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June 10 & 11, 2019
University of Regina
Regina, Saskatchewan, Canada

Canadian Doctoral Nursing Network Conference
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Saskatchewan Registered Nurses’ Association

Faculty of Nursing, University of Regina
# AGENDA
**Monday, June 10, 2019**

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<th>Time</th>
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<tr>
<td>8:00 am</td>
<td>Registration &amp; Continental Breakfast</td>
<td>RI Atrium</td>
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<tr>
<td>9:00 am</td>
<td>Welcome &amp; Introductions</td>
<td>RI 208</td>
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| 9:30 am    | **Keynote Speaker:** Dr. Claire Betker
* A voice for Nursing & Health | RI 208      |
| 10:30 am   | Health Break                               | RI 208      |
| 11:00 am   | **Breakout Session:** Cara Bradley
* The Scholarly Communications Ecosystem | RI 208      |
| 12:00 pm   | Lunch                                      | RI Atrium   |
| 1:00 pm    | **Abstract Presentations**                 | RI Atrium   |
| 2:00 pm    | **Breakout Session:** Dr. Joan Wagner
* Open Textbook | RI 208      |
| 3:00 pm    | Health Break                               | RI 208      |
| 3:30 pm    | **Abstract Presentations**                 | RI 208      |
| 4:30 pm    | Health Break                               | RI 208      |
| 5:00 pm    | **Evening Reception & Keynote:** Dr. Alec Couros
* Ethics & Professionalism in the Age of Social Networks
  (appetizers provided/cash bar) | RI Atrium   |

**Wi-Fi:**
University of Regina guest log in, simply use ‘**guest access**’
### Agenda

**Tuesday, June 11, 2019**

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| 9:00 am  | **Keynote Speaker:** Dr. Maura MacPhee  
*Leadership Concepts for New Researchers* | RI 208         |
| 10:30 am | Health Break                                                         | RI 208         |
| 11:00 am | **Abstract Presentations**                                           | RI 208         |
| 12:00 pm | Lunch  
*Optional walking tour of campus – meet at 12:30 pm with Dr. Ann-Marie Urban* | RI Atrium      |
| 1:00 pm  | **Breakout Session:** Research TBA                                   | RI 208         |
| 2:00 pm  | Health Break                                                         | RI 208         |
| 2:30 pm  | **Abstract Presentations**                                           | RI 208         |
| 3:30 pm  | **Breakout Session:**  
Dr. david Gregory & Dr. Abby Wickson-Griffiths  
*Tips to Landing a Faculty Position in Academia* | RI 208         |

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Important #’s

**General Hospital** 1440 – 14th Avenue 306-766-4444  Emergency 911


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Tourism Regina 306 789 5099   email - info@reginaroc.com

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University of Regina Contacts

- **Campus Security** RI 120 (24 hours): 306-585-4999  **Faculty of Nursing:** 306-337-3300
- **Residence Services** North & South Residences (24 hours): 306-585-5450
- **Alliance Medical Centre** 306-337-2640 – 8:00 am- 8:30 pm
- **Fitness & Lifestyle Centre** Kinesiology Building, 2nd Floor 6 am – 10 pm
- **Aquatic Centre** Kinesiology Building, main floor – various hours 306-585-4371
  *For access, you must have your conference ID with you*

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**Golden Prairie Convenience Store** (Riddell Centre-on campus): Open Until 4pm

**The Owl** (Riddell Centre):306-586-8811 ext.211 - 11:00 – 8:00 pm

**Luther College Cafeteria** (Luther College): Supper Hours 4:00-7:30 pm

**University of Regina Book & Gift store** (College West): 8:30 – 4:00 pm

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Restaurants

**Walking distance from UofR**

- **Trifon’s Pizza** 306-584-0040 - 1101 Kramer Blvd
- **Subway Restaurant** 306-585-0977 - 1101 Kramer Blvd
- **McDonald’s** 306-586-3400 - 1105 Kramer Blvd
- **Stone’s Throw Coffee House** 306-949-1404 - 1101 Kramer Blvd
- **Circle K convenience store** (24 hrs.): 306-586-4044 - 1101 Kramer Blvd

**Close to Travelodge Hotel**

- **Knotted Thistle Pub** 306-584-6340 – 4177 Albert Street (in Travelodge Hotel)
- **Earl’s Restaurant** 306-584-7733 - 2606 28th Ave (off Albert St. South)
- **The Cottage Restaurant** 306-584-1313 – 4409 Albert Street
- **Greko’s Restaurant & Steak House** 306-584-3646 – 4424 Albert Street
- **Tony Roma’s** 306-586-7427 – 4450 Albert Street
- **The Keg Steakhouse** 306-585-1717 - 4265 Albert St South
- **Boston Pizza** 306-585-1722 – 4657 Rae St (off Albert St South)
- **Chop Steakhouse & Bar** 306-546-1885 2605 Gordon Rd (off Albert St South)
- **Lee’s Chop Suey** 306-585-3868 – 2625 29th Avenue (off Albert St. S)
- **Mei Wei Bistro** 306-522-5151 – 4626 Albert Street

**Downtown 10-15 minute cab ride**

- **Bar Willow Eatery** 306-585-3663 - 3000 Wascana Drive (in Wascana Park)
- **20ten** 306-751-2010 - 2010 12th Avenue
- **Viet Thai** 306-569-3833 - 2028 Albert Street
- **Skip The Dishes** is now available in Regina and many more

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Shopping & Fun

**5-10 minute cab ride**

- **Southland Mall** 306-584-7644 – 2965 Gordon Rd (M & T: 9:30 – 6 pm, W: 9:30 – 6 pm)
- **Chapters** 306-569-6060 - 2625 Gordon Rd

**Downtown 10-15 minute cab ride**

- **Cornwall Centre** 306-525-1301 - 2102 11th Ave  (M & T: 9:30 – 6 pm, W: 9:30 – 9 pm)
- **Casino Regina** 306-565-3000 - 1880 Saskatchewan Drive (Open 9am-4am)
I am proud to be a registered nurse. For more than 40 years, I have had the opportunity to promote the health of individuals, families and communities and to make a difference in their lives. I believe all nurses are leaders. It is through our collective voice and action that we support the sustainability of our health system and create communities where people have an opportunity to be healthy.

I have had the opportunity to work at a local, regional, provincial and national level. Currently, as the Scientific Director for the National Collaborating Centre for Determinants of Health, our focus is on knowledge translation. Using collaborative methods, we get evidence about how to address the structural and social determinants of health and advance health equity in the hands of decision and policy makers. This is a critical area where nurses can and do play an important leadership role.

I believe that professional associations at local, provincial/territorial and national levels provide a valuable opportunity for nurses to advance nursing and the health of people living in Canada. Nurses involvement in nursing specialty groups, provincial/territorial nursing associations and the Canadian Nurses Association provides significant leadership opportunity and contributes to the voice of nurses being heard.
Keynote Speaker:

Dr. Alec Couros, BEd, MEd, PhD
Professor – Information & Communication Technologies
ICT Coordinator Director, Faculty Based Research Centre
University of Regina

Alec Couros is a professor of educational technology and media at the Faculty of Education, University of Regina, in Saskatchewan, Canada. An award-winning educator, Alec helps his undergraduate and graduate students take up the incredible affordances of our connected world through the integration of educational technology in teaching and learning. Alec is also a well-recognized scholar and researcher who has given hundreds of keynotes and workshops around the globe on diverse topics such as connected/networked learning, digital citizenship, social media in education, and critical media literacy, providing educators, students, and parents with the knowledge necessary to take advantage of and thrive in our new digital reality. Finally, Alec is a passionate advocate of openness in education and demonstrates this commitment through his open access publications, considerable digital presence and contributions, and highly successful MOOCs and open boundary courses.
Keynote Speaker:

Dr. Maura MacPhee, RN, MSc, BSc, PhD
Professor – School of Nursing
University of British Columbia

I study nurses' work environments. Some work environment factors that are important to nurses include the types of patients in their care, leadership support and teamwork. I use a variety of methods in my research, including surveys and interviews. My goal is to use best evidence to support healthy work environments for nurses, their colleagues, patients and families.

I am a health systems researcher who studies nurses' work environment factors that influence nurse and patient outcomes. I recently conducted a survey study of BC nurses' workloads, examining factors at unit, job and task levels that affect nurses' capacity to provide safe, quality care. Nurses' workloads are influenced by unit staffing levels and skill mix. To make safe staffing decisions, patient care needs must be reliably assessed. I do research with a patient characteristics assessment tool, the synergy tool, which is used to guide nurse-manager staffing decisions and resource allocation.

My expertise includes leadership and healthcare administration. I have studied leadership development in different global contexts, including Taiwan and Hong Kong.

I am the Deputy Director for the Chinese University of Hong Kong (CUHK)-UBC International Centre on Nursing Leadership. I co-designed the Centre’s curriculum with Ms. Adela Lai, former Chief Nursing Officer of Hong Kong Health Authority.

I am an Advisory Board member for Sigma Theta International Global Health Leadership Institute.

I am on the Editorial Board for the Journal of Pediatric Nursing and the Journal of Nursing Administration. I do reviews for several leadership and healthcare administration journals.

I act as an advisor for practice sites implementing and evaluating the Synergy Model™ patient characteristics assessment tool, the “synergy” tool. The tool is currently in use in BC (Fraser Health Authority), Hamilton and Niagara health systems in Ontario, and Regina health region, Saskatchewan.
Breakout Session: Tips to Landing a Faculty Position in Academia

Dr. david Gregory, RN, PhD
Professor and Founding Dean
Faculty of Nursing
University of Regina

Dr. Gregory joined the University of Regina in 2011 as the Founding Dean, Faculty of Nursing. A graduate of the University of Ottawa and the University of Manitoba, he holds a PhD in nursing from the College of Nursing, University of Arizona. He was accorded the title Dean Emeritus from the University of Manitoba, and holds an honorary diploma from the Saskatchewan Institute of Applied Science and Technology (now Saskatchewan Polytechnic). Dr. Gregory is the lead editor on a nursing textbook (2nd edition), *Fundamentals: Perspectives on the Art and Science of Canadian Nursing*. He is also a Fellow of the Canadian Academy of Health Sciences, the only RN in the province to hold this honour. Dr. Gregory’s scholarly interests include; qualitative research methodologies, men in nursing, Aboriginal health and education, and topics related to medical anthropology.

Dr. Abigail (Abby) Wickson-Griffiths, RN, PhD
Assistant Professor
Faculty of Nursing
University of Regina

Abby’s professional practice and academic background has centred on geriatric nursing as a result of her specific passion for improving the quality of care for older adults, especially those with dementia. At Ryerson University, Abby’s graduate thesis focused on describing the mealtime strategies that people with dementia and their caregivers use while living in the community. For her doctoral thesis work at McMaster University, she evaluated the implementation of an advance care planning program in the long-term care home setting. Her subsequent fellowship work evaluated the Palliative Performance Scale use in the long-term care home setting. At present, she is working in the Faculty of Nursing at the University of Regina, and is also the Gerontology Program Coordinator. Currently, Abby is the co-site lead for the Strengthening a Palliative Approach in Long-Term Care study. Her primary interests are palliative and end-of-life care, dementia care, long-term care and advanced practice nursing.
Dr. Wagner is an Associate Professor of Nursing, University of Regina. She is a member of the University of Regina Executive of Council, the U of R Budget committee and the U of R Open Access committee. She is the Associate Dean of Nursing (Graduate Programs and Research), effective July 1, 2019.

Dr. Wagner has taught Foundations of Care 1: a Developing Professional (CNUR 102), Practice Education: Community Partnerships (CNUR 100), and Nursing Research Methods (CNUR 209), Counselling and Therapeutic Use of Groups (CNUR 201), Health and Education across the Lifespan (CNUR 106), Leadership and Influencing Change (CNUR 301) and Focused Practice (CNUR 403). She also teaches Transition to Advanced Practice Nursing (MNUR 809).

Dr. Wagner’s multidisciplinary PhD research focuses on healthy workplaces in healthcare, spirit at work, workplace empowerment and leadership for healthcare providers. She is presently partnered with researchers from Alberta Health, Saskatchewan Union of Nurses, University of British Columbia, University of Saskatchewan and University of Manitoba to work on a SHRF funded synergy research project which investigates factors that lead to healthy workplaces and improved patient outcomes within the Emergency Department. Although she utilizes mixed methods research within her studies, she has a special interest in structural equation modeling using LISREL. She has extensive community and long term care nursing experience, with over twelve years of experience in program development and operations within the health care industry.
Cara Bradley is the Research & Scholarship Librarian at the University of Regina, where her primary responsibility is to support graduate students and faculty researchers. She is also an active researcher, with interests in information literacy in the disciplines, the scholarship of teaching and learning, and scholarly communication. She has presented at conferences across Canada, as well as in the U.S. and the U.K. on these topics. She has published articles in journals including: *Evidence Based Library and Information Practice; Journal of Information Literacy; Partnership;* and the *European Journal of Engineering Education*, and in 2014 she received the Canadian Library Association’s Robert H. Blackburn Distinguished Paper Award.

She is also the author of a book, *Plagiarism Education and Prevention: A Subject-Driven, Case-Based Approach* (Chandos, 2011) and is currently co-editing an upcoming book, *The Grounded Instruction Librarian: Participating in the Scholarship of Teaching and Learning*, which will be published by the Association of College and Research Libraries in late 2018.
PhD Student Abstract Presentations:

Abeer Alraja, RN, MSN, PhD(c)
Rady Faculty of Health Sciences,
University of Manitoba

**ENHANCING UNDERGRADUATE NURSING STUDENTS’ KNOWLEDGE AND SELF-EFFICACY ABOUT WORKPLACE BULLYING: A QUASI-EXPERIMENTAL STUDY**

Workplace bullying among nurses is a prevalent and serious problem in health care settings around the world with detrimental physical, psychological and organizational consequences. Although workplace bullying is one of the biggest challenges that the nursing profession faces today, there is a scarceness of interventional research aimed at educating nursing students on effective and appropriate responses to workplace bullying. This study aims to evaluate the effectiveness of online educational modules in enhancing knowledge about workplace bullying and in improving self-efficacy related to workplace bullying among undergraduate nursing students in two Canadian schools of nursing. The study design is quasi-experimental, using a one group pre-test/post-test to assess the outcomes of the online educational modules. Fourth year undergraduate nursing students at the University of Manitoba and Red River College will be invited to participate. This study will add a substantive contribution to current nursing knowledge by developing and evaluating an evidence-based educational tool to educate and prepare nursing students about workplace bullying. Specifically, the online educational tool will include information about how to identify and manage workplace bullying situations along with case studies. Evaluating the effectiveness of the online educational tool is important in discerning its future applicability in undergraduate nursing curricula.
GHANAIAN WOMEN’S VIEWS ON MARRIAGE AND MOTHERHOOD WITHIN THE CONTEXT OF PERINATAL LOSS

In many parts of Africa, women are only considered mothers after they conceive and have children. Childlessness in Africa is frowned upon and it contributes to discrimination and stigmatization of childless women. Infertility and perinatal loss lead to childlessness which contribute to multiple stressors in women and their immediate families. Statistically, many women in Ghana have experienced perinatal loss, yet, research exploring perinatal loss rarely focus on the impact of these losses on women, their opinion as bereaved mothers and how these losses contribute to societal stigmatization. The purpose of this study was to explore the experience of perinatal loss from the perspective of women within the Ghanaian cultural context using focus ethnographic design. Twenty women who have experienced perinatal loss were recruited from a tertiary hospital in Ghana and interviewed. The researcher used inductive thematic analysis to analyze the data. Themes that emerged from the data were on beliefs and values surrounding marriage and motherhood within the context of perinatal loss.

Findings from the study showed that Ghanaian women find motherhood and child bearing to be an important part of marriage and a key component to sustaining the marital relationship. Participants recounted their experience of perinatal loss as a tragedy that has befallen them. Women in this study concurred that they had the right to make decisions with their spouses but indicated that those rights were suppressed by the cultural norms of the family, attitudes and reactions from friends and the community. The study highlights the challenging nature of cultural norms on perinatal loss; it also offers relevant information to guide the education of health care workers on the approach to the provision of care and support to bereaved mothers. The knowledge developed from this study will contribute to establishing support systems for the women and their families experiencing perinatal loss in Ghana.
PhD Student Abstract Presentations:

Beverly Balaski, RN, BN, MN, PhD(c)
Faculty of Nursing,
University of Regina

WHAT EFFECTS DO CHECKLISTS AND STANDARDIZED ASSESSMENT TOOLS HAVE ON RN CRITICAL THINKING AND DECISION-MAKING?

In an attempt to alleviate financial pressures and improve quality and system efficiencies, principles utilized in industry have been introduced into many healthcare settings. The elements associated with industrialized principles, such as LEAN, focus on “re-engineering” or “re-designing” the way work is completed. A key emphasis of these industry models is the practice of reducing variations in how work is completed by breaking down complicated jobs into simple tasks and identifying the “one” best way to complete the work. In addition, industrial principles result in changes to job descriptions, the type of training employees receive, the use of multi-skilled workers, and the replacement of professionals with lesser trained workers. The introduction of industrialized principles poses a fundamental change to how RNs are expected to assess, plan, implement and evaluate care for patients.

Currently, there is an absence of research exploring how introduction of industrialized principles in healthcare impact the critical thinking and decision-making abilities of RNs. Therefore, the need for quality research is required to gain an understanding of how RNs utilize decision-making in their work in the provision of quality care. The research will serve to inform appropriate policy changes that impact patient safety and quality outcomes.

The aim of my research is to explore the impact industrial processes such as checklists and standardized assessment tools have on RN critical thinking and decision-making. Specifically, to understand if they enhance, hinder or have a neutral effect on a RNs ability to provide quality care.

Utilizing the research methodology of Institutional Ethnography, I aim to conduct qualitative research to ascertain the experiences of RNs in utilizing industrialized processes and principles in the direct care domain and their perception of the ability to utilize their knowledge.
PhD Student Abstract Presentations:

Janine Brown, RN, MSN, PhD(c)
College of Nursing,
University of Saskatchewan

A QUALITATIVE EXPLORATION OF PRACTITIONERS’ NON-PARTICIPATION IN MEDICAL ASSISTANCE IN DYING

June 2016, Bill C-14 received Royal Assent permitting the provision of medical assistance in dying (MAiD) to eligible Canadians. Practitioners engage in conscientious objection (CO) when non-participation in care is based on the belief that doing so is against their individual conscience. However, it is not always clear what underlies care non-participation and despite public approval and positive professional reception very few practitioners are participating in MAiD related care. Question: What are the decision making factors considered by practitioners (who do not participate in MAiD related care) when contemplating participation? Interpretive description methodology, the Ruggiero Model of moral decision making and Social Contract Theory will guide the project.

Participant inclusion criteria: Saskatchewan licenced physicians and nurse practitioners who are unsure of their degree of participation, reluctant to engage in care, or would decline involvement in MAiD related care. Purposive and snowball sampling will occur the Saskatchewan Health Authority, professional associations, community and academic partners. In addition to demographic data, data will be collected through semi-structured interviews using vignettes, researcher field notes and reflective journals. Data analysis and collection will occur simultaneously, through open coding and constant comparative analysis. Thematic analysis will be utilized to facilitate description of commonalities, patterns and themes. Project REB approval is pending.

Results will enhance understanding of the factors influencing practitioner choice in MAiD care provision. Practice, policy and education supports will be explored for those declining care provision for reasons of conscience and for those reluctant to engage for other reasons. Project results may guide employees’ continuing education programs and remediate gaps in employee supportive care, fostering quality, safe workplaces and satisfying work environments. Results will support MAiD programming and health delivery organization policy design, thereby ensuring quality care for those at end-of-life.
PhD Student Abstract Presentations:

Steve Cairns, RN, PhD(c)
York University

‘ONE HEALTH’: THE MORAL IMPERATIVE OF ECOLOGICAL NURSING

Human activities on the biosphere are an existential threat to the ecology of life. Exponential growth in production, consumption, and population have led to profound changes in global health through regional variations of climate. Increasingly, climate change and pollution are influencing the morbidity and mortality of human health outcomes around the world. Vulnerable populations are disproportionally affected, yet they are the least responsible for the complex economic, technical, political, and cultural systems that are altering basic Earth systems. Nurses are uniquely positioned in society to appreciate the internal and external environmental factors affecting people’s health, which must include the social justice implications of climate change. This research is in support of nurses finding their unique voice throughout the health system in the engagement of climate change mitigation and adaptation. The socio-economic pathways forward have revolutionary implications for how we understand ourselves and reorganize in society to support a sustainable Earth. My research will explore concepts associated with a paradigm shift towards a socially inclusive, ecologically responsible environmental perspective in nursing practice. My ontology is guided by a pragmatic exploration of existential humanism and material feminism that inform research questions associated with the implicit and explicit suppression of nature within the educational and practice experience of nursing. Study design includes a quantitative correlational study of nature connectedness and ecological behaviours, and a dominant qualitative study using grounded theory. A hermetic epistemology will guide the concept exploration of nature connectedness towards a ‘One Health’ ecological nursing paradigm. As a partner, father and career nurse from the socio-political construct of a colonial-liberal democracy, my research is informed by an unsustainable lifeway from which I have benefited from. Being grounded in a process of reflexivity, the existential crisis of this age is experienced ‘within’ the responsibility of knowing what so many will experience without action.
Indigenous nursing students face numerous challenges in nursing schools which are reflected in the high attrition rates across Canada. These challenges are a result of the mechanisms of colonization entrenched in environments and relationships within education and healthcare. In 2015, the Truth and Reconciliation Commission of Canada (TRC) released a report with 94 calls to action that appeal to governments, organizations, and individuals to redress the impact and legacy of colonization by making changes to narrow the gap between Indigenous and non-Indigenous people in Canada. In a post-TRC era, the term ‘indigenization’ has become a pervasive concept in academic circles and is often thought of as synonymous to reconciliation. With Saskatchewan as the context of the study, I will explore the nursing academy’s responses to the Calls to Action from national, provincial, and student perspectives through the analysis of the discourse on indigenization and reconciliation at those levels.

The goal of this study can be divided into three categories. The first goal is to explicate what indigenization and reconciliation mean to the nursing academy. Secondly, the study will situate the nursing academy’s conceptualization of reconciliation and indigenization within the context of the TRC’s calls to action as well as within the broader discourse of indigenization and reconciliation. Finally, the study will elucidate how to move the nursing academy towards action in its response to the TRC’s calls to action. To achieve these goals, the study aims to answer these two exploratory questions: how are the concepts of indigenization and reconciliation perceived within the nursing academy? and how are the nursing academy’s indigenization and reconciliation initiatives situated within the TRC’s calls to action?
PhD Student Abstract Presentations:

Jaime Mantesso, RN, PhD(c)
University of Regina

**USING A SALUTOGENIC PERSPECTIVE TO UNDERSTAND HOW PARENTS PROMOTE THE MENTAL HEALTH OF THEIR CHILDREN: A CONSTRUCTIVIST GROUNDED THEORY STUDY**

There is a growing body of evidence focusing on the role that mental health promotion (MHP) has on a child’s ability to achieve and maintain positive mental health during their foundational developmental years. Given that children spend most of their waking time in school settings, MHP research occurring within primary and secondary schools has proliferated over the last decade. Less research has centered on different social environments, such as the family home, where MHP could prove beneficial for school-aged children.

MHP literature commonly flows from a pathogenic orientation, which entails a starting point of mental illness and then works retrospectively to determine how to avoid, manage, and eliminate its potential causes. In contrast, a salutogenic orientation recognizes that every human organism is born into a stressor-rich heterostatic disequilibrium. Salutogenesis is a broad orientation that locates each of us somewhere on the ‘breakdown continuum’ and focuses efforts towards promoting growth and adjustment. In essence, salutogenic thinking can serve as a heuristic device for MHP.

The purpose of this study is to gain an understanding of the processes of how MHP is enacted during childhood within the family context. As part of a co-constructed venture, use of Charmaz’s constructivist grounded theory will serve as the research methodology. Two central research questions will guide the inquiry: 1) How is mental health understood by parents of school-aged children? 2) What strategies do parents use to promote mental health of their children? Findings of this study have the potential to broaden our understanding of how MHP is currently occurring within the family unit. The salutogenic orientation of this study will also offer an alternative and complementary addition to existing MHP scholarship.
PhD Student Abstract Presentations:

Deanna O’Rourke, RN, NM, GNC(c), PhD(c)
Rady Faculty of Health Sciences,
University of Manitoba

A PILOT STUDY OF A VIDEO FEEDBACK INTERVENTION TO ENHANCE LONG-TERM CARE AIDES’ PERSON-CENTERED DEMENTIA COMMUNICATION

**Background:** The dawning of the person-centred care movement within healthcare, and in particular within the long-term care (LTC) and dementia care settings, has culminated interest in the facilitation of person-centred communication strategies and enhancement of relationships between care providers and residents. The acquisition of person-centred communication knowledge and skills by healthcare providers is required to transform a customary task-based care and communication approach to a relational person-centred exchange. However, traditional person-centred communication education and training programs are often insufficient to realize change in healthcare provider behaviour. One evident requisite in these transformative efforts is the provision of self-reflective learning opportunities for providers that impact internal caregiving values which ultimately influence outward person-centred behaviours. Video feedback has emerged as a technique to enhance reflective learning and person-centred practice change in some care settings; however, a gap exists in the literature as to its use to promote person-centred dementia communication.

**Aim:** The aim of this thesis research is to pilot test the effectiveness and feasibility of a communication intervention incorporating a novel video feedback component on the person-centred dementia communication skills of LTC aides.

**Methods:** Eleven health care aide-resident dyads in an LTC home in Winnipeg, Manitoba, Canada are participating in this pilot study. A quasi-experimental single group pre-test/post-test study design, supplemented by focus groups and interviews, is being employed to explore the within-participant effect of the intervention on the health care aides’ communication skills and relationship with residents with dementia.

**Results:** Based on data analysis completed to date, preliminary findings will be shared in relation to the effectiveness and feasibility of the intervention to enhance LTC aides’ person-centred dementia communication approaches.
THROUGH THE LOOKING GLASS: THEORETICAL APPROACHES TO STUDYING INCIVILITY IN NURSING EDUCATION

Incivility is a concerning occurrence in nursing education. Incivility can negatively impact the nursing academic environment for all individuals involved. Examining the concept of incivility is critical to the development of strategies used to prevent and mitigate experiences of incivility in nursing education. The purpose of this presentation is to further examine the concept of incivility in nursing education through the theoretical lenses of oppressed group behaviour, attribution theory, and conceptual models of empowerment. A critical social theory perspective is outlined as an additional theoretical approach to studying incivility in nursing education. Ultimately, the application of a critical social theory perspective can also positively influence the creation and maintenance of civil teaching and learning environments. Theoretical considerations of the concept of incivility in nursing education are limited but may hold the key to comprehensive understanding and advancement of knowledge of this unfortunate occurrence. Examination of the concept of incivility through various theoretical lenses may help to describe, explain, and predict incivility in nursing education. The ultimate goal of theoretical and knowledge development of incivility in nursing education is the creation and maintenance of incivility-free educational environments.
THRIVING VS SURVIVING: IMPACT OF SOCIAL SUPPORT INTERVENTIONS ON INTERNATIONALLY EDUCATED NURSES

How do Social Support interventions enable Internationally Educated Nurses (IEN) to thrive in nursing in Ontario?

IENs face a number of challenges while attempting to start their practice in the host country. The process of migration and transition is a stressful one. Social Support (SS) interventions have proven to be effective in mitigating the negative effects of a stressful transition. IENs who thrive in the nursing profession will become important members of a caring team and will contribute to the health of the population. There is minimal literature on the effectiveness of specific SS interventions that would enable IENs to grow to their fullest potentials and help them to thrive in the profession.

The intended research aims to test SS interventions on the thriving of IENs in Ontario. The study would use a sequential exploratory approach.

The data will be collected through a focus group interview in the first phase and consensus on the list of social support interventions and their priorities will be reached through a Delphi technique during the second phase. In the third phase utilizing a Randomized Controlled Trial (RCT) social support interventions will be tested through a foster professional for a period of six months. Informal social support provided by another professional who has had experience of navigating the systems of registration/employment would significantly impact the lives of IENs. The outcome of this research will help in developing policies with specific SS interventions that facilitate the mental wellbeing of IENs and be able to thrive in society as immigrants. Results of this research will also serve as evidence both domestically and internationally for governments to modify and develop programs that would help all Internationally Educated Professionals. The presentation will address the advantages and challenges of utilizing the Delphi technique and an RCT with IENs.
PhD Student Abstract Presentations:

Brenda Peters-Watral, RN(NP), MN, AGD, ANP, PhD(c)
University of Manitoba

AN INTERPRETIVE DESCRIPTION OF MORAL DISTRESS IN ONCOLOGY NURSING

Moral distress (MD) is an important focus of research and debate because of perceived harms to both health care providers and patients arising from morally distressing situations. Few existing MD studies focus on oncology nursing and they have inconsistent findings that demonstrate both overlap and divergence with findings in other nursing populations. Oncology contexts have unique relational, technological, and ethical features that may impact the development of MD, potentially limiting the transferability of research from other settings. The increasing burden of cancer within the population and associated demand for increased oncology nursing care provision magnifies the significance of this gap in knowledge. This qualitative study, using interpretive description, aims to expand on the limited existing knowledge regarding MD in oncology nursing practice. Semi-structured interviews will be conducted in person, via telephone or Skype/FaceTime with 15-20 participants recruited from the membership of the Canadian Association of Nurses in Oncology. Oncology nurses caring for people with cancer in clinical practice, education or administrative positions will be asked to describe their experiences of MD, including their perceptions about the contextual factors that impact on that experience, their responses to MD in practice, and the factors they believe would mitigate MD or assist resolution when it occurs. Both audio recordings and interview transcripts will be analyzed for relevant themes. Data collection for this study is anticipated to begin in May 2019.
PhD Student Abstract Presentations:

Joanne Tay, RN, MPH, PhD(c)
University of Toronto

EXAMINING ADJUSTMENT AND COPING TRAJECTORIES IN HEALTHY SIBLINGS OF CHILDREN WITH LIFE-THREATENING CONDITIONS

Background: A life-threatening condition in a child has a significant life-long impact on all members of the family. Healthy siblings are especially vulnerable as they attempt to adjust to the multitude of stressors not only from the life-threatening condition, but also changes within the family system.

Research objectives: To address current knowledge gaps and guided by the Transactional Stress and Coping Model, the overall research objectives of the proposed study are: (1) to examine the trajectory of healthy siblings’ behavioural adjustment over a 12-month period, and (2) to examine the relationship among siblings’ stressors, active or passive coping, and behavioural adjustment (internalizing, externalizing and total behaviour) over a 12-month period.

Methods: A secondary analysis of a subset of data from the ‘Charting the Territory’ study will be conducted to meet the study objectives. Charting the Territory included prospective data collection from parents and siblings of children with progressive genetic, metabolic or neurological conditions. A Linear Growth Curve analysis will be performed to examine the trajectory of siblings’ behaviour over the 12 months. Structural Equation Modelling will be employed to examine the relationship among three broad sources of stress (family-related stressors, parent-related stressors and ill child-related stressors), coping, and adjustment.

Summary and significance: The proposed study will provide important information on siblings’ behavioural adjustment over time which has rarely been examined. Results of the proposed study will also inform how siblings’ stressors and active or passive coping are related to behavioural adjustment with time. Findings from this study may be used by both clinicians and researchers to improve existing interventions or develop new ones to enhance siblings’ coping skills which may bring about improved long-term behavioural adjustment.
The Faculty of Nursing at the University of Regina would like to express our sincere thanks to each one of you for attending our conference. We hope you found this time useful to you in your PhD journey. We hope to see you next year. Have a safe and wonderful summer!

Please do not hesitate to contact us if you require further information.

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