the Intervention for Health Enhancement after Leaving (iHEAL), a complex, primary health intervention designed to reduce the negative effects of IPV on women's health and quality of life.

Objective: The purpose of this analysis is to explore variations in women's responses to the intervention to begin to address who benefits and why.

Method: Initial testing of the iHEAL with a community sample 29 Ontario women focused on feasibility, acceptability, efficacy and the processes by which outcomes were achieved. The mixed methods design included: a) repeated measures (pre-post intervention, 6 months later) of outcomes to assess change over time; differences in selected health outcomes and, b) complementary analysis of varied data sources (e.g. women's clinical files; qualitative interviews) to identify subgroups of women. For this subgroup analysis women were categorized into subgroups using mental health outcomes.

Results: Five dominant subgroups emerged (most substantial challenges- sustained improvement; substantial challenges- sustained improvement; fewer challenges- sustained improvement; substantial challenges- improved but not sustained; and fewer challenges- improved but not sustained) with varied positive patterns of changes explored based on history/context, intervention engagement, health and social outcomes.

Conclusion: All subgroups benefited from this tailored women-centered nurse led intervention to varying degrees. Furthermore, implications of these findings for the refinement and further testing of the iHEAL were addressed.

Afternoon Sessions

The "It Factor" Palliative Care Leadership in LTC

Shereen Jonathan, RN, BScN; University of Windsor
Kathryn Pfaff, RN, PhD; University of Windsor
Jean Echlin, RN, MScN, Palliative Care University of Windsor student
Madison Broadbent, BScN student, University of Windsor
Elizabeth Bull, BScN student, University of Windsor

Background: The care of older adults residing in long-term care (LTC) homes is becoming increasingly complex, and LTC workforce retention is a global health human resources issue (World Health Organization [WHO], 2017). According to the Institute of Medicine (2001), leadership is a key factor in ensuring high quality care and promoting interprofessional collaboration in LTC homes.

Purpose: The purpose of this qualitative study was to describe the leadership capabilities of interprofessional palliative care team members in LTC settings.

Methodology: An interpretive descriptive qualitative study was conducted to answer the following research question: Who are leaders in LTC palliative care delivery and what are the capabilities of these interprofessional leaders? The LEADS in a Caring Environment Framework (Dickson & Tholl, 2014) was used to guide the study and semistructure individual interviews that were audiotaped, transcribed verbatim, and categorically aggregated with a focus on the research question.

Sample and setting: Nine care providers (professional and nonprofessional careers) who were employed in LTC homes throughout Ontario, Canada.

Results: Participants perceived that palliative care leadership in LTC is not defined by discipline, and it involves formal and informal elements. The overarching theme of 'having it' emerged as the main characteristic of palliative care leaders in LTC. Subcategories included: (a) 'the big and little things' such as knowing the resident and family, comforting physically and emotionally, and; (b) 'a heart for palliative care' which involves teaching and reaching through creative approaches, role modelling leadership, and compassionate care.

Conclusions: To grow and retain palliative care leaders in the LTC sector, caregiver confidence, palliative care education, and critical thinking must be prioritized by educators and LTC decision makers. The LEADS framework is a blueprint for stimulating collaborative leadership in palliative care within the LTC sector.

A Proposed Relationship Between Authentic Leadership and Technology Acceptance in Nursing Workplaces

Adam Morse, BSc, BScN, RN, PhD student; Western University
Edmund Walsh, BN, MScN, RN, PhD; Western University
Ryan Chan, BScN, MScN, RN, PhD Student; Western University

Nursing and technology are no longer separate. Technology impacts many aspects of nursing practice and will continue in the future. Positive nursing leadership styles have been associated with higher job satisfaction and enhanced patient outcomes. In an era of rapid technological evolution, it is a valuable endeavour to promote a leadership style that not only supports the current ebb and flow of nursing units but also fosters the integration of new technology to enhance nurse performance and patient safety.

Authentic leadership is a relational leadership style characterized by four main characteristics: self-awareness, relational transparency, internalized moral perspective, and balanced processing. Authentic leaders engage in self-reflection, act ethically, role model positive behaviours, and help followers develop strengths. Through several mediators, including positive states such as hope and optimism, leaders help change followers' attitudes and behaviours in a positive way. The *technology acceptance model* is a framework regarding individuals' willingness to adopt technology. This model accounts for individuals' perceptions and attitudes toward utilizing new technology that result in behavioural intent. It is reasonable to suggest that authentic leaders can increase feelings of hopefulness and optimism among followers and create a nursing work environment supportive of the successful integration of new technology. As such, this research proposes future studies examining the interconnectedness of these frameworks and whether and to what extend authentic leadership influences technology acceptance, as this has not been tested before. This may produce findings that help inform successful technology integration as well as leadership education and training.

Perceptions of Collaboration and Mutual Respect Among Members of Interprofessional Teams

Brenda Lankhof, PhD; Walden University

Background

Government agencies are encouraging healthcare practitioners to work in interprofessional teams to help address the complex needs of an aging population. Interprofessional collaboration is recognized as a technique to improve client outcomes and the cost-effectiveness of health care. However, a clearer understanding of the elements required for an effective interprofessional collaborative practice was needed.

Purpose

The purpose of this study was to focus on one component, mutual respect, and determine its relationship to collaboration among members of interprofessional teams working in family health teams (FHTs) and community health centers (CHCs) across Ontario. D'Amour's four-dimensional model of collaboration was used as the theoretical basis for this study. This model suggests that collective action can be analyzed based on shared goals and vision, internalization, formalization, and governance.

Methodology/Sample/Setting

A sample of 99 healthcare professionals participated in this online, descriptive, correlational research study. Mutual respect was measured with the modified esteem subscale of the Effort-Reward Imbalance Questionnaire (ERIQ; Siegrist, 1996) and collaboration was measured by the Assessment of Interprofessional Team Collaboration Scale II (AITCS-II; Orchard, King, Khalili, & Bezzina, 2012; Orchard, Pederson, Read, & Laschinger, 2018). Spearman's rho correlation and multiple regression analyses were computed.

Results

A significant positive relationship was found between mutual respect and collaboration. After controlling for the respondents' demographic characteristics, the correlation remained significant. Correlation scores between mutual respect and collaboration were higher in FHTs compared to CHCs. Significant differences in scores were also demonstrated between nurses and non-nurses, and levels of education.

Conclusion

This research provided data on how collaboration is progressing, how respected professionals felt, and assisted in the identification of areas that may be influential in making improvements. The knowledge obtained can affect positive social change by influencing practice, education, and guiding future research.

Student Nurses' Perception of Sleep Quality

Nicole Wall, RN, BScN, MScN student; University of Windsor
Christine Thrasher, RN, BScN, BA, MScN, NP(ec), PhD; University of Windsor
Michelle Freeman, RN, BScN, BA, MScN, PhD, CPPS; University of Windsor

Background: Sleep health is an underrepresented topic in the literature. Poor quality of sleep can lead to sleep deprivation, which has serious health and social consequences. The first year of university encompasses new demands and challenges to learning. Nursing students and nurses who suffer from poor sleep quality are at risk of providing unsafe patient care.

Purpose: The purpose of this pilot study was to explore the perceived level of sleep quality of first year nursing students.
Methodology: This was a descriptive, cross-sectional study that was guided by Rosenstock's Health Belief Model. The participants completed an online survey that included the Pittsburgh Sleep Quality Index (PSQI) and demographic questions.
Sample and Setting: A sample of 32 first year nursing students enrolled at a university in southwestern Ontario participated in this study between weeks 12 and 14 of their second semester.

Results: Approximately 84% of participants had total PSQI scores of greater than 5, which is associated with poor sleep quality. The most common sleep disturbances reported by the participants were being unable to fall asleep within 30 minutes, waking up in the middle of the night or early morning, feeling too hot, stress or anxiety, and having a loud roommate. Significant correlations were found between sleep disturbance and needs medication to sleep, as well as sleep latency and overall sleep quality.

Conclusions: More research on sleep quality in nursing students is required to gain a greater understanding of the predictors and consequences associated with poor sleep quality. Evaluation of targeted interventions is needed to prevent poor quality of sleep in nursing students and nurses in clinical practice.

Exploring Clinical Instructors' Perceptions of Competencies Required for Their Role in a Baccalaureate Nursing Program

Natalie Bownes, RN, MScN; University of Windsor
Michelle Freeman, RN, PhD; University of Windsor
Maher M. El-Masri, RN, PhD; University of Windsor

Background: Baccalaureate nursing education consists of theoretical and practical training that prepares students for the role of competent nursing care providers. The practical application of knowledge and skills is vital in nursing curricula worldwide. Nursing programs have changed over the last few decades and have become increasingly dependent on part-time clinical instructors (CIs) to teach the clinical components of the curricula. However, CIs receive minimal orientation to prepare for this complex role. It has been acknowledged in Canada that there is limited research to inform CI specific competencies.

Purpose: The purpose of this research was to conduct an exploratory study to identify the CIs perceptions of the importance of the World Health Organization's (WHO) nurse educator core competencies and their importance to the clinical teaching role.

Methodology: This was an exploratory quantitative study. A self-report survey was developed guided by the WHOs Nurse Educator Core Competencies. Donabedian's structure-process-outcome conceptual framework guided this study.
Sample and setting: Convenience sampling of participants employed as CIs in a baccalaureate in nursing program in an Ontario university. CIs who taught theory courses were excluded. The survey response rate was 23.9% (*n*=27).

Results: The study results confirm that all the NECC have merit but need to be adapted to a CI-specific role. This is a multi-phased research project and the findings of the study have implications for all stakeholders, including schools of nursing and CIs. Ongoing research is required to inform the policy direction as it pertains to the CI-specific role and competencies in Canada. Implications for nursing programs, research and policy will be shared.

Conclusions: Clinical Instruction is an area of nursing which deserves to be acknowledged as a specialty. National standardized CI-specific competencies will provide a strong foundation for CI preparation in Canada.

Disrupting Practice: Knowledge, Evidence and Cultural Safety in Nursing Education

Kathryn Edmunds, RN, PhD; University of Windsor

The Canadian Association of Schools of Nursing and the Canadian Nurses Association now recommend that undergraduate nursing students receive cultural safety education. Yet, despite our good intentions, how “working with culture” is taught, learned, experienced and practiced by students and nurses remains problematic, and there is limited evidence that cultural safety has been implemented in education or practice. The purpose of this presentation is to discuss the opportunities and challenges associated with cultural safety education for students and faculty members.

Unlike cultural competence, where the focus is on assessing the skills and knowledge of nurses, culturally safe care is experienced and defined by the client. The power and authority to decide what is respectful and appropriate care is disrupted, as it no longer resides with care providers. To practice cultural safety is to know oneself and others in a variety of experiential ways. Cultural safety education is not comfortable. It involves hard conversations about privilege, stigma and discrimination in both our professional and everyday lives. We will explore the need for safe spaces, the willingness and processes to be deeply reflective, and the changes required in the structures of our institutions. What is measured and valued as evidence of cultural care in nursing practice can serve to maintain the boundaries of exclusion and who is designated as different or deficient. A cultural safety approach provides the opportunity for more honest, authentic and socially just relationships with our students, colleagues and clients.

Using a Risk Assessment Tool to Analyze Student Medication Errors, Near Misses and Discovered Errors

Michelle Freeman RN, PhD; University of Windsor
Susan Dennison RN, MScN; University of Windsor
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Background: Medication administration is the highest risk patient intervention done by nursing students. The Faculty of Nursing at the University of Windsor has been involved in a seven year journey to redesign their medication policy and practices. Error-prone conditions in the clinical environment were identified and a variety of strategies adapted to minimize errors (e.g., standard operating procedures; academic-hospital partnerships). The most recent innovation is the implementation of the Institute for Safe Medication Practices (ISMP) ten factor risk assessment tool to analyze errors, near misses and discovered errors. This initiative supports safety and quality improvement competencies by encouraging error and near miss reporting. It recognizes that nursing students and other healthcare professionals are part of a larger system of care that affect medication safety outcomes.

Methodology: The on-line reporting tool was redesigned to include the ten risk factors. Quantitative and qualitative findings were analyzed.
Results: Reports of medication incidents that included errors, near misses and found errors will be described. Factors that contributed to these events will be explained.

Conclusion: It has been identified that the education of nursing students is focused on the care of individual patients with limited emphasis on the system of care processes. This tool illustrates and reinforces for faculty, clinical instructors, and students that safe medication delivery is complex and requires that many processes work reliably to ensure the right medication is administered to the right patient. It reinforces that although there are risk factors, there are also opportunities to detect and correct errors before they reach the patient. Everyone, including patients, play a role in ensuring medication safety.

Exploring Effect Moderation in Our Understanding of Hand Hygiene Predictors

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Susan Fox, PhD, RN; University of Windsor
Maher M. El-Masri, PhD, RN; University of Windsor

Background

Hundreds of millions of people worldwide are affected by healthcare-associated infections (HAIs). HAIs result in deaths, prolonged hospital stays, disability, increased antimicrobial resistance, substantial financial burden for health systems, and increased costs for patients. Although a multitude of factors affecting hand hygiene (HH) adherence have been investigated in the literature, limited research has specifically explored the moderating/ interaction effects among these factors.

Purpose

The aim of this study was to explore the presence of moderating/ interaction effects among predictors of hand hygiene adherence.

Methodology

We conducted a secondary analysis of pooled data obtained from two descriptive, cross-sectional self-report studies that investigated HH adherence.

Sample and Setting

The study sample included 159 physicians from a regional medical association in southwestern Ontario who had medical practice privileges in local area hospitals and 306 undergraduate nursing students registered in years two, three, and four of a nursing program in southwestern Ontario.

Results

Within the combined sample of 465 physician and nursing student participants, 67.1% were deemed adherent, with self-reported performance of HH before and after every patient contact at a minimum of 90% of the time. Gender was found to moderate the relationship between forgetfulness and HH adherence within the merged dataset. Perceived forgetfulness significantly decreased HH adherence among male respondents only. In addition, perceived busyness was found to moderate the relationship between forgetfulness and HH adherence among nursing students. Forgetfulness decreased HH adherence, but only for those nursing students who did not perceive busyness as a factor impacting their HH adherence.

Conclusions

The study findings highlight the need to explore moderation/interaction effects to enrich our understanding of factors affecting HH, enabling more effective, targeted interventions to improve adherence.

Models of Concurrent Disorder Service: Policy, Coordination and Access to Care

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Aber Abdulle BAH, MSc Candidate; King’s College London
Katie Di Pierdomenico MA, PhD Candidate; York University
Sheila Boamah, RN, PhD; University of Windsor

Background: Societal capacity to address the service needs of persons with concurrent mental health and substance-use disorders has historically been challenging given a traditionally siloed approach to mental health and substance-use care. As different models and strategies exist to care for persons with concurrent disorders, a limited understanding of current policies and approaches prevails.

Purpose: The goal of this paper is to explore these challenges along with promising models of coordinated care in the health care systems within Canadian provinces.

Methods: A systematic review of policies, service coordination and access issues in Canada was undertaken from 1997-2018 that involved a review of the formal and grey literature, including government and nongovernmental policy reports. Five bibliographic databases were searched to identify relevant papers using the keywords “concurrent disorders”, “mental health”, “substance abuse”, and related terms published in English.

Results and Conclusion: Policy development and implementation to address the complexities of service coordination for concurrent disorders were found to have evolved unevenly across Canadian provinces, even though promising examples exist.

Mental Health Stigma - A Risk to Patient Safety

Judeline Innocent, BN, MScN, PhD, RN; Durham College

The goal of the presentation is to provide tools and resources that will increase patient safety by decreasing stigmas associated with mental health diagnoses in healthcare settings.

It is well documented that those who suffer with a mental health challenge often have poorer medical health outcomes than those who do not have a mental health diagnosis. One contributing factor to such negative health outcomes is the stigma associated with having a medical history of a mental health disorder. Even more troubling are the results of research demonstrating that health providers often stigmatize the very patients entrusted in their care. Nurses and educators are well-positioned to improve patient safety by using the right tools and resources to best address stigmas related to mental health diagnosis. Nursing students must be equipped to identify societal, structural and cultural practices in clinical settings that perpetuate stigma resulting in adverse outcome for their patients suffering with a mental health disorder.

Following a brief review of the literature on patient safety risks related to mental health diagnosis, tools and resources that are proven to be effective in reducing mental health stigma in a healthcare setting will be presented. Resources from experts in the field will be shared with attendees.

The JBI Approach to Evidence-Based Healthcare: What's All the Fuss About?

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Margaret (Peggy) Oldfield, MScN, RN, PhD student; University of Windsor
Gina Pittman, MN, NP, PhD student; University of Windsor
Mary J. Voutt-Goos, MSN, RN, CPPS, PhD student; University of Windsor

Background

Informed decision-making is an integral requirement of nursing practice. Systematic reviews, the core of evidence synthesis, inform practice by providing a comprehensive understanding of a topic of interest, including gaps in knowledge. The two-step process for the systematic review, which is first described in a written protocol and then conducted following JBI approval, serves to demonstrate the rigour of the process and the trustworthiness of the reported findings. The protocol provides explicit documentation of pre-review planning, reduces bias by preventing arbitrary decision-making, and allows others to judge the validity of planned methods. It also facilitates replication of the review. There are a number of approaches for conducting rigorous systematic reviews. The Joanna Briggs Institute (JBI) offers a method that is globally respected.

Purpose

This presentation will provide an overview of the JBI approach to systematic reviews. Four PhD Nursing students will share their experiences of participating in the JBI Comprehensive Systematic Review Training Program. The structure utilized by JBI for the completion of systematic reviews, including tools, resources and support will be described. The presentation will conclude with a discussion of the pros and cons of the JBI process and lessons learned.

POSTERS

Reflections of Nursing Students' Experiences in Haiti

Janet Raiger, RN, MN; Lambton College
Rochelle Roberts, RN, MN; Lambton College

Background: Health care professionals must be prepared to serve an ever-changing culturally diverse population.

Purpose: The experiences of undergraduate nursing students participating in a weeklong service learning experience in Haiti were examined through the students' own self-reflections.

Methodology

Sampling: Purposeful sampling of year 2 undergraduate nursing students who met the criteria to enroll in a mandatory clinical course were given the opportunity to participate. A clinical group of nine students, based on a reflective essay and panel interview were the participants.

Ethics approval was granted and consent was obtained for journals to be analyzed for themes after the conclusion of the course. Using Driscoll's model of self-reflection, the students submitted daily reflective journals based on their experiences in Haiti. After immersion into the data, the researchers identified preliminary themes. A focus group was held six months post trip with the students to validate the identified themes.
Results: The themes that emerged from the data included the sense of community, the importance of relationships, cultural awareness and the appreciation of privilege. There was discussion about the meaning of "appreciation of privilege" and this was renamed as "appreciation of our circumstances".

Conclusions: Engagement with clients of different cultures are sought out, an enhanced awareness of global health issues, and strengthening of the students' ability to be flexible, adaptable, creative and to provide holistic approaches to nursing practice were discovered.

Student Experiences of Developing and Disseminating Infographics in Community Nursing Placements

Lizette Keenan, RN, BScN, MN; St. Clair College

Background: Research synthesis is a skill that nursing students must begin to acquire during their undergraduate education. Developing infographics for nursing specific issues can facilitate this. Infographics present concise and relevant research information in a visually engaging format. Infographics also support research dissemination in a user-friendly format. An infographic assignment for fourth year clinical community nursing students was implemented. Working in a team, students developed a community nursing infographic to present to their peers and later disseminate in their placements. The assignment received positive accolades by students. However, the assignment has not formally been examined.

Purpose: The purpose of this study is to explore the students experience and perceptions of developing and disseminating infographics in their community nursing placements.

Methodology: Data will be collected using e-Delphi method. Open ended questions will form the initial email seeking student responses. A second email compiling the first responses will be sent out to the same participants to gain further depth of their perceptions. Codes and themes will be derived from the data collected from both emails.

Sample: Fourth year BScN students completing their final community clinical course.

Setting: Post secondary institution. Students can respond anywhere they have access to a computer and internet connection.

Results: Data collection and analysis will take place in spring 2019 at the outset of the fourth year community clinical course.

Conclusions: This study will help determine students’ perceptions of the infographic assignment and provide educators information to consider the merit of the assignment as it is currently presented.

An Exploration of the Influences Related to the Generation of Medication Errors in Clinical Simulation by Baccalaureate Nursing Students

Ryan Chan, RN, BScN, MScN; Western University
Richard Booth, RN, PhD; Western University

Background: Medication errors continue to be a significant issue within both academic and clinical setting that poses major threats to patients' safety and well-being. Through Bandura's theory of self-efficacy, nursing students' self-efficacy (confidence) and preparedness were examined to investigate its influence related to their generation of medication errors in clinical simulation.

Purpose: The purpose of this study is to examine the generation of medication errors and the differences that may exist based on nursing students' perceived confidence and preparedness.

Methodology: A secondary analysis of data collected examining nursing students' generation of medication errors in simulation was used. Descriptive and inferential analysis was used to examine the associations between the variable of interests.

Sample/Setting: 69 second year nursing students enrolled in a clinical simulation course within a baccalaureate nursing program constituted the sample of this study.

Results: 178 medication errors were generated by the nursing students (N = 69) in this study. Verification-related errors were the most frequently generated error during medication administration in clinical simulation. No statistically significant (p <.05) associations were found between nursing students' perceived confidence, preparedness, and the generation of medication errors with an exception noted for scanning-related errors (p = .04).

Conclusions: Based on the findings of this analysis, nursing students continue to generate medication errors within clinical simulation. Students' perceived confidence and preparedness were not statistically associated with the generation of medication errors. Further examinations of the variables and contextual factors related to safe medication administration practices is required to inform education and practice.

Relational Variables Impacting Socialization in the Healthcare Team

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Committee Members:
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Background: The movement in the health care system towards interprofessional collaborative teamwork values the expertise and perspectives of various health care professionals. Although this system shift has been essential to quality improvement there have been indications of issues occurring between professionals that include conflict and impaired team performance. Although the current literature on interprofessional collaboration acknowledges the competencies and demonstrated behaviours that indicate successful and difficult collaborative efforts there is a lack of research investigating the relational variables that occur between health care professionals.

Purpose: The purpose of this research study is to discern some of the potential relational variables (warmth, competence, agreeableness, respect and shame) that facilitate or disrupt how nurses and doctors interact with one another impacting their socialization in the healthcare team.

Methodology: A positivist paradigm using the quantitative method will be used in this study. Structural equation modeling will be the multivariate statistical analysis technique undertaken with a cross sectional nonexperimental design.

Sample and Setting: A minimum sample size of 232 participants from Physicians, Registered Nurses and Registered Practical Nurses working in practice settings will be undertaken.

Results: The results may highlight relational factors including feelings of shame that may impede the socialization process among health care professionals. This knowledge will assist practitioners to then take steps to address interpersonal barriers that may be impeding functional working relationships.

Conclusions: Understanding the relationship between these variables will enhance the literature on other influences impacting socialization in the healthcare team. Since achieving effective working relationships is integral to patient wellbeing, discerning what relational factors disrupt socialization is critical.

Tuberculosis Medical Surveillance

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Darryl Parado, RN, BScN, MScN; University of Windsor

Background: The purpose of tuberculosis medical surveillance (TBMS) is to provide new immigrants to Canada with appropriate medical follow-up for the identification and treatment of active or latent tuberculosis. Current guidelines for following and discharging clients referred for medical surveillance suggest a follow up period of two to five years. The current recommended period for medical surveillance is broad and leaves room for interpretation by each health unit.

Purpose: To determine the appropriate length of medical surveillance for tuberculosis follow-up for the Windsor-Essex County Health Unit (WECHU).

Methodology: A review of the current state at WECHU, literature review, and the use of the Health Equity Impact Assessment (HEIA) tool were used to collect information and gain knowledge, with an environmental scan/survey being the primary method for data collection.

Sample and Setting: A voluntary survey was distributed to 36 public health units across Ontario. A total of 16 health units including the WECHU responded to the survey for a total of a 44% response rate.

Results:

1. Confirmed variation in practices across the Ontario health units.
2. An inverse correlation between the number of TBMS referrals that a health unit receives and the length of time the client is followed for TBMS.
    - The greater the number of TBMS referrals that a health unit receives, the shorter the length for medical surveillance.
3. There can often be a delay in the initiation of the TBMS process related to how quickly the client receives Ontario Health Insurance Plan (OHIP) coverage (typically 3 months after arrival).

Conclusions: The WECHU was recommended to follow TBMS clients only for the time required to rule out active TB. Further recommendations include the development of a targeted screening tool for those at high-risk for Latent Tuberculosis Infection, as well as communicating updates about TBMS practice to local clinicians.

Taking the Lead to Prevent Failure to Rescue: Nursing's Role

Jessica Chu, BScN, RN; University of Windsor
Darryl Parado, MN, RN; University of Windsor

Background: The purpose of this infographic is to educate Canadian nurses on the problem of failure to rescue (FTR) in acute care adult hospitals. FTR results from healthcare professionals not recognizing and responding to the signs of patient deterioration promptly. FTR is one of the top healthcare claims in Canada.

Purpose: To describe the problem and incidence, explain the early warning signs, tools and resources that can assist with its recognition and response. To emphasize the important role that families play in preventing this patient safety incident.

Methodology: A total of 32 journal articles regarding FTR and a webcast through the Canadian Patient Safety Institute entitled: "Clinical deterioration: what can I do?" were included in the review. All the information collected from all sources are summarized in an infographic. The infographic had undergone six cycles of Plan-Do-Study-Act cycles to improve the content and visual effects.
Sample and Setting: The infographic is targeted towards nurses working in adult acute care hospitals in Canada.

Results: There are several ways to reduce incidences of FTR such as: integrating family members in the care of the patient, use of the concerned, uncomfortable, and safety phrase or "CUS" to escalate the care of the patient, increase activation of rapid response system or team, and use physiological indicators as warning signs to patient deterioration. Utilizing these methods can lead to decreased patient mortality, morbidity and improved quality of life.

Conclusion: Nurses should be aware of the changes happening to their patients and respond appropriately based on the situation. Including family members in the care of the patient can lead to early detection of changes with the patient. The management of a deteriorating patient is based on effective interprofessional teamwork and collaboration between staff members and the adoption of a safety culture to improve patient outcomes.

Reducing Hospital Harm

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An infographic was created during a Master of Nursing course, for which the purpose was to define, identify, and categorize the impact, importance and ways of reducing hospital harm. Further, it was also to raise awareness about what nurses and organizations can do to reduce hospital harm. A review of the literature was conducted, and four Plan Do Study Act (PDSA) cycles were completed to formulate the infographic. The nursing process was modified to show how nurses can reduce hospital harm at an individual level, while “A Framework for Safety, Reliable an Effective Care” was used as a guide for organizations. Four categories of hospital harm were identified (harm caused by health care and medication, hospital acquired infections, patient accidents and procedural harm). Further, increasing awareness, collaboration between the various disciplines in health care, plus creating a culture of safety are integral components required to reduce and prevent hospital harm. In conclusion, nurses play a pivotal role in reducing hospital harm as they make up the largest group in healthcare.

Harm Reduction and Illicit Drug Use

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Illicit substance use in Canada is reaching crisis proportions affecting people from all socioeconomic backgrounds. The year 2016 has been the deadliest – 2,946 people in Canada died from an apparent opioid overdose. In Ontario, every day, two people die of an opioid overdose. Substance abuse costs the Canadian healthcare system eight billion dollars a year. The "war on drugs" approach and abstinence-only strategies have not been effective. Harm reduction is a public health approach which focuses on reducing the adverse effects of illicit substance use. As frontline healthcare workers, nurses play a crucial role in the implementation of this approach. Since harm reduction prioritizes safer consumption of illicit substances over abstinence, nurses are required to adopt a non-judgemental mindset in their practice. The purpose of this infographic is to define harm reduction and illicit substance use, highlight its impact on the Canadian health care system, and identify the implications in nursing practice.

The Context and Consequences of Being Turned Away from an Emergency Domestic Violence Shelter

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Victoria Smye, RN, PhD; Western University
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Background: Shelters provide a wide range of supports for women experiencing violence yet fewer than 20% of Canadian women access these services. Many may seek help from shelters but are turned away for a variety of reasons. Little is known about the characteristics of women who are turned away; the context that shapes this experience; or the consequence for their health, well-being and safety. This study seeks to address this gap drawing on first hand accounts from women, front line workers who provide services and from administrative leaders.

Purpose: The purpose of this study is to explore, from the perspectives women and service providers, what happens when women experiencing IPV are turned away from emergency shelter services and to investigate the impacts on their health and well-being and future help-seeking patterns.

Methodology:

Phase 1: The first phase of this study involves in-depth interviews with women who have experienced intimate partner violence and attempted to access emergency shelter services at any point and have been turned away for any reason.

Phase 2: This phase will explore the experiences of shelter staff when they are faced with the reality of turning a woman away who has experienced IPV and is seeking supports/services. Specifically, there will be an attempt to understand shelter worker's experiences of turning women away, the process and impacts of their decision making, and what they see as shaping their responses.

Setting and Sample: This community-based study will take place in two different counties in Southwestern Ontario to ensure that urban and rural perspectives are captured within the data with the aim of maximizing diversity across settings. Three emergency shelters for women within the counties of Sarnia-Lambton and London-Middlesex will be recruited to participate to provide a reasonable sample to capture the diverse characteristics of shelters and provide sufficiently rich data to achieve saturation of themes.

The Use of Asynchronous Online Focus Groups as a Qualitative Data Collection Method: Literature Review and Methodological Planning Anecdotes

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The asynchronous online focus group is emerging as an effective, contemporary data collection method, yet it continues to be met with widely variable responses from researchers. Initially used to conduct market research, online focus groups have become more common in social science research in recent years. With the continual pervasion of the Internet into society, online focus groups offer a means of connecting participants and researchers electronically, thereby transcending the barriers of time and space that often pervade more traditional research methodologies. While there are inherent limitations with online focus groups, the variety of methods, advanced technology and growing evidence for standards of methodological and ethical practice can be used to achieve successful outcomes.

Asynchronous online focus groups yield the thick, rich data that is desired for qualitative inquiry. Many studies have found that this data collection method produces the same quality of data as traditional focus groups and offers additional benefits of improved access to hard-to-reach and geographically dispersed populations, and greater participant satisfaction, comfort and honesty. In today's research culture, it is challenging to contribute to a discipline's body of knowledge due to time and financial constraint, however, asynchronous online focus groups can help researchers achieve rigorous results while expending less time, labor, and cost. To capitalize on these benefits, asynchronous online focus groups will be used to conduct research involving young adults with eating disorders across Ontario. This presentation will disseminate findings of a scoping literature review and will include anecdotes from the experience of planning a dissertation study using asynchronous online focus groups as a data collection method.

Investigating Predictors of Prenatal Breastfeeding Self-Efficacy

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Debbie Kane, RN, BScN, MScN, PhD; University of Windsor

Background: While breastfeeding is considered the optimal method of infant feeding, Canadian breastfeeding rates remain below the World Health Organization recommendations. Breastfeeding self-efficacy is known to positively influence breastfeeding outcomes. While previous research has identified predictors of breastfeeding self-efficacy in the immediate post-partum period, this study was the first to identify predictors of breastfeeding self-efficacy in the prenatal period.

Purpose: The purpose of this study was to identify predictors of breastfeeding self-efficacy in the prenatal period among both primiparous and multiparous women.

Methodology: Stepwise multiple linear regression was used to identify predictors of breastfeeding self-efficacy, as measured by the breastfeeding self-efficacy scale – short form (BSES-SF).
Sample and Setting: A sample of 401 Canadian women in their third trimester of pregnancy completed an online survey.

Results: The following eight variables were found to explain 41.2% of the variance in BSES-SF scores: feeling prepared for labour and birth, number of living children, breastfeeding knowledge, trait anxiety, length of plan to exclusively breastfeed, income, plan to exclusively breastfeed and type of healthcare provider. After exploring predictors of breastfeeding self-efficacy among the primiparous women in the sample, the following six variables explained 31.6% of the variance in BSES-SF scores: feeling prepared for labour and birth, income, trait anxiety, length of plan to exclusively breastfeed, education and marital status. Among the multiparous women in the sample the following four variables explained 33.6% of the variance in BSES-SF scores: trait anxiety, length of prior exclusive breastfeeding experience, breastfeeding knowledge and plan to exclusively breastfeed.

Conclusions: Through the identification of predictors of breastfeeding self-efficacy in the prenatal period, healthcare providers can strategically target women at risk of low breastfeeding self-efficacy and intervene early to promote breastfeeding.

Redesigning the Ambulatory Care Team: Integrated Nurse-Provider Visits to Close Gaps in Care for the Medicare Population

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Background: Team-based models of care are rapidly evolving due to healthcare reforms and the need for chronic disease management and preventive care. Share the Care (STC) is one such model and consists of 1) Health screening; 2) Recommendations and orders prepared by the nurse; 3) Preparation of all Center for Medicare Services Hierarchical Condition Categories (CMS-HCC) diagnoses; and 4) A joint visit with a nurse and physician to review, address and document CMS-HCC diagnosis as appropriate. Accurately documenting and addressing chronic disease provides an opportunity for appropriate reimbursement to providers and health plans.

Purpose: The purpose of this study was to compare the STC program to the usual care at various sites.

Methods: A sample of 400 patients from an urban academic internal medicine clinic were assigned to the STC group. The STC group was compared to patients undergoing outreach call and receiving usual care at various sites. Outcomes included percent of adjusted HCC gaps closed. This is measured using number of previously identified HCC diagnoses addressed, and pre-post assessment of the Risk Adjustment Factor (RAF), which is determined by the CMS-HCC coding.

Results: 161 of 400 (40%) patients completed STC visit from September through December, 2017. In comparison to 2,836 patients who underwent outreach and usual care from a different site, 93% of adjusted HCC gaps were closed for STC patients compared to 27% under usual care. Baseline RAF score for the STC intervention patients was 1.430 and the post-intervention score was 2.041, a 79% increase.

Conclusion: A combined visit with a nurse and physician can improve patient care experience as well as increase the quality of care. Increased focus on chronic HCC disease management and prevention and accurately documenting the acuity of a patient population can generate additional revenue.

Depression in Patients Receiving Hemodialysis for End-Stage Renal Disease

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Problem: Depression is commonly associated with hemodialysis, which seriously affects quality of life. However, little is known about differences in the prevalence of depression based on the method of hemodialysis.

Purpose: To examine and compare the occurrence and psychosocial outcomes of depression in adults receiving in-center, in-home, and nocturnal hemodialysis.

Methods: Literature searches conducted in PubMed and CINAHL Complete databases from January 2012 to October 2017. Search terms included (a) epidemiology, depression AND hemodialysis (b) depression AND “intensive hemodialysis” (c) depression AND “home hemodialysis” and (d) depression AND “nocturnal hemodialysis. Inclusion criteria included: quantitative articles, published in English, adult patients, receiving one of three hemodialysis modalities. A narrative review approach was used.

Results: The combined searches resulted in 242 articles. Following removal of articles at the title/abstract level, duplicates, and not meeting inclusion criteria, a total of nine articles were included for review. Of the nine studies, one was experimental and eight were observational. Seven studies assessed depression in patients receiving in-center hemodialysis; one receiving nocturnal dialysis, and one on in-home hemodialysis. Seven of the studies were conducted in European or Asian countries. Only two were conducted in the U.S. and Canada. The quality of the studies was limited by methodological issues including small sample sizes, poor generalizability due to study region, and inconsistent methods for measuring depression. The prevalence of depression was high, ranging from 9.7-83% across all modes of dialysis. The highest rate of depression (83%) was noted in patients in in-center or hospital hemodialysis. Depression correlated significantly with decreased quality of life, increased anxiety, and perceived lack of quality in social interactions and connectedness.

Conclusions: Patients with ESRD who use in-center or hospital hemodialysis are at increased risk for depression and its negative sequelae. Little remains known about depression in patients who use in-home or nocturnal hemodialysis.

Comparison of DNA Methylation in Prostate Tumour Margins of Obese and Non-Obese Patients

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Background: Prostate cancer is the second leading cause of male cancer death in Canada impacting thousands of men and their families. Several studies have shown obesity is associated with higher grade prostate tumours and poorer outcomes. Furthermore, epigenetic modifications impact gene expression and are particularly sensitive to lifestyle. Epigenetics is the study of genetic changes that cause an alteration of gene expression but do not involve a change to the DNA sequence.

Purpose: The purpose of this study was to determine if the putative epigenetic biomarkers of prostate cancer were altered by obesity as a co-morbidity.

Methodology: The design for the study was a retrospective study to elucidate the impact of obesity on gene expression and epigenetic events in tumour (malignant) and tumour margin (benign) prostate tissue. High-quality DNA was extracted and the epigenomic profiles were determined using the Illumina Infinium DNA methylation 450K array. Average beta scores were compared to identify common differential methylation patterns between groups.

Sample and Setting: Tissue bank prostatectomy samples were obtained from four groups: non-obese/tumour margin, non-obese/tumour, obese/tumour margin, obese/tumour.

Results: There is a significant difference in methylation between tumour margins in obese patients as compared to lean patients but relatively few changes between the tumours of obese men and their respective margins.

Conclusions: The results suggest a strong methylation “field effect” in obese patients that is almost completely absent in lean patients. An enhanced understanding of the influence of obesity on prostate cancer will assist health care professionals with better precision in terms of disease stratification regarding prognosis, treatment options, and genetic counselling.

Nursing Staff Take a Leadership Role in Improving Mobility for Patients

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Optimizing patient mobility through early assessment and early mobilization interventions is known to reduce three serious complications that affect elderly patients: delirium, functional decline and falls. Mobilization has also been shown to reduce lengths of stay, decrease long term care placement and decrease rates of re-hospitalization. Poor mobility can result in deconditioning, longer lengths of stay, and overall poor patient experiences.

Using best practices, Lean/Six Sigma methodology, and project management tools, WRH developed a multidisciplinary team with the goal to improve current practice with earlier assessment and mobilization of patients. Led by a cohort of WRH employees and supported by the Standard Unit Team, the mobility bundle was introduced in medicine and surgery programs in June, 2018. Nursing staff, physiotherapists, ambulation assistants, and physicians were among the team members.

Nurses were highly engaged in the planning and roll out of this early mobilization initiative. They were passionate about educating their peers to better understand that “movement matters”. Nurses were actively involved in integrating current processes and documentation that would improve mobility opportunities, developing educational materials, educating their peers and following up to address concerns and issues.

The team is now reviewing and evaluating patient outcome metrics related to adverse events such as wounds, as well as length of stay and 7 day readmission rates. In addition, WRH is continuing to create an environment that promotes early mobilization and improved use of resources to meet patient needs and prevent deconditioning.

Understanding Compassion in Mental Health Care from the Perspectives of Culturally Diverse Patients and Families

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Compassionate care is considered a fundamental characteristic of quality care. The need for compassion in care is not new, however understanding compassion and, translating the knowledge into action, remains a challenge. Few studies have focused on patient definitions of compassion or assessed outcomes in relation to desired health outcomes. This gap is even more significant in mental health. Another major gap in the current literature on compassion is a lack of discussion of how culture influences the understanding, enactment, and expectation of compassion. There is a need for greater understanding of patient /family perspectives on compassion and explore how these are influenced by culture. While the dominant culture is Caucasian, two population groups are more prevalent in the population of people with mental illness than in the general population and need to have voice. These are indigenous people and people with African heritage. To understand the similarities and differences in the meaning and experience of compassion in care these voices must be included. The objectives of our study are:

a) Examine how compassion is experienced and understood by patients and families in a mental health context and
b) Explore if and how the understanding and experience of compassion varies across culturally diverse or racialized groups? For example, is the understanding of compassionate care from health care providers the same for an indigenous person as it is for a person of European heritage or Asian heritage or someone with a non-dominant racial or sexual identity

Interpretive Descriptive design, using stratified focus groups will seek to address the knowledge gap identified by answering the research questions. The best informants for informing the answers to these questions are the patients and their families. By improving the ways compassion is understood and experienced by patients and families can guide health care providers to personalize care delivery.

The presentation focuses on the work in progress.

Family-Witnessed Resuscitation: Should It Be Part of Our Family-Centered Approach?

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Background: Most acute-care organizations are proud to indicate that they practice family-centered care. Great strides have been made in this regard as evidenced 'family birthing suites' in obstetrics, and well-equipped palliative care rooms to support families and patients at end-of-life. Including family members at the center of care is based on the understanding that any event affecting one person, impacts each member of the family in some way. Family centered care is not as clearly supported, however, when a patient experiences a sudden event, such as a cardiac arrest. Typically, the patient's family members are gathered in a family waiting room, peeking toward the patient's room, where a steady stream of health care workers is scurrying in and out.

Including a family member at the bedside of a patient during cardiopulmonary resuscitation in the Emergency Department has been well documented in research literature since the early 1990s. Systematic reviews pertaining to this practice focus predominantly on the perceptions of medical and nursing staff. Little evidence is available which describes how family presence during resuscitation of admitted patients is viewed by their family members. A systematic review will be conducted to address the following question: "What is the experience of family members who are present during the resuscitation of a loved one, in adult, inpatient general practice units?" The review will include nursing research literature from the last five years.

Purpose: Results of the review will support organizations in determining whether family witnessed resuscitation should be included as part of their mandate for family-centered care. The findings will also inform nurses about how they can support families through this crisis.

Methodology: A systematic review, using the methodology of the Joanna Briggs Institute, is being used to examine nursing research literature from the last five years from around the globe.

Exploring Unmet Healthcare Needs, Healthcare Access, And the Use of Complementary and Alternative Medicine by Chronic Pain Sufferers – An Analysis of the National Population Health Survey

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Background: Chronic pain is a common phenomenon estimated to affect 1 in 5 Canadian adults, resulting in significant disability and a large financial and operational burden on the health care system. It is a complex and multifactorial phenomenon that despite research efforts remains poorly understood. Consequently, the focus of chronic pain treatment targets the *management* of pain to improve quality of life rather than a curative approach. As a result, more chronic pain sufferers are turning to Complementary and Alternative Medicine (CAM) to manage their pain, the use of which has increased significantly. Literature suggests unmet healthcare needs (UHN) can motivate CAM use, directly related to the concept of healthcare access (HA). To the researcher's knowledge, the relationship between CAM use, UHN and HA has not yet been studied within the context of Canadians with chronic pain.

Purpose: The purpose of this study was to explore the relationship between HA, UHN, and CAM use in adults with chronic pain.

Methods and Sample: A secondary analysis of data from Cycle 9 of the National Population Health Survey was conducted. The Behavioural Model of Health Services Utilization was used as a theoretical lens to conduct a binary logistic regression analysis and related descriptive statistics of the sample.

Results: When controlling for demographics and health status indicators, the presence of UHN was found to predict CAM use ($p < 0.001$). HA was not statistically significant in the model. Other statistically significant predictors of CAM use in adults with chronic pain were sex, education, income, employment, and restriction of activities.

Conclusions: This study indicates that people may be engaging in CAM due to shortcomings of the conventional health care system, with implications for policymakers and healthcare professions to develop strategies to improve chronic pain management. These findings also support the necessity of more research supporting safe and effective CAM practices.