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Filipino Gay and Bisexual Men Talk About Health, Well-Being and Living in New Zealand

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Migrant and ethnic minority gay and bisexual men (GBM) experience poorer health outcomes than men in general, including for HIV acquisition. In New Zealand (NZ), HIV diagnoses for Asian GBM have doubled every 5 years since 2005 and currently account for one quarter of HIV diagnoses among GBM. Currently, people from the Philippines are the fastest growing Asian migrant group. As no existing research has addressed the health and well-being of NZ-based Filipino GBM, a qualitative interview study utilizing thematic analysis was undertaken with 21 men to explore how they experienced their lives and the implications of this for HIV health promotion. The research found navigating a new life was viewed as not particularly difficult. The men had an established sexual identity before moving to NZ and mostly drew on “Western discourses of sexuality” to describe this. While the men often reported being close to family, discussion about sexuality with family was typically very limited reflecting traditional values and expectations. Many men reported no knowledge on how to access HIV testing and had very little knowledge about pre-exposure prophylaxis. Although most reported little discrimination in general life, a number reported difficulties in dating/approaching other

men; however episodes of rejection were typically understood not as discrimination but as men just expressing “a preference.” These findings identify a number of social conditions and norms that influence Filipino GBM’s health and well-being, and rather than just relying on individual resiliency to overcome these, additional broader health promotion and public health responses are required.

Understanding the Impact of Illness, Injury, and Death on Firefighter Well-Being

Jeffery Adams, *Massey University*

Lanuola Asiasiga, *Massey University*

In 2013, Fire and Emergency New Zealand reached agreement with the country’s ambulance services to attend all life-threatening cardiac/respiratory emergencies (“purple” calls), as coresponders. The intent is for emergency agencies to make best use of their joint resources for the benefit of patients through the provision of an effective, rapid response. As there is no documented information on the psychological impact of these types of incidents on New Zealand firefighters, a qualitative study (individual telephone interviews) was undertaken with 54 firefighters and explored their experiences of traumatic call outs and use of support services. Data were analyzed using realist thematic analysis, which focused on meaning at the semantic level and extended to explore the significance of patterns of meaning and their implications. The key findings of the research are that nonfire incidents such as medical calls and motor vehicle accidents largely had



negative impacts on them and their families; however, some positive impacts were reported. Being perceived as “the good guys” who help and support the community affects firefighters attending purple calls where both the community and firefighters may have unrealistic expectations of a good outcome. A number of firefighters reported knowing the likelihood of a poor result contributes to anxiety about their performance and self-doubt (feeling they have not done enough to help or they could have done better). The impacts on personal and family life were typically regarded as negative. The presentation will identify a number of key actions that would support the well-being of firefighters.

Application of Qualitative Reporting Guidelines in Pharmacy Practice Research

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Qualitative approaches are valuable in understanding behaviours and processes that underpin medication use and pharmacy care. Given their utility, it is not surprising that the number of pharmacy researchers publishing qualitative work has grown. The study objective was to evaluate the quality of reporting in a collection of qualitative pharmacy research articles using current reporting criteria. A systematic literature search was conducted using Ovid MEDLINE to identify original peer-reviewed pharmacy articles employing qualitative research and published from January 2017 to December 2017 in English. We screened 81 titles and abstracts and excluded review papers or studies that used quantitative or mixed methods. Of 36 relevant articles, we randomly selected 12 articles for full-text appraisal using two common reporting guidelines (Standards for Reporting Qualitative Research [SRQR] and Consolidated Criteria for Reporting Qualitative Research [COREQ]) and two additional criteria from literature—theoretical visibility and use of categories versus themes. Most studies provided sufficient information on the research questions, data collection methods, and empirical data. Over three quarters of studies lacked information on the researchers’ reflexivity, research paradigm, and strategies for ensuring trustworthiness and visibility of relevant theory. There was also predominance of descriptive rather than interpretive data analysis. The results suggest the use of reporting standards embedded in broader principles of qualitative research could strengthen the rigor of qualitative studies. Reporting checklists are not quick fixes for conducting systematic qualitative research but serve as a starting point to improve the transparency of the rationale, assumptions, and decisions made in a study. For pharmacy practice research in particular, the thoughtful application of both theory and thematic analysis may place findings in the context of the broader literature.

Brave Interviews: Ethical Decision-Making: Experiences of Registered Nurses (RNs) in Acute Care Settings in Northern Ontario

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Registered nurses (RNs) working in acute care settings must frequently make ethical decisions. They are expected to use ethical principles, professional values, codes of conduct, and standards of nursing practice to guide their work. Unfortunately, clinical ethical issues cannot always be resolved solely by following the “rules.” They are often not given the time or the space to talk about these judgement calls. In fact, they may put themselves at risk by talking. Guided by an interpretive descriptive approach (Thorne, 1997, 1999), this exploratory study takes a closer look at RNs experiences of ethical issues and decision-making in their daily practice in Northern Ontario. Data were collected using in-depth, individual, semi-structured interviews with 8 nurses who bravely shared their stories. The findings highlight the unique ethical challenges and difficulties in decision-making for nurses working in these communities. For example, living and working in a small community can make it difficult for nurses to separate their personal and professional roles when caring for patients. A variety of factors were shown to contribute to a nurse’s ability to distinguish and address complex ethical situations including, organizational factors, lack of resources and supports, and personal factors such as individual nurse’s experiences, age, years of experiences, and finally ethics education. This study is the first to identify key themes for ethical issues that are specific to nurses in Northern Ontario. This research will inform educational programming and preparation of prospective nurses working in these areas.

Reconceptualizing Preceptorship in Clinical Nursing Education in Ghana

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Linda Ogilvie, *University of Alberta*

Sylvia Barton, *University of Northern British Columbia*

Clinical teaching in nursing education is a worldwide challenge that needs to be context-specific in relation to health needs, nursing roles, and availability of human, fiscal, and clinical resources. Various clinical education models have been tried and all of them have strengths and weaknesses. A four-cycle community-based participatory action research study was initiated in a school of nursing in Ghana in 2016 to examine current issues in clinical nursing education and envision possibilities for improvement in collaboration with stakeholders. Analysis of challenges identified in Cycle 1 was followed by Cycles 2 and 3 to gather more in-depth understanding of the issues raised and come to agreement on the way forward. There

was consensus at the end of Cycle 3 to keep preceptorship as one of the two primary clinical education models with agreement that reconceptualization of what preceptorship means and how it should be enhanced in the Ghanaian context is needed. This presentation will include the rationale for reconceptualizing preceptorship, changing role expectations, planning for success, and challenges of clinical teaching in a resource-constrained context. The article outlines the way forward for reconceptualization of preceptorship in Ghana in relation to (a) well-planned clinical experiences with clear and relevant objectives, (b) preceptor preparation and responsibilities, (c) clinical agency responsibilities, (d) clinical faculty member responsibilities, (e) student preparation and responsibilities, (f) evaluation,; (g) preceptor appreciation, and (h) collaboration between academia and clinical agencies for effective clinical teaching and learning.

What Is the Value of Program Evaluation for Program Managers? A Thematic Analysis

Artem Assoiants, *University of Calgary*

Clare Hickie, *University of Calgary*

Sharon Cairns, *University of Calgary*

As governments and health-care systems increasingly place emphasis on transparency and accountability, program managers (PMs) are becoming more reliant on program evaluation (PE). But what do PMs value in PE? To answer this question, we conducted 20 interviews or focus groups with PMs in a large university in Western Canada. We transcribed the interviews and focus groups and used the transcriptions as data. Having engaged in member checks throughout the study, we analyzed the data using thematic analysis. We created four preliminary themes for participants' value of PE: Including participant voices, program coordinators' needs, program knowledge and action, and communication and dissemination. The implication of this study is that PE is not solely a top-down organizational requirement but is also valuable for PMs. With education, training, and support for enacting PE, PMs can become better equipped to design, execute, and refine their programming.

Let's Talk, But Not About That: Parents' Navigations of Sharing About Parental Depression

Christine Babineau, *University of Saskatchewan*

Linda McMullen, *University of Saskatchewan*

Whether and how we talk about mental distress has been a focus of prominent public-health efforts designed to decrease the stigmatizing of mental illness (e.g., Bell's "Let's Talk" campaign). In the context of parental depression, researchers have oriented to exploring the risks that such depression can pose for offspring. However, this discursive preoccupation

with children's vulnerability could work against public health efforts to promote open discussion of parental depression. Given the public focus on increasing discussion about mental distress, we explored parents' (who experienced depression during parenthood) talk about how parental depression and its possible effects on offspring is constructed in publicly accessible texts. To do so, we conducted interviews (two per participant) with 12 parents (4 fathers and 8 mothers) who experienced depression during parenthood. In each interview, parents read and responded to one to two children's books with explicit themes of parental depression. We employed a functional approach to discourse analysis, focusing on how parents used language to structure their responses. Parents variably constructed sharing related to mental distress as valuable but also risky and needing caution. This demonstration of careful navigation of sharing, we contend, indicates how antistigma talk might be differently accessible to certain populations, such as parents, in a way that highlights their contextually relevant social positioning (e.g., as mental illness experiencer, as parent). We discuss the relevance of our analysis for public health efforts such as antistigma campaigns.

Floorboards, Whitewalls, and Butterflies: Autoethnography of the Dragon Cafe

Josephine NwaAmaka Bardi, *University of Nottingham*

Paul Crawford, *University of Nottingham*

Stephen Timmons, *University of Nottingham*

Nicola Wright, *University of Nottingham*

Background: Ethnography is a qualitative research method that dates back to when the eighteenth- and nineteenth-century cultural anthropologist sought to understand the culture of both familiar and unfamiliar settings, using observations of the place, people, and activities alongside interviews to elicit participants' point of views. Some modernist views of ethnography require the ethnographer to adopt a formal and almost rigid process through the use of existing methodologies that have been documented by authors in the relevant literature. However, ethnographic research as a methodology is a blurred field that is characterized by varied experiences as reported by researchers. One method for reporting the researcher's experiences, thoughts, and emotions during ethnographic fieldwork is autoethnography. Autoethnography allows the researcher to comprehensively reflect and narrate their external experiences and their internal feelings about those experiences while trying to understand a phenomenon in a natural setting. **Aims:** To reflexively narrate a personal experience of conducting an ethnographic observation in a community mental health café. **Methods:** Ethnographic observation of a single site community mental health café in London from October 2017 to April 2018. The researcher recorded their personal experiences during the fieldwork as reflexive autoethnography, which represent their initial views about the research setting and their confusion in

trying to understand the supposed familiar, but now unfamiliar space, relate with attendees and understand how participants interact in the space. Also, the researcher played different roles during the stages of embeddedness, adapted existing methods, and adopted flexible methods for data collection and recruitment of participants. **Conclusion:** This autoethnography study highlights the need for researchers to be reflexive as they embed themselves in a research setting, so that they are more conscious of how their presence impacts on the research setting and participants and how this impacts on their feelings, thoughts, and understanding of the phenomenon. Playing different roles enabled the observation and detailed field notes about various aspects of the study setting through different lenses. Findings also suggest that flexibility is necessary during ethnographic research through the adaptation and adoption of research methods that suit different settings. Such findings call for more documentation of autoethnographic studies to provide a diverse range of researchers reflexive experiences of fieldwork rather than rigid methods that might limit the authentic experience of the novice ethnographer. **Relevance:** Autoethnography is underexplored for understanding what happens in community mental health cafés.

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Intersectionality-Based Critical Policy Analysis of the National Housing Strategy: Implications for Immigrants, Refugees, and Newcomers to Canada

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Sarah Stahlke, *University of Alberta*

Housing security and homelessness are pressing concerns in Canada with broad, concrete implications in the lives of people. In particular, the precariousness of housing security among immigrants, refugees, and newcomers is magnified for a variety of reasons including immigration status, access to social services, employment security, and discrimination. To examine this issue, my research uses an intersectionality-based critical policy analysis to explore the National Housing Strategy released by the federal government in fall 2017. The purpose of this research is to further our understanding of how these individuals and circumstances are addressed in federal policies such as the National Housing Strategy. Further, by using an intersectional theoretical perspective, my research reflects the intricacy of complex competing social categories and how these categories influence a person's identity and well-being and seeks to challenge and critique assumptions and discourses within the document. This research contributes to the future landscape of qualitative inquiry. First, it makes a substantive

contribution by bringing in the “voice” or perspective of those that have been silenced or excluded from policy discussions about homelessness, thereby tapping into the emancipatory power of qualitative research. Second, it makes a methodological contribution in foundation and form by advancing a critical, intersectional viewpoint in policy analysis. Both of these will secure meaningful change in tomorrow's world.

Working With Language Interpreters in Qualitative Global Health Research: Reconciling Epistemological Positioning With Practical Realities

Nicole Bergen, *University of Ottawa*

Qualitative health researchers increasingly engage with populations with whom they do not share a common language and call upon language interpreters to bridge this gap. This study compares how two researchers approached working with interpreters in cross-language qualitative research, addressing: How do qualitative cross-language researchers come to understand and pursue their preferred approaches to working with language interpreters? The first researcher, “Rita,” has been working with interpreters in health research for more than 25 years. Through a semistructured interview, e-mail exchanges, and a review of publications, I became familiar with her varied experiences and her evolving perspectives/positioning. I (the second researcher) applied these learnings in my subsequent cross-language research in Ethiopia, detailed through field notes. Both researchers viewed language interpreters as cocreators of knowledge and preferred an approach of higher interpreter autonomy and inclusion; budget, time, and seniority were barriers to realizing this approach, especially at early-career stages. Rita overcame these barriers at a later career stage, designing a research study where interpreters had a high autonomy role and had an ongoing relationship with the researcher across various stages of the research. In my research in Ethiopia, I navigated budget and resource constraints by conducting exit interviews to increase the interpreter visibility in the research. This allowed me to capture their impressions and reflections, providing additional context for analysis and reporting of the research findings. Ongoing reflexive contemplation was a key strategy for both researchers to navigate the practical realities of working with interpreters.

Dietary Supplements: Vital Matter in Self-Care

Susan Bidwell, *University of Otago Christchurch*

This study examined qualitative data from 36 in-depth interviews with enthusiastic users of self-chosen dietary supplements for their health. A unexpected feature of the interviews was the importance the participants appeared to ascribe to the material presence of their containers of substances. They arranged them for me to inspect, giving lively explanations about the prices, brands, and where they sourced them, showed me pamphlets and

opened up websites. Their obvious pride and confidence in the materiality of their supplement regime suggested that these non-human “things” were invested with a power of their own, quite apart from their biological effects. This initial focus by many on the products themselves, rather than the health effects I had expected, could not be dismissed as insignificant and coincidental. It led me to examine the data through the lens of the new materialisms, particularly in light of Jane Bennett’s writing on vibrant matter. The analysis showed that most participants had turned to supplements when a health condition became a barrier to their expected future, threatening to undermine their activities and identity. The nonhuman actants had become deeply embedded in participants’ lives through their networks of random connections and had subsequently become enmeshed in generating a wide range of physical, psychological, spiritual, social, economic, and technological experiences and effects—human and nonhuman, discourse and matter in a dynamic and evolving assemblage. This article will demonstrate that the messiness of interactions between people and things must take the vitality of the nonhuman as well as discourse into consideration.

Interview Pointers for the Expert Clinician transitioning to Novice Researcher During the Data Collection Phase

Julie Blamires, Auckland University of Technology

Annette Dickinson, Auckland University of Technology

Transitioning from clinician to researcher comes with some challenges. This presentation will share some of the lessons learned as an expert clinician transitioning to novice researcher when undertaking a doctoral study. The aim of the study is to understand how young people with bronchiectasis describe their everyday life experience. Fifteen semistructured interviews with 15 young people between the ages of 12 and 24 have been undertaken. The presentation will explore the differences between interviewing young people in a clinical context and interviewing them for the purpose of research. It will explore the tension of familiarity with the clinical field and the influence of preunderstanding on how the interview is conducted. Using examples from my experience as doctoral student and review of the literature, I will put forward three key pointers for the novice researcher making this transition. This includes acknowledging the tension, reviewing and reflecting on the transcripts with an expert researcher, and continuous self-critique.

Applying Decolonizing Methodologies in a Study of Hidden Homelessness Among Older Canadian Women of Diverse Cultural Backgrounds

Annie Boucher, Laurentian University, Sudbury Ontario

Little is known about hidden homelessness among older Canadian women who are a diverse population, most likely to be

overrepresented by Indigenous women. Seldom are studies of older homeless women guided by decolonizing methodologies. The purpose of this study was to understand and give voice to the experiences and meanings of home, being homeless, health, life challenges and strengths within the life stories of older Canadian women living in hidden homelessness in an urban, northern place and to uncover the intersections of age, gender, and place within their experiences. A compound theoretical lens of Post-Colonial Feminism, Intersectionality, and Two-Eyed Seeing guided the study and supported the application of the narrative inquiry and storytelling approach of Clandinin and Connelly (2000). The presentation focuses on describing why this complex lens was needed and how it was applied.

“You Have to Reinvent Yourself”: Experiences of Seriously Injured People Returning to Work 3–5 Years After Injury

Sandra Braaf, Monash University

Belinda Gabbe, Monash University

Alex Collie, Monash University

Work is beneficial for health and well-being. Employment supports social, physical, and psychological health, as well as financial security. Following serious injury, return to work (RTW) is an indicator of functional recovery and can be part of the recovery process as it promotes community reintegration, adjustment, independence, improved quality of life, and better mental health. This qualitative study, nested within a population-based longitudinal cohort study, involved 114 seriously injured adults: 66 people with severe traumatic injuries but no serious neurotrauma, 25 people with a severe traumatic brain injury, and 23 people with a spinal cord injury. The patient or a relative was interviewed at 3-, 4-, and 5-year postinjury. Participants were recruited from the Victorian State Trauma Registry using purposive sampling. All interviews were audio recorded and transcribed, and thematic analysis was performed. While a small number of people stated there was no impact from their injuries, many reported changing their work hours, work role, job, and occupation postinjury. Some people remained unemployed 5 years after injury despite actively seeking work and assistance from employment agencies. Barriers to RTW included issues with physically performing work, coping with workloads, and unproductive interactions with bureaucratic organisations. Successful RTW occurred when injured people were assisted to plan a career pathway and find work that was meaningful to them. Many injured people found their own work through social networks, which often resulted in sustainable and flexible work arrangements. The results highlight the need for a more personalised approach in assisting seriously injured people to RTW.

Using Longitudinal Qualitative Data to Revise the List of All Deficits (LOAD) Injury Framework

Sandra Braaf, *Monash University*

Belinda Gabbe, *Monash University*

Ronan Lyons, *Swansea University*

As a major global public health issue, it is important to comprehensively capture the extent and burden of traumatic injury. The List of All Deficits (LOAD) framework was originally developed using expert consensus and available quantitative injury outcomes literature, to capture the multidimensional nature of injury burden. While the utility of the LOAD framework has been acknowledged, it has been criticized for omitting a number of impacts of injury. The aim of this study was to use qualitative interviews of injured patients to review and revise the LOAD framework. Qualitative data from the REcovery after Serious Trauma—Outcomes, Resources use and patient Experiences (RESTORE) study were used. RESTORE is a population-based longitudinal cohort study, with a nested longitudinal qualitative component that aims to explore patient outcomes and experiences in the first 5 years after traumatic injury. Interviews were conducted with 157 people at 3, 4, and 5 years after injury. Data were thematically analyzed, and patient experiences were mapped against the LOAD framework to inform the revision. The use of longitudinal qualitative data has confirmed that the major injury consequences are borne by the individual, their social network, and society. The domains of the framework have been expanded, identifying new injury consequences (e.g., impacts on education and social activity, new labour demands, and transport and housing impacts) to restructure and comprehensively catalogue injury burden. The revised LOAD framework can be used to inform priorities for service provision, develop policy, and guide appropriate interventions to reduce the burden of injury.

Expanding the Data of Psychological Health Research: An Exploration of Memorial Tattoos to Understand Adaptation to Loss

Jennifer Buckle, *Memorial University*

Sonya Corbin Dwyer, *Memorial University*

Conceptualizations of health are evolving to accommodate the preservation of complexity and diversity, with the benefits of a more individualized and inclusive approach increasingly documented. More specifically, the indicators or evidence of psychological health are also evolving and expanding. An illustration of this will be presented through our study of memorial tattoos, which are tattoos people get after the death of a loved one. The purpose of the study was to explore the role of memorial tattoos as an active response to loss and a visual representation of the grief process. The 22 participants

completed one-to-one in-depth interviews about their memorial tattoos and had their tattoos photographed. There was great variation in the grief experience across individuals, as reflected in the memorial tattoo interviews and images. The core theme from the analysis was the embodiment of meaning, which underscores the notion of memorial tattoos as visual representations of the important meaning-making process in grief. The results of this study build on previous findings that the greater meaning made after loss the less self-reported distress. This exploration of memorial tattoos provided a visual entryway into the psychological process of grief, revealing the strategies employed to facilitate adaptation to loss. The results of this study highlight the importance of considering unique, nontraditional data in psychological health research and encourage attention to wider modalities and definitions of evidence of health in qualitative research.

Narrating Family Life Online: A Narrative Analysis of Parents' Stories About Childhood Cancer

Meridith Burles, *University of Saskatchewan*

Jill Bally, *University of Saskatchewan*

Aliya Abbasi, *University of Saskatchewan*

The diagnosis of cancer in a child and ensuing treatment brings about immense disruptions to everyday life for the entire family. Namely, families often experience various emotional and practical challenges as they navigate an unfamiliar health-care system, illness-related issues, new routines, and an uncertain future. While such circumstances are difficult, some parents discover outlets for sharing their feelings and experiences, along with ways of finding meaning amidst the uncertainty. In particular, use of the Internet by parents to communicate about family life with childhood cancer and to garner and share support has become increasingly common. Thus, much can be learned about how parents and families seek to understand traumatic experiences arising from childhood cancer via analysis of their unsolicited online communications. In this presentation, we will describe a narrative study of Canadian parents' blogs and personal stories shared via organizational Web pages about family life when a child is diagnosed with and treated for cancer. The aim of the research was to explore parents' use of the Internet for communication and support purposes, and the meanings assigned to their experiences in online narratives. Our analysis focused on publicly available narratives and sought to identify common experiences, narrative structures, and linguistic resources across the data set. Findings emerging from the analysis will be presented and discussed relative to what they reveal about the meaning-making process for parents of children with cancer. In addition, implications for health and supportive care and future research will be identified.

Spinal Cord Injury and Medication Management: A Descriptive Qualitative Study Exploring the Experiences of Community-Dwelling Adults in Ontario

Lauren Cadel, *University of Toronto*

Sara Guilcher, *University of Toronto*

A spinal cord injury (SCI) is a devastating and life-altering event. Individuals with SCI frequently experience a high prevalence of secondary complications and multimorbidity, which are often treated with multiple prescription and nonprescription medications (also known as polypharmacy). Polypharmacy can be linked to a variety of negative health outcomes, highlighting the importance of optimal medication management. However, there is currently a lack of research on experiences with medication management and SCI. Using a social constructivist approach, the aim of this descriptive qualitative study is to explore the attitudes, beliefs, and experiences of persons with SCI pertaining to prescription and nonprescription medication management. Participants were included if they met the following criteria: adults (18+ years of age), at least 1-year postinjury, reside in Ontario, and English speaking and cognitively able to give consent. Participants were recruited through local organizations and snowball sampling. Sixteen individual in-depth semistructured interviews were conducted over the telephone. Interviews were conducted until thematic saturation was reached. Each interview was audio recorded, transcribed verbatim, and analyzed using inductive thematic analysis. Preliminary themes include identity—the role of medications in self-identification; medication profile; empowerment—playing a role in medication deprescribing; fear of disrupting one’s norm; weighing the benefit—effectiveness versus side effects; and strategies for managing medications. Ultimately, by exploring the attitudes, beliefs and experiences of adults with SCI, we can identify approaches to optimize medication management, which can improve both quality of care and quality of life for this population.

Barriers and Enablers to Implementation of the Children’s Hospital Early Warning Score on a Pediatric Inpatient Unit

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Lauren MacEachern, *IWK Health Centre*

Laura Foley, *IWK Health Centre*

Early warning scores are used to identify patients at risk of critical deterioration and trigger clinicians to intervene and improve outcomes in these patients. The Children’s Hospital Early Warning Score (CHEWS) system provides a standardized nursing assessment to identify hospitalized pediatric patients at risk of critical deterioration. In this study, we identified barriers and enablers to implementation of CHEWS into nursing practice on a pediatric inpatient unit at a tertiary hospital in Nova Scotia,

Canada. We used a qualitative descriptive design to conduct semistructured interviews and focus groups with nurses and respiratory therapists. The semistructured guides were developed using the Theoretical Domains Framework. Data were analyzed using a directed content analysis approach, followed by inductive thematic analysis. We conducted eight interviews with nurses and two focus groups with respiratory therapists, identifying nine barriers and enablers to CHEWS implementation. Barriers included environmental context of the care unit, diverse patient populations with different baseline conditions, and physician interaction. Enablers included enhanced confidence in nursing judgment, improved communication with the interdisciplinary team, and enhanced patient safety. Key linkages between the perceived effect of CHEWS on nurses’ clinical judgment and their motivation for improved patient care were found to influence the implementation of CHEWS. We will use these findings to design an implementation strategy to overcome the barriers and enhance the enablers to use of CHEWS in nursing practice. Ultimately, this will lead to earlier activation of resources for patients at risk for critical deterioration.

“Silences” in African American Elders’ Psychological–Social–Spiritual Illness Experiences

Heather Coats, *University of Colorado*

Janice D. Crist, *The University of Arizona*

Kathleen O’Connor, *University of Texas, El Paso*

Intersubjectivity within research designed to evaluate experiences of illness from the perspective of African American (AA) elders fits into the “individual” level of influence of the National Minority Health and Health Disparities Research Framework. At this level of influence, the researcher sought to incorporate more than biological vulnerability and mechanisms of illness. Instead, the study focused on the psycho-social-spiritual domains of the AA elder’s coping strategies, personal environment, cultural identity based on their experiences of illness. The study was a narrative analysis on psycho-social-spiritual healing/suffering in seriously ill AA elders. For this study, the etic primary investigator specifically asked participants about suffering and the word “suffering” was on the recruitment/consent documents. However, none of the voices of the AA elders’ experiences in this study mentioned “suffering.” Instead, the AA elders spoke of “strength” built on prior nonillness experiences across their lifetime. In these silences of suffering from illness experiences, the investigator should evaluate the omissions, to further investigate with the co-collaborators (i.e., the research participants), to find the meanings of the silences. This approach to narrative analysis will provide a more thorough understanding of both “what is said” and “what is not said,” which can lead toward a better understanding of the meaning of suffering for AA elders living with serious illness. Qualitative health researchers can add to improved understandings of health-care needs and barriers for minorities, from

their voice—a voice that is sometimes silent—yet a very important voice to impact the ability to achieve patient-centered care.

Intersubjectivity: Giving Voice to the Silence: Interpersonal and Community Levels of Influence in Latino Caregiving Families

Janice D. Crist, *The University of Arizona*

Heather Coats, *University of Colorado*

Kathleen O'Connor, *University of Texas at El Paso*

Our community-based participatory research is designed to eliminate Mexican American health-care use disparities. This research fits into the National Institute on Minority Health and Health Disparities (NIMHD) Research Framework, specifically, within the “Interpersonal” and “Community” Levels of Influence. As an etic (Anglo) researcher, the first author formed the Elder and Caregiver Assistance and Support Access (ENCASA) Community Advisory Council in August 2000, recruiting members using snowballing technique. Through these many years of community-based research, ENCASA has advised us on two federally funded and several intramurally funded research studies at the design, measurement, recruitment, analysis, and dissemination levels. Methodological and data analysis successes, lessons learned, and implications for using intersubjective approaches to giving voice to the silence will be described. For example, through ENCASA’s influence, local neighborhood associations promote our research projects, assist with conducting focus group discussions, and recruit research participants. In this presentation, we will demonstrate how trust and transparency continue to evolve applying the NIMHD framework. Examples of important phenomena that need exposure through research, but that need to be approached with respect for choosing silence, have included discrimination and stereotyping. These phenomena can be situated in both daily micro-aggressions but also embedded in research approaches. A myriad of innovative recommendations learned from our community partners over 18 years of research will be illustrated.

Connecting With Adolescent Mothers: Perspectives of Hospital-Based Perinatal Nurses

Ashley Desrosiers, *University of Ottawa*

Wendy Peterson, *University of Ottawa*

Barbara Davies, *University of Ottawa*

Judy Rashotte, *University of Ottawa & Children’s Hospital of Eastern Ontario*

In Canada, 3% (11,723) of newborns are born to adolescent mothers (AMs) yearly, and there is evidence that AMs are more likely to be dissatisfied with their nursing care. The purpose of

this study was to explore AM-friendly care from the perspective of hospital-based intrapartum, postpartum, and neonatal nurses who were identified as expert in their practice with AMs. A case study using mixed methods was conducted. This presentation will focus on our use of Thorne’s interpretive description approach to determine individual nursing behaviours and organizational characteristics of adolescent-friendly care in inpatient perinatal settings and how perinatal nurses adapt their practice when caring for AMs. Interviews were conducted with 27 nurses who were asked to describe how they adapted their care for AMs, how they learned to provide adolescent-friendly care, and the facilitators and barriers to providing adolescent-friendly care. Nurses described ensuring that all mothers have a positive experience and are capable of caring for their newborn by discharge. They described the importance of providing care based on individual mothers’ needs and not age. They identified nonjudgmental and respectful care as essential components in forming therapeutic relationships with AMs. Although nurses identified challenges in caring for AMs such as individual development and lifestyle of some youth, they described strategies that enable them to connect with these mothers. This research contributes to our understanding of how hospital-based perinatal nurses can engage with, and best support AMs. Implications for nursing practice and education will be discussed.

Undergraduate Paramedic Student Experiences Working in Snow Resort Medical Clinics: A Nontraditional Multidisciplinary Clinical Placement Model

Scott Devenish, *Queensland University of Technology*

Glenn McKay, *Medical Rescue Alpine Medical Services*

David Long, *Queensland University of Technology*

Peter Horrocks, *Queensland University of Technology*

This study examines the experiences of undergraduate paramedic students completing clinical placements in multidisciplinary snow resort medical clinics, where supervision is provided by health professionals other than a paramedic. The study used qualitative methods to investigate the experiences of participants ($n = 6$) working in a nontraditional placement environment. The study received ethical approval, and students signed consent forms prior to participating in semistructured face-to-face interviews, which were digitally recorded for transcription purposes. Data were analyzed using holistic and focused coding. Results were divided into three main categories. The pre-placement phase identified reasons why students volunteered for the placement. The intraplacement phase explored the experiences of participants as they assimilated into the clinic environment. Participants reflected on their experiences during the postplacement phase. As it was a new placement, student capabilities were not initially known by clinic staff. Nevertheless, the workplace culture was inclusive and supportive.

Although working in medical clinics differed to traditional ambulance placements, many of the clinical skills performed were similar. Despite the placement purportedly being expensive, participants viewed it as an investment in their future careers. Benefits of the placement included improved maturity levels, acquisition of professional networks, an understanding of multidisciplinary practice, and an exposure to clinical skills not normally practiced on traditional ambulance placements. This multidisciplinary clinical placement appears to be a valid alternative to traditional ambulance placements, which are approaching capacity. However, this model cannot replace all mainstream placements due to limited spaces being available, the costs involved, and the seasonal occurrence of snow sports.

Dietetic Diversity: Photo to Practice

Gurneet Dhami, *Mount Saint Vincent University*

This Pecha Kucha will examine the role of diversity in dietetic practice through the examination of photovoice from professionally produced materials. The images featured on the association website and social media feeds showcases the dietitian image through a controlled lens. The compilation of images frames dominant ideologies and perceptions of a dietetic professionals' identity. The power of visual representations transcends into communication between patients/clients and their perception of who dietitians are and their role. Therefore, representation of individuals from diverse groups (i.e., racial, ethnic, and indigenous identities) is crucial in depicting the connection between the dietetic profession and general population. However, the representation must extend beyond photos and into professional practice, where equity and inclusion are essential in creating a unified workforce. From a critical social theory perspective, the depictions will be analyzed in terms of accurately construing the social realities of diversity. Critiquing the visuals will give voice to underrepresented groups to promote nutrition in bettering public health and dietetic professional relations.

Dancing in a Culture of Disordered Eating: A Feminist Poststructural Analysis of Young Girls' Experiences in the World of Dance

Nicole Doria, *Dalhousie University*

Matthew Numer, *Dalhousie University*

Eating disorders are a public health issue in Canada where between 725,800 and 1,088,700 Canadians currently meet the diagnostic criteria for a clinical eating disorder. Of particular concern are female athletes that participate in aesthetic sports, such as dance, as they are a high-risk group for developing clinical eating disorders. The purpose of this study was to explore the experiences of female dancers in the world of dance and examine how these experiences shaped their relationship with food and body; feminist poststructuralist discourse

analysis was employed to critically explore this relationship. One-on-one semistructured interviews were conducted across Canada with 12 female dancers (14–18 years of age) to better understand how the dominant discourses in the world of dance constitute the beliefs, values, and practices about food and body. Environment, parents, coaches, and peers emerged as the largest influencers in shaping the young dancers' relationship with food and body. These influencers were found to generate and perpetuate food and body discourses that reinforce the ideal dancer's body, negative body image, and dieting. Dancers are often unable to resist dominant food and body discourse and consequently their relationship with food and body suffers. Implementing prevention efforts targeted at strengthening relationship with food and body is critical to reducing eating disorders and eating disorder behaviours in female dancers. For substantive change to occur, however, the world of dance needs to focus on generating a cultural shift that disrupts the dominant food and body discourse and the problematic everyday practices of young female dancers.

Exploring Cancer Survivors' Experiences Returning to Work Through Longitudinal Interviews: Examining the Method

Emily Drake, *Dalhousie University*

Robin Urquhart, *Dalhousie University*

Due to an increase in cancer incidence and improvements in early detection and treatments, the number of long-term survivors of cancer is growing. Many want to return to work (RTW) after primary treatment but report challenges in the process. Underpinned by the principles of phenomenological inquiry, a prospective, longitudinal method was employed to explore cancer survivors' RTW after their primary treatment. The purpose was to understand their needs and experiences over their RTW process. Three interviews were conducted per survivor at the end of primary treatment, 3 months after the first interview, and 6 months after the second interview. Thematic analysis was used to analyze the data. The aim of this article is to describe the utility and challenges of using longitudinal interviews to explore individuals' experiences with a phenomenon (RTW) as it unfolds. Thirty-eight interviews were conducted with 13 survivors. One survivor did not complete their third interview. The longitudinal method allowed us to capture survivors' RTW experiences, which changed over the duration of the study (e.g., coworkers becoming less supportive over time) and the obstacles they faced at different time points in their RTW (e.g., waiting for accommodations). Use of longitudinal interviews is possible with the long-term cancer survivor population and can provide a rich look at the phenomenon under investigation. This method allowed us to better understand the RTW experience over time, helping create a picture of the process and explore elements that would not have been captured in interviews at a single time point.

Being Heard and Having a Say: Older Adults Navigating Voice and Agency in Health Care and Geriatric Health Research

Joyce Duckles, *University of Rochester*

Hiawatha Franklin, *ENGOAL (Engaging Older Adult Learners as Health Researchers)*

Barbara Cole, *ENGOAL (Engaging Older Adult Learners as Health Researchers)*

Health disparities among older people living in poverty are attributed to a combination of factors including unequal access to care, distrust of medical and research communities, and limited health literacy. Current research demonstrates impacts of interpersonal and institutional racism on disparities, as well as the potential protective influence of perceptions of agency. Through a yearlong program, we have worked with older African American adults from underresourced communities to learn about geriatric health research and engage as emerging health researchers on diverse projects. This presentation documents the first cohort of 11 older adults through our collaborative analysis of multiple data sources including interviews, transcripts of team meetings, and journals. Our findings demonstrate how learning about and engaging in health research shifts participant practices and identities as patients, family members, and health advocates. We present themes of voice and agency across three intersecting positionalities: as older adults navigating health and health care; as elders and community members advocating for themselves, their families and communities; and as emerging researchers. Our findings illustrate how a sense of voice emerges through feeling informed and building reciprocal relationships with providers. Being agentive is enacted through feeling “in control” of one’s health and using “research voices” for self and others. As participants engage in research, we find evidence of repositioning and self-authoring as advocates working against structures of racism and ageism. We argue that intentional pathways to “being heard” and “having a say” can be constructed to embrace multiple voices and positionalities within geriatric health research and health care.

How Can Older Adults Inform Health-Care Research? The Qualitative Analysis of an Engagement Project

Joyce Duckles, *University of Rochester*

Sandhya Seshadri, *University of Rochester*

Silvia Sorensen, *University of Rochester*

How can qualitative research best change tomorrow’s world? Partnering with community stakeholders, our Engaging Older Adult Learners as Health Researchers program was designed to educate older adults from underserved and underresourced

communities about geriatric health and research methods, enabling them to become research partners on university- and community-based projects. The program entails 6 months of classes (covering basic research methods, data collection, analysis, research ethics, and geriatric health topics) followed by 6 months of practical experience, where participants apprenticed to experienced researchers. Our program stimulates exploration of older adults’ experiential knowledge and expanded community leadership roles and contributes to engagement of their critical voices on community advisory boards for health-care research.

We recruited older adults ($n = 11$) for our initial cohort of participants and will be recruiting another group of participants for a second cohort. Our study procedures included gathering data through observations, surveys of health literacy and self-efficacy of participants, individual interviews at three time points during the year of education and training, and periodic journaling by the participants on topics such as their opinions on geriatric health research, how research can influence personal health, their interactions with the medical community, and how learning about health research impacts how they manage and understand their own health.

In this presentation, we offer qualitative descriptive findings from our analysis of the participants’ experiences. In addition to the program’s impact on health literacy and patient engagement, we describe three themes: “faith and health,” “race and health,” and “finding our voices.”

Early Changes in Pelvic Floor Support Among Mexican American and European American Women: What Do They Mean?

Marlene Egger, *University of Utah*

Ana Sanchez-Birkhead, *University of Utah*

Roxanna Curiel, *University of Utah*

Lauren Clark, *University of Utah*

By age 75, 50% of women have pelvic organ prolapse. Although changes in pelvic floor support preceding prolapse begin earlier in life—often with the first vaginal delivery—we know little of younger women’s sense-making in the postpartum period. In this focused ethnography of Mexican American and Euro-American women, we analyzed three dimensions of postpartum pelvic floor change: awareness of initial sensations of change, interpersonal sense-making about pelvic floor changes, and behavioral adaptations. We interviewed 60 women within a year after their first vaginal delivery and 17 women with diagnosed prolapse. Women first noticed changes in bladder control and sensations during sexual intimacy. Traditional Mexican American women referred sensations to cultural concepts of cold and air. They discussed sexual intimacy with selected confidants. They anticipated *la cuarentena* as a period of rest, sexual abstinence, and culturally specific foods to heal and protect

pelvic health. More acculturated Mexican American women curtailed or minimized la cuarentena and utilized some biomedical resources. They expressed concern about sexual intimacy in the presence of pain and discomfort and the intactness and survival of their romantic relationship as it metamorphosed from partners into parents. Euro-American women attributed pelvic floor support changes to the mechanics of vaginal delivery, exacerbated by birth trauma. They were uncertain about whether early changes should resolve, be reported to their doctor, or be endured. They devised day-to-day adaptations to increase comfort with sex and manage incontinence. Women across ethnic groups reported limited forewarning about postpartum pelvic floor changes and what they mean.

Meanings of Domiciliary Visits at Public Health Service: Dentists' Perspectives of the Oral Health Care to Older People

Alexandre Favero Bulgarelli, *Federal University of Rio Grande do Sul*

Fernanda Marques Pasqueti, *Federal University of Rio Grande do Sul*

Renato José De Marchi, *Federal University of Rio Grande do Sul*

Stela Nazareth Meneghel, *Federal University of Rio Grande do Sul*

The Brazilian Public Health System (the Portuguese abbreviation is SUS) is a large system which offers comprehensive health care and universal access to services to all Brazilian citizens. Dentists work for SUS to offer dental treatment and oral health care to the population. Among all their attributions, they develop in-home assistance to older citizens which are unable to leave their homes due to their fragility and dependence. The aim of the present study was to comprehend the meanings of the domiciliary visits to in-home dental treatment to older people from the dentist perspective. This is a qualitative research developed by means of an inductive method through the hermeneutics philosophical perspective in a Case Study. Data were collected by means of narrative interviews with 12 SUS workers. Data were analyzed by means of Hans-Georg Gadamer theoretical perspective regarding the consensus in a Hermeneutics understanding about being a health worker in the political, social, and cultural context of the Brazilian current realities. As results, three categories of analysis were constructed to guide the comprehension of developing in-home health assistance: (1) the importance of teamwork, (2) emotion self-control to face sad situations, (3) feeling weak but optimizing home facilities to care. Towards these social consensuses, it is possible to understand that dentists who develop domiciliary visits face some difficulty regarding having a professional team to discuss the older person clinical situation.

Furthermore, the SUS workers need to understand local realities, patient family relations, and face barriers to access the older person residence to develop a good in home oral care to the older person.

Registered Nurses' Experiences: Moral Agency and Moral Distress

Elisabeth Fortier, *University of Regina*

In everyday practice, registered nurses (RNs) encounter moral dilemmas that can potentially impact patients' quality of care. Moral distress can be precipitated by experiencing a diminished sense of moral agency. An RN exercising moral agency makes ethical decisions based on core values and moral principles. The relationship between a moral agent and the organization in which they practice can create challenging moral problems. Understanding moral agency in a bureaucratic system like health care is necessary to comprehend ethical issues and moral distress experienced by RNs. This study explores moral agency and moral distress as experienced by 20 RNs. The distinctions between novice and expert RNs were based on years of experience. Participants were recruited using purposive sampling and a modified snowball sampling technique. Interviews were the method of data collection and thematic content analysis was used to analyze data. Findings reveal organizational factors (understaffing, heavy workloads, and time) limiting RNs' moral agency and potentially leading to moral distress. The themes also touch on the differences and similarities between novice and expert RNs as the researcher suggests that moral distress and moral agency may be different based on experience. The study suggests RNs strive to be moral agents but often face limitations in exercising moral agency in their profession. This research makes an original contribution to knowledge in the field of health-care ethics as it is the first study of its kind on moral agency, bureaucracy, and moral distress among RNs in Canada.

Introducing the First Bespoke Meta-Ethnography Reporting Guidance (eMERGe)

Emma France, *University of Stirling*

eMERGe Project Team & Advisors

Evidence-based health care requires robust evidence syntheses to increase our understanding of people's experiences. Meta-ethnography, an interpretive, seven-phase qualitative evidence synthesis methodology developed by Noblit and Hare in 1988, is used widely in health research. However, meta-ethnography reporting, especially of the analytical processes and findings, varies and is often poor; this discourages trust in and use of its findings. Our aim was to develop a bespoke, evidence-based meta-ethnography reporting guideline to improve reporting quality. The mixed-methods study (<http://emergeproject.org/>) followed good practice in reporting guideline development. It comprised of Stage 1, a methodological systematic review of

guidance for meta-ethnography conduct and reporting; Stage 2, a review and audit of published meta-ethnographies and interviews with nonacademic end users of meta-ethnographies to identify good practice principles; and Stage 3, consensus studies to agree guideline content; and Stage 4, development of the guideline for dissemination. Stages 1 and 2 of the study identified recommendations, advice, and good practices regarding how to report all aspects of meta-ethnography conduct, and in particular Phases 4–6 (determining how studies are related, translating studies into one another and synthesising translations). Stages 3 and 4 resulted in creation of tailored Meta-ethnography Reporting Guidance, consisting of 19 reporting items. We present the guidance and explain how to use it. The guidance should help researchers to report the important aspects of meta-ethnography conduct and thus raise reporting quality. This should facilitate the use of qualitative evidence from meta-ethnographies to improve health and social care practice, policy and service user outcomes.

A Physical Literacy Strategy for Urban Indigenous Families Through the Life Cycle

Jessica Fraser-Thomas, *York University*

Pat Green, *Elder*

Landy Anderson, *Native Child and Family Services of Toronto*

Michael Auksi, *Native Child and Family Services of Toronto*

Catherine Belshaw, *Native Child and Family Services of Toronto*

Ryan Besito, *Native Child and Family Services of Toronto*

Tayyaba Khan, *University of Toronto*

Keith McCrady, *Native Child and Family Services of Toronto*

Michelle Silver, *University of Toronto*

Lauren Wolman, *York University*

Historical, cultural, and social factors have contributed to poorer health outcomes among Indigenous People in Canada (Adelson, 2005). In 2015, the Truth and Reconciliation Commission (TRC) “call[ed] upon the federal government to support reconciliation by ensuring policies to promote physical activity as a fundamental element of health and well-being” (p. 10). Our community-based research project aimed to develop a Physical Literacy Strategy for Urban Indigenous Families Through the Life Cycle; this 2-year project involved reciprocal collaboration between researchers and community members, with the aim of social change (DeLemos, 2006). Our conceptualization of physical literacy (Whitehead, 2016) encompassed a holistic understanding of Indigenous people’s

health and wellness, drawing upon the dimensions represented by the Medicine Wheel (Waldram et al., 2006). The project included (a) a community needs assessment conducted through six sharing circles (Lavallée, 2009) with 90 community members across the life course; these explored individuals’ experiences related to health, wellness, and physical activity, and perceptions of cultural connectedness; (b) a 3-month physical literacy intervention program exposing participants to a range of health and wellness activities within the immediate and broader community; (c) postprogram discussions involving sharing and reflection; and (d) ongoing knowledge sharing. Key recommendations emerged, related to culture, spirituality, intergenerational activities, and access (e.g., community-based facilities), offering an important starting point for change within this urban Indigenous community. We discuss the project in the context of previous research, the TRC’s (2015) calls to action, and implications for a spectrum of stakeholders including government, educators, community organizations, and partners.

Check Your Ego at the Door: Evaluation Results of a Longitudinal Interprofessional Collaborative Care Curriculum

Moni Fricke, *University of Manitoba*

Amanda Condon, *University of Manitoba*

Fiona Jensen, *University of Manitoba*

Laura MacDonald, *University of Manitoba*

Interprofessional education (IPE) is foundational to graduating health-care practitioners in preparation for collaborative practice. In order to facilitate IPE, the University of Manitoba established the Office of Interprofessional Collaboration in the Rady Faculty of Health Sciences in 2016. Students from nine professional health programs are placed in interprofessional learning cohorts in the first year of their respective programs and progress through a 2-year curriculum together. Each term begins with a facilitated face-to-face session followed by online discussions, an individual written reflection, and a cohort assignment. Multiple and mixed methods have been used to evaluate the program from both the students’ and the faculty facilitators’ perspectives from the inception. Students complete a short validated interprofessional socialization valuing survey at three separate points throughout the 2-year program: pre, mid, and post. Sequential exploratory methods (focus groups informed by the survey results) have explored processes and outcomes in greater depth. Quantitative results show trends in valuing of interprofessional socialization regardless of program of study. Overarching themes of qualitative data indicate need for early and ongoing communication around the overall curriculum map, desire for more face-to-face time, challenges of blended learning, and variation in students’ lived experience within and between learning cohorts. The converged findings of this longitudinal curriculum

to-date are consistent with existing evidence that regular communication with learners and facilitators is paramount to success in IPE strategies. While our experience suggests face-to-face opportunities are preferred over blended learning, the reality of limited time across various health-care professional curricula must be honoured.

Updating a Meta-Ethnography on Primary Care Antibiotic Prescribing: Key Considerations and Lessons Learnt

Evi Germeni, *University of Glasgow*

Updating of quantitative systematic reviews and meta-analyses is now mainstream practice. Several organizations recommend updating every 2 years, while there is also evidence to suggest that a considerable number of clinically relevant reviews may become obsolete within 1 year of publication or even less. The same, however, does not apply for syntheses of qualitative evidence, for which, to date, the process of updating has remained rather unexplored. In this presentation, I will discuss practical and methodological issues we considered when updating a 2011 meta-ethnography, conducted by different reviewers. The original work explored General Practitioners' experiences of antibiotic prescribing for acute respiratory tract infections (ARTIs), including their views of interventions aimed at more prudent prescribing. We expanded the initial scope to encompass all primary care professionals (PCPs) who can prescribe or dispense antibiotics for ARTIs. We systematically searched MEDLINE, EMBASE, PsycINFO, CINAHL, ASSIA, and Web of Science and identified 53 articles that met our inclusion criteria. We grouped studies according to their thematic focus (usual care vs. intervention) and performed two separate line-of-argument syntheses. Analysis of usual care studies showed that PCPs assume multiple roles in the context of ARTI consultations (Expert Self, Benevolent Self, and Practical Self), depending on the range of intrapersonal, interpersonal, and contextual situations in which they find themselves. Analysis of intervention studies identified four ways in which PCPs may experience quality improvement interventions (Compromise, "Supportive aids," Source of distress, and Unnecessary). Our work provides empirical evidence for the necessity of promoting a culture of updating in qualitative evidence synthesis.

Interprofessional Group Debriefing After a Disaster Preparedness Event—Student Perspectives

Linda Glatts, *Vancouver Community College*

Shirley Clarke, *Vancouver Community College*

Kathy Fukuyama, *Vancouver Community College*

Background: The value of debriefing after a simulated educational event, including post disaster preparedness simulations,

has been well established. However, gaps in research are evident in evaluating the effectiveness of debriefing, especially the contribution of specific debriefing tools. This study uniquely applies the use of the NLN "Structure for Critical Conversation" (NLNSCC) as a specific debriefing tool in a group setting, IPE disaster preparedness context. **Method:** A qualitative, descriptive research design was used to explore students' view of the contribution of this critical conversation tool. Nursing educators, trained and experienced in the use of the NLNSCC, reviewed its application in a group Interprofessional Education (IPE) setting. "DASH" forms collected data from participants after the disaster preparedness event debriefing sessions. This Likert-type scale questionnaire evaluated perceived effectiveness of the debriefing. Qualitative data were later collected through semistructured questions posed to students in focus groups. Analysis included descriptive statistics and thematic analysis of interview transcripts. **Results:** One hundred twenty interdisciplinary health sciences students completed "DASH" forms. 22 participants shared their experience in four profession-specific focus groups. Findings suggests that the debriefing tool was valuable both in establishing a safe learning environment and in providing structure to engage in critical dialogue. Critical findings included that group size matters and role perception and perceived status impacted personal safety. **Conclusion:** This IPE initiative of "debriefing the debriefing session" brings forward new themes that can inform selection and use of a critical conversation tool, adding to interprofessional education.

Spiritual Leaders' Experiences of a Comprehensive HIV Stigma Reduction Intervention

Minrie Greeff, *Nort-West University*

HIV is a deadly reality in South African communities, where people living with HIV do not only face physical sickness but also severe stigmatisation. Literature shows that spiritual leaders (religious leaders/traditional healers) can have a very meaningful role in the reduction of HIV stigma. This study was part of a bigger qualitative holistic multiple case study research project including partners, children, family members, friends, community members, and spiritual leaders. The aim for this research was to explore and describe the spiritual leader's experiences during and after a comprehensive HIV stigma reduction and wellness enhancement intervention in both an urban and a rural setting. A qualitative description approach was followed by means of in-depth interviews. Snowball sampling was used to select the spiritual leaders and included spiritual leaders from both an urban and a rural community. The interaction with PLWH during the intervention activated new experiences for spiritual leaders, for example, acceptance and empathy for PLWH. A greater awareness was created of HIV and of the associated realities regarding disclosure and stigma. The inclusion of spiritual leaders as well as PLWH brought about a positive shift in the attitudes

of communities through the increase of knowledge and understanding of HIV stigma.

Phronesis: Beyond the Research Ethics Committee. A Crucial Decision-Making Skill for Health Researchers During Community Research

Minrie Greeff, *Nort-West University*

Health researchers conducting research in the community are often faced with unanticipated ethical issues that arise in the course of their research and that go beyond the scope of ethical approval by the research ethics committee. Eight expert researchers were selected through extreme intensity purposive sampling because they are representative of unusual manifestations of the phenomenon related to their research in the community. They were selected to take part in a semistructured focus group discussion on whether practical wisdom (phronesis) is used as a decision-making skill to solve unanticipated ethical issues during research in the community. Although the researchers were not familiar with the concept phronesis, it became obvious that it formed an integral part of their everyday existence and decision-making during intervention research. They could balance research ethics with practical considerations. The capacity of practical wisdom as a crucial decision-making skill should be assimilated into a researcher's everyday reality and also into the process of mentoring young researchers to become phronimos. Researchers should be taught this skill to handle unanticipated ethical issues.

Self-Empowerment in the Healing Process: An Exploration of Energy Kinesiology Techniques to Enhance Personal Decision-Making and Provide Tools for Maintaining Wellness and Health

Michelle Greenwell, *Akamai University*

Self-empowerment is an approach to personal health care that promotes the investment of personal time and energy prior to health challenges, during the healing process, and for living after recovery. This Energy Kinesiology program 22 shifts the responsibility for health, recovery, and choices from an external source only (i.e., but not exclusive to doctor, physiotherapist, massage therapist, and healer) to an integrated approach emphasizing the internal source through personal experience and skill building. The focus provides tools for everyday living; tools to assist with the protocols of the medical profession when health is challenged; and tools for continued support when wellness is regained. A whole-person approach to health minimizes the separateness identified in current trends with isolating the aspects of the triangle of health: body, mind, and spirit. Muscle biofeedback produces a mechanism for listening to the needs of the body by monitoring neuromusculoskeletal integrity. Injury recall technique stimulates the vagus nerve

system to reset the visceral motor system affecting glands, the musculoskeletal system, and psychological or emotional balance. Breath and basic movement patterns used in such classes as Tai Chi link the five element system identified in tradition Chinese medicine, creating a whole-body repatterning approach. The regular use of self-empowering techniques can remove obstacles of pain or dysfunction from daily living so that medical diagnosis and treatment options are only necessary for chronic challenges that remain. Feedback from partakers also indicate that working as a group is also a valuable and important aspect to this approach. Retrospective, qualitative interviews with former students of Qi YINtegration classes will provide valuable insight into the experiential learning and use of the self-care tools and the self-empowering observations. Their recollections and experience will outline how the tools have influenced their everyday living and provided both self-care and self-empowerment needs that can be expanded to the general population.

Illness Narratives, Genetic Knowledge, and the Role of Social Media

Katherine Gregory, *New York City College of Technology/CUNY*

Biomedicalization has permeated everyday life. This indoctrination has integrated advancements in genetic research with commercially accessible DNA technologies. Direct-to-consumer (DTC) genetic kits have made this information about health markers accessible in ways that were previously only within the realm of medical specialists. Hence, genetic data dump into Promethease software have lead to access to health marker results but with little or no medical recourse for consumers. Despite this tenuousness, many consumers share their genetic results on social media to engage viewers and to make sense of their discoveries. Vloggers, as they are known, post videos to YouTube and other social media sites, and in so doing treat private medical information as part of a public discourse, despite error-prone results or admission to limited genetic literacy.

Data scraping of social media, in small samples, can be an invaluable tool for qualitative methodologists. Through observation and anonymized descriptive accounts of visual posts on YouTube, this project, as part of a larger qualitative study of how consumers interpret and use genetic knowledge, provides greater understanding of how consumers craft illness narratives, educate audiences, cope with pre-illness prognoses, and commiserate with others about health risks. This analysis will provide insight into motive and consequences of engaging the public with what could be considered the most private aspect of the self. For this reason, qualitative methodological tools help to inform greater understanding of the role social media plays in the dissemination of genetic knowledge and potential elevated health risks to the general public.

TelePremie: Parent and Clinician Experiences of Home Monitoring With Neonatal Intensive Care Unit Patients

Natasha Hanson, *Horizon Health Network*

Jen Woodland, *Horizon Health Network*

Neonatal intensive care units (NICUs) provide the highest level of care and help families during this stressful time. In adult populations, the use of home monitoring, postdischarge via telehealth, has been shown to facilitate clinical and psychological outcomes. This mixed-methods research investigated the impacts of telehealth on parental and clinician experiences postdischarge of infants from an NICU, as well as standardized measures of anxiety and parental confidence, through a randomized controlled trial. Thirty-seven parent-child pairs were recruited to the study. Of those, nine agreed to participate in semistructured interviews discussing: care in NICU experiences, telehealth experiences (for those in the intervention group), and experiences caring for their child at home. Six clinicians who partook in telehealth appointments agreed to semistructured interviews regarding their experiences using the technology and how telehealth compares to standard of care practices. The findings elucidate the challenges faced by parents with a child in the NICU. In particular, they show that parents of infants discharged from an NICU unit with telehealth appointments found the experiences were positive and the technology sent home with them useful in caring for their infant. Clinicians were divided on the utility of the telehealth appointments. In addition, participants assigned to the telehealth group experienced neither decreased state anxiety nor increased parental confidence over time to those receiving the standard of care; however, when combined, participants demonstrated decreased anxiety and increased maternal confidence over time. A potential limitation to the results includes insufficient power due to low study recruitment.

Inside a Trial: Contextualising Outcomes Through Participant Experience of Living With Multiple Sclerosis

Fiona Harris, *University of Stirling*

Doreen McClurg, *Glasgow Caledonian University*

The AMBER Team

There is increasing recognition that outcome assessment and standardised tools do not capture vital elements of participant experience in complex interventions. In a trial of abdominal massage for bowel dysfunction in people with multiple sclerosis, the qualitative process evaluation provided a nuanced interpretation of outcomes, drawing on longitudinal case studies. This article draws on the analysis of semistructured interviews with 20 people who participated in the intervention, interviewed at two time points. An interpretive approach to analysis paid attention to the process of change, linking

participants' bowel diaries to experiences of self-massage and reported changes in bowel habits over time. Fifteen of the 20 participants reported improvements which they attributed to the intervention and reported that they intended to continue with the massage after the trial. The reasons for a lack of improvement in the five participants revealed important insights that included the lack of sensitivity of the outcome measures to detect change, increasing severity of symptoms that either affected the ability to conduct the self-massage effectively or involved new drugs that exacerbated constipation. While statistical significance of effect was weak, we could nevertheless demonstrate the positive benefits of this intervention that would not otherwise have been detected. Such is the impact of bowel dysfunction that even small improvements not detected by outcome measurement were important to our participants.

Incorporating Community Partners, Family Caregiver Participants, an Interprofessional Researcher Team, and a Technology Company to Build and Evaluate an App

Lorraine Holtslander, *University of Saskatchewan*

Shelley Peacock, *University of Saskatchewan*

Megan O'Connell, *University of Saskatchewan*

Kristen Haase, *University of Saskatchewan*

Family caregivers are the backbone of most health-care systems; intensively relied upon, yet their needs go mainly ignored. Technology has the potential to reach family caregivers and create accessible solutions to meet their complex needs. Creating a feasible, acceptable, and effective "app" requires the application of innovative qualitative methods. We combined methodologies including "agile methodology" that requires the continuous integration and involvement of the research team, caregiver participants, community partners, and a technology company, in our effort to develop the app. A "design thinking model" identified the first step to understand and empathize with caregivers while learning about the problem. We completed four focus groups with older adults to explore their needs and experiences. We discovered that caregivers have many roles and vary in their use of smartphone technology. They wanted reputable information, opportunities to stay close to their care receiver, and information on how to improve their abilities. We discovered unexpected themes and ideas to guide development of the app. Engaging the app developer and the community partner maintained the integrity of the agile methodology. We incorporated quantitative measures of depression and social support to provide evidence for the effectiveness of the app. The app has the potential to support family caregivers in real time and meet their needs in ways not yet readily available. Qualitative research can change the world. The need to listen, empathize, and understand the experience of the users of our research has never been greater.

Attending to Ethical and Methodological Issues in Research Involving Chronically Critically Ill Individuals in Residential Care and Their Families

Fuchsia Howard, *University of British Columbia*

Sarah Crowe, *Fraser Health Authority*

Gregory Haljan, *Fraser Health Authority/University of British Columbia*

Chronically critically ill patients experience a constellation of complex physiological disturbances including profound weakness and ongoing respiratory failure, requiring prolonged mechanical ventilation. In conducting an interpretive descriptive study to describe the health-care expectations and sources of distress experienced by chronically critically ill individuals in a specialized residential care facility, we sought to ensure the voices of residents themselves were included along with their family members. Our collaborative team of researchers, clinicians, health-care administrators, and family partners encountered several ethical and methodological issues related to resident vulnerability, conducting interviews with individuals with communication impairments, and eliciting hard to hear accounts. Research participation rendered residents vulnerable because of their absolute dependence on health-care providers, about whom we were asking the residents to discuss, requiring us to modify our data collection and analysis strategies in ways that prioritized confidentiality. In consideration of diverse communication impairments, we adopted a flexible, participant-oriented approach to interviews that centred on their abilities and preferences. The participants' accounts were hard to hear not only because of communication impairments but equally because of the struggles shared by participants. To attend to this, two researchers conducted the interviews together and made concerted efforts to be sensitive to verbal and nonverbal nuances, especially when asking difficult questions. Our team also engaged in an ongoing process of reflexivity. These strategies were essential to our research with chronically critically ill individuals and are relevant to conducting qualitative research with other populations historically excluded.

Highlighting Veterans' Voices: Care, Compassion, Respect

Nicole Hyndman, *Veterans Affairs Canada*

Vicky Laporte, *Veterans Affairs Canada*

Christina Clorey, *Veterans Affairs Canada*

The Veterans Affairs Canada (VAC) National Survey 2017 was carried out with two objectives: (a) to gather information on Veteran health and well-being and (b) to gather information in support of improvements to service delivery and policy development. The VAC National Survey 2017 followed a mixed-

methods research design collecting quantitative survey data as well as open-ended comments for two questions. This article describes our findings from a secondary analysis of 935 open-ended comments using a thematic analysis approach (Braun & Clarke, 2006).

The data were coded into six first-order categories. Excel was used to do this by color coding each of the six first-order categories. Second-order coding was carried out for each category. Frequencies and intersections were added for each of the categories and subcategories providing a useful repository of organized data. The data provide a descriptive snapshot of how Veterans are experiencing service delivery at a given point in time. Following a thematic analysis methodological approach, our analysis has moved beyond description and toward interpretive analysis.

Through a population health approach, VAC's mission is to continue to evolve and improve the well-being of Canada's Veterans and their families. VAC's efforts are driven by three core principles: care, compassion, and respect. These three core principles were taken up as organizing themes which prompted an exploration of the tensions and challenges that government organizations face in the delivery of services in a complex and ever changing political context with shifting mandates. This study serves as an example of qualitative research methods being applied in a government setting with the goal of informing program and policy development.

Looking Back to Move Forward: The Historical Context of Women's Choice for Caesarean Deliveries

Julia Imanoff, *University of Calgary*

Graham McCaffrey, *University of Calgary*

Cynthia Mannion, *University of Calgary*

The rate of caesarean deliveries (CDs) in Canada continues to rise and is now over 30% in some provinces (CIHI, 2018). The trend for women choosing CD has become increasingly more popular. Increased media attention and scientific scrutiny have polarized public and professional opinions about this choice. It has challenged health-care professionals (HCPs) in how to best care for these women, and yet little is known about how and why this phenomenon has come to be. Women's choice is a weighted topic throughout history and like so many other social movements, women's choice for CDs has challenged social norms.

A hermeneutic study was conducted by interviewing four women who chose to deliver by CD. I will highlight how I took up Hans George Gadamer's concept of historically effected consciousness as a means of reflecting on past events to fully understand the current situation. I will review the historical events that have contributed to the development of this phenomenon in Canadian society; this includes a review of the medical procedure of a CD as well as the social changes.

Throughout history, women have gradually extracted control from dominant social structures to increase the choices that impact their lives and health—choice in government, choice in parturition, and now, choice in childbirth. It is a choice that is situated in broad and shifting social contexts. I postulate that the choice for CD is informed by the historical context of choice and the development of how this choice and the provision of caesareans on request have evolved.

I suggest that the HCPs have the opportunity to recognize how this choice is situated in the broader, historical contexts. Awareness of this context may shift HCPs' understanding of the trend of women's choice for CD and help guide their practice to promote the best care possible for these women.

Health-Care Providers' Views Around Deprescribing in Nova Scotia

Jennifer Isenor, *Dalhousie University*

Natalie Kennie-Kaulbach, *Dalhousie University*

This study aimed to describe the knowledge, attitudes, beliefs, and behaviors toward deprescribing of primary care providers (family physicians, nurse practitioners, and pharmacists) in Nova Scotia. A qualitative study was conducted utilizing nine interviews (three per profession) and three uniprofessional focus groups. Each interview and focus group was audio recorded and transcribed verbatim. Transcripts were coded independently by two researchers using the Theoretical Domains Framework version 2 (TDF[v2]). Data were entered into NVivo, and emergent themes were identified. The top six TDF(v2) themes coded were as follows: (1) Social Influences, (2) Environmental Context and Resources, (3) Memory, Attention and Decision Processes, (4) Social/Professional Role and Identity, (5) Intentions, and (6) Beliefs about Consequences. Examples of respondent answers by theme include patient interest in deprescribing and collaboration with other professionals (Social Influences); time, reimbursement, and workflow (Environmental Context and Resources); descriptions of individual's systematic processes for deprescribing (Memory, Attention, and Decision-Making Processes); and "triggers" for deprescribing (Intentions) and beliefs regarding the risks and benefits associated with deprescribing (Beliefs about Consequences). Participants also perceived the importance of their role in deprescribing (Social/Professional Role and Identity), some indicating a need to further expand the practice. It is important to consider themes at various levels—individual, practice, and system. Overall, participants were motivated and committed to deprescribing with social influences and collaboration playing a considerable role. The results will be used to identify potential behavioral change strategies that will help inform the development, implementation, and evaluation of deprescribing interventions.

How Digital Media Enhances Rural Clinical Research Including the Role of Interprofessional Practice and Rural Resource Utilization

Deirdre Jackman, *University of Alberta*

Olive Yonge, *University of Alberta*

Since 2016, researchers from the Faculty of Nursing and the Faculty of Medicine and Dentistry, University of Alberta, have engaged in interprofessional (IP) clinically based rural research. Over successive cohorts, the researchers have developed a hybrid Participatory Action Research (PAR) methodology incorporating photovoice and digital storytelling to reflect the students' interprofessional rural experiences. The data analysis indicates that nursing and medical student participants were able to elucidate abstract concepts into visual and auditory stories rich with thematic patterning, most notably the experiential role of formal IP opportunities situated within IP clinical education and the unique role of rural resources to support patient care. In the upcoming 2018–2019 year, the researchers will continue to expand on the theme of "rural resources," again using VoiceThread (an online platform for sharing and discussing user-generated content). Additional medical and nursing IP student cohorts will be asked to participate to provide a more nuanced view of the role of rural resources. The research question asked is as follows: "what are the interprofessional resources available to practitioners and students in the rural context. In the literature, "rural resource" is often times termed in negative language. Therefore, IP research, using digital storytelling, may serve to illuminate what are the resources utilized by practitioners and communities members which serve to promote patient care in these unique rural settings.

Dual Perspectives on Health Care: A Critical Literature Review on Women With FGC and Their Practitioners

Danielle Jacobson, *University of Toronto*

Gillian Einstein, *University of Toronto*

Women immigrating to Western countries arrive with bodies shaped by their natal cultures. They have different understandings of health, illness, and health-care seeking behaviours. With many women with female genital cutting (FGC) presumably accessing Western health care, it is interesting that many report dissatisfying health-care experiences. The aim of this study was to better understand what is currently known about the health-care experiences of women with FGC across the West by conducting a critical review of the literature. We searched databases including PubMed, EMBASE, and Google Scholar with no restriction on date, using the search terms, "female genital circumcision/cutting/mutilation," "health/healthcare," and "immigr*." An article was deemed relevant if it included information on women (1) with FGC, (2) who immigrated to a Western country, (3) in the context of health

and health care. By reading the abstracts of articles, 44 met the inclusion criteria. We found a dual perspective: on the one hand, from women with FGC experiencing the Western health-care system, and on the other hand, from practitioner's perspectives interacting with patients with FGC. Despite recommendations, guidelines, and tools for practitioners, practitioners, themselves, still report feeling stress when encountering a patient with FGC. Women also report negative physical and interpersonal outcomes from the health-care encounter including procedures going wrong and cultural sensitivity greatly lacking. This duality of perspectives within the literature is a novel aspect of this review—and points to a serious shortcoming in the recommendations for treatment: a lack of understanding the perspectives of women with FGC.

Participatory Action Research: A Compelling Methodology to Understand immigrant Women's Health

Peruvemba Jaya, *University of Ottawa*

In this article, I propose to conduct a systematic literature review of qualitative studies (Popay, Rogers, & Williams, 1998; Thomas & Harden, 2008) done on immigrant women's health primarily in the Western world: that is, in Canada, the United States, Europe, as well as Australia and New Zealand, which have taken a participatory action research (Catalani & Minkler, 2010) methodological approach (Mechthild, Torres, Cermeño, MacLean, & Monzón, 2003) to understanding immigrant women's health challenges and issues. Postcolonial feminist theory (Mohanty, 1984, 1991) arose as a reaction to the universalizing and generalizing quality of feminist approaches. Not all women's lives and lived realities and experiences are the same, and we need to recognize the differences due to race class location and the particular influences of past colonization and the vestiges of colonial discourses. Intersectionality (Crenshaw, 1989, 1991) was defined by Crenshaw as the ways in which gender and race combine to define the experiences of Black women and women of color. Thus, I will ground this in an intersectional (Hankivsky & Cormier, 2009) and postcolonial feminist (Guruge & Khanlou, 2004) framework which would be sensitive to the nuances of the multicultural societies created by immigration and to the locations and histories of the spaces from where these immigrant women have migrated.

Debating Euthanasia/Assisted Dying in New Zealand's Social Media

Chrystal Jaye, *University of Otago*

Isabelle Lomax-Sawyers, *University of Otago*

Jessica Young, *University of Otago*

Richard Egan, *University of Otago*

While numerous opinion polls indicate that citizens are in favour of legalising Euthanasia/Assisted Dying (EAD) in New

Zealand, submissions to parliamentary committees indicate strong opposition from medicine, religious, and other stakeholder groups. We performed discourse analysis on a range of social media to understand the ways in which EAD was debated in the public sphere. There are also ethical and pragmatic challenges in conducting research in this medium, including consent of contributors, and what constitutes the public sphere. We present both methodological challenges and our findings. Underpinning contributors' stance on EAD, we identified two overarching thematics. The first encompassed the discursive elements that contributors employed for debating rules of engagement and the persuasive and rhetorical devices they used. It also included debate over sources of authority to speak on the issue and concerns about eligibility and safeguards, potential unintended consequences, and the state's covert intentions. The second thematic encompassed broader societal moral issues provoked by EAD. These included debate about what kind of society we should be, how we should die, and to whom an individual's life belongs?

Families' Experiences Living With Acquired Brain Injury: A Narrative Inquiry Study

Jane Karpa, *University of Manitoba*

Wanda Chernomas, *University of Manitoba*

Kerstin Roger, *University of Manitoba*

Tuula Heinonen, *University of Manitoba*

Notoriously known as the "silent epidemic," acquired brain injury (ABI) has reached worldwide epidemic proportions. While ABIs are manifested in individuals, families' lives are dramatically affected by ABIs. Although research furnishes valuable insights on how an individual views family life, the science on ABI and families is limited in examining both the affected individual family member and the family together as a family group. The purpose of this qualitative narrative study was to examine families' experiences living with ABI. The research question was: How do families make sense of their experiences living with ABI? This oral presentation will include a discussion of the research project and highlight findings. Research methods for this study included (1) within a Western Canadian province, purposeful sampling of individuals with ABI living in the community and their self-defined family members; (2) transactional-level data collection through conjoint in-depth face-to-face interviews also informed by ethnographic methods; and (3) within case and across case analysis procedures, resulting in a master interpretive narrative with five major themes. Ethics approval was credibility, dependability, confirmability, transferability, and authenticity. The results from this study will provide deeper understandings of families' ABI experiences and inform clinical practice, education, and health-care research, contributing towards a health-care paradigm that identifies "family" as the unit of care.

Dumping, Referring, Discharging, Keeping: How Clinicians Determine Whether to Treat Patients on Chronic Opioid Therapy

Michelle Keller, *University of California, Los Angeles*

Alma Jusufagic, *Cedar-Sinai Medical Center*

Concerns about misuse, abuse, and deaths related to opioid medications have left patients on long-term opioid therapy and their clinicians in a challenging position to continue or not continue using or prescribing opioids for chronic pain? In this article, we sought to conceptualize how clinicians perceive their decision-making about continuing long-term opioid therapy for new and established patients with chronic pain. We examined how clinicians coped with the changing political and social climate around opioid medications and elaborate on the implications of their decision-making process on patients. We conducted in-depth interviews with 33 clinicians in the Los Angeles area who prescribe opioid medications for patients in chronic pain. The study design, interview guides, and coding were guided by constructivist grounded theory methodology. Initial decision-making on whether to continue opioids for new patients depended on the perceived legitimacy of the patient's pain, the clinicians' comfort with opioid medications, and the clinician's philosophy as to their role in the patient's care. Some clinicians cited feeling responsible for the patient's care and preferred that they manage the patient's opioid medications, while others, particularly specialists, made active decisions not to prescribe opioids for long-term use. These findings have implications for patients who have been on opioid medications for many years who are unable or not yet ready to taper down their opioid medications, as many clinicians are opting not to no longer prescribe opioids for chronic pain, leaving a large gap in care for many individuals with severe pain.

Interprofessional Health-Care Teams and Patient Involvements: Bedside Perspectives

Kelly Kilgour, *University of Ottawa*

This presentation introduces an active doctoral action research study conducted on two interprofessional teams in a Canadian hospital. Health organizations are keenly improving interprofessional collaboration (IPC) and patient involvement (PI), with the goal of enhancing patient outcomes. IPC involves health-care workers from different professional backgrounds working together to deliver more safe, effective, and comprehensive services; IPC is an important part of health-care delivery. Another development is PI in health decisions, empowering patients and taking advantage of their care recipient insights; however, surveys mainly underpin this research. Qualitative research on PI and IPC is essential for quality patient care. Action research provides an active, systematic framework for inquiry while supporting collaboration between researcher and diverse stakeholders (McDonnell & McNiff, 2017). Research objectives are to (a) gain an understanding

of PI and perspectives of IPC teams and (b) educate and collaborate with IPC teams to better incorporate PI in their practices. Phase 1 of 30 patient and family caregiver interviews was completed over 4 weeks. Data analysis, guided by Miles, Huberman, and Saldaña (2014), is proceeding with audio-recorded interviews, observational field notes, and researcher reflective notes. Thematic findings will be compared to recent patient surveys. Phase 1 results will be summarised followed by collective discussions of future strategies for the researcher to collaborate with and facilitate learning among IPC teams to improve PI in their practices (following study phases). This presentation may assist participants to gain a greater understanding of how to foster improvements in their IPC team practices as well as PI integrations.

Using a Situational Analysis to Culturally Anchor an Intervention

Cheryl Killion, *Case Western Reserve University*

Elizabeth Sloand, *Johns Hopkins University*

Gloria Callwood, *University of the Virgin Islands, St. Thomas*

Faye Gary, *Case Western Reserve University*

Following the horrific earthquake in Haiti in 2010, increases in violence, particularly against women and girls, were widely reported. This presentation focuses on the process of conducting a situational analysis which was used to make a rapid assessment of conditions and circumstances related to gender-based violence. Findings were used to develop an intervention to reduce vulnerability to violence and promote safety. A socioecological frame of reference was used to guide the study. A team of U.S. researchers, clinicians, and Haitian collaborators conducted the situational analysis. The process involved a triangulated approach and was initiated by reviewing previously completed assessments and documents from international organizations. In addition, general and focused observations were made which were augmented by interviews. Lay, internally displaced individuals and community leaders, and professionals, primarily from health-related fields, were interviewed. Focus groups, which took place in tent camps, were also convened. Content analysis was used to summarize and analyze the findings.

Firsthand accounts from these sources helped garner findings reflecting the intersection of the milieu of daily living following a natural disaster, a fractured infrastructure, and interpersonal relationships; the struggle to survive without the basic essentials while simultaneously engaging in reciprocity; the power of entrenched gender roles; a culture of health based on limited resourced caring; and a legal system hostile to women's rights. A survey, based on the findings of the situational analysis, was developed and administered to 208 Haitian women. A safety/educational intervention was subsequently developed from the results of the survey.

Decolonizing Health-Care Education Through Critical Self-Study of Nursing Instructors

Pamela Lamb, *McGill University*

In the final report of the Truth and Reconciliation Commission of Canada, nursing schools were called upon to take action toward reconciling the inequitable health status of Indigenous peoples, especially women. This article explores how critical self-study among nursing instructors may foster (1) greater comprehension of Indigenous women's marginalization and the health inequities they experience and (2) proactive change in decolonizing self-study approaches in nursing education. Indigenous women are adversely affected by income, Aboriginal status, geographic location, and gender—four key areas of health disparities identified by the Public Health Agency of Canada. The Native Women's Association of Canada assert that to understand these critical issues the voices of Indigenous women must be heard. Although what does it mean to incorporate these voices into curricula? In addressing these great institutional challenges, the integration of Indigenous perspectives and experiences into curricula must also be supported by concerted efforts to deconstruct and decenter non-Indigenous perspectives and experiences. This is a timely moment in academe when senior administrators across Canadian universities are encouraging critical self-study as an approach to decolonization. This signals a paradigm shift from faculty Indigenousizing curricula to critically examining their role in either combatting or perpetuating the marginalization of Indigenous peoples. How can critical self-study foster the professional development of nursing instructors with respect to decolonizing health-care education? In perceiving the marginalization of Indigenous women as a health-care education issue, what happens when we shift our attention from structures of power to structures of feeling?

Medical Students' Learning Experiences of Open Disclosure After Medication Error Using Hi-Fidelity Simulation: Optimising the Environment of Learning to Promote a Growth Mind-set in Learners

Stuart Lane, *Sydney Medical School*

Chris Roberts, *Sydney Medical School*

Simulation is a training method in which learners practice tasks in lifelike circumstances, with feedback from observers. However, how do participants of simulation make sense of and utilize their educational experience? Referencing the theoretical frameworks, apology by Slocum, and "thinking fast and slow" by Kahnemans, a phenomenological study of medical students undergoing hi-fidelity simulation of open disclosure after medication error was conducted. Eight medical students underwent four immersive simulation scenarios, followed by focus group discussion. The data were analyzed using interpretative

phenomenological analysis, identifying three superordinate themes. One superordinate theme, "Identifying learning needs," described how the medical students constructed and made sense of their learning experience in three different ways. "Feeling safe and bold" described their relationship with their educational environment during the simulation session. "Emotional arousal" described the stress and challenge they felt during the simulation session. "Completing the cycle" described the variety of the learning outcomes that were achieved by the participants. The feeling of psychological safety from the environment and fellow participants altered their approach to learning: They were more willing to take risks and potentially fail. This develops the growth mind-set described by Carol Dweck. The students embraced the challenge when learning via simulation and suspended disbelief to optimally engage. Learning was optimized if they felt arousal rather than enjoyment, confirming circumplex theory. The simulation education led to a variety of learning outcomes between participants undergoing the same experience, reinforcing the requirement for expert facilitation to ensure that the simulation session optimises collective learning for all participants.

Capturing the Lived Cultural Birth Experience Among the Fulani in Guinea, West Africa

Rachel Lang-Balde, *Clemson University*

Associations between cultural beliefs and birth outcomes have only begun; however, limited research has demonstrated the potential to increase understanding of poor birth outcomes and to target interventions in resource-poor settings. Jaffré (2012) defined cultural beliefs as a set of variables that are not integrated and included in most research, instead essentially existing in the margins of typical practice. Research has also shown that women are cognizant of birth's severity and complications but often are unable to overcome barriers resulting from emic beliefs or practices. Chapman (2003) found that in experiences of reproductive vulnerability, cultural belief patterns were the primary management strategies. Thus, as long as women and their unique culturally constructed beliefs and practices remain underresearched and overlooked by biomedicine, women will continue to employ these beliefs and practices, in defiance, or necessity. I wanted to explore this divergent path between honoring a woman's cultural heritage and incorporating biomedical care to reduce mortality and morbidity. My dissertation research sought to capture this through a multimethod ethnographic case study with Fulani women of reproductive age (WRA) and their birth attendants in Labé, Guinea. A two-phase study was designed to capture individual birth experience(s), alongside culturally constructed childbearing preferences. Phase 1 included participatory photovoice and focus group discussions with birth attendants, which was followed in phase two by phenomenological interviews with WRA, using photo-elicitation techniques from phase one. This talk will discuss highlights and challenges of this approach.

Complexities of Research and Analysis as an Embedded Mother-Researcher in a Fulani Community

Rachel Lang-Balde, *Clemson University*

Every woman has the right to safe motherhood. Witnessing the tragic consequences of maternal mortality and morbidity in Guinea, West Africa, over the course of 5 years, profoundly altered my understanding of the impact of cultural beliefs on pregnancy and childbirth. As a result, I am completing a PhD in social science research, including 9 months of dissertation research funded by a U.S. Fulbright grant, exploring this topic. However, in Guinea I am/was not simply an outside researcher, as my husband is Guinean, and I was also a full-time mom of two, daughter/sister-in-law, aunt, friend, and community member living full time on the family compound. This insider/outsider status was a constant source of advantageous connections and privileged information, as well as a struggle to reflect objectively on conversations and experiences. Supported by the structure of an ethnographic case study, the embedded nature of my life led to varied roles between participant as observer and observer as participant, layering elements of reflexive, narrative, and community auto-ethnography. This talk will discuss the early analytical challenges of navigating between the roles of researcher and family/community member, the use of reciprocity and reflexivity, nuance and bias as an embedded female member of the community, and the challenges of capturing the lived cultural experience of birth among the Fulani in the Labé district of Guinea.

Applied Qualitative Research: The Academic as Instrument for the Community

Linda Liebenberg, *Independent Academic*

Daphne Hutt-MacLeod, *Eskasoni Mental Health Services*

Community-based services are funding dependent. Funding decisions are however often driven by requirements of evidence-based frameworks, frameworks usually shaped by quantitative, experimental designs. While such approaches to evaluation of program effectiveness are valuable, continued emphasis of these designs to the exclusion of others stands to powerfully misalign effective examples of programming. Quantitative experimental designs may fail to identify the ways in which programmes are effective and relevant to communities. Relatedly, organisations question if such designs will produce findings that are relevant to their work highlighting both the extent to which needs are being addressed, and relatedly why or why not this may be. This presentation will draw on the experiences of an Indigenous community-based mental health service provider, its efforts to support especially adolescent mental health, and its related experiences with research and evaluation pertaining to service delivery. In this presentation, we will review the dynamics of the collaborative research relationship established between academic researcher and service provider.

This relationship will then be situated along side three consecutive qualitative studies of service provision and adolescent mental health supports conducted in the community. Drawing these relational and research examples together, the presentation will conclude by highlighting the ways in which the organisation has capitalised on the “researcher as an instrument” for community-based research that facilitates citizen science of critical relevance to the organisation and its functioning within a resource strained and marginalised context.

Using Qualitative PAR to Explore the Experience of Sexual Violence Within an Indigenous Community

Linda Liebenberg, *Independent Academic*

Youth Participants of the Break the Silence: Be the Change Project

Break the Silence: Be the Change is a community-based project aimed at changing community dialogue and awareness around sexual violence. The project is one of many research sites within a larger Canadian–South African partnership called Networks for Change. This larger partnership asks what approaches, mechanisms, and structures would make it possible for Indigenous girls to influence social policy and social change in the context of sexual violence against Indigenous women? While the larger project is taking place in Indigenous communities across Canada and Black communities across South Africa, this presentation will draw on the experiences of youth researchers in Eskasoni, Canada. The larger study accommodates the principles of indigeneity, decolonizing methodologies and uses a rights-based social justice agenda. Our presentation will review the qualitative participatory action research approaches used by two groups of youth in the community (one group identifying as female and one group identifying as male). Specifically, we will share the reflective strategies used within the two groups to explore various questions related to the overarching research focus. We will explain what we did and reflect on how effective we consider these strategies to be. In particular, we will comment on how we planned activities in ways that allowed us to safely explore ever complex issues and what the outcomes of these processes include. Outcomes will include findings as well as how we have engaged in the knowledge translation and knowledge mobilization of these findings.

Engaging Malawian Youth in HIV Prevention Efforts Through Photovoice

Saria Lofton, *University of Illinois at Chicago*

Kathleen Norr, *University of Illinois at Chicago*

Diana Jere, *University of Malawi*

Banda Chimemwe, *University of Malawi*

Background: Youth remain at high risk of HIV infection and over half of new infections in Malawi. This study used

photovoice, a community-engaged participatory methodology, to develop youth-driven action plans addressing community situations that promote or discourage youth risky sexual behaviors. **Methods:** We collaborated with a community-based youth organization to conduct photovoice with 12 males and 12 females ages 13–17. We oriented youth to the project’s purpose, photographing, ethics, and safety. Using their photographs as triggers, repeated small group critical analysis of risky situations resulted in action plans to change situations to reduce HIV risk. **Results:** Youth described several high-risk situations including activities at local bars and rest houses, being in isolated places, and community social events. They described schools, community centers and churches as mainly protective, but sometimes activities encouraged risky behaviors, for example, walking home after dark. Parental supervision was protective. Youth action plans addressed four situations: initiation ceremonies, community celebrations, bars, and night prayer camps. Strategies included meeting with local leaders to reduce opportunities for risky behaviors (e.g., ending events earlier), public awareness campaigns to sensitize adults and youth, and peer education. Throughout the project, we observed growth in the youths’ confidence, communication skills, abstract thinking, and project ownership. **Conclusions:** Photovoice provided a developmentally appropriate way to actively engage youth, enhance confidence, and overcome barriers to open communication among youth and adults. Through photovoice, youth were able to develop a collaborative plan to initiate changes to make the community more supportive of HIV prevention among youth.

An Evaluation of NaviCare/SoinsNavi: A Navigation Centre Aimed at Improving Access to Care for Children with Complex Care Needs

Alison Luke, *University of New Brunswick*

Shelley Doucet, *University of New Brunswick*

Rima Azar, *Mount Allison University*

NaviCare/SoinsNavi is a patient navigation centre in New Brunswick for children with complex care needs. The goal of this presentation is to present early findings from an evaluation of NaviCare/SoinsNavi. A qualitative descriptive design was used to explore parents’ experiences. Twenty participants were identified from the families who have received services from NaviCare/SoinsNavi. Data were collected using semistructured interviews, which were conducted either face-to-face or over the phone. Additional demographic information was collected to provide context. The data were analyzed using inductive thematic analysis, which is a research method for identifying, analyzing, and reporting themes within the data. Although children served by the centre vary by condition, age, and gender, the profile of the typical child is as follows: male, between the ages of 6 and 11, diagnosed with autism spectrum disorder or attention deficit hyperactivity disorder. Most common reasons for calling the centre include

service referrals and funding. The qualitative findings demonstrate that families have substantial needs reflecting service gaps and barriers in care delivery across the province. Overall, families were extremely satisfied with the centre. Emerging themes include a relief to find someone who would listen to them, reduced feelings of stress, improved care coordination, and increased knowledge of programs/services. This study demonstrates that patient navigation is an innovative service delivery approach to improve the integration of care for individuals with complex conditions. Future research is needed to measure the impact of patient navigation on care coordination, return on investment, and health outcomes to inform policy and practice.

Que(e)rying #MeToo: What SGM Youth Are Saying About Sexual Harassment and Violence

Margaret MacAulay, *University of British Columbia*

Michele Ybarra, *Center for Innovative Public Health Research*

Elizabeth Saewyc, *University of British Columbia*

Richard Sullivan, *University of British Columbia*

In the era of #MeToo, sexual harassment and violence have entered the public conversation. Media narratives often emphasize heterosexual violence, casting men as perpetrators and women as victims. Little is said about the experiences of youth, that women can be perpetrators and men victims, or that sexual violence in same-gender sexual experiences can also occur. The growing up with media study is the only U.S. national longitudinal survey examining the emergence of sexual violence in adolescence. Based upon preliminary analyses suggesting that victimization and perpetration rates may be higher for sexual and gender minority (SGM or LGBT) youth we conducted one-on-one interviews with 40 SGM and 20 non-SGM young people who self-reported victimization and perpetration in our survey. We found that sexual harassment and violence occurs within a context of social learning where such behaviours may occur frequently enough to be familiar and normalized. We also found that although many participants were able to discuss the context behind the sexual victimization that happens to SGM youth (i.e., oversexualization, victims not coming forward for fear of being disbelieved, blamed, or outed), talking about SGM perpetration was significantly more difficult. The challenge discussing perpetration may be related to factors such as the dominance of heteronormative narratives, a “model minority” pressure, and the construction of victimization and perpetration as mutually exclusive. With research and public conversation largely excluding the experiences of SGM youth or focusing exclusively on victimization, it becomes difficult to understand

when and why SGM youth may commit sexual harassment and violence.

Doing What Works to Have a “Normal” Life With Cystic Fibrosis: A Grounded Theory

Marilyn Macdonald, *Dalhousie University*

Ariella Lang, *Dalhousie University*

Eileen Savage, *University College Cork*

Valerie Chappe, *Dalhousie University*

Adults with Cystic Fibrosis (CF) describe the management of their illness as a full-time job, yet they must earn a living and attempt to have what they consider to be a “normal life.” To do this, they make decisions about what treatments they will omit from a prescribed regimen. In doing this, they are considered nonadherent. Adherence rates in this population vary widely by treatment. Existing theory offers little to explain adherence rates. The purpose of this study was to develop a theory to further understanding about how people with CF manage their condition in an adherence focused health-care system. Constructivist grounded theory methodology was used to conduct 27 semistructured interviews with adults with CF, family members, and health-care providers. Data collection and analysis were simultaneous using constant comparative methods, initial and focused coding, and identification and reduction of categories. Doing what works to balance life and CF is the theory generated from this study. The main concern of study participants was to be seen to be “normal.” The theory outlines what participants do about the concern and involved four interrelated processes: working overtime, receiving support, passing as “normal,” and facing disease progression. Health-care provider perspectives on adherence vary from those of people with CF. Health-care providers need to engage adults with CF in a dialogue to discern an individualized plan of care that strikes a balance between the expectations of the provider and the life world of the person with CF.

Keywords

grounded theory, cystic fibrosis, treatments, normal, adherence

Diffusion of Innovations in the Long-Term Care Sector: Does Motivation Play a Role?

Lauren MacEachern, *IWK Health Centre*

Janice Keefe, *Mount Saint Vincent University*

As Canada continues to experience an advancing need for long-term care (LTC) services and an increasing complexity of residents, the dissemination of best practices and innovations to improve care quality within the LTC sector is paramount. This study sought to determine how the presence or absence of opinion leader (OL) motivation, with consideration for associated factors of capability and opportunity, impacts the diffusion

and/or implementation of advice within the Canadian LTC sector. Data were collected through semistructured qualitative interviews with 13 OLs and 13 advice seekers of OLs and analyzed using grounded theory techniques. OLs in the Canadian LTC sector are motivated by a combination of factors: obligations of the position, value of education, “systemness,” relationships, supportiveness, passion, and caring nature. Motivational factors were organized on a sliding motivational scale from professional to prosocial. Obligation of the position was the dominant motivator for OLs in this sector; however, a desire to improve care quality was intertwined across many themes. Specific outcomes associated with a motivational presence includes the diffusion and implementation of innovations, increased sense of community within the network, and increased readiness for the future of the LTC sector. This research has important implications for policy and practice due to the nature of resource availability in the LTC sector and challenges for innovation implementation that arise from this issue. OLs play a key role in ensuring resources are used efficiently and effectively, as they are invested in seeking and sharing information pertaining to evidence-based innovations that will improve care quality.

Building a Strategy to Support Parent and Youth Partnerships in Patient-Oriented Research in the Canadian Maritimes

Lauren MacEachern, *IWK Health Centre*

Janet Curran, *Dalhousie University, IWK Health Centre*

Rebecca Mackay, *IWK Health Centre*

Partnerships between researchers and knowledge users throughout the research process are increasingly required by research funders. It is understood that partnerships offer many potential benefits including greater relevance and acceptability of research findings. However, more guidance for understanding the intricacies of involving youth and parents as members of a research team is needed. Our study sought to identify the barriers and enablers to research partnerships in the Maritime Provinces from the perspectives of youth, parents, researchers, and administrators. Purposive sampling was used to recruit a range of stakeholders (researchers = 13, administrators = 8, parents = 12, youth = 6) from the three Maritime Provinces to participate in a telephone interview. We used a semistructured interview guide based on the Theoretical Domains Framework, and our parent and youth team members coconducted the parent and youth interviews with a research assistant. All interviews were audio recorded, transcribed verbatim, and analyzed using two strategies: directed content analysis and thematic analysis. Our findings are organized to show the barriers and enablers specific to each stakeholder group as well as the intersections between groups. Key barriers: concerns of tokenism, institutional and team readiness, and the competing interests and priorities of the researchers and partners. Key enablers: providing flexible times and locations for meetings, clarification of roles

and expectations, and funding opportunities and support. Findings from this study will be used to codevelop recommendations to support research partnerships between youth, parents, and researchers in the Maritimes. Our team is working with the Maritime SPOR SUPPORT Unit, the IWK Health Centre, and other key stakeholders to move these recommendations into action. While discussed in the context of the Maritime Provinces, these findings also provide rich insights for other research environments on complexities and considerations for partnerships between youth, parents, and researchers.

Reconsidering the Role of Theoretical Forestructures in Interpretive Description

D. Stewart MacLennan, *University of Alberta*

Nearly 20 years ago, interpretative description emerged as practical and clinically oriented approach to designing and implementing quality qualitative research projects. Controversially, the authors who first described interpretive description proposed abandoning the requisite use of theoretical fore structures in qualitative research. Rather, researchers were encouraged to rely on their own disciplinary knowledge to guide research design, data analysis and interpretation, and deciding on meaningful outcomes. A dogmatic atheoretical orientation to interpretive description seemingly emerged.

When designing my doctoral research project, I sought to understand somatic pain experienced by incarcerated people to inform ethical practice for nurse practitioners in correctional settings. Given the practice orientation of the proposed research, using an interpretive description approach in designing the research study was used. I proposed that relational ethics would be a fitting approach for identifying and understanding ethical practice situations in correctional settings.

Although it made sense to use relational ethics as a theoretical fore structure for my study, there was a reluctance to do so. My reluctance provided the impetus for me to consider deeply the risks and implications of using a theoretical forestructure in interpretive description. This “golden nugget” presentation outlines lessons learned while intentionally using relational ethics as a theoretical forestructure in designing an interpretive description study. The intent of this session is to share my experience to help other wanting to using theory with interpretive description.

Participatory Action Research in the Emergency Department: Is the Patient Safe to Go Home?

Maura MacPhee, *University of British Columbia*

Sonia Udod, *University of Manitoba*

Lois Berry, *University of Saskatchewan*

This presentation will include the participatory action research (PAR) process and use of qualitative content analysis. PAR was

conducted by academic nurse researchers in collaboration with emergency nurses and their leadership from two large urban hospitals in western Canada. The purpose of the research was to determine patient priority care needs for highly variable, unpredictable emergency department populations. A patient needs assessment tool, the synergy tool, was used by the team and staff to explore best ways to capture patient needs and status changes in the emergency department context. The research question was: “How can we use the synergy tool to identify priority patient care needs in our emergency departments?” PAR was used to collaboratively plan the project, gather patient information with the synergy tool, and determine patient priority needs for staff and leadership care delivery decision-making. The unit of analysis for this study was field notes and focus groups with project team members, direct care staff, and leadership at the beginning of the project and 1 year later. Qualitative content analysis was used by three researchers who independently coded the data, identified key subthemes and themes, and determined agreement through researcher discussions and review with project team members. Research findings provided direction for tool use beyond the project and yielded evidence of participants’ shifting perspectives about the patient population after using the synergy tool. For example, “You think about barriers to discharge . . . some of the things I think about now are they safe to go home?”

Converging Qualitative and Quantitative Data in Mixed-Evidence Syntheses (MES): An Overview of Reflections and Practical Issues

Umair Majid, *University of Toronto*

Sujane Kandasamy, *McMaster University*

There is a strong push to recognize and integrate the plethora qualitative health research available in the literature into evidence-based practice research. This recognition has led to the proliferation of diverse forms of evidence synthesis, such as qualitative evidence syntheses (QESs), which play an important role in policy research and health technology assessments. In the past decade alone, the number of published QES has doubled, reflecting the need to synthesize qualitative research such that it supports and contextualizes the findings and recommendations of policy work. However, the aegis of including qualitative evidence into policy work is how it converges, informs, or substantiates quantitative evidence. The simultaneous synthesis of quantitative and qualitative evidence is a new area of methodological discovery. This process may involve a set of researchers who engage in two simultaneous but distinct research projects. We engaged in a mixed-evidence synthesis (MES) that summarized the quantitative and qualitative evidence of prenatal knowledge translation interventions aimed at changing the knowledge, behaviour, and attitudes of marginalized women. Throughout this research, we adopted an iterative orientation whereby we considered how the emergent findings from both types of evidence compared and contrasted.

In this presentation, using a systematic literature search of previous published guidance on MES and convergence of qualitative and quantitative data, we discuss our reflections of engaging in an MES. We will highlight the practical issues when converging two different forms of data from an epistemological perspective. We hope that this presentation will offer a guide for researchers who are looking to MES as an evidence synthesis methodology but are concerned about the issues associated with conducting two separate investigations and integrating different forms of data.

Phenomenological Analysis of Learning Outcomes Between Students Who Studied Abroad and Those Who Did Not in a Public Health Nursing Clinical Course

Hendrika Maltby, *University of Vermont*

Margaret Aitken, *University of Vermont*

Loretta Charles, *University of Vermont*

Outcomes of our public health nursing clinical course focus on population health and community partnerships. Every year for the past 10 years, approximately 20–30 students travel abroad while the rest (50–70 students) remained in-state. There was departmental tension around differences in student experiences and whether learning objectives were similarly achieved across groups. This past year, assignments for both groups were deliberately the same, including reflective journaling. This research analyzed the journals to determine the differences and similarities of learning outcomes for those who studied abroad and those who did not. Following ethics approval, final journal reflections were analyzed through hermeneutic phenomenology. These reflections provided students' thoughts/feelings/lessons learned and an overall impression of the experience related to their future roles. Lindseth and Norberg's (2004) methodology of text interpretation (naive reading, structural analyses, and comprehensive understanding) was used. Initial analysis discovered similar themes across groups: learning about the health-care system, connecting social determinants of health to the health of individuals, the importance of communication, and understanding the interprofessional nature of the public health nurse role. Differences were found in the higher level of cultural understanding in the study abroad group, and greater knowledge of community resources by the in-state group. Next steps need to ensure all students achieve comparable learning outcomes where differences were found, particularly cultural understanding and knowing community resources. Understanding connections of public health nursing to institutional nursing can only improve population health for all. Continuing qualitative research will guide this endeavor.

The Value of Face-to-Face Storytelling: Lessons Learned From a Knowledge Translation Workshop With Rural Health-Care Providers Following a Qualitative Study

Donna Martin, *University of Manitoba*

Chantelle Chartier, *University of Manitoba*

Sochimaobi Nweze, *University of Manitoba*

In 2011, a human-made flood resulted in forced displacement of community members from Little Saskatchewan First Nation (LSFN) in Manitoba. A qualitative study found that the trauma of prolonged displacement had profound negative impacts on the community members' health and well-being. The rural health authority recently expressed an interest in having us inform health-care providers (HCPs) of the complex aftermath of the 2011 flood. In 2018, a half-day interactive workshop was held with 70 HCPs in a rural area to facilitate ethical decision-making when caring for a flood impacted First Nation individual, family, and community. A video detailing the experiences of LSFN Elders was presented along with several key speakers from LSFN. The HCPs were then presented with a hypothetical case study that mirrored the realities of displaced Elders from LSFN. The attendees were invited to use an ethical decision-making framework to assess the case study and develop an action plan. At the conclusion of the workshop, HCPs were invited to evaluate the workshop using a short questionnaire with open-ended questions. Having LSFN members tell their stories was considered to be the "best" aspect of the workshop with the video as the second "best." The information gained at the workshop was reported as relevant to the HCPs' practice. The face-to-face storytelling by LSFN community members enhanced the knowledge translation and applicability of the qualitative research findings in the HCPs' future practice. Other qualitative researchers may consider the value of including study participants' storytelling in future knowledge translation activities.

Undergraduate Nursing Students' Understanding of Professional Boundaries in Relationships With Clients, Families, and Communities

Patricia McClunie-Trust, *Waikato Institute of Technology*

Margaret Vick, *Waikato Institute of Technology*

Understanding how to judge appropriate degrees of closeness and distance in professional relationships is an ongoing challenge for all practitioners. A critical element of being able to practice as a nurse is the ability to successfully establish, maintain, and conclude therapeutic relationships. In the Waikato region, nurses are employed in rural towns, where they also

live. These nurses may have family connections and/or limited ability to socialise with people other than those people who are likely to be users of the health services they provide within these communities. This presentation reports on the findings of the qualitative arm of a larger project exploring third-year undergraduate nursing students' understanding of how to manage professional boundaries in relationships with the clients, families, and communities they will work with as graduates. The qualitative approach was guided by Kruger and Casey's (2015) approach to focus group research. Three brief case studies on professional situations with clients were used to stimulate discussion within the focus groups. Focus groups were video recorded and transcribed verbatim. The "long table" approach was used to organize the transcribed data, and data interpretation was undertaken using five criteria including frequency, motion, specificity of responses, extensiveness, and big picture. Three key themes were developed from the data including community responsiveness, trust and integrity, and professional mandate and therapeutic purpose. Overall, students had a good understanding of the professional responsibilities involved in maintaining therapeutic relationships, though challenges in informal consultations with family, neighbors, or members of their community were not identified.

Keywords

professional boundaries, rural communities, professional integrity, legal responsibilities

Photovoice Coding in a Small Town—What Do You Do When Participants Take Charge?

Colleen McMillan, *University of Waterloo*

Soliciting the lived experience of youth in regard to how they perceive walking and cycling trails in their community through photovoice resulted in several methodological and analytic detours that were not anticipated but ultimately resulted in a richer and more participatory data analysis outcome. High school youth between the ages of 14 and 17 were initially recruited to take photos of what they liked and did not like about the community trails in their home town of Stratford, Ontario. The positive energy generated by the study in this small town resulted in the parents expressing a desire to also become participants in the study. The two groups of participants yielded over 100 photos to code within a 4-week time frame. Initial coding processes first with the students and subsequently with the parents assumed a spontaneity where members of both parties physically showing up to code together. As a qualitative researcher who strives for "purity" several outcomes crystallized which eventually became research teaching moments or Golden Nuggets. These "aha" moments will be shared with the audience and will be helpful to those

who, code with families, do research in small towns, feel challenged by member checks, unclear as to what constitutes parameters of feedback and uncertain how to proceed when intimate information is disclosed.

Staying Open to the Mystery: Reflections on Exploring Meanings of Eating to Inform Dietetics Education and Practice

Catherine Morley, *Acadia University*

The topics within my program of research are meanings of eating with changed health status; nutrition and food considerations to support older adults aging in place; toward trans-inclusive nutritional care; and dietetics pedagogy, inquiry, and practice. Caputo's notion of "staying open to the mystery" (i.e., not anticipating or predicting what one might learn or how one might go about learning it) has increasingly informed my research efforts. I am always delighted and surprised with what I learn through inquiry. Connections with others, the deep emotions associated with offering food to others and with eating, and psychospiritual motivations behind eating are a source of wonder and raise many questions about approaches to dietetics education, research, and precepting, and nutrition education/counselling practice. Yet dietetic practice remains firmly rooted in biomedical sciences as though the psychospiritual nature of eating and feeding are less or not-at-all important. In this golden nugget presentation, I will describe how I approach research while remaining open to the mystery of how I will approach a research project and what I might find, and how I mentor students in research methods to do the same.

Patient Views of the Advanced Practitioner Role in Primary Care: A Realist Review

Leah Morris, *University of the West of England*

Nicola Walsh, *University of the West of England*

Pam Moule, *University of the West of England*

Jen Pearson, *University of the West of England*

Approximately, 30% of General Practitioner consultations are due to musculoskeletal disorders (MSKDs). Physiotherapists are trained to assess, diagnose, and treat a range of MSKDs and could provide the first contact for primary care patients. There is limited evidence on whether this extended role is acceptable to patients. However, previous research has explored acceptability of other advanced practitioner (AP) roles in primary care services, which could inform this new initiative. This project used realist review methodology to explore factors that influence patient acceptability of AP roles in primary care. A realist review was undertaken to identify initial programme theories regarding acceptability. Databases were searched to identify relevant literature. Identified studies were subject to inclusion and exclusion

criteria, resulting in 38 studies—qualitative, quantitative, and mixed-methods studies—included for review. Bespoke, theory-specific data extraction sheets were created and utilized. Data were analyzed through identifying contexts, mechanisms, and outcomes, in order to formulate hypotheses. Hypotheses were validated through consultation with expert stakeholders. Eight theory areas were identified that potentially impacted on patient acceptability of the role, these were prior experience of condition management, patient expectations of how their condition will be managed, communication, continuity of practitioner, scope of practice, accessibility, professional hierarchy, and promoting the role to patients. Nineteen hypotheses were developed around these theory areas. The hypotheses informed topic guides for an ongoing qualitative study specifically exploring patient acceptability of the physiotherapy first contact role. The findings will inform role implementation in primary care.

Building Young Children’s Knowledge of Health and Sustainability Concepts in a Pedagogical Intervention: A Qualitative Journey

Heather Morris, *Monash University*

Helen Skouteris, *Monash University*

Suzy Edwards, *Australian Catholic University*

The “Ben 10 problem” as it was originally known, describes the phenomena where young children’s popular culture interests become an avenue for the promotion of unhealthy, highly packaged foods and merchandise which quickly end up in land fill. The health consequences from these high sugar, salt, and fat foods, and the environmental contamination from plastic manufacture, transportation, and landfill are well known. Yet the 360 degree marketing to young children who cannot escape the messages, and due to their age, cannot decipher the intent behind such advertising, does not stop. Our research sought to interrupt the intention of these advertising messages by using these popular culture interests in pedagogical, teacher developed, play-based learning activities that built healthy eating, active play, and sustainability knowledge connections. Qualitative research methods were used throughout this body of research, and particularly informed the research materials, development of the protocol, feasibility study, and randomised trial. This presentation will describe the role qualitative research had in each stage of the research’s planning, development, and implementation. Furthermore, special attention will be paid to the protocol used when interviewing the young children, and the provision of typical answers that described the connection between health and sustainability concepts.

Is It Really “Yesterday’s War?” What Gadamer Has to Say About What Gets Counted

Nancy Moules, *University of Calgary*

Lorraine Venturato, *University of Calgary*

Catherine Laing, *University of Calgary*

Jim Field, *University of Calgary*

In this oral presentation, the authors address the perceived recent trend of funding and publishing bodies that seem to have taken a regard of qualitative research as a subordinate to, or even a subset of, quantitative research. In this reflection, they pull on insights that Hans-Georg Gadamer offered around the history of the natural and human science bifurcation, ending with a plea that qualitative research needs to be received, appraised, judged, and promoted by different lenses and criteria of value. They take the stance that qualitative research addresses and answers different questions than quantitative research and it needs to be seen differently, and more importantly, evaluated differently. Specifically, they draw on hermeneutic philosophy to offer some of the distinctions that hermeneutic research, as one example of qualitative work, can bring to knowledge. What it means to be human and “all too human” is what tethers qualitative research to the real world. Qualitative research articulates human experience; it brings language to experience and then complements this articulation with a depth that helps us understand it. Understanding what it means to be human, and how we can help others flourish, is not a trite matter but, rather, a difficult, ongoing human task, and no computer can relieve us from its burden.

Ethical Guideposts for Research-Based Theatre—Guidance to Address New Demands and Challenges Within an Arts-Based Research Terrain

Jennica Nichols, *University of British Columbia*

Susan Cox, *University of British Columbia*

Research-based theatre (RBT) continues to gain popularity in health research as a method of inquiry as well as a tool for knowledge translation. To be effective, RBT requires genuine collaboration between researchers and artists challenging both to step outside their silos to work collaboratively. RBT also requires a fusion between research and art that must balance the systematic nature of research with the attention to aesthetics and artistic form that theatre requires. These requirements necessitate methodological innovation to guide the redefinition of stakeholder roles and project procedures in order to ensure ethically sound work. We have developed a set of ethical guideposts aimed to guide researchers as well as research ethics boards through all

stages of the RBT development and production process. Like signs on a highway, the guideposts do not tell you where to go but rather make it obvious that a choice is approaching and needs explicit consideration. The guideposts were developed through a thematic analysis of written reflections by researchers and artists around their past RBT projects (19 respondents) and in-person discussions at a recent symposium at the University of British Columbia (12 attendees). It is our hope that these guidelines will encourage more explicit considerations around how to develop RBT in an ethical manner, for the theatre and research teams as well as the audience. This presentation will discuss the need for ethical guidelines for RBT, share some of the key findings, and highlight ongoing challenges.

Understanding the Role of Stigma in Knowledge Translation: The Case of Maternal Opioid Use

Tracy Nichols, *University of North Carolina Greensboro*

Meredith Gringle, *University of North Carolina Greensboro*

The purpose of knowledge translation (KT) projects includes promoting evidence-based medicine or practice through the exchange of information between researchers and stakeholders. Most research on KT projects focuses on identifying barriers and facilitators of this exchange. However, it is also important to understand contextual issues such as stigma. This study uses data from a grounded theory study on care provision in perinatal substance use to examine how the stigma of maternal opioid use was identified, addressed, and received in a statewide KT project in the United States. Data were collected over a 6-year period and includes observations of KT activities (conferences, workshops, and community meetings), focus groups and interviews conducted with stakeholders, and a review of publicly available documents developed as part of the KT project. Clarke's situational analysis was applied to identify and explore stigma as a contextual issue. Findings detail strategies used to address different aspects of intersectional stigma associated with both maternal opioid use and harm reduction practices as well as identify biases that impeded the promotion of evidence-based practice among frontline providers. The state's response to maternal opioid use was proactive and state of the art. Participants were committed to assisting the population and understood the need to reduce stigma. Yet findings demonstrate stakeholders' struggles with biases against maternal drug use and ambivalence towards harm reduction principles. This study suggests that, even in the best of circumstances, evidence-based practices for highly stigmatized and controversial issues are difficult to disseminate and require unique strategies and solutions.

Premises, Promises, Confusion, and Tensions in Knowledge Translation as a Tool Used in the Governance of Health Research in Canada

Gabriela Novotna, *University of Regina*

For more than a decade, health researchers in Canada have undertaken new roles and responsibilities constructed by the notion of "knowledge translation" hailed as offering a great promise for narrowing the research-practice gap. Accordingly, evidence-based or evidence-informed decision-making and practice have become the desired result of successful translation of knowledge into real life practice. Despite the omnipresence of both concepts in health research in Canada (and worldwide), knowledge translation as a discourse in the governance of health research is rarely critically examined. In this presentation, the presenter will discuss how the notion of knowledge translation can postulate knowledge as decontextualized, objective research finding; and second, how knowledge and practice are often deemed the separate entities. Drawing on the review of the extant literature in implementation research, institutional theory, and discourse analysis, the presentation will discuss the importance of conceptualizing knowledge in the "knowledge translation" metaphor as "created," "performed," "collectively negotiated," and also "value-laden" and "elitist." Rather than remaining complacent with the understanding of "knowledge translation" generally representing a "good thing," I call for critically and creatively addressing the "evidence-based" movement, and its potential for becoming one of the performative interventions in neoliberal societies.

Factors Shaping Emerging Nurse Leaders: A Proposed Qualitative Descriptive Study

Heather Nowak, *University of Manitoba*

Judith Scanlan, *University of Manitoba*

Nursing leaders are present at all levels within health-care organizations. A shortage of nursing leaders is imminent; therefore, it is important to understand what factors or influences foster the development of emerging nurse leaders. The purpose of this qualitative study is to identify the factors influential in a future nurse leader's desire to "step off the ledge" into a formal leadership role. The conceptual framework will be the ability-motivation-opportunity model (Profili et al., 2017). A qualitative descriptive design will be used to understand how ability, motivation, and opportunity in the context of health care (and other factors) shape the emerging leader. Participants will be recruited through the Chief Nursing Officer in a northern, rural health region in Manitoba. Purposive sampling will be used to identify potential participants (nurses) who self-identify with a desire to pursue a formal leadership position, are identified by senior leaders as an emerging leader, or are in a formal leadership position for up to 5 years. Semistructured interviews,

field notes, and reflexive journaling will be used to gather data. Constant comparative analysis will be used. Rigor will be ensured using Lincoln and Guba's (1985) framework. Nurses in leadership roles contribute positively to outcomes for those who report to them, as well as the patients for whom they care (Cummings et al., 2008). Determining the factors that influence the development of future nurse leaders will impact professional development, leadership education, and recruitment of potential nursing leaders.

Patient and Health-Care Provider Perspectives on Emergency Department Presentations for Low Back Pain

Rachel Ogilvie, *Dalhousie University*

Jill Hayden, *Dalhousie University*

Andrea Smith, *CADTH*

Novella Martinello, *Nova Scotia Health Authority*

Back pain is among the top five reasons people present to emergency departments and the leading cause of disability globally. Most low back pain is benign in nature and acute episodes will often improve within 4–6 weeks. Given the prevalence of low back pain in the emergency department and the seeming mismatch of condition to environment, it is important to understand why individuals choose to visit the emergency department. Through interviews with patients with low back pain presenting to the emergency department ($n = 14$) and open-ended survey questions administered to health-care providers ($n = 52$), a constant comparative approach was used to understand (1) what motivates patients with low back pain to seek emergency care and what care do they expect; (2) how health-care providers perceive these patients and what resources would support positive interactions; and (3) what congruencies or tensions exist between the two perspectives. We found that patients had complex motivations for seeking emergency care for low back pain, including care access and threats to quality of life. Patient expectations were consistent: By visiting the emergency department, they expected to identify the cause of their pain and understand when normal function would return. Health-care providers' perceptions of patient motivations for seeking emergency care were more homogeneous (pain control and to be "fixed") when compared to patients' broad range of motivations. Health-care providers differed as to whether the emergency department was equipped to meet the expectations of these patients and offered insight into how patient expectations could be better met.

It's a Negotiation: Expanding the Concept of Intuitive Eating for Midlife Women

Lisa Petty, *Brock University*

Little is known about how women experience their changing bodies at midlife concerning food and eating (Kilpela, Becker,

Wesley, & Stewart, 2015). Most nutrition and eating literature for midlife women focuses on obesity and weight reduction (Sudo et al., 2009) and is confounded with negative body image, food restriction, and disordered eating (Kilpela et al., 2015). Some research has shifted toward more positive approaches and measures for body image (Tylka & Wood-Barcalow, 2015) and eating. Intuitive eating involves unconditional eating guided by internal hunger and satiety cues and eating to enhance body function (Bruce & Ricciardelli, 2016). Body function is an aspect of positive body image and refers to what the body can do (Alleva, Martijn, Van Breukelen, Jansen, & Karos, 2015). Using hermeneutic phenomenology, this research investigated the nuanced meaning that midlife women give to eating with respect to their changing bodies. Findings emerged from in-depth, semistructured research conversations with seven Canadian women and were guided primarily by Van Manen's (1990) corporeality data analysis theme. Findings suggest that these women make food choices based on how they feel daily and aim to preserve energy through conscious choices and compromises concerning eating. These findings extend the concept of intuitive eating and provide a unique perspective on the influence of food on how the women feel every day. Essential themes will be discussed, with attention to how these women negotiate food choices to influence how their bodies feel.

Exploring Early Interprofessional Socialization Within the Health Professions: Setting the Stage for Collaborative Practice

Sheri Price, *Dalhousie University*

Effective teamwork and collaboration among health professionals is a well-recognized strategy toward enhancing care delivery and patient outcomes. However, there are myriad challenges in creating collaborative teams, including overlapping scopes of practice and health professionals' lack of understanding of each other's roles. Interprofessional education (IPE), where health professionals learn about, from, and with each other, is a key strategy towards ensuring collaborative teams. Professional socialization, the process of forming a professional identity and knowing the essence of a professional role, occurs both preentry and during formal training. Emerging evidence suggests that the socialization of health professionals can impact their future as collaborative practitioners. Yet there is a gap in our understanding of best practices in relation to IPE, including how professional socialization impacts perceptions, expectations, and practices of collaboration across health professions. This research undertakes a longitudinal, qualitative exploration of professional socialization among students within dentistry, medicine, nursing, pharmacy, and physiotherapy programs to examine how professional socialization and IPE occurs from preentry to university until postlicensure practice. Findings are being used to inform the design and piloting of recruitment, admission, curriculum, and other IPE strategies designed to enhance collaborative practice within the future health workforce. Knowledge from this research is being used

to enhance interprofessional socialization and prepare future health professionals to identify as strong team players and ultimately improve health-care delivery and patient outcomes.

A Protocol to Explore Sexuality-Related Stressors and Associated Mental Health Issues Among Adolescent Girls

Neelam Punjani, *University of Alberta*

Elisavet Papathanassoglou, *University of Alberta*

Kathleen Hegadoren, *University of Alberta*

Background: Sexual health incorporates a wide range of inter-linked mental, physical, and emotional factors. The bidirectional links between sexuality and mental health have only been recently recognized; hence, research in this important aspect of adolescent girls' and their families' well-being is almost nonexistent. **Research purpose:** To explore the sexual health-related stress and anxiety among adolescent girls in Pakistan, specific aims include to (a) investigate issues related to sexual health that may be perceived as stressors; (b) increase understanding of the lived experience of adolescent girls in developing sexuality, the consequences of sexuality-related stressors and responses; and (c) explore participants' perceptions on what approaches would help them to successfully adjust and cope. **Method:** The interpretive description (ID) approach will be used to study the complex phenomena of mental health and sexual health in depth. A purposive sampling strategy will be used to enrol adolescent girls (age: 15–19 years) from high school in Karachi, Pakistan. Adolescent girls will be interviewed using a semistructured interview guide to collect data regarding their perceptions of mental health issues as related to adolescent sexuality. Sample size will depend on data saturation. In parallel, the Perceived Stress Scale will be used, along with numeric rating scales to score the intensity of sexuality-related mental health issues among adolescent girls. **Expected outcomes:** The results of this research hold the potential to contribute to an integrated approach to adolescents' mental and sexual health and the development of future policies, strategies, services, and training.

“Better Our Medicine to Help Us:” Understanding Diverse Perspectives on Genetic Research for Self, Others, and Community Through Focus Group Talk

Jennifer Ridgeway, *Mayo Clinic, Rochester, MN*

Monica Albertie, *Mayo Clinic, Jacksonville, FL*

Elizabeth Pantoja, *Mayo Clinic, Jacksonville, FL*

Carmen Radecki Breilkopf, *Mayo Clinic, Rochester, MN*

In order for researchers to discern important information regarding the genetic basis of health and illness, they must be

able to recruit diverse participants to genetic research studies. Analysis of how individuals talk about genetic research can inform researchers' understanding of how they perceive its benefits. In this study, nine focus groups were conducted with adult men and women from three populations underrepresented in U.S. genetic research: African Americans, Hispanics, and Native Americans. A total of 53 women and 15 men participated ($n = 68$). Six focus groups were conducted in English and three in Spanish. Participants were asked about their perspectives on genetic research, its potential risks and benefits, and whether and how individual genetic research results should be offered to participants or their family members. Discourse from the focus groups was analyzed using methods of content analysis. Results showed that participants spoke about genetics as being part of who they are and a link to their family—past, present, and future. Participation was described as being an individual act, but many expressed expectations of benefit for themselves and others through sharing of genetic information. This included varying descriptions of “family” and “community” when participants spoke about who should receive future benefits from research participation. The analysis also provided insights into how descriptions were shaped through focus group discussion methods. These findings may inform future recruitment strategies or educational interventions, as well as challenge researchers to consider possible discordance between their own and community members' perspectives on participation benefits and risks.

The Experience of Mindfulness-Based Expressive Arts Among Patients With Cancer: A Constructivist Grounded Theory Study

Kendra Rieger, *University of Manitoba*

Tom Hack, *College of Nursing, University of Manitoba*

Heather Campbell-Enns, *Department of Community Health Sciences, University of Manitoba*

Miriam Duff, *CancerCare Manitoba*

Christina West, *University of Manitoba*

When a person receives a cancer diagnosis, their lives change in an instant. In addition to facing the challenges of treatment and troubling symptoms, over one third of patients experience emotional distress. While the focus on physical treatment is essential for survival, addressing their often overlooked psychosocial needs is also crucial. There is growing interest in mindfulness-based expressive arts group interventions (MBAIs) for promoting patients' well-being in oncology. We found some studies examining the intervention's effectiveness, but no studies that explored how this intervention helps patients to process their cancer experience. The purpose of our constructivist grounded theory study is to develop a theoretical understanding of how patients with cancer experience, utilize,

and draw meaning from an MBAI. We are recruiting patients (estimated $N = 25$) with cancer who have participated in an MBAI. We are collecting sociodemographic information and narrative descriptions through semistructured interviews and field notes. The participants also bring their artwork to the interviews to facilitate art elicitation. We are analyzing sociodemographic data with descriptive statistics and other data with grounded theory analysis procedures. Our preliminary findings indicate that participants experience a transformative process of meaning-making and restoration within this group. Our findings will provide “how-to” information to clinicians working in oncology so that they can refine, implement, and evaluate mindfulness-based expressive arts programming in their settings. This Pecha Kucha presentation will provide a creative overview of our research study and preliminary findings and incorporate the participants’ artwork to share their compelling stories.

From Pediatric to Adult IBD Care: A Mixed-Methods Health-Care Transition Exploration

Tracie Risling, *University of Saskatchewan*

Noelle Rohatinsky, *University of Saskatchewan*

Danielle Mitchell, *University of Saskatchewan*

Cydney Low, *University of Saskatchewan*

Inflammatory bowel disease (IBD) is an increasingly prevalent diagnosis in pediatric populations around the world. As with all children living with chronic conditions, IBD patients must eventually make the journey from pediatric to adult care. Often referred to as health-care transition (HCT), this can be a high-risk period for patients with numerous challenges and potential influences on health outcomes. While the health literature has featured an intensified focus on HCT in recent years, there is still more to learn about how best to support patients during this time. In particular, there is a shortage of patient voice in this work, as well as studies that report on collaborative efforts to deliver practical tools to support HCT. This presentation includes results from a project done in partnership with patients to develop a mobile HCT application for adolescents living with IBD. An explanatory sequential mixed-methods design was used to address the transition focused research questions with quantitative data, collected via an online survey, supporting subsequent qualitative interviews in the second phase of the study. During the analysis of this data, two primary themes emerged: Creating Connections and Managing Complex Care. Within Creating Connections, three further categories were identified creating a focus on the importance of peer and community support, information, education and knowledge, and the need for connectivity to be maintained between caregivers, patients, and health-care providers. The process of incorporating these findings into prioritized features of a mobile application to support improved HCT will also be detailed.

Staying Connected With Clinicians: Using Technology to Evolve Elicitation in Health-Care Research

Tracie Risling, *University of Saskatchewan*

Katie Nussbaum, *University of Saskatchewan*

Juan Martinez, *University of Saskatchewan*

Derek Risling, *University of Fredericton*

Recruiting and obtaining meaningful data from clinicians has been a persistent challenge in qualitative health research. These efforts can be especially difficult in acute care settings where increasing patient acuity and accompanying workload demands, as well as proclaimed participant fatigue, frequently present as barriers. Researchers are then faced with the frustrating dilemma of having access limited by some of the same challenges they hoped to explore solutions for. New tools are needed to overcome these issues, to promote entry into these settings, and to support successful recruitment and data collection. This presentation will introduce a novel elicitation method recently developed and deployed to achieve these aims, the 5-Minute Digital Download (5MDD). Resulting from an interdisciplinary partnership between nursing and computer science, the 5MDD is being used as a data collection tool in a project uniting patients, families, and clinicians in the collaborative design of a patient portal for a new children’s hospital. A technology driven, intensely focused, five question semi-structured interview tool, the 5MDD evolved from a low-tech pilot to a fully automated mobile application. Details regarding this development, as well as the contribution of the tool in promoting acute care access and successfully engaging a diverse clinician population in qualitative data collection will be highlighted. Finally, the utility of the 5MDD in interpretive description will be explored as part of a concluding discussion on the role of technology in advancing qualitative health research through the next 20 years.

The Political and Ethical Imperative for Reflexivity in Applied Research

Krista Ritchie, *Mount Saint Vincent University*

In applied health and education research often times, representatives of the population studied are on the research team. As a methodologist and collaborative researcher, reflexivity has been critical to the development of my approaches to collaborative qualitative research in contexts that contain power inequality between team members. I will discuss the influence that personal power and role power of team members can have on qualitative research design and conduct. There is ethical imperative for those in positions of power to engage in reflexivity to navigate their multiple roles of researcher, clinician, educator, and learner. Stories will be shared about how I, as an early-career nonclinician researcher, have designed and conducted collaborative qualitative research intended to contribute

broadly to knowledge but also to inform local decision-making. This Pecha Kucha will share stories that highlight the political and ethical need to engage in purposeful ongoing reflexivity. Stories will highlight failures in recruitment, disciplinary differences in the perceived role of students on research teams, capturing context in everchanging settings, and navigating the competing academic needs across large teams with faculty and students at different stages of their academic and/or clinical careers.

Women's Narratives and Sexual Identities After Gynecological Cancers: Life Histories and Art-Based Self-Portraits

Sylvie Rivard, *School of Social Work, Laurentian University*

This presentation discusses women's sexualities and sexual identities after medical treatment of various gynecological cancers. Although any cancer diagnosis potentially challenges one's personal beliefs of health and body integrity, gynaecological cancers disrupt women's relationship to their body, health, sexual function, intimate, and personal relationships; hence, provoking changes in their "taken-for-granted" embodied, personal, sexual, and social identities. In the context of a doctoral thesis, anchored in a postmodern feminist perspective, this qualitative research innovates as a narrative inquiry, situating narrative as phenomena and method, drawing from an art-informed method. The narratives elicited include firstly the participants' life history, including their experiences leading up to their diagnosis, treatments and after, as well as their sexual history and their conceptualization of sexuality. Secondly, the participants created a self-portrait using an artistic medium (lifecasting/sculpture, painting, and collage). As a last step, the participants engaged in a storytelling account of their self-portrait, giving voice to their artistic creation. The research results presented will serve as exemplars to reflect on the implications of (a) constructing and crafting innovative research methodologies with women, (b) using reflexivity to inform an iterative research process, and (c) navigating the shifting boundaries of the researcher's role (researcher, hands-on artist, and creative process facilitator). The presentation will discuss how art in the context of social work practice in health and research can bring forward marginalized voices in significant and powerful ways and examine the tensions when the research path, method, and topic are mostly unconventional, sometimes disruptive and often contested.

The Transformative Potential of the Mmogo-Method[®], a Visual Data Collection Method: An Older Woman's Relational Experiences

Vera Roos, *North-West University*

Qualitative visual methodologies are ideal for creating an enabling research space for the development of awareness, a

prerequisite for behavioural change. This presentation aims to explore the transformative potential of the Mmogo-method[®], a qualitative visual data collection method. It is usually applied in a group of 8–10 participants. The presentation will shortly introduce the method with its application, in four phases. Phase 1 deals with creating an optimal social context for the research by introducing norms of safety and transparency. In Phase 2, participants are provided with unstructured materials (malleable clay, beads of different colors and sizes, and dried grass stalks) and, based on an open-ended prompt, are requested to create visual representations, in this instance: Using the materials, please make anything that will show us how you experience your relationship with people younger than 25 years. In Phase 3, participants explain the visual representations they have made, and by applying member checking, trustworthiness of the data is enhanced. Researchers conduct a provisional thematic analysis of the data and obtain deeper meanings from participants and group members by directive questioning. The method is concluded in Phase 4 by debriefing participants. Once they have left the research setting, researchers engage in reflective discussion. The presentation will highlight underlying theory of social behaviour and process, which contributes to the transformative potential of a visual data collection method. The example of a White, older Afrikaans-speaking South African woman's relational experiences with a younger person will be used.

Regaining Well-Being Through Creative Occupation

Beatrix Ruckli, *Oxford Health/Oxford Brookes University*

Gaynor Sadlo, *Brighton University*

Jon Wright, *Brighton University*

Traditionally, creative activities have been used in occupational therapy practice as an intervention with people who have a mental illness. Recent research has explored engagement in creative activities with people living with disabilities, mental illness, retired people, and people with cognitive impairment. The findings centred on positive emotions, increase in self-confidence, and respite from worrying thoughts. Anecdotal evidence from local occupational therapy practitioners and arts organisations suggested that people in remission of mental illness seemed to use creative activities in their daily lives as a way to keep well, but deeper understanding was missing about this. The first aim of this study was to gain a deeper understanding of the phenomenon of voluntary participation in creative activities by people in remission of mental illness. The second aim was to explore and provide evidence of any relationship between well-being and creative activities as it was perceived by the participants. The research utilized a hermeneutic phenomenological approach. Qualitative data were collected through interviews with participants, transcribed verbatim, and analyzed within the hermeneutic tradition. Ten

participants volunteered and were recruited by mental health staff in central England. All participants had a diagnosis of a mental illness but were in remission from between 6 months and 7 years at the time of the interviews. The data were analyzed via the first author's own interpretation of Cohen, Kahn, and Steeves' (2000) approach to hermeneutic phenomenological data analysis. The findings revealed that for all participants, engagement in their chosen creative activity evoked enjoyment and was of particular personal significance and meaning. Their subjective experiences highlighted the possible therapeutic potential of creative occupation, especially temporary mental relief from self-referential thoughts through deep immersion into the creative process. Deep engagement in creative occupation encompassed different types of optimal experience and might have a soothing effect on the Default Mode Network. The deliberate engagement in creative activities supports Wilcock's theory of the use of occupation for self-restoration and keeping healthy. Additionally, the real contact with people and places facilitated a more active lifestyle which impacted also positively on the participants' sense of well-being. The findings of the study are discussed from an occupational science perspective to extend our understanding of the solitary and group nature and effects of participation in creative activities.

The Meaning and Experiences of Professional Autonomy in Novice Registered Nurses

Donna Ruelens-Trinkaus, *University of Delaware*

Professional autonomy is defined as the ability to act independently in clinical decision-making. Deficits in knowledge and skills to care for patients, in the current complex health-care environment, may contribute to stress, anxiety, and the inability to make decisions in novice registered nurses. The primary purpose of this study was to explore the meaning and experiences of professional autonomy in novice registered nurses in their clinical practice. van Manen's phenomenological method was used to explore the meaning and experiences of professional autonomy through the lived experiences of the novice registered nurse. A purposive sample of 11 novice registered nurses was recruited from a variety of acute care clinical settings. Semistructured, in-depth interviews providing insight into how novice registered nurses experience professional autonomy in practice.

Analysis of the interview data revealed four essential themes: The Journey Toward Developing Confidence, Role Modeling, Advocating, and Putting the Pieces Together. The first essential theme had three subthemes: can I speak up/should I speak up, feeling overwhelmed, and I am not sure I am ready to be on my own.

The results of this study have significance for advancing nursing science by adding to the body of knowledge contributing empirical evidence related to the development of professional autonomy in novice registered nurses. The findings of this study may influence changes in undergraduate baccalaureate nursing education curriculum in developing student

confidence prior to beginning their new role of professional registered nurse.

Two-Eyed Seeing, Epistemic Violence, and Foucault: Toward a Critically Reflective Understanding of Health

Maureen Ryan, *University of Victoria*

In 2015, The Truth and Reconciliation Commission of Canada issued a document outlining 94 Calls to Action to the people of Canada. Widely recognized as a powerful opportunity for Indigenous and non-Indigenous relations, a specific call was made to nursing education: "We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism" (Truth and Reconciliation Canada, 2015, p. 7). As a result, I am currently involved in the ongoing development delivery and evaluation of a third 4th-year undergraduate nursing course "Nursing with Aboriginal Communities." In this presentation, I make the case that discourse analysis (Foucault) is a method that contributes to curricular work in nursing remains needed for the next 20 years. I begin by problematizing what appears to be a newly emergent discourse, a seemingly alternative to "decolonizing the nursing curriculum," to that of "indigenizing the nursing curriculum." I then offer an opportunity to critically engage in dialogue around the notions of epistemic privilege and violence as it relates to the languages of health, healing, and well-being of people. I introduce two-eyed seeing and the language of healing (Mi'kmaq Elder Albert Marshall) as a way of drawing together strengths from each other and a point of resistance to epistemic privilege.

Meeting the Well-Being Needs of University Students Undertaking International Placements

Brett Scholz, *The Australian National University*

Vinh Lu, *The Australian National University*

Pankhuri Malhotra, *The Australian National University*

To improve students' employability, universities have begun to focus on international internship opportunities. Such opportunities can significantly shape professional skillsets and identities. Undertaking internships can also present stressful situations, threatening student well-being (and learning outcomes). Given the importance of workplace adjustment to future well-being and mental health, the aim of this transdisciplinary study was to examine stressors and well-being outcomes of students interning overseas, drawing on the

conservation of resources theory. We interviewed 10 students about their overseas internship placements. These internships were part of the university's endeavours to support students' understanding of the professional landscape and gaining industry exposure. Interviews were transcribed, and a thematic analytic framework guided the analysis. Participants reported multiple stressors impacting well-being during internships. These included environmental stressors (e.g., adjusting to a new city), workplace stressors (e.g., managing expectations of internship hosts and home institution), stressors related to internship processes, and stressors related to their perceived personal capabilities (e.g., using other languages in the workplace). Taken together, these stressors impacted upon the well-being resources of students, impacting their feelings of employment preparedness, self-efficacy, and coping ability. Students also proposed coping strategies and factors that supported them through challenges. The study advances knowledge on supporting well-being of young professionals. While there are multiple stressors experienced by students, participants discussed being able to draw on various forms of support. We discuss the implications of our findings on how key stakeholders can better support new professionals in the workplace, leading to better well-being outcomes and better mental health.

Interdisciplinary Case-Based Educational Experience: Perceptions of Health Professions Students

Cindy Seiger, *Idaho State University*

Janette Olsen, *Idaho State University*

Mahrika Wheeler, *Community Partnerships of Idaho*

Current and future health-care practice will require students and current professionals to participate in interdisciplinary education and interprofessional teamwork to provide effective and efficient health care. As health promotion and prevention develops into a greater focus for multiple health professions, it is important for students and current practitioners to understand the roles of each health discipline, how to access the different disciplines, and develop effective, working relationships. However, there is little research on the impact of interdisciplinary and interprofessional education on students' ability to interact on an interprofessional team during their education and in future education. This presentation will describe the use of an interactive, written, and oral case during an interdisciplinary geriatric symposium. The annual interdisciplinary geriatric symposium is held simultaneously on two separate campuses for a university in the United States. Participant responses ($n = 232$) were collected using an open-ended questionnaire for individual discipline-specific perceptions. The case was discussed in small groups of students and professionals from up to 10 health disciplines and, possibly, a community member. After discussions, participants completed the

portion of the questionnaire on interdisciplinary perceptions. Responses were entered, verified, and coded for themes. This presentation will briefly discuss the case then describe the resultant themes for discipline-specific and interdisciplinary/interprofessional perceptions. Self-expressed changes in perception will be highlighted.

Physiotherapy Service Learning in Guatemala: Student and Professional Perceptions of Health Care

Cindy Seiger, *Idaho State University*

Student service learning opportunities provide additional "real-world" experiences that may highlight differences in culture, education, and health care. Four physiotherapy students, from a doctor of physiotherapy program in the United States, and one engineering student provided health-care services and equipment to adults and children in Guatemala. The physiotherapy students had one-on-one supervision from licensed physiotherapy professionals who traveled with the student group. The students and professionals participated in five debriefing focus groups (DFG) throughout the 2-week experience. Written notes were recorded by one student and one professional during each debriefing. Each DFG was audio recorded. Questions about perceptions of the Guatemala health-care system were asked during each DFG by the group leader. Additionally, the students and professionals engaged in taking photographs to represent perceptions of the Guatemala health-care system and how people with disabilities interact in the Guatemalan cultures and environments. The DFG recordings were transcribed and verified. The transcriptions and written notes were compared and analyzed for similarities and differences. Themes were developed from the DFG transcripts and written notes. Photographs collected by the group were narrowed down by seven of the participants (five students, two professionals) to representative photos of the themes. This presentation will discuss the students' and professionals' perceptions of the health-care similarities and differences from the system in the United States. Perceptions of how people with disabilities live their lives in Guatemala will be illustrated.

"I Just Figured You Breastfeed and It Works": Exploring Breastfeeding Beliefs and Practices Among Mothers Identifying as Overweight and Income-Related Food Insecure

Meaghan Sim, *Dalhousie University*

Sara Kirk, *Dalhousie University*

Megan Aston, *Dalhousie University*

This study explored breastfeeding perceptions and experiences among women from Nova Scotia, Canada, who also identified

as income-related food insecure and overweight. Emerging evidence suggests that excess maternal body weight and income-related food insecurity (both critical public health issues in Canada) may negatively impact breastfeeding practices and outcomes. Currently, little is known about the experiences of breastfeeding mothers who are situated at the intersection of these marginalities. Guided by feminist post-structural methodology, we aimed to explore how participants' breastfeeding experiences and practices were informed through dominant discourses shaping understandings of breastfeeding, excess body weight, and food (in)security. Eight participants identifying as primiparae and intending to breastfeed participated in face-to-face, audiotaped interviews (prenatal, first month, and 3 months postpartum); six participants completed the study. Discourse analysis guided the interpretation of findings from prenatal ($n = 8$) and postpartum ($n = 12$) interviews. We found that participants' prenatal understandings of breastfeeding, obesity, and food (in)security aligned with dominant discursive representations of these topics and were informed through socially constructed, normative understandings of mothering. These discourses were reinforced through relational and institutional exposures throughout the perinatal and postpartum period. As their identities evolved from pregnant women to new mothers, participants' breastfeeding experiences were shaped with a continued attendance to these dominant discourses. However, some participants resisted and reframed their prior conceptualization of mothering to identify with maternal subjectivities that were both situation and context-specific. Person-centred care necessitates that health professionals attend to how discourses shape normative maternal identities and how this impacts parenting practices such as breastfeeding.

“At the Very Least I Should Walk Ten Thousand Steps”: Discourses of Responsibility and Patienthood in Self-Tracking Device Users With High Blood Pressure

Kathleen Slemon, *University of Guelph*

Wearable self-tracking devices (e.g., Fitbits) are increasingly being used to manage chronic conditions such as high blood pressure (HBP). Self-tracking devices have been lauded for their potential to revolutionize health care as well as criticized for reproducing healthism, that is the belief that good health is a moral imperative, is the dominant health discourse, which has harmful effects as it positions those who fail to achieve good health as lazy or immoral and can lead to stigmatization and feelings of shame for poor health. As such, investigation of how individuals are positioned in their accounts of self-tracking is needed. Semistructured interviews were conducted with eight self-tracking device users with HBP and a discourse analysis was conducted. The following research questions were

explored (1) how do users with HBP understand what self-tracking can do for them and (2) how are they positioned in their talk? Open coding revealed that users primarily constructed their health in healthist terms and constructed self-tracking as (1) moral, (2) rational, and (3) a self-management tool. This allowed participants to be positioned as responsible and good despite their HBP diagnosis. As such, self-tracking devices allow users to take up the deserving patient subject position, in which patients demonstrate their responsibility and cooperate with care professionals. While this may provide opportunities for empowerment at the individual level, the current analysis demonstrates that self-tracking devices do little to challenge our current conceptions of health and chronic illness.

The Use of Closing Questions in Qualitative Research: Results of a Web-Based Survey

Timothy Sowicz, *The University of North Carolina at Greensboro*

Elliane Irani, *Case Western Reserve University*

Justine Sefcik, *University of Pennsylvania*

Helen Teng, *University of Pennsylvania*

Interviews are a mainstay for data collection in qualitative research traditions. Anecdotally, closing questions (e.g., “Is there anything else that you would like to share, that we have not talked about today?”) are often included in interview guides. The purpose of this study was to understand why qualitative researchers include closing questions during interviews and how they use these data. We recruited a snowball sample of persons known to have qualitative research experience via e-mail and asked them to complete a web-based survey. We asked participants about their professional backgrounds, use of qualitative research traditions, and experience with conducting qualitative interviews and using closing questions. Ninety-nine persons took the survey. Qualitative content analysis was used to analyze the data. Most respondents were affiliated with a U.S. academic institution and about half identified with the nursing discipline. Many researchers who included a closing question did so to convey that participants were heard and gave interviewees a voice to expand on topics important to them. Closing questions also served as a means for terminating interviews and the participant–researcher relationship. Data obtained from closing questions were used to inform and clarify other data, refine interview guides, and discover new areas for inquiry. Overall, the reasons for including and using closing questions were more than for data collection and analysis purposes. Implications of these findings suggest that researchers should carefully consider a closing question when developing their interview guide as data gathered under this type of question could be informative for their study findings.

Picture Perfect? Gazing Into Girls' Health, Physical Activity, and Nutrition Through Photovoice

Becky Spencer, *Dalhousie University*

Matthew Numer, *Dalhousie University*

Laurene Rehman, *Dalhousie University*

Sara Kirk, *Dalhousie University*

Adolescent girls are faced with challenges and contradictions in relation to their bodies. They face pressures to be perceived as feminine and pretty, but also athletic, and yet are criticized for being perceived as too sporty or muscular, and equally so for being perceived as lazy or overweight. These complex issues, perpetuated through media and discourses of obesity and healthism, relate to the health of girls and young women, and more specifically, their physical activity and nutrition. Using a feminist poststructural approach and photovoice methodology, this study explored adolescent girls' physical activity and nutrition by investigating how their perceptions and constructions of their bodies take up and contend with social, political, and cultural relations and how gender intersects with their perceptions. Photovoice methodology allows researchers to see through the eyes of their participants, enables community reflection, promotes critical dialogue, and sparks change. The participatory photovoice process involved conducting a training workshop, which was followed by 2-week periods to collect photos, and two follow-up analysis sessions. The participatory process of analysis engaged the participants ($n = 7$, ages 13–26) through selection of impactful photos; contextualization, or critically discussing them; and codifying, or engaging in participatory thematic analysis. This Pecha Kucha presentation will demonstrate the preliminary findings of the study through displaying photos and quotations, associated with three primary themes: (Breaking) stereotypes; practice, confidence, and pride; and being outside in nature. This work is unique in that it uses feminist poststructuralism and a health promotion perspective to consider the health of adolescent girls comprehensively and across sociopolitical contexts.

Beyond the Biopsychosocial Model: Pain as a 5E Process

Peter Stilwell, *Dalhousie University*

Brenda Sabo, *Dalhousie University*

Katherine Harman, *Dalhousie University*

We propose a new way of considering the phenomenon of pain by incorporating advancements made by phenomenologists and cognitive scientists. The biomedical understanding of pain is problematic as it inaccurately endorses a linear relationship between noxious stimuli and pain and is often dualist or reductionist. The dualist perspective situates pain in an immaterial mind; and, the reductionist perspective views pain within the

brain or bodily tissues. To address rather narrow views, the biopsychosocial conceptualization of pain has been advocated. However, it is often applied in a fragmented manner, still propagates dualistic and reductionist beliefs, and has a limited theoretical foundation.

This presentation will argue that the boundaries between the biological, psychological, and social are artificial and that a new perspective is needed to better understand and treat pain. We propose that it may be beneficial to conceptualize pain as a 5E process, in that it is: Embodied, Embedded, Enacted, Emotive, and Extended. Results from a study of low back pain informed by this 5E methodology will be discussed. Clinical encounters were audio recorded, followed by semistructured interviews with the involved clinicians and patients. Inspired by the work of Høffding and Martiny, a 5E data analysis approach was constructed.

With a 5E perspective, pain does not reside in a mysterious immaterial mind nor is it an entity to be found in bodily tissues. Instead, it is a relational and emergent process of sense-making through a lived body that is inseparable from the world that we shape and that shapes us.

Altered Body Perception and Comfort After Stroke: An Embodied Interpretive Phenomenological Analysis

Hannah Stott, *University of the West of England*

Mary Cramp, *University of the West of England*

Stuart McClean, *University of the West of England*

Ailie Turton, *University of the West of England*

Stroke can cause changes to how the body is perceived, and survivors often experience altered sense of limb position, movement, sensation, weight, awareness, and pain. However, there is little literature capturing experiential accounts of these changes. This study explored experiences of altered perceptions after stroke, determining whether participants' experienced discomfort and required further support. A phenomenological approach was adopted to achieve an in-depth and holistic exploration of embodied experiences. Sixteen stroke survivors were purposively selected from community groups. They were at least 6-month poststroke, experiencing motor and sensory impairments, and able to communicate verbally. Semistructured interviews were conducted in participants' homes. The data and reflexive notes were explored via interpretive phenomenological analysis (IPA). Participants were 6 females, 10 males; 8-month to 22-year poststroke, and aged 39–79. Participants described a body which did not exist, a body hindered by strange sensations and distorted perceptions, an uncontrollable body, and a body isolated from health professionals and clinical interventions. Participants expressed discomfort and feelings of conflict towards the body. They found their experiences difficult to make sense of and hard to verbalise. Stroke causes a complex sense of physical and

psychosocial disembodiment, which is uncomfortable and of concern to survivors. Embodiment research suggests these domains may interact with one another, and further research would elucidate these relationships and foster new approaches for rehabilitation. IPA is a useful analytic tool to provide insights to guide future research, as it can reflect holistic factors whilst staying rooted in the bodily experience.

When Kidneys Fail—Challenges of Living With Chronic Kidney Disease

Lalita Subramanian, *Arbor Research Collaborative for Health*

Laurie LaChance, *University of Michigan*

Francesca Tentori, *Da Vita Clinical Research*

Chronic kidney disease (CKD) and associated treatments impact patients' physical and mental health, as well as their identity, lifestyle, and relationships. When CKD progresses to kidney failure, patients are prescribed renal replacement therapy, most frequently dialysis. Patients' perspectives on living with kidney disease are not well-documented. As a part of a Patient-Centered Outcomes Research Institute-funded study, we conducted in-depth interviews with patients living with CKD to understand their challenges and most pressing concerns using a semistructured interview guide developed in collaboration with an advisory panel comprising patients with CKD, care partners, and clinicians. The interviews included questions on what bothered patients most about living with kidney disease and what aspects of care were most bothersome. Preliminary analyses of interviews with 65 patients with CKD not on dialysis and 114 patients being treated with dialysis, using an inductive approach, surfaced thematic categories related to the dialysis procedure, and time spent undergoing dialysis as a consistent concern of both groups. Patients describe dialysis, even as it performs a lifesaving function, through associated restrictions like inability to travel freely, self-consciousness and stigma from physical scars, feeling trapped in the dialysis routine, and feeling dependent yet alienated. Understanding the fears, concerns, and challenges in living with kidney disease will identify opportunities for training and innovation in care management while also highlighting the types of support, outside of patient care, that can alleviate some challenges and improve the quality of life for people living with kidney disease.

Redesigning the Hospital Gown: A Multisite Qualitative Needs Assessment

Saif Syed, *Dalhousie University*

Peter Stilwell, *Dalhousie University*

Kenneth Rockwood, *Dalhousie University*

The standard patient gown has remained relatively unchanged since the 1920s. The universal adoption of the draughty and

backless hospital gown has been met with a similarly universal dissatisfaction of the garment by patients. The traditional gown was designed to provide unencumbered access during medical exams, minimize infection risks, and to aid in patient identification. Although the traditional gown is relatively cost-effective and clinician centered, it has been shown to negatively impact patient well-being, safety, and health-care satisfaction. Previous redesign attempts have fell short due to unforeseen barriers to implementation. Without effectively balancing the values and requirements of all the stakeholders involved, these redesigns have not been able to reach the market in mass. A Canadian qualitative needs assessment was performed as a part of a multiphase, multisite gown redesign project. The needs assessment was conducted to shape the redesign of the hospital gown by identifying and systematically gathering insights from patients, clinicians, designers, launderers, experts in infection control and patient safety, hospital administrators, and others involved in the purchase and life cycle of gowns. Thematic analysis uncovered experiences and needs associated with the standard gown and design requirements for the ideal gown. The main themes from this qualitative study will be presented, along with details on how the findings are informing a gown evaluation framework and the development of prototype gowns that are ideal in the eyes of diverse gown users, yet realistic in the context of the health-care system.

Arts-Informed Analysis and Dissemination to Change Perceptions of the Early Warning Signs of Heart Disease

Karyn Taplay, *Brock University*

Sheila O'Keefe-McCarthy, *Brock University*

Lisa Keeping-Burke, *University of New Brunswick*

Allison Flynn-Bowman, *Brock University*

Using an arts-informed approach to analyze and disseminate data has the ability to change perceptions of our understanding of the early warning signs of heart disease. Twenty-three women and men shared their experiences of warning signs through four focus groups and 12 individual interviews. This phenomenological qualitative research study provided participants a voice to share their experiences of early warning signs. Through embodied interpretive analysis, three themes emerged: denial and disbelief, encroaching heart disease, and self-recrimination. These powerful narratives offered by participants necessitated deeper analysis, this was accomplished by an arts-informed approach. Reimmersion in the data resulted in the creation of meaningful prose, which encompassed the words, tone, cadence, and silences, used by the participants. Through this progressive exploration, four poems were created representing the themes. This process advances qualitative research and an arts-informed approach by creating verbatim derived poetry. Initial dissemination of data through the poems

evoked strong emotional responses in the listeners. This inspired the researchers to represent the data more evocatively. Artistic depictions were created by four artists. They listened to the poems, then chose which poem they would like to interpret. This resulted in eight pieces of art and accompanying narratives to explain their depictions of the poetry. This arts-informed approach to qualitative research analysis and dissemination allows for widespread awareness of the vulnerability and humanness of those who have experienced heart disease.

A Picture Is Worth 1,000 New Ways to See Challenges: Reframing HIV Stigma via Photovoice

Michelle Teti, *University of Missouri*

Steffany Kerr, *University of Missouri*

Erica Koegler, *University of Missouri*

HIV stigma hinders testing, care, and treatment and hurts the well-being of people living with HIV (PLWH). A collaborative team of researchers, practitioners, and PLWH implemented a photovoice project to (1) elucidate the role of stigma in the lives of vulnerable (poor, ethnic minority) PLWH in the United States and (2) take action to limit stigma in their communities. Action took the form of a website (vs. an exhibit) featuring their photo stories (<https://positivevisions.net/>). Fifteen PLWH (15 poor, 13 ethnic minority, and 27–64 years old) took pictures to express their experiences with stigma and their strategies for addressing stigma, discussed these images in two group sessions, and collaboratively created a website to share their stories with others. This analysis focuses on stigma in participants' lives (Project Goal 1). We used strategies of thematic analysis to identify patterns in discussions and pictures and found that participants created new narratives around stigma to cope with and act on stigma. Key themes/narratives included "I am a complex HIV positive person," "I am not deviant," "HIV is chronic and treatable," "I can educate others and stop stigma," and "HIV is a gift." The use of photovoice, in particular, helped participants to tell a visual story about their HIV and with that, make meaning of their illness. Similarly, many of the narratives identified were positive representations of what participant previously thought about themselves: Visuals helped participants imagine new versions of their lives and selves. Images also allowed for participants to create a website of their picture stories to inspire other PLWH and limit stereotypes of PLWH (among participants' HIV negative communities) that PLWH were "broken" and without agency. Acknowledging that PLWH are, can, and want to be seen as capable amid stigma can inform new antistigma messages for people with and without HIV.

Beyond the Exhibit: Envisioning Alternative Paths of Participant Action for Photovoice Projects

Michelle Teti, *University of Missouri*

Erica Koegler, *University of Missouri*

Steffany Kerr, *University of Missouri*

In photovoice projects, the translation of participant photos to action most commonly happens or begins through participant-driven photo exhibitions. The action piece of photovoice projects is critical and in fact differentiates photovoice from other forms of visual data collection (e.g., photo-elicitation). My "golden nugget," however, is: There are many ways to share and move photovoice projects conducted with PLWH to action. Constrained by sticking to tradition and existing examples, I was initially reluctant to go beyond exhibits despite their limitations—cost, HIV stigma, and overall logistics. In this presentation, I will further explore my positive and negative experiences with exhibits and describe two different alternatives to exhibits—having photovoice participants create (1) clinic posters that educated patients about HIV medication adherence and (2) an HIV stigma education website (e.g., <https://positivevisions.net/>)—to connect participants images, ideas, and expressions to action. We determined the alternative exhibits as successful at creating change and action through qualitative evaluations of the impact of the photovoice process on photo takers and the impact of the products (posters and the website) by those who viewed those products.

Exploring the Expert Carer: Reflections on the Responsibilisation of Family Carers for Individuals With Early Onset Huntington's Disease

Jill Thompson, *The University of Sheffield*

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There is a growing recognition of the existence, and the need to work with, lay expertise in health. The notion of the lay expert refers to the implicit, direct knowledge, and experience that a person develops about their own health and illness or for those they care for. It is assumed that patients and family carers should be the key decision makers in the treatment and management of their health (or the health of the people that they are caring for). This article examines the implications of such assumptions by examining the health-care experiences of family carers for young people with a specific, rare, and life-limiting condition: Early Onset Huntington's Disease (EOHD). We draw upon data generated with 24 family carer interviews conducted across the United Kingdom. We suggest that family carers can be placed along a continuum of expertise, along which we identify three loci that we will discuss in detail: "the

expert/active carer,” “the negated expert,” and “the burdened non-expert.” We argue that whilst some carers actively embrace the role of “expert” and their role is recognised by the certified experts, for other carers, tensions arise in terms of identifying their role and place in the management of health for the person with EOHD and, moreover, for many carers, the responsabilisation of family carers places additional burden on individuals who are already experiencing high levels of stress, physical, and economic burden.

Rural Well-Being: Not a Contradiction in Terms

Whitney Thurman, *The University of Texas*

Tracie Harrison, *The University of Texas*

Veronica Walker, *The University of Texas*

This constructivist grounded theory study investigated well-being among working-age adults with disabilities living in rural Texas. Twelve participants were interviewed from 1 to 3 times, and interviews generated rich data about their experiences of living with a disability in the context of the rural environment. The data exposed a process that is situated and relational with well-being emerging from the establishment and maintenance of membership in the rural community. Membership, in turn, facilitated access to the broad array of material and psychological supports needed for a sense of well-being. By identifying the established social process that facilitates well-being among people with disabilities living in the rural community, the theory developed from this study challenges a common perception that rural-dwelling individuals are dependent upon outside professionals’ assistance for their well-being. The theory highlights the importance of history, culture, social relations, and enduring ties to the land on well-being and how current approaches to rural health care frequently overlook these important cultural artifacts. The study provides recommendations for service providers and policy makers working in rural areas on how to engage people with disabilities in order to understand, reinforce, and augment the established processes used to facilitate well-being. The findings can also help health-care professionals ensure the care they prescribe or recommend is culturally appropriate and tailored for the individual.

Comparing Apples and Oranges: Long-Term Care Policy in Diverse Health-Care Systems

Sharon Tsadok Rosenbluth, *Ben-Gurion University of the Negev*

Tuvia Horev, *Ben-Gurion University of the Negev*

As expenditures are increasing in most countries, mainly due to the prolongation of life expectancy and the aging of the population, several countries are exploring alternatives and reforms to address these concerns. The aim of this study was to

critically compare models of financing and supplying long-term care (LTC) systems, while analyzing the “narrative of responsibility” to finance and supply LTC and the corresponding framework of the health systems in those countries. In order to understand the meaning and implications of various LTC funding methods, a descriptive and explanatory qualitative comparative study was conducted. Document analysis was performed on primary and secondary data sources from government, international organizations, research institutions, and academic publications. This included critically reading and interpreting the documents.

The trustworthiness of this study was ensured by the triangulation of data and peer debriefing of the analysis and conclusions. The study report includes an audit trail.

Findings show that implementing a public LTC universal program is equitable and ensures social protection. These programs carry a high public and national cost; thus, their sustainability and continuity are questioned. Conclusions point to the main challenge: finding a sustainable model combining universal entitlement and significant insurance coverage. Furthermore, policy makers should explore other aspects such as public–private mix and the influence of diverse funding methods while searching for the right LTC model.

Patient-Oriented Qualitative Research: Including Parents of Children With Neurodevelopmental Conditions

Emma Vanderlee, *Dalhousie University*

Megan Aston, *Dalhousie University*

Karen Turner, *IWK Health Centre*

It is widely accepted that patients’ involvement in their own health care leads to better experiences with the health-care system and better health outcomes. Building on this accepted fact, patient-oriented research is also used to engage patients and caregivers as partners to ensure that they contribute to all phases of the research process. As part of the Strongest Families Neurodevelopmental research project, parents of children with neurodevelopmental disabilities were invited to participate in an Advisory Committee to explore how effective distance-delivered parenting programs might be adapted to meet the needs of families of children with neurodevelopmental conditions and disruptive behavior; and how these specific programs could be implemented in real-world settings. With a large unmet need for mental health care in children and adolescents with neurodevelopmental conditions, it was imperative that we engaged parents in our health-care research. Therefore, the purpose of our research was to examine the experiences of parents who participated on the Advisory Committee, who were also parents of children with a neurodevelopmental condition. We also examined the experiences of researchers. Feminist poststructuralism and discourse analysis was used to explore how personal experiences were socially and institutionally constructed through relations of power. In this

presentation, we will discuss the themes that emerged from the individual interviews with 15 parents and 2 researchers and how these themes were shared with the research team including parents.

Navigating Researcher Well-being in Qualitative Research With Vulnerable Populations: The Experience of Doctoral Students

Stefania Velardo, *Flinders University*

An established body of research highlights the potential for qualitative studies to evoke emotional distress amongst participants, particularly where sensitive issues are explored. As such, novice qualitative researchers quickly become well versed in strategies that should be adopted to minimise risk to participants. But what happens to the researcher when they are confronted with the complex, emotional account of a participant? While research practices consistently serve to protect the well-being of participants by minimising and managing risks, concern for researcher well-being is seemingly ignored or addressed in an ad hoc manner. In this article, I discuss results from a current study that seeks to explore this issue by listening to the voices of novice doctoral researchers conducting qualitative research with vulnerable populations. To date, we have conducted semistructured interviews with six doctoral students attending a public Australian University, whose projects are grounded in the social and health sciences. Drawing on Charmaz, we are collecting and analyzing data using the constructivist grounded theory method. Our analysis to date has revealed a number of concepts, relating to the ways in which doctoral students navigate their emotional well-being. This article elaborates on these findings, pointing to challenges, risks, and protective mechanisms described by our participants, and I conclude by pondering deeper questions about the roles of institutions in supporting early-career researchers in this space.

Co-Interviewing in Qualitative Health Research: Prospects, Merits, and Challenges

Stefania Velardo, *Flinders University*

It is widely acknowledged that the social positions of both researcher and research participant influence qualitative data collection. In this article, I seek to open up a dialogue about the approach of co-interviewing, which, to my surprise, has not received considerable attention in the realm of qualitative social research. In a qualitative study that seeks to explore doctoral students' well-being, my colleague and I have taken the approach of co-interviewing each of our research participants. This has involved us sharing the responsibilities of asking semistructured questions, probing, note-taking, and making observations in the same room.

This experience has led me to critically consider this approach to interviewing, including its prospects, merits, and challenges. In this article, I offer new insights about the experience of co-interviewing and its ability to shape the generation of data. In doing so, I reflect on concepts such as power, safety, and well-being, by considering the positions of participants and researchers alike.

Hallowed Be Thy Name: A Tugging of the Heartstrings for Women Choosing to Retain or Relinquish Their Birth Surnames

Kathryn Weaver, *University of New Brunswick*

Women entering marriage are often torn between retaining and relinquishing their birth surnames. A narrative approach was used to explore women's surname change experiences within broader values of family, culture, and society. Individual interviews with 15 women and 17 family members concerning the surname choice process were examined for elements of temporality, relationship, and voice. The analysis pointed to women's core identity being established throughout their professional affiliations, ties to families of origin and procreation, and world view on the position and treatment of women. Surname decision-making was influenced by social support, relationship quality, women's developmental stage, aesthetic preferences, practicality, and reflexivity. The meaning of women's surname change represented interactive critical thinking and, at times, sheer unreflective decision-making. Women retained their birth surnames to keep professional identity, preserve relational equality, or honour their parents. Women who took their husbands' surnames did so for tradition and to establish a new shared identity. Those women reclaiming their birth surnames after marital dissolution described the experience as joyful and empowering. A main reason influencing women's surname changes was to have the same name as their children. The findings suggest that relinquishing birth surnames leads to perceptions of marital inequality and loss of identity which may negatively influence women's health, well-being, and family relationships.

Racialized Health Providers in Qualitative Research: Missing Voices

Merlinda Weinberg, *Dalhousie University*

In health research, the focus has been on the health of patients or service users. Scant attention has been paid to the health of those providing the service. Yet the well-being of the professionals in a therapeutic interaction, particularly those who are on the margins themselves, bears examination. Social work is viewed as a health profession. This presentation addresses the findings for racialized social workers in a study that focused on inclusion and exclusion of marginalized professionals. The methodology for the

study was informed by ethnography and critical interpretative phenomenology since the researchers began with lived experience of these racialized practitioners. An interdisciplinary lens was utilized, both in the choice of three contrasting professions for study and also in the researchers' disciplinary backgrounds. The emphasis in this presentation is on the results for the profession of social work. An iterative thematic analysis uncovered substantial racism and micro-aggressions towards social work practitioners. This presentation will examine racism and microaggressions at the individual, cultural, institutional, and epistemic levels perpetrated against participants, as well as those incidents witnessed for their clients and patients. The detrimental health and psychological effects of racism are well known, yet the lacuna of emphasis on these issues in qualitative health research continues. The concept of aversive racism to explain this omission will be provided. Putting more emphasis on those silenced voices in qualitative research offers an important potential contribution to social transformation.

Why the Hesitation With Photo-Elicitation?

Janna Wentzell, *Royal Roads University and Acadia University*

The purpose of this mixed-methods study was to examine Nova Scotia and Prince Edward Island caregivers' experience of burden and burnout. Understanding the types of supports that are currently being used or could be implemented to reduce the symptoms of burden and burnout with emphasis on those specific to physical health and well-being were of particular interest.

In Phase I, 166 caregivers (the family and friends that assist with household chores, transportation, personal or health-care assistance, and companionship or financial assistance) of older adults residing in Nova Scotia and Prince Edward Island participated. The survey assessed their health and their level of burden and burnout related to caregiving. Phase II included 13 caregivers selected from the survey respondents, to obtain further details regarding caregiver burden and burnout and reduction of symptoms through in-depth semistructured interviews and the request to participate in photo-elicitation. Of the 13 caregivers that took part in Phase II, eight were happy to comply with the request for photos that highlighted their day-to-day caregiving experience. Those respondents were quick to send the photos digitally, some even completing it during the actual interview. Two participants outright refused to participate and the remaining three cited various reasons for noncompliance to date. There are demographic similarities (age, gender, living situation, and care recipient requirements) to those participants that did comply with the photo-elicitation request that is relevant to the qualitative research community.

Enlivening a Community of Authentic Scholarship: An Innovative Mentorship Initiative for Graduate Students at the 2016 Qualitative Health Research Conference

Christina West, *University of Manitoba*

Kendra Rieger, *University of Manitoba*

Rishma Chooniedass, *University of Manitoba*

Donna Martin, *University of Manitoba*

Critical and engaged qualitative scholarship depends on high-quality graduate training. It is unclear whether student–advisor mentorship is sufficient to ensure comprehensive support and development of graduate students. Innovative, experiential pedagogical approaches that integrate emotional and intellectual aspects are limited, but may play a vital role in ensuring students receive diverse, and broad mentorship during graduate studies. This need has become particularly pressing given reports of the severe mental health challenges experienced by many graduate students. In this presentation, we will describe a highly innovative faculty-mentored experience for graduate nursing students at the 2016 Qualitative Health Research Conference hosted by IIQM (FM-QHR). Graduate students received competitive funding support from the College of Nursing Endowment Fund to participate in FM-QHR. We conducted an exploratory study of this mentorship initiative using interpretive description methodology and a community of practice theoretical framework. Six graduate students and four faculty mentors completed written journals elucidating their experiences throughout FM-QHR. The textual data were analyzed using a constant comparative group analysis process, leading to the development of three interrelated themes that articulate the enlivening of a community of authentic scholarship within the mentorship process. These themes include: Questioning the Academic Self; Unvoiced Experiences of Angst, Uncertainty, and Fear; Co-Creating Authentic Community through Shared Vulnerability; and Generative and Emergent Empowerment. These research findings provide compelling insights into the value of a shared vulnerability between students and faculty, and the importance of assisting students to navigate the intense emotional experiences that are an inherent part of becoming a qualitative scholar.

Broadening Responsibilities of Fire and Rescue Services: Do They Have a Role in UK Health-Care Provision?

Julia Williams, *University of Hertfordshire*

Tom Mikrut, *University of Hertfordshire*

In recent years, there has been consideration of encouraging a closer working relationship between the blue light services

in the UK to meet growing demand on already stretched ambulance services. This study set out to answer the following question: What impact, if any, can firefighters have on the delivery of emergency medical response (e.g., co-responding) and wider community interventions (e.g., dementia awareness) within communities across the UK? This presentation focuses on the qualitative component of a mixed-methods study. Twenty-six telephone interviews were undertaken with fire and rescue services participating in the trial across the UK. These were audio recorded, transcribed verbatim, and coded thematically looking for emergent similarities/differences. Key emergent themes include Communication, Triage and Dispatch Systems, Involvement in High versus Low Acuity 999 Calls, Training and Development, Relationships with Ambulance Services, Leadership in Clinical Settings When Working with Multiagency Resources, Financial Considerations, Clinical Governance Issues, Value to the Community, and The Way Forward. Fire and rescue services co-responding to time-critical events like cardiac arrest can provide meaningful improvements in patient survival, provided staff are trained and are taking the appropriate action; getting on scene first is not enough by itself. The data indicate strongly that there is support from fire service staff to expand wider work including involvement in lower acuity, unplanned urgent care calls, and that there is potential need from members of the public especially those who may be elderly, isolated, and/or vulnerable. However, further research is needed to determine any overall benefits.

The Rotating Paramedic: An Evaluation of a Rotational Model of Working Within Unplanned Urgent and Emergency Health Care

Julia Williams, *University of Hertfordshire*

Janette Turner, *University of Sheffield*

Health Education England funded a programme of work to develop an effective and sustainable work model to maximise the contribution of paramedics rotating through a variety of settings including: frontline ambulance work, general practice, and emergency operation/dispatch centres. This presentation focuses on the qualitative component of the evaluation of this pilot model. Thirty individual interviews involving a variety of health-care professionals, including paramedics, were audio recorded, transcribed verbatim, and coded thematically looking for emergent similarities/differences. Key emergent themes include: improved continual professional development for paramedics; increased collaborative, interprofessional working; improved job satisfaction and subsequent paramedic retention; challenges to clinical governance; complexities of funding; and demand

for flexible models of rotational working according to local health-care demand. It was evident that there was an appetite for a rotational model both from paramedics and other health-care professionals. This study reports improved working relationships with greater interprofessional understanding of paramedics' capabilities. Length of rotation in each component is not straightforward. Longer rotations, particularly in primary care support learning and relationship building, but shorter rotations increase variety and better support shift rota patterns. Paramedics are keen to continue working within ambulance services but also want to utilize extended skills and expertise in alternative settings. Similar problems are being reported globally. The rotational model has potential to reverse some of the failings of the past where specialist paramedics in ambulance services were not used to their full potential resulting in them leaving the profession and depleting a workforce that is already in short supply.

A Self-Study Approach to Embed Formative Assessment in Clinical Education

Judy Woods, *Independent Academic*

The purpose of this self-study was to implement in nursing education five assessment strategies shown in educational research to promote student learning. The strategies are understand, discuss, and clarify learning intentions and criteria for success; facilitate discussions and implement learning tasks that provide evidence of students' current understandings; provide feedback for moving learning forward; promote students taking on the role of learning guide; and promote more independent student learning. Self-study supported translation of the assessment strategies and documentation of my efforts to monitor their effectiveness. My decision to embed formative assessment activities into lessons as the actual strategies for teaching and learning changed my focus as an instructor. Rather than making decisions about how I was going to cover the curriculum, I learned to emphasize activities that encouraged students to work in ways that allowed them to receive, give, and use feedback about their own learning processes and products as a way to move toward the required competency. Formative assessment strategies contributed to student learning by influencing the quality of student thinking and allowing students to be active participants in decisions about their learning. It is critical that nursing students develop an awareness of their strengths and weaknesses and gradually develop independence in monitoring and making decisions about what, when, where, and how learning needs to occur. This skill distinguishes practitioners who are both prepared and capable of assuming responsibility for maintaining their professional learning.

Threats to the Value of Health Technology Assessment: Qualitative Evidence From Canada and Poland

Wiesława Dominika Wranik, *Dalhousie University*

Liesl Gambold, *Dalhousie University*

Dorota Zielińska, *University of Warsaw*

Serperi Sevgur, *Dalhousie University*

Health technology assessment (HTA) is used to support the process of drug appraisal and reimbursement decisions in a variety of health systems. Examples can be found in mature Western countries, such as Canada, and in emerging economies of Central and Eastern Europe, such as Poland. The value that HTA brings to the reimbursement process is influenced by the evidence used and the stakeholders involved. We held qualitative interviews with 29 members of two appraisal committees in Canada and Poland between July 2017 and March 2018. The primary questions were about strategies for using evidence during appraisal. An a priori thematic framework was applied and supplemented with emergent themes. Here, we report on the results of a core emergent theme—threats identified by respondents to the value of HTA in the formulary process. We classified these into internal threats that arise due to undue influence on the individuals involved in appraisal, and external threats that arise due to undue influence on the production of evidence. Our findings align with previous studies regarding political and corporate pressures on the process and a perception of declining quality of evidence. We contribute to the discussion by highlighting the importance of motivation of experts involved in the appraisal process and identifying threats to motivation. The recognition of internal and external threats

lays the groundwork for a discussion of policies used to mitigate them. We offer suggestions about potential policy responses.

Crossing the Paradigm Rubicon: Helping Health Professionals to Engage in Qualitative Research (12w)

Foo Yang Yann, *Duke-NUS Medical School*

Health-care professionals (HCPs) want to question the rigor of qualitative research are increasingly gravitating towards social behavioral research (SBR); to cope with this demand, the qualitative health research community should collaborate to help these HCPs acquire competence in qualitative research methodologies. Two challenges deserve our consideration. Firstly, convincing HCPs to adopt less positivist and more constructivist ontological and epistemological commitments for SBR requires expertise. Long-held beliefs forged through prolonged clinical training on the importance of validity, reliability, and generalizability for the natural sciences are difficult to dislodge in favor of specificity, contextualization, and transferability that are amenable to the study of variable human conditions and behaviors. Secondly, the diversity of qualitative methodologies mean that even bright, but busy HCPs would find them challenging to master, especially since their priority rightfully lies with patient care. While these challenges are not insurmountable, and different Academic Medical Centers have their own programs to help HCPs cross the paradigm Rubicon, there seems to be no international collaboration on that front. A new movement to establish an international community of practice to help HCPs engage in qualitative research might consolidate its position in the next 20 years.