



Abstracts, Oral

Listed alphabetically by Author's last name

Theoretical Triangulation and Narrative Case Study Analysis as Complementary Methods in Qualitative Research

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Theoretical triangulation in qualitative research typically involves looking at the same data through different theoretical perspectives, an approach used to analyze and interpret data and generate findings. This presentation demonstrates how the triangulation of multiple theoretical frameworks can be used to shape the design of an inquiry prior to analysis to collect more complex, multi-layered, and textured data from which to examine phenomena when combined with narrative case study analysis. A phenomenological dissertation study of currently parenting African American mothers with experiences of sexual mistreatment and other trauma-related exposure is used to illustrate the compatibility of the methodologies. The theories used include the Constructivist Self-Development Theory, Afrocentric Intergenerational Solidarity perspective, Womanist/Black Feminist Theory, and Attachment Theory. Narrative case study analysis provided a mechanism for connecting gaps left by the use of different theoretical perspectives that illuminate specific data and dissipate other data and thus added some chronology and context to women's experiences. Strengths and limitations of combining these methods is also discussed.



Using the Internet to Gather Credible Qualitative Data from Vulnerable Populations

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Collecting high quality data from groups identified as vulnerable is a challenging process requiring skill and sensitivity on the part of researchers. In particular the use of qualitative data has been found to be highly relevant when undertaking studies with these populations, especially for research which critiques dominant groups that cause oppression or those that foreground the voices of vulnerable people. While traditional data collection methods are well established for this purpose, the Internet offers many additional methods. However despite the Internet being very familiar to most people, some researchers remain hesitant to incorporate Internet-based data collection strategies into research projects. This presentation illustrates the Internet as a useful medium for collecting qualitative data. It outlines and critiques three Internet-based methods for collecting solicited qualitative data (online qualitative survey/questionnaire, email interview, and synchronous online interview). Examples are provided from research undertaken by us with groups often identified as vulnerable: men who have sex with men (MSM), women who have been diagnosed with a sexually transmitted infection, and sexual minority populations with/without mental health issues. Our experience in employing online technologies has been successful in encouraging participation of groups who are hard to reach and/or vulnerable. While literature is available outlining specific research methods useful for collecting data from vulnerable populations, little is

available that reports on the practical application of these Internet-based data collection methods for people from these populations. This presentation will encourage researchers to consider and embrace these technologies when appropriate.



Views of residential care workers about lesbian, gay and bisexual older people

Jeffery Adams

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Internationally increases in the numbers of older people will be reflected in larger numbers of more socio-culturally diverse older people requiring care provided by residential care facilities. However numerous studies have reported covert and overt instances of homophobia within residential care services provided to older lesbian, gay and bisexual (LGB) people. A qualitative study was undertaken to explore the attitudes and perceptions of care staff working in New Zealand residential care homes toward older LGB people. Informed by critical gerontology the study employed focus groups with care staff from seven residential care facilities. Hypothetical vignettes were used to stimulate discussion amongst participants. Thematic analysis of the seven focus group interviews identified three themes: "Knowing me knowing you", "Out of sight out of mind" and "It's a generational thing". Subtle as well as not so subtle forms of homophobia were evident in each of the themes. Care staff felt they were largely unprepared to provide care to older LGB people. The implementation of principle based guidelines is offered as one way to address these issues. Opportunities to participate in on going education and partnering with LGB community organisations are also paramount to the provision of culturally appropriate care to older LGB people.



Exploring the experiences of couple and family therapists learning and using an evidence-based practice

Robert Allan

Dalhousie University

This research project concerns itself with the experiences of couple and family therapists learning about and using an evidence-based practice. The engagement with evidence-based practice is growing across many aspects of the mental health and health care systems. The evidence-based practice model is now being applied in a broad range of health and human service systems, including mental and behavioral health care, social work, education, and criminal justice (Hunsley, 2007). The dialogue about the role of evidence-based approaches in the practice of couple and family therapy (CFT) and research literature about CFT is also evolving (Sexton et al., 2011; Sprenkle 2012). Interestingly, while the research delves into what are the best approaches with different populations and presenting issues, little research has explored the experience of CFTs themselves, particularly while learning and adopting an evidence-based practice. Using a phenomenological approach called interpretive phenomenological analysis (Smith, Flowers, & Larking, 2009), this research project explored the experiences of couple and family therapists learning and using an evidence-based practice. As researchers, educators, administrators, policy makers, and clinicians struggle with what works best with which populations and when, how best to allocate resources, how best to educate and support clinicians, and the complexity of

doing research in real-life settings, this research project has the potential to contribute to those varied dialogues. The presenter will explore a key theme that has emerged from the research.



Development of a Conceptual Model of Quality of Life within Pediatric Oncology

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McMaster University

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Numerous controversies have arisen in quality of life (QOL) and health-related quality of life (HRQOL) research, primarily related to conceptualization and measurement concerns. Following a systematic review that identified all patient-reported outcome (PRO) instruments used in research with childhood cancer patients and survivors (n=20), our team analyzed the content of all measurement items and developed a preliminary model that conceptualizes QOL/HRQOL for this patient population. To further refine and develop this model, we initiated a qualitative study to examine the perspectives of pediatric cancer patients and survivors about their lived experience and QOL. Thirty-five patients and survivors (aged 8 - 18 years; 18 males and 17 females) were recruited from four Canadian hospitals and in-depth interviews were conducted in a participant-selected setting. Qualitative analysis facilitated the identification of emerging QOL/HRQOL themes and codes from the perspective of study participants, which then informed and were compared with the domains and concepts proposed in our developing QOL/HRQOL framework. It was concluded that, conceptually, many codes and themes from our analysis were similar to the domains and concepts measured within established PRO instruments. This provided validity for our developing model, yet we also identified unique concepts concerning the participants' experiences, particularly regarding dimensions of positive transformation, that were not addressed by the included PRO instruments. Findings contribute to the further development of a QOL/HRQOL conceptual framework that may guide researchers in selecting an appropriate PRO instrument. This program of research offers direction to improve patient care by informing evidence-based intervention strategies.



Teaching and Learning Feminist Poststructuralism in Two Research Studies

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In this presentation we will discuss how two research teams used Feminist Poststructuralism (FPS) in two research studies and the successes and challenges of how all team members collaboratively used FPS to guide the research process. The first study examined the experiences of mothers, public health nurses and managers who participated in post-partum early home visits and the second study examined the hospital experiences of children with intellectual disabilities, their mothers and the nurses who cared for them. Members included the principle investigator who is an expert in the use of FPS, co-investigators who had some experience using FPS or other critical social qualitative methodologies and two research coordinators who had minimal or no experience applying FPS. The process of learning how to work collaboratively to apply FPS initially required an immersion into the data by all team members using discourse analysis followed by robust discussions regarding the meaning and interpretation of experiences. This presentation will highlight how the learning process unfolded for all team members, in particular the two research coordinators, which ultimately culminated into a working template that guided the application of the concepts within discourse analysis. We will also discuss our challenges trying to use Atlas.ti and NVivo with FPS as well as the language and practice of thematic analysis. Through our research journey, our teams were able to effectively use FPS in a rigorous way that led to exciting findings in two studies.



Intersecting the Logic of Discovery and Rigor in Qualitative Research: A Case Study

Pierre-Yves Barbier

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How can the challenges of qualitative research be navigated successfully? How can the diversity of qualitative research best be celebrated, embraced, and communicated?

The purpose of this presentation is to highlight the process and results of a third party ethnographic and constructivist qualitative research project. This case study is based on a research narrative of a doctoral project which chronicles how the research was successfully conducted. This narrative will be considered as a set of data available for a second analysis which, then, will focus on how new knowledge was produced through a rigorous yet versatile protocol guided, primarily, by deep engagement in the meaning of the research question. It will examine how shifts occur in the relationship between the researcher and topic and how these shifts crystalized into the research's transforming postures, which influence process and results. It will discuss, as well, how capacity is built through study and how ethnographic approach to topic brings a set of inherent dilemmas. Understanding these dilemmas within the specific context of the study could not only give form to diversity in qualitative research but also provide insights as to the best ways to make qualitative

research significant and worthwhile. At the end of the day, perhaps it is the type of knowledge gained through such study that is the real asset of diversity.



Locating Qualitative Analysis in a Community University Research Alliance Focused on Intimate Partner Violence

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This CURA (Community University Research Alliance) project, led by RESOLVE (Research and Education for Solutions to Violence and Abuse) Saskatchewan at the University of Regina, is building on connections among three RESOLVE prairie province research offices in Alberta, Saskatchewan and Manitoba, researchers in the Northwest Territories (NWT), and justice and community family violence agencies. Together we are conducting research that will enhance an understanding of effective community response to intimate partner violence (IPV) across the regions. This study is integrating several sources of data to create an action plan that maps the socio-spatial problems of IPV, elicits narratives describing community response in rural and northern areas, and generates a grounded theory as a practical tool to create and sustain non-violent communities. Our five year research plan to date has addressed activities completed for years one and two, which include GIS (geographic information system) mapping of resources and incidents of IPV and qualitative analyses of 30 interviews from multiple service perspectives for each region. This presentation highlights qualitative analysis from the Alberta region and links findings to activities planned for the next three years, which include: 1) the creation of clustered regional community profiles, 2) the elicitation of community narratives using qualitative methods that will integrate all sources of qualitative and GIS data, 3) the development of a model that describes ways to create and sustain non-violent communities, and 4) the transfer and translation of project results.



A Narrative Inquiry into Nutrition, Play and Exercise of Aboriginal Children Using Their Elders' Stories of Diabetes

Sylvia Barton

University of Alberta

Christina Murray

University of Prince Edward Island

Building upon previous research - A Narrative Inquiry into the Aboriginal Stories of Diabetes, this latest inquiry provided a three year context for influencing change through the use of Elders' stories of diabetes by Aboriginal children. The prevention and treatment of type 2 diabetes (T2D) in children present extreme challenges in terms of reversing obesity, changing eating and exercise behaviours, and ensuring adherence to new life patterns. In this presentation, we focus the discussion on the qualitative research process that elicited a deeper contextual understanding of family, social

connections, culture, and environment through the perspectives of six Nuxalk Nation children living in Bella Coola, British Columbia, Canada. Highlighted is how narrative inquiry provided a methodological framework and philosophy that guided the research process; and directed the methods used related to: conversational interviews, 2) photo- elicitation, and 3) shared storytelling. We end by offering insights for child health professionals and policy decision-makers responsible for affecting primary prevention and treatment modalities for T2D; as well as for researchers responsible for disseminating the findings to participants and community advisory committees that inform the development of interventions specific to the community.



'Returning to the things themselves': Experiential research designs for chronic health condition related anxiety

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Northern Integrated Care Service/ Monash University

John Mercer

Monash University

Anxiety related to psychological adjustment to diagnosis and orientation to health behaviours is a major issue in the growing pandemic of chronic **disease**. The presenters both work professionally in chronic condition focused multidisciplinary health care contexts where they deliver programs and provide clinical care. Both are using qualitative methodologies to conduct separate PhD enquiries into a unique Japanese system of therapy for anxiety-based disorders, Morita Therapy.

As a staged residential system based on phenomenological principles, Morita Therapy is naturally aligned with qualitative research methodologies and uses experiential methods to bring the individual to existential confrontation with reality as it is, rather than drawing on cognitive mechanisms to facilitate affective and behavioural shift. Morita Therapy's potential utility in western health care contexts is currently being explored by the presenters through practice at the clinical level.

Due to the complex and subtle nature of these discrete areas of enquiry, both researchers have been required to develop and implement innovative research designs based on lived-experience as the cornerstone of fieldwork. A psychologist, the first researcher explores the lived phenomena of Morita Therapy from the experiential positions of both patient and therapist. A Clinical Nurse Consultant, the second researcher explores the phenomena of nursing posture, from the perspectives of both patient and nurse attendant (a pivotal role in Morita Therapy).

The presentation will provide an abridged overview of Morita Therapy; briefly introduce each unique qualitative research design, and provide examples of data from lived-experience (immersion) fieldwork to punctuate key points of qualitative research process and preliminary findings.



Grounded Theory - A Feminist Intersectional Approach

Kelly M. Bentley

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The use of a grounded theory (GT) methodology enables the researcher to generate the dominant social and structural processes that account for behavioural variation within a particular social situation. Divergence in interpretations of GT and recent work where researchers have remodeled it to fit their worldviews illustrate how distinct GT methodologies have evolved. For some, these changes are reflective of evolution in the research methodology and changing social contexts. Others argue that the current status of GT research demonstrates a blurring of paradigms and provides the opportunity for multiple viewpoints and perspectives. I view differences among approaches to GT as related to the researchers' worldviews and epistemological assumptions. In this presentation, I will argue that remodeling GT to reflect my intersectional feminist theoretical perspective is a new and appropriate manner to guide GT analysis. Findings from recent analysis will be employed to demonstrate and facilitate discussion about the strengths and challenges of a feminist intersectional approach to GT.



Using narrative interviews to understand aspects of the social gradient in obesity

Paul Bissell

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In developed countries, there is a well-documented, inverse relationship between obesity and socio-economic position, amongst adults and children. Whilst one perspective views this in socio-structuralist terms as an outcome from living in an obesogenic environment, much of the health policy literature in England considers the rise in obesity as a product of individual responsibility and personal failure. Within this context, there is a dearth of qualitative work exploring the experiences of living with obesity, particularly in the context of social disadvantage. Whilst some qualitative work (Throsby 2008) has eloquently described how individuals undertake narrative work to re-position themselves in opposition to accounts of individual culpability and stigma, we argue that there are other themes within the lived experience of obesity in the context of social disadvantage that we refer to here as the muted, desiring body.

To demonstrate this, we draw on data from narrative/biographical interviews with obese adults (15) living in northern England, in areas of high social deprivation. Participants positioned themselves as responsible moral agents when accounting for their weight status and there were moving stories of sadness, despair and isolation regarding the impact of weight on health and social life. However, we also identified more muted, but discernible accounts focusing on the visceral enjoyment and desire associated with consuming food, not just as a source of comfort, but as a way of giving meaning to lives which were constrained by both disadvantage and obesity.



Methodological Considerations in Tracing Cancer's Margins: Genders, Sexualities and the Queer Biopolitics of Access to Health Knowledge Mobilization

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Throughout the history of Cancer Health research, there has been a marked polarization between inductive and deductive research paradigms based, in part, on the privileging of a visible, concretized, biomedical, heteronormative and cisgendered health discourse. In response, lesbian, gay, bisexual, queer &/or transgender (LGBQ&T) health researchers have challenged the cancer health research enterprise by adopting theoretical and methodological approaches that take as their jumping off point the intersectionality of gender and sexuality. There is a consensus in the literature that LGBQ&T people are not well served by the current generation, translation and mobilization of cancer knowledge.

The Cancer's Margins project (www.lgbtcancer.ca) has developed and field-tested a research protocol to advance our understanding of access to, and utilization of, cancer health knowledge in health and care decision-making for LGBQ&T people. Semi-structured interviews have been carried out in British Columbia, Manitoba, Ontario, Quebec, Nova Scotia, and the San Francisco Bay area in rural, suburban, and urban sites. Primary findings indicate that a generational divide exists among LGBQ&T cancer patients. LGBQ&T cancer patient accounts are organized and articulated generationally, with broad and robust age-related cohort effects. Participants <50 years of age were much more likely to identify as 'queer' and/or 'trans*' and to frame the impact and significance of breast and gynecologic cancer surgeries by using contemporary trans* terminology. The practical and analytic significance of methodologies designed to trace and document gender and sexual intersections are relevant to public health cancer initiatives designed to provide culturally competent care for LGBQ&T populations.



Using Video Editing Software as a Qualitative Data Analysis Tool

Lorna Boschman
University of British Columbia

The question of data management, reduction and interpretation is critical when working with video data in a large multisite study. When a researcher works with a small number of participants and personally conducts interviews, it is possible to develop a familiarity with the materials - a more difficult process in multisite studies. Written transcripts from 150 in-depth interviews can exceed 1,000 pages. Video recordings total hundreds of hours. While Qualitative Data Analysis Software enables custom coding and quick retrieval of text, audio or video files, it lacks the capacity to organize data sequentially.

Although qualitative researchers have begun to record interviews using video, we can learn from the technical strategies of professional documentary editors. Researchers' ability to tell the participants' story relies on data coding to organize information into categories. Clips within a coded category can be ordered into a sequence using commercial video editing software.

Final Cut Pro X is alone among current video editing software programs in allowing editors to use keywords in isolating sections of video clips in the same way that researchers use codes to delineate data. My technique - using Final Cut Pro X to code interview data using keywords - has been applied in two recent studies interpreting cancer health and physical activity interview data. While approaching interviews the way an editor would, researchers are able to more fully engage with the stories of participants, regardless of who conducted the original interview. This technique is a valued addition to the qualitative health researcher's toolbox.



Is temporary agency employment precarious? The experience of temporary agency workers in Flanders

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A remarkable trend in the past decade has been the growth of temporary agency employment. Even in a European, continental welfare state like Flanders (Belgium), where labour-market flexibility is rather small compared to more liberal welfare states, temporary agency employment is a moot point in both public and academic milieus. Some researchers have argued that the flexible character of temporary agency employment allows employers to reduce training costs and to respond to fluctuations on the demand side, which is necessary for their competitiveness. Others emphasise that agency jobs are associated with job insecurity, low wages, a lack of benefits, little training, no job prospects, a lot of working time flexibility, minimal trade union representation and problematic triadic employment relations. The above-mentioned aspects are components of the multidimensional approach of precarious employment, which is chosen as the theoretical background of this study. Furthermore, several of these dimensions are associated with poor health and well-being. This article aims at contributing to the debate concerning temporary agency employment by looking at the perception of temporary agency workers themselves. Specifically, in this article is reported on the perception of the dimensions of precarious employment by temporary agency workers in Flanders and how they link their employment situation with their health and well-being. For this purpose, semi-structured interviews with 15 temporary agency workers were conducted and analysed from a phenomenological perspective. The results reveal among others feelings of powerlessness, insecurity, discouragement, frustration, shame, inferiority, freedom, challenge and hope, associated with the dimensions of precarious employment.



Your Health - Your Decision: Health Care Empowerment for Urban Men and Women

Nathan Boucher

Touro College School of Health Sciences

Tracey Wilson

SUNY-Downstate, School of Public Health

The U.S. Patient Protection and Affordable Care Act and a landscape of finite health resources, in the context of an aging population, demand a more educated and empowered health care consumer. Community engagement can be helpful for informing what types of education and skills are needed among consumers. This is a model for community

engagement, assessment and education for an urban, elderly population in East Harlem, NYC utilizing a senior center affiliated with the New York City Housing Authority.

The two-pronged approach first utilized senior center-based focus groups conducted in Spanish (n=10) and English (n=11) to assess health care decision-making processes, with a focus on end-of-life decisions, among men and women age 40 and older (average age = 65.8, SD =11.5). The majority of participants self-identified as Hispanic or Latino (95%; one declined). The second stage incorporated a series of bilingual skill-building workshops for the same general population (15-20 participants each) focusing on situational decision-making in a complex health care system including: Getting the most from your pharmacist encounter; How to prepare for your PCP visit; and I am getting discharged from the hospital: what do I do?

Qualitative data from the structured focus groups were coded and revealed focus areas for population-specific intervention including: key words in health communication for Spanish-speaking populations; fears/anxieties needing mitigation in patient-provider interactions; health care access points offering the highest yield for reaching urban populations; effective approaches to end-of-life counseling; community preferences for health communication; and gaps in health consumer knowledge needing bolstering. Findings from the focus groups, shared with the community partner, were used to refine the content of the skill-building workshops and will serve as formative data for development of an intervention to improve health care empowerment associated with end-of-life decision-making within this population.



Putting End-of-Life Issues on the National Stage: A Content Analysis

Nathan Boucher

Touro College School of Health Sciences

Did the 2009 "death panel" social media post by former Alaskan Governor Sarah Palin catalyze nation-wide discourse in the U.S. regarding end-of-life issues in the context of evolving health reform?

A retrospective, two-stage content analysis of print media news items three months prior to August 7th, 2009 versus three months following was conducted. Three high-circulation papers were queried using seven relevant search terms.

Analysis showed increases in news items concerning end-of-life issues in the three months following the 'death panel' posting as compared with the prior three months (16 prior; 129 following). The New York Times had the largest increase (12; 87) followed by New York Daily News (0; 21) and then USA Today (4; 21). Top emerged themes were end-of-life issues used as a political 'football'; concerns about healthcare cost; and public confusion about proposed health reform.

The "death panels" post catalyzed a national discussion about end-of-life concerns. This is important for health policy noting the impact of social media on public discourse; continued visibility of print news; and the continuing emotional charge behind end-of-life issues in our society. This presentation will incorporate a larger conversation about end-of-life issues and how we might measure preferences and knowledge in the communities we serve. Strategies shared in the session will be recorded and given to participants following the conference.



Exploring the relation between migration, ethnicity and psychosis: navigating ethical and methodological challenges in 3 European nations

Francois Bourque Institute of Psychiatry

Prior epidemiological studies have demonstrated that migrant and ethnic minority groups have significantly higher risk of developing serious mental illnesses such as psychotic disorders, especially in Europe. While the reasons for this are still unclear, increasing attention is being paid to the social environment in the host society. Interestingly, this phenomenon has never been explored through qualitative methods.

Conducted within a large-scale European Union study on gene x environment interactions, this study consists of a mixed methods investigation of the relation between immigration, ethnicity and psychosis. The qualitative strand of this study explores the social experiences and illness narratives of patients from migrant and ethnic minority groups who suffered from a first episode of psychosis. In order to shed light on the role of ethnicity and social environment in the onset of psychotic disorders, in-depth qualitative interviews are being conducted with participants of various ethnicity in 3 host society contexts: London (UK), Paris (France) and Amsterdam (the Netherlands).

This presentation aims at discussing key methodological challenges and dilemmas encountered by a qualitative researcher involved in transcultural multi-site research: a) the differences in ethical requirements and institutional barriers across sites, b) addressing language barriers in data collection and analysis stages, and c) adapting interviews to local views of migration and ethnicity in each host society context. It is hoped that the researcher's experience and perspectives from the audience will allow a fruitful dialogue and generate valuable insights in the conduct of qualitative research across cultures and social contexts.



Reconciling Diverse Perspectives in Multidisciplinary Research

Marion Brown

Dalhousie University

Heidi Lauckner

Dalhousie University

Paula Hutchinson

Dalhousie University

Qualitative methods delight in the multiple interpretations of social phenomena and encourage its researchers to uphold the complexities therein. Rooted in this epistemological foundation, our multidisciplinary team embarked on a study exploring the perspectives of students, practitioners and faculty members from medicine, nursing, occupational therapy and social work regarding how they experience and evolve their unique professional identities while working in multidisciplinary contexts. Rich, complex and divergent data already, at the same time our analytic processes have grappled equally with the many and varied interpretations on the data by the team members ourselves, which reflect our own experiences and expressions of professional identity as we work within our own multidisciplinary context. This parallel process of grappling with diverse perspectives both within the data as collected and within our team process as experienced generates yet another layer of data, which once again, is interpreted through our unique multidisciplinary lenses.

This presentation highlights practical and conceptual challenges to a research design wherein the process and content for participants mirror the process and content for research team members, and offers strategies for working with, rather than against, the inherent complexities



Turning Data Into Dance: Performing the Somatic Effects of Oppression

Christine Caldwell

Naropa University

Beginning with the research question 'What are the somatic effects of oppression?', co-researchers Christine Caldwell and Rae Johnson used qualitative interview methods to get at the lived experience of 24 people who identified as belonging to marginalized social categories. One such participant, Owen, who identified as transgender, partnered with Christine to turn the interview transcripts into a choreographed dance and art performance at Naropa University, which was seen by over 600 community members in January 2013. The process of rehearsing, staging and showing an enactment of the interview data was powerful, moving, and contributive, and illustrated how qualitative research can have immediate, personal, and profound effects on a community's experience of gender.



Beneficial impacts of open-ended interviewing in grounded theory mental health research.

Mathew Carter

The University of Western Australia

Professor Colleen Fisher

The University of Western Australia

Professor Mohan Isaac

The University of Western Australia

A constructivist grounded theory study utilising the lived experience of consumers is in progress. Participants self-identify as being in prolonged recovery from comorbidity involving an alcohol disorder and mood or anxiety disorders. There has been little prior research in the area exploring what may be gleaned from lived experience.

Uniquely, the researcher has an insider's perspective of this journey as a consumer and carer, and outside perspectives of the process as a clinician and researcher. The shared perspective (partially disclosed) appears to strengthen rapport building and data generation.

Interviews of 1-2 hours duration are recorded and transcribed expeditiously. Notes are rarely taken. Apart from 3 very broad issue domains, queries are open-ended, with minimal prompts or probes. Preliminary analysis suggests an emerging theme of a reported beneficial impact of this interviewing method for consumers participating in the research.

This possible beneficence via unintended therapeutic effect may be related to a variety of factors. A shared lived experience is novel. Emerging within the analysis are themes including catharsis and affirmation of the recovery journey, through attentive open-ended interviewing within a non-judgemental framework with strong non-therapeutic rapport.

Themes of altruism and self-transcendence as motivating initial participation and as a source of beneficial impact have also arisen.

It is concluded that, over and above the generation of knowledge, a sensitive, open-ended and attentive research methodology may result in benefits for individual participants. Researchers and interviewers with lived experience may enhance the depth of data generation and potential beneficence for participants.



Exploring Newly Graduated Registered Nurses' Decision to Exit the Profession

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University of Alberta

Dr. Florence Myrick

University of Alberta

Dr. Olive Yonge

University of Alberta

Dr. Randolph Wimmer

University of Alberta

"How much longer can I do this? I'm anticipating that if I were to do [nursing work] indefinitely, I don't know if there would be a breakdown, or I would become physically unhealthy, or what would happen. I'm so close to the brink."

Despite efforts to address the Registered Nurse (RN) shortage in Canada, the Canadian Nurses Association predicts the Canadian nursing shortage will rise to an estimated 60,000 RNs by the year 2022. Further compounding this issue is the approximate 33-61% of new nursing graduates who will change nursing roles or exit the profession within two years of practice as a nurse. Using the Glaserian Grounded Theory method, the purpose of this study is to examine the basic social psychological process involved in determining how newly-graduated RNs arrive at the decision to exit the nursing profession within five years of entry into the workforce through semi structured interviews. The study findings reveal the following themes: Navigating constraints of the health care system and workplace; Negotiating social relationships, hierarchies, and troublesome behaviours; Facing fears, traumas and challenges; Weighing competing rewards and tensions; and ultimately, Letting go. The findings from this study add to a growing body of knowledge which seeks to understand the ongoing attrition of new RNs from the profession upon entry-to-practice..



HIV-Related Secondary Stigma in Partnered Gay Men

Jon Christensen

University of San Diego

Even after years of intense preventative education and awareness HIV disease/AIDS continues to affect gay men more than all other risk groups combined. HIV-related stigma stands out as a major determinate of health in this population. HIV infection also affects those in close social relationships with people living with HIV/AIDS including: parents, spouses, children, siblings, and caregivers. This parallel concept of secondary stigma is less prominent in current literature. The group that has received the least attention is gay partners of HIV infected men. The purpose of this study was to explore

and describe the experiences of gay men living with a male partner who has HIV disease/AIDS who were not primary caregivers.

A qualitative study using an interpretive descriptive approach was employed to study the experiences of eleven gay men whose partner had HIV disease/AIDS. The study was conducted in southern California, using a purposeful convenience sample. An unstructured interview process was utilized, the interviews transcribed verbatim, analyzed, and themes and patterns developed into a professional narrative conveying the most important findings focusing on clinical implications for nursing practice. 5 central themes emerged: secondary stigma was a concern for all participants, many participants were reluctant to take a role as primary caregiver, interactions with healthcare providers were mostly neutral, but many expressed disappointment at not being identified as a gay partner and not being included as an active participant in decisions regarding the health of their gay partner, the decision to disclose the fact that they had a partner with HIV disease/AIDS, and to whom, was a concern for all participants, and most participants identified positive aspects and areas of relationship enhancement that occurred as a result of living with an HIV-positive partner.

The results of the study suggest that even though societal views on gay relationships are changing, issues regarding secondary stigma, disclosure, health, and support and education from the healthcare community continue to impact gay men and their partners.



The Lived Experience of High School Freshman on an Adventure Orientation Trip

Jean Coffey

University of Vermont

Using the framework of a college outdoor orientation program, a non-profit youth development organization partnered with the local high school to offer an Adventure Orientation Program (AOP). The participants were recruited at the close of their 8th grade year. The intent of the program was to promote a culture of physical activity and provide a peer group for students as they entered high school. It was unclear what, if any benefits the participants would gain from the overall program and more specifically from the actual wilderness experience. To date, there are no known studies of incoming high school freshman participating in an outdoor orientation program.

The study of a wilderness experience has its challenges. The outdoor environment does not always lend itself to study in real time. The use of paper surveys or interviews during the experience are problematic on many levels and may change the nature of the experience. A post experience phenomenological interview (Colaizzi) was used to ask the participant in the wilderness experience to reflect on and describe that experience in his or her own words. The participants shared their feelings and described personal benefits of the trip free from the constraints of a prepared questionnaire. Qualitative research brought those unique experiences to life through the words of the participant. Participants were initially recruited for face-to-face interviews however when it became difficult to schedule, there was a switch to use of an online Lime survey with surprising results.



Jumping Hurdles: Working around barriers to the engagement of marginalized youth and community organizations to foster meaningful Knowledge Translation

Brian Condran

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Dr. Jacqueline Gahagan

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Pamela Hudson

Dalhousie University

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The Canadian Institutes of Health Research define Knowledge Translation (KT) as the process of sharing information between research teams and knowledge users, and situate KT as a means of promoting trans-academic application of knowledge derived through health research. Applying policy-relevant research toward the advancement of health equity among socially marginalized youth necessitates the meaningful engagement of youth from LGBTQ, injection drug using, and street-involved communities. However, contemporary conceptualizations of KT fail to engage these populations. How then can qualitative health researchers successfully share research findings with marginalized youth?

Using examples from the 3-year, study *Our Youth, Our Response*, this paper discusses incongruences between common KT strategies and the actual meaningful engagement of youth, marginalized youth, and community-based organizations (CBO) in the HIV/HCV prevention policy-to-programming nexus. By engaging youth advisory committee members and CBO-representatives in an iterative dialogue, the research team sought to identify outreach barriers and devise alternate means of engaging diverse youth populations in data collection and KT-themed events.

Preliminary findings support the supposition that policy-relevant KT fails to engage the interest of youth, and many CBOs who work with marginalized youth in the area of HIV/HCV prevention. We argue that this is due, in part, to current conceptualizations of KT as a didactic rather than iterative and inclusive process, focused on close-ended, 'expert-driven' reporting methodologies that do not accommodate the unique learning styles of the target audience. We conclude with a discussion of informal and arts-based KT strategies employed to increase meaningful engagement of youth, particularly marginalized youth.



Drinking it up: Men's use of alcohol while grieving the loss of a friend

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John Oliffe

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Elizabeth Saewyc

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Young men who align with dominant ideals often have an uncomfortable relationship with grief. Because strong masculinity has been equated with invulnerability and bravery it can be difficult for men to express feelings of sadness and despair, even following tragic loss.

This study used qualitative interviews and photo elicitation to investigate the way in which 25 men aged 19-25 and 22 men aged 26-35 grieved the accidental death of a friend.

Findings revealed that alcohol was a socially sanctioned and ritualized form of coping with grief for men. Participants used alcohol as a means to numb feelings of sadness, facilitate individual and group grief practices and to celebrate the life of the friend who had passed away. Being intoxicated allowed men to engage with emotions not stereotypically masculine and broadened the scope for the expression of grief. Results also show, however, that short and long term reliance on alcohol presents a variety of risks to health and well-being.



Live for the Moment: Men on risk taking following a tragic loss

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Unintentional injury is the primary cause of hospitalization and death for men under age 45. Despite a myriad of health promotion efforts and program interventions in recent years, men's injury and mortality rates have remained stable.

This study draws on 22 qualitative interviews with men ages 25-36 who experienced the death of a friend, due to a 'risky' activity, in late adolescence and early young adulthood. We were interested to know if a tragedy that occurred in participants' formative years shaped future understandings of and practices of risk taking. Findings indicated that most participants did not alter their perceptions and engagement in risk activities. Continuing activities following the death of a friend was predominantly expressed as 'living for the moment' rejecting socially imposed expectations for safe and conservative practices. Results confirm the ongoing challenge in disrupting men's risk responses, even after the death of a friend.



Ethics and reflexivity in practice: The dilemmas of conducting research with living kidney donors

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Ethical conduct is a central tenet of research. Researchers must seek formal approval from ethics committees to ensure that the principles of autonomy, privacy, dignity, beneficence and justice underpinning research are upheld in their protocols. However, procedural ethics are different from 'ethics in practice'; these ethical dilemmas that arise during the conduct of research are particularly relevant to qualitative research, and they are especially challenging, as they are difficult to anticipate and must be resolved as they arise.

This paper will discuss the ethical and practical issues faced by researchers conducting a qualitative exploration of the experiences of 19 potential living kidney donors through in-depth semi-structured interviews, and demonstrate how reflexivity can guide the ethical decision-making throughout the research process. Using this recent research as a case study, the paper will discuss how issues of risk of potential psychological discomfort and distress to participants, autonomy and consent were addressed during recruitment, and how power imbalance, disclosure and reciprocity were addressed throughout the study. The paper will also address the issues of financial and psychological cost of participation, and discuss the rationale and implications of the team's decision to forego several potential participants.

Through discussing the 'ethically important' moments faced by the research team in this study of the experiences of potential living kidney donors, this paper aims to spark debate about the ethical and practical challenges facing qualitative health researchers today, and demonstrate how reflexivity can contribute to navigating the 'ethical labyrinth' of qualitative health research.



Re-Storying Research: Using Digital Storytelling as a Participatory Method for Climate-Health Research

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Victoria Edge

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Rigolet Inuit Community Government

For Canada's Northern regions, climatic and environmental change pose significant challenges to the physical, mental, emotional, and spiritual health and well-being of residents. Inuit communities are particularly susceptible to these changes, as many continue to live lifestyles closely tied to, and reliant upon, the natural environment. Beginning in 2009, and understanding the importance of proactively researching the potential impacts of climate change on health for the community, the Rigolet Inuit Community Government in Nunatsiavut, Labrador, Canada, began to lead multi-year research projects examining numerous dimensions of climate-health connections. Endeavouring to find a health method that was participatory, reflective of Indigenous oral history traditions, allowed for the active engagement of research participants, and disrupted research power imbalances, Rigolet selected digital storytelling as a main method. The 'digital dialogues' created through this method formed an innovative and powerful platform for narrative research and for understanding the impacts of climate change on health in Inuit communities. Digital storytelling also emerged as an important health research method, capable of creatively engaging individuals and communities in the research process, while simultaneously gathering rich visual narrative data. This presentation will discuss the process of using digital

storytelling as a participatory research method sensitive to and respectful of place-based oral knowledge, as well as an avenue for sharing health information important to the community. Digital stories created by Rigolet community members will be screened, and 'lessons learned' about piloting the use of digital storytelling as a participatory health data-gathering method and health communication strategy will be shared.



What, Why and How?: Sources, Strategies and Constraints on Nurses Knowledge Seeking, Sharing, and Utilization in Emergency and Critical Care.

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Evidence based nursing practice is grounded in the view that clinical decision-making should be based on the best available scientific evidence while considering patient preferences and the judgment of the clinician. Assessing whether and how nurses incorporate research evidence into practice has proven challenging. The purpose of this observational study was to better understand nurses' knowledge seeking, sharing and utilization behaviours. We used observations and individual interviews to explore the circumstances in which nurses seek, share and utilize knowledge, the sources of knowledge nurses privilege, and the constraints and barriers in utilizing knowledge. Maximum variation sampling was used to recruit 20 novice, competent, and expert nurses from an emergency department and an intensive care unit in an urban pediatric hospital. Observations were hand coded using a structured observation tool and lasted from 2-3 hours. Field notes were captured at the end of each session. In-depth interviews were conducted with 14 key informants and lasted 60 to 90 minutes. Data analysis was guided by the constant comparison method and began after the first participant observation experience. Data were organized in an evolving matrix table of categories, subcategories and quotes, and refined on an ongoing process. Findings suggest knowledge seeking, sharing and utilization behaviours of nurses vary across different skill levels and clinical practice settings. Barriers to knowledge use are distinguishable at the individual provider, practice environment, and organizational level. This information may be useful for designing future strategies to enhance the uptake of research knowledge in pediatric emergency and critical care setting.



'Mapping' invisible care: how are nursing homes' dining spaces sites of informal care?

Tamara Daly

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York University

Pat Armstrong

York University;

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While a large body of research documents the nature of informal home care there is almost no research documenting informal (invisible) unpaid nursing home care (by family, volunteers or students), or the 'other paid work' of privately paid companions. Previous research has established how the heaviest workloads in nursing homes occur during morning and at meal times (Lopez 2006; 2007). Austerity measures in publicly funded nursing homes often result in too few staff for the care required; thus mornings and mealtimes are important to better understand how staff addresses workload pressures and informal care provision.

A growing number of studies are using rapid ethnographies to understand workplace conditions, labour process, and care work (Baines and Cunningham 2011; Szebehely 2007). Our method involved a team-based rapid ethnography conducted in five Ontario non-profit nursing homes. We conducted thematic analysis of the following data: 143 key informant interviews (with staff / managers, paid companions, family, volunteers and students); work observation field notes; policy documents; and dining room 'maps' identifying who was present, who helped whom and who did not require help.

This paper focuses on our use of the dining room maps to document the nature, extent and relationship between formal and informal care in nursing homes, specifically focusing on the division of labour and some challenges and benefits associated with informal care in institutionalized spaces. Our study contributes to the qualitative rapid ethnography literature by showing how detailed mapping of work in particular spaces can yield patterns of relations over time.



Silently Resilient: Why I stayed in an Abusive relationship

Mahdieh Dastjerdi

York University

As immigration has become a reality in many countries, the well-being of immigrants is one of the main concerns of health care providers. Although Iranian immigrant women, like many other immigrants, experience some degree of loss and disassociation after being dislocated, some of them have to stay in violent relationship. These experiences have affected their mental health, social cohesion and general well being – all of which are key elements in continuing with the normal process of integration in Canada, becoming independent and being empowered. Expanding, contextualizing, and creating social change are vital to improving. The purpose of this study was to explore and understand why immigrant women do not leave the abusive relationship.

Narrative inquiry provides an opportunity for researchers to listen to the people's life experiences and enable them to create effective, responsive, appropriate and culturally sensitive services and programs for people in needs. Using narrative inquiry, three in-depth unstructured interviews were conducted with 9 first-generation Iranians (5 immigrants and 4 refugees) who were adults (at least 18 years old) and who had immigrated to Canada within the past 15 years. Data analyzed with respect to gender and intersectional perspective. Themes emerged from this study were "Keeping My Face and Honor", "Social Isolation", "Weighing Options and Becoming Resilient", and "Coming Out and Practicing their rights and power". They defined silence as a mean to freedom and enable them to leave abusive relationship safely. It revealed that they were resilient to gain their rights but in their own way through silence.

Listening to immigrant women voices in narrated life experiences can provide an opportunity for Canadian institutions to create programs and supporting services that are tailored to immigrants women's needs and will improve their mental health and well-being. The result of this study suggests that health care providers should move beyond holistic care and understand that health is shaped within the context of everyday life experiences. Health care providers need to be sensitive to immigrant's women issues and tailor the supportive programs to the culture of the immigrant women not only to the regular main stream practice.



Seeing Your World in a Grain of Sand: Using Complex Responsive Processes to Make Sense of Organizational Life

Sandra Davidson

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The use of Complex Responsive Processes (CRP) as research method is an emerging form of qualitative, social inquiry. CRP research entails a process of chronicling movement of thought and the shifts in organizational practices of the researcher as they iterate through a project to develop a thesis on organizational life. Further, the research account in CRP methodology tracks its own development as further reflexivity.

CRP uses complexity principles to move toward an understanding of human interaction as a process of sense making. Therefore, the main tenet of CRP is the focus on the interactions between people that take place in the present as the building block of transformative organizations. Using CRP as a lens through which we view our day-to-day conversations and to make sense of our experiences can be useful in cultivating both personal and organizational transformation. The conceptual framework of CRP supports the idea that the power to shape the preferred future of healthcare (and society in general) lies within our relationships with others that take place in the here and now.

This presentation will provide participants with an overview of CRP from a methodological perspective. The presenter will share examples from her own practice of CRP both as a method for inquiry and a powerful tool for organizational transformation. The session will conclude with suggestions for utilizing CRP as a method of inquiry, and ideas for consideration in the development of rigorous reflexivity.



Transforming Caring into Bytes: A Study Examining the impact of the Electronic Health Record on Patient care

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The organizational benefits of the electronic health record (EHR) are well documented, yet few studies have illuminated its impact on nursing practice. The purpose of this study was to understand how implementation of the EHR has interacted with the work of nurses in the acute care setting, particularly its influence on the patient-nurse relationship. Method: This study was performed as an Institutional Ethnography. Data were analyzed using the Consensual Qualitative Research methods. ATLAS.ti software was used to identify relations between everyday nursing practice and institutional priorities. Results: Nurses described changes in their perspectives on nursing practice and documentation since implementation of EHR. The EHR format foreclosed opportunities to communicate information about skilled practices and decisions, yet encouraged entry of concrete data points about patients and nursing care. Hence, nurses were involved in a chain of work practices that transformed care into data. Discussion: This study illustrates how the implementation of the EHR has changed nurses' work practices. This change has created new moral and ethical issues. Findings identify the need for a better understanding of the everyday nursing work that occurs, and also the information needed by nurses to safely perform their work, when further developing the EHR.



Economic Sanctions and Drug Use in Iran

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Rebirth Society

Sara Esmizade

Rebirth Society

This qualitative study was conducted among patients referred to Drop-In Centers (DICs) (n=23) and residential treatment centers for drug abuse (n=36) in 2013. The results show that when the price of drugs increases, some drug users tend to use cheaper drugs which are more harmful, use more harmful routes of administration such as injection, sharing needles, and make money illegally. Economic sanctions has threatened Iranian people economic status, also has led to an increase in drug prices, as well as other goods and services in Iran in recent years. According to these issues, we will expect large changes in patterns of drug use and an increase in drug use-related harms in the recent future.



Accessing patient narratives: strategies used by advanced practice nurses when making clinical decisions in community care contexts

Naomi Elliott

Trinity College Dublin

Clinical decision-making in community care contexts where patients are more involved and can actively participate in their own care presents clinical practitioners with numerous challenges. Theoretical explanations and research studies regarding the process of clinical decision-making abound however; the majority of studies have been carried out in acute care hospital setting and provide little insight into clinical decision-making in community care contexts or about accessing patient information.

Using Glaser's (1967/1992) grounded theory approach, this research explored how advanced practitioners resolve their clinical decision-making problems in everyday practice. Advanced practitioners (n=21) working in community mental healthcare and, accident and emergency settings were interviewed about decision-making immediately after a patient case (n=33). Concurrent data collection and analysis, constant comparative analysis and theoretical sampling and coding were used to generate a theoretical explanation about clinical decision-making in practice.

It was found that advanced practitioners used strategies to enable them engage with patients in a way that facilitated an effective co-construction of health problems and treatment interventions that took account of the patient's situation. The primacy of treatment decisions being acceptable to patients was related to maximising the effectiveness of interventions because these patients lived at home and, ultimately, controlled whether to follow or reject the treatment advice. This presentation will present the core concepts of 'situated patterning' and 'intacting therapeutic relationship' and explore the implications for practice.



Take #2: Using secondary analysis of a multiple case-study dataset to generate advanced practitioner leadership outcome-indicators

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Agnes Higgins

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Cecily Begley

Trinity College Dublin

In this secondary analysis of data collected from the case study phase of a national evaluation of specialist clinical and advanced practitioners (SCAPE) in Ireland, we generated leadership-specific outcomes-indicators that are based on the realities of advanced practitioner practice. The original study was set in 13 hospitals and community services from each healthcare region across Ireland. The dataset comprised 23 case studies of specialist/advanced practitioners and included non-participant observation (n=92 hours) of advanced practitioners in practice, interviews with clinicians (n=21), patients (n=20) and directors of nursing/midwifery (n=13), and documents from each case study site.

Using the National Health Service's Good Indicators Guide (Penchon 2008) as a framework for outcome development, we analysed the case-study dataset, specifically looking for indicators and leadership outcomes. The four core categories of leadership outcomes for specialist /advanced practitioners generated from this secondary analysis were: i) capacity and capability building of multidisciplinary team members, ii) multidisciplinary team satisfaction, iii) new initiatives for clinical practice and healthcare delivery, and iv) clinical practice based on evidence.

Clinical specialists and advanced practitioners have responsibility as leaders for healthcare development, but without having leadership outcome measures available they are unable to demonstrate the results of their activities. The

proposed leadership outcomes capture the complexity of leadership in advanced practice contexts and add to the clinical and patient outcomes within existing metrics for evaluation of advanced practice. This presentation provides an overview of the leadership outcomes-indicators, and considers the strengths and limitations of secondary analysis of case-study datasets.

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**"Why has the Canadian Federal Government Placed an Orphan Drug Strategy On the Decision Agenda Now?"  
Examining the Agenda Setting Process using Causal Stories**

*Mark Embrett*

*McMaster University/Center for Health Economics and Policy Analysis*

The Canadian Ministry of Health's announcement of a National Orphan Drug Framework on October 3rd, 2012 was the first federal acknowledgement of orphan drugs since the 1997 Drugs Directorate (DD) policy statement. During those 15 years, there have been various recommendations by national task forces to put a national orphan drug strategy on the federal government agenda. This study asks, why, after 15 years of silence, has the Canadian Federal Government decided to put the development of a national orphan drug strategy on their decision agenda? Causal Stories, told through Canadian newspapers, magazines, and publicly available government documents and parliamentary proceedings, were used for narrative analysis. The assertion is that these stories are intended to promote an issue onto, or keep it off, the agenda, through battles between political actors over causation, blame and responsibility. The results indicate that the initial story was of blame avoidance that attributed causation to natural circumstances. Over the next fifteen years, a powerful interest group, the Canadian Organization for Rare Disorders (CORD), mobilized the rare disease community into a cooperative effort that generated collective action. They redefined the causal story from one of natural causes, to inadvertence, and finally to intentional causation. Their story blamed the federal government directly for not acting on behalf of the 3 million Canadians with rare diseases, when patients in other countries were receiving better care. Through the strategic use of facts, numbers and symbols, the absence of a national orphan drug policy was portrayed as a dominant problem.

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Navigating the complex world of ethnocultural diversity among health care providers through participatory action research (PAR) process

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Salma Debs-Ivall

The Ottawa Hospital

Background: Canada's demographic profile has become very diverse. Health care providers such as nurses are confronted with the challenges of providing effective healthcare for this diverse population. Diversity among care providers and its effective management is one way of ensuring culturally competent and safe care for the growing diverse Canadian population.

Purpose: This paper seeks to share the Participatory Action Research (PAR) process of a recent study that examined the perspectives of nurses on the growing ethno-cultural diversity of the nursing workforce within healthcare facilities in Ontario's Champlain region.

Methodology: A qualitative grounded theory approach, guided by the tenets of participatory action research, explored White nurses' perspectives on the increasing diversity of the nursing workforce within five hospitals in the region. Twenty-one nurses, representing clinical, education, leadership, administrative, and policy positions were interviewed. Interviews were transcribed verbatim and coded for themes. Constant comparison guided data analysis and Atlas ti computer software was used for data management and storage. This study is part of a series of studies that have examined the worklife experiences of nurses in other social locations (i.e. non-white nurses).

Findings: A number of themes were generated from this study including the 'properness' of diversity discourse among study participants and the potential barriers to understanding and working effectively across ethnocultural boundaries in nursing. However, this paper will focus on the innovative use of capacity building strategies to actively engage team members in all aspects of the research and in addressing the three goals of PAR; research, education and action. The paper concludes with discussion of the significant role that PAR can play in enabling people, especially those who have been historically marginalized, to reclaim their voices and engage in the participatory appraisal of the issues influencing the health and health care of all Canadian especially visible minority sub-population in the region.

Implications: Findings of this study will inform future work, and may impact on nursing education and practice development, leadership, research, and policy areas as they relate to advancing and embracing participatory processes as an essential way of working with less powerful people.



Factors Affecting Frontline Clinical Care in Afghanistan

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United Kingdom Ministry of Defence

Background: Limited research has assessed the effectiveness of pre-hospital care given at the point of wounding to those injured in conflict situations.

Aim: The study aimed to critically analyse the perception of clinical staff regarding their performance, and the personal impact of providing trauma related frontline support in Afghanistan.

Methods: Data was collected through 17 interviews with healthcare clinicians deployed in frontline medical facilities in Afghanistan following major medical incidents. Interview transcripts were subjected to content analysis based on a modified grounded theory approach.

Findings: Multi-factorial issues affected the quality of clinical care and personal performance on operations. The participant's perception was that trauma care was of a high nature. However, triage was performed poorly, with patients' treated due to proximity rather than clinical priority. Pain management was not always achieved; fluid replacement was hampered with difficulty in obtaining parenteral access and sometimes given in excess of protocols, whilst clinical documentation was not always completed.

Clinical personnel carried out their duties, irrespective of personal injury or threats to their safety, however their performance may be tapered under such stress. Post incident reports were used as a reflective process.

Conclusions: This study was completed in the austere, demanding and hostile environment faced by personnel providing front line casualty care, and provides a unique viewpoint from a clinicians' perspective. This provided an empirical insight that may inform future policy, operational manning, education, and research. These results may have implications for civilian practice.



Unheard voices: Patient and Family stories of adverse events provide insight into patient safety culture

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Over the last decade there has been increasing focus on patient safety. The publication of the Canadian adverse events study in 2004 was a watershed moment, as it was the catalyst for a number of national initiatives such as the Canadian Patient Safety Institute (CPSI). Although many initiatives focus on specific technical problems (e.g. medication reconciliation) there is increasing recognition of the need to address the culture of healthcare. It is necessary to understand the current culture before attempting to change the culture. We reviewed ten short videos of patients and family members describing their experience of a significant adverse event, produced by CPSI and patients for patient safety Canada. These publically available videos were designed to be included as a part of healthcare conferences. In the video the person describes the events leading up to the adverse event, the event and the aftermath. By drawing on Lyotard's grand narrative approach we conducted thematic analysis of the stories and identified common themes that provide insight into the cultural factors that increase the risk of adverse events and limit healthcare organizations learning. One theme identified was an inability of healthcare workers to listen to patients or families when they asked questions or raised concerns e.g. 'whatever I said it wasn't sinking in with anyone'. Another theme reflected the stereotyping of patients and families to dismiss concerns raised e.g. 'seen as a mother struggling unsuccessfully to blame someone for her daughter's death'. Although the editing of these stories reduces their authenticity they did provide a rich source of information about the cultural norms surrounding adverse events.



Navigating Multiple Worlds: The Challenges and Benefits of Working in Participatory Paradigms with Youth

Sarah Fletcher

University of Victoria

From September of 2011 to July of 2012 a participatory research project, carried out in partnership with the Victoria Immigrant and Refugee Centre Society worked with a group of youth researchers to explore the relationship between stress, resilience and expressions of subjectivity among immigrant youth. Through interviews, focus groups and a

photovoice project, the work of the research team (made up of immigrant youth and a research facilitator) focused on the diverse challenges that face immigrant youth, youth perspectives on stress and what could be done, from the perspective of the youth involved, to enhance resilience and support for immigrant youth in Victoria.

The language of 'participatory research with youth' is commonly invoked in research involving youth. Focused on empowerment and action to support positive social change, this research methodology has become increasingly popular. Too often, the positive intentions and potential of PR mean that the intricacies of power in participatory research with youth are overlooked. Conceptualizing PR as an operation of power addresses this oversight, highlighting the importance of paying attention to relations of power in PR with youth. Participatory research with youth presents a unique set of challenges and opportunities. This paper will focus on the diversity of these challenges. Acknowledging participatory research as an operation of power, the discussion will highlight the ways in which the Navigating Multiple Worlds research team worked to address these challenges, providing recommendations, relevant to those interested in engaging youth in research and particularly in research that involves mixed methods and photovoice.



The practices of 'risk' in secondary stroke prevention: findings from an institutional ethnography

Sarah Flogen

University of Toronto

This paper discusses three critical disjunctures discovered during an institutional ethnographic exploration of the social organization of secondary stroke prevention. The disjunctures are all connected to the discourse of risk. The ideology of risk which has substantial meaning for the health care professionals masks and hides another 'way of knowing' the knowing and actualities of the patients attending the clinic. The first disjuncture to be discussed focuses on the use of biomedical risk factors and the erasure of patient work and experience of living with a challenging chronic disease. The second is the use of the term risk factor in the clinic that is known by the patient as fear of disability. This includes the work of prevention and specific stroke-related bodily scrutiny. Third, the political use of the ideology of biomedical risk FACTORS to forward the agenda of health care related industry will be discussed. These same factors, known as socially determined consequences within political economy and sociology fields, reveal a disjuncture from a health care leadership perspective. Through the explication of these three disjunctures I argue that the narrow biomedical perspective of the clinic creates ambiguity for patients and works to perpetuate the current industry driven health care environment, limiting other perspectives.



'I got to know them in a new way': Rela(y/t)ing rhizomes and community-based knowledge (brokers') transformation of Western and Indigenous knowledge

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University of Saskatchewan

Holly A. McKenzie

University of British Columbia

Colleen Anne Dell

University of Saskatchewan

Larry Laliberte

University of Saskatchewan

Carol Hopkins

National Native Addictions Partnership Foundation

Mainstream Western science continues to segregate elements of research, engaging it as a linear, objective, and outcome-oriented activity. In comparison, prevailing Indigenous community-based approaches recognize research as relational, subjective, and complex. Increasingly, mainstream institutions are recognizing the validity of these latter approaches, calling for researchers to work in the shared 'space' on the periphery of Indigenous and Western research paradigms. As a result, new research roles are emerging. One such role, the knowledge broker, has been 'filled' almost exclusively by academics working in institutions.

Drawing on three culturally specific community-based projects we examine how community-based knowledge brokers' engagement in brokering knowledge or rather, transforming knowledge, shaped the projects' processes. Informed by Deleuze and Guattari's conceptualization of the rhizome as relational, existing in diverse forms, and supporting multiplicity, we discuss how community knowledge brokers' engagement in open research-creation practices embrace the relational foundation of Indigenous research paradigms. In turn, we offer propositions for building team environments where open research-creation practices can unfold, informing a periphery of shared space for Indigenous and Western paradigms.



Integration, Conversion, or Conflict? A Critical Ontology of the Integration of "CAM" into Biomedical Education

Cathy Fournier

Dalhousie University

Integrative medicine, deployed as a combination of biomedicine, and what has been euphemized as complementary and alternative medicine (CAM) into biomedical health care settings, is quickly becoming a growing focus of health care in Canada. Although "CAM" is becoming increasingly visible and 'integrated' into biomedical settings, it is practiced on the margins of the health care system in Canada. Much of "CAM's" marginalization is linked to its perceived lack of a modern western scientific basis and a dismissal of epistemologies and ontologies rooted in non-western scientific histories and practices.

In Canada, currently between 54% and 73% of the population use some form of "CAM", and Canadians spent an estimated 5.6 billion dollars in 2006 on "CAM" therapies. One of the responses to the increased use and public dollars spent on "CAM" in Canada is that an increasing number of biomedical schools are including "CAM" in their curriculum.

This paper represents early work in a study exploring the ontological content of "CAM" in biomedical education in Canada, through a critical examination of the content of policy and curriculum documents from the World Bank, the World Health Organization (WHO), Health Canada, as well as a Health Canada supported project undertaken to standardize CAM in undergraduate medical education. Following Bernard Russell's (2006) suggestion, I am engaging in an ethnographic journey through these targeted websites and documents, collecting a "corpus" of texts for qualitative analysis.



The Negative Side of Positive Thinking for Women with Breast Cancer

Erin Fredericks

St. Thomas University

Ashley Doyle

Pink ribbon breast cancer campaigns make use of images of survivors and thrivers to raise funds. These images are part of a discourse that makes visible and encourages a particular way of doing breast cancer. Survivors and thrivers are portrayed as positive fighters who give back to the cause. Being positive is further promoted by naturopathic and allopathic medicine and support organizations that communicate a link between positive attitudes and cancer outcomes, despite a lack of evidence. This is further complicated by gendered expectations. Cultural representations, including those of positive women with breast cancer, have the potential to impair individuals' capacities for autonomous action by contextually constraining women's ability to imagine alternative ways of being. In this presentation, I draw on the results of multiple qualitative interviews and online discussion group posts from 12 women with breast cancer in Nova Scotia, Canada, to examine the ways in which participants drew on positivity discourse to talk about their identities as women with breast cancer, their lifestyle and treatment decisions, and social support. Participants drew on positivity discourse in describing the best way to do breast cancer, expressing judgment of themselves and others, and governing their own and others' behaviour. While participants engaged with this discourse in complex ways, most struggled to live up to this ideal and could not imagine an alternative way of being a woman with breast cancer. I conclude by describing opportunities for health care practitioners and researchers to create space for alternative ways of doing breast cancer.



Children, Property, or Cells: IVF Patients' Decision-making Regarding Surplus Embryos

Erin Fredericks

St. Thomas University

In 2003 it was estimated that a total of 15,615 embryos were in storage in Canadian IVF clinics. Ten years later, this number has likely increased exponentially as IVF practices improve and more individuals access these services. Many IVF clinics are struggling with what to do about embryo freezing in a context where there is no legislated limit on the number of years that embryos can remain in storage. During and after treatments, IVF patients are presented with 5 options for the disposition of surplus embryos: discard, donate for reproductive use by others, donate to training of physicians, donate for research, or continue paying for storage. Policymakers and clinicians are working to find a solution to the problem of abandoned and long-time stored embryos. In this presentation, I discuss IVF patients' accounts of their decision-making processes by drawing on the results of 50 semi-structured interviews with individuals who have undergone fertility treatments in 3 Canadian clinics and had surplus embryos. In making these decisions, participants struggled to reconcile contradictory beliefs about what embryos are, the emotional and financial value of embryos, the broader social consequences of their beliefs and decisions, and their perceived responsibility to others both known and unknown. These decisions are further complicated by participants' views on parenthood, religion, and medical science. While some have suggested that financial incentives would encourage IVF patients to discard or donate surplus frozen

embryos, these qualitative accounts complicate understandings of this decision-making process and raise important ethical concerns.



How Do Nursing Faculty Navigate Conflicts and Tensions Within The Disjuncture of Education and Practice?

Katherine Fukuyama

Vancouver Community College

Nursing faculty members combine two roles of nurse and educator within multiple contexts including various clinical practice sites and educational institutions. Nursing faculty members teach best practices, but when they take students into practice arenas, the students do not necessarily see those best practices. Instead, they may see caregivers substituting 'supposed efficiencies' for best practice as in the preceding story. The nurse faculty may point out that this is not the ideal way but as they are guests in the hospital, they have no clear-cut entry point to make changes. As both nurses and educators, they face further dilemmas in places where practice is inadequate; they may want to remove their students from such a place but as nurses, feel ethically obligated to stay and attempt to change practice. As educators they must role model competent nursing care yet they may be in a setting where structural conditions create a situation in which nurses are unable to provide best practice. The nursing faculty's role creates a unique place at the practice' education interface which is a liminal place that is challenging and uncomfortable

I use conceptual frameworks of constructivism and critical theory which provide the theoretical perspectives within the constructivist/interpretivist paradigm. Using a critical theory perspective brings into perspective the conditions of everyday life for nurse educators in clinical practice settings. Clinical faculty at colleges and universities in a large urban area with a range of experience were interviewed. The main themes arising from these interviews are navigating conflicts, dual consciousness, role modeling, relationship building and patient advocacy. General conclusions are that faculty engage in a complex set of negotiations in the disjuncture maintaining a careful balancing act of meeting the needs of the students, their patients and the staff in the practice arena. Students need to be educated about the disjuncture. These uncomfortable moments can become teachable moments not only about 'good practice' but also about how nurses are embedded in a nest of social relations with others including other care givers, administrators, patients and their families.



The resilient self: women living with rheumatoid arthritis

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Interest in promoting the psychological health of people with chronic illness is growing. We designed this focus group interview to explore the participants' evolving sense of self as they live with rheumatoid arthritis. Our analysis

categorizes responses to questions related to self concept and uses emergent themes to synthesize the results. Our findings revealed an overarching theme of 'the resilient self' among these women that was expressed in three themes: Adapting day-to-day, encountering challenges, and embodying experience. The buoyant attitudes that group members expressed during the interview contrasted with their descriptions of adverse experiences of chronic illness. What made these women unique? They were purposeful, reflective, original, and expressive. They were in a generative stage of life with gratitude for the past and hope for the future. Practice implications focus on what we can learn from these women about preserving a healthy sense of self while living with chronic illness. Finally, the moderator of the interview, a researcher with rheumatoid arthritis, described a personal perspective of how the women's stories of self uplifted her. Beyond medical care, people with a particular chronic illness can gain new impetus toward hope and healing through sharing stories of self with one another.



A tool for health promotion: Using visual methods to engage First Nations youth and build capacity within communities

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Informed by the Positive Youth Development framework we explored the efficacy of participatory visual methods that engaged First Nations youth in developing and sharing culturally relevant visual media containing health promoting messages. We sought to encourage youth engagement with health information; foster critical thinking about the effective communication of health messaging to peers and to the community; and build confidence and leadership skills. This exploration of participatory visual approaches as a tool for health promotion is based on two studies (one PhotoVoice, the second Participatory Video) in which we partnered with youth to explore a community-identified health concern and produce a visual product encouraging healthy behaviour. In the first study youth investigated food security and helped develop a 'photobook' representing the food-related lived experience of young PhotoVoice participants. In the second study youth scripted, directed, filmed and edited two thought-provoking, entertaining YouTube style videos focusing on anti-smoking messaging. These studies suggest that visual approaches effectively engage Indigenous youth with health information in unique ways which are responsive to youth preferences for information delivery, promote critical consciousness of health behaviour, and allow creative exploration of health promoting messages within the context of positive peer interactions. We found that by focusing on capacity building through the development of practical and communication skills youth were empowered as active agents for health advocacy and change within their communities. Health messaging developed and shared by youth prompted discussion and intention to change health behaviours among both youth and community members.



A phenomenological understanding of equity and invisibility: The experiences of queer women and primary care providers

Lisa Goldberg

Dalhousie University

Client populations that face social discrimination on a variety of factors including, sexual orientation, gender, ethnicity, race, socio-economics, and (dis) ability, may experience health care through negative expectations that are themselves indicative of social inequity and marginalization. The aim of the presentation is to offer insights from current research with women who self-identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ), and the nurses who attend their care in diverse clinical environments. Positioned within an innovative research program grounded in feminist (and queer) phenomenology, I draw upon research findings derived from interview data with LGBTQ women and nurses in Eastern Canada to further understand how this client population may approach the exclusionary culture of health care. Findings suggest that nurses often approach their care with LGBTQ women with trepidation, concerned not to offend with discrimination, thus viewing them the same as all other women. The view that all persons are to be treated the same is a practice that reinforces, rather than alleviates, patterns of systemic oppression, because the norms for treatment have been shaped by the needs of the socially dominant. Strategies will be offered as alternatives to current provider practices for working with LGBTQ women that will distinguish between discrimination and relevant social differences that don't have negative consequences for LGBTQ women. In turn, a better understanding of the health care experiences of LGBTQ women and their nurses will contribute to the advancement of equitable and sustainable health care for all Canadians.



Typifications of Health Care Providers as an Important Precursor to African American Parents' Experiences in their Children's Health Care Encounters

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In my practice as a pediatric nurse, I am concerned about how the quality of clinicians' relationships with parents affects the health of the child. The purpose of this qualitative study was to gain understanding of the personal, familial, and sociocultural forces that shape African American parents' encounters with health care providers. This qualitative study was conducted in a small metropolitan town in South Georgia (United States). Data were collected from 18 participants using face to face, semi structured interviews. The social phenomenology of Alfred Schutz was used as a lens for data analysis; along with the theoretical frameworks of critical social theory and intersectionality for data interpretation. Several important precursors were identified to be influential to African American parents' encounters with their children's health care providers. One of these important precursors was parents' typifications of health care providers. Alfred Schutz defined typification as a mutually understood, taken-for-granted characterization about something or someone. In this study, parents typified health care providers in terms of motivation, disposition, communication, and professionalism. These typifications rose to the surface over and over again when parents described both problematic and transformative relationships with their children's health care providers. I make specific recommendations for meliorative practice. Melioration represents the intentional efforts to address inequity in relationships. One aspect of

meliorative practice involves recognizing typifications. When providers are aware of and honor the expectations that parents' typifications may generate, they may be able to provide more culturally sensitive and appropriate care.



READ, REFLECT, RESPOND, RESPECT: Using Literature to Promote Awareness of Mental Health Issues among Interdisciplinary Healthcare Students

Deborah Greenawald

Alvernia University

The purpose of this presentation is to share an innovative approach to interdisciplinary mental health education being used with undergraduate (pre-licensure) students. Using literature (fiction and non-fiction) as a teaching-learning strategy can enhance one's understanding of and appreciation for both historical and contemporary perspectives on diagnosis and treatment of mental illness. Students READ one or more books from a suggested list based upon relevant clinical topics and current issues. Individual REFLECTION following completion of the book is facilitated by general prompts, to which students may RESPOND in either face-to-face or online formats depending on the course design. Through the use of literature, students develop greater RESPECT for persons with mental illness and the knowledge and skill which mental health care demands of its practitioners. This learning strategy enhances the connection between knowledge and clinical experiences and promotes both empathy and advocacy related to the provision of mental health services by nurses, physicians, therapists, social workers, counselors, and other healthcare professionals. Practical tools, resources and a suggested book list will be shared with the audience in order that they may more easily integrate this approach into their teaching. The use of literature promotes lifelong learning and fosters community among an interdisciplinary group of students and plants the seeds for future similar activities within the workplace.



Racial Microaggressions: Narratives of Black Americans' Perceptions and Stress Responses to Interpersonal Racism

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Racial microaggressions, a form of subtle racism, are brief, intentional or unintentional everyday occurrences of interpersonal insults, slights, stereotypic remarks, ignoring the other, overfamiliarity, 'colorblindness' claims, surprise at intelligence and achievements, assumptions of criminality, etc., experienced by Black Americans in interactions with White people. We began with the assumption that microaggressions may contribute to allostatic load and add to health disparities by leading to stress-mediated illnesses. We did narrative analysis (syntactic and semantic) of ten semi-structured, open-ended interviews with Black American adults (ages 20-62; M=4, F=6) in a southeastern US city. We examined physical and verbal responses, strategies used, interpretations of the incidents and perceptions of any stressful mental and physical symptoms. Participants laughed at how common these are in their experience. Most occurred at work, and responses varied from 'giving them a pass', laughter, dismissal, to social avoidance, confrontation and attempts at explanation. Notably absent was revenge-taking. Many 'microaggression' stories led to reports of 'macro' aggressions such as being stopped by the police in a profiling incident, losing one's job, getting poor health care

resulting in a loved one's premature death, having rocks thrown at one, not being able to get a job, not having adequate shelter, and loss of health insurance. Thus a cascade of negative macro harm might follow a microaggressive incident. Stress symptoms reported included rumination, back and shoulder pain, feeling of blood pressure rising, GERD, PTSD, depression, social anxiety, headache, insomnia. Hence, more research is needed on subtle racism and health effects.



Male cancer survivors' barriers in rehabilitation - a qualitative study

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Objective: To describe male cancer survivors' perspectives on their lack of participation in cancer rehabilitation and to establish a specific research-based strategy for male cancer survivors in rehabilitation.

Background: Epidemiological studies indicate that men develop and die sooner from cancer than women. Men have rehabilitation needs, but are underrepresented in cancer rehabilitation where only approximately 16-25% of the participants are male.

Methodology: The study was designed as a qualitative ethnographic field study. Data were generated in three oncology departments and three municipalities in Denmark and includes semi-structured and ad hoc individual interviews, participant observation and documents. The theoretical frame is Symbolic Interactionism and data were analysed by means of Interpretive Description. The informants are 43 male cancer survivors with an average age of 64 and representing nine varies types of cancer.

Results: The data analysis is ongoing and preliminary results strongly suggest that barriers to men's' participation in cancer rehabilitation is related to four central themes: 'Staying in Control', 'The Stone Age Man', 'Striving for Normality' and 'Fear of Dying'. Final results will be ready for presentation at the conference.



Program Directors' Use of Narrative in Operationalizing Professional Behavior by Residents

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Katie Lightfoot

Dalhousie University

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Program Directors' Use of Narrative in Operationalizing Professional Behavior by Residents: This presentation reports on the qualitative findings of a multi-center study of Program Directors which sought to describe how they understand, teach and evaluate the Royal College of Physicians and Surgeons' CanMEDS Professional Role. In this mixed methods study, telephone interviews were conducted with Program Directors from specialty programs across Canada. Narrative analysis of the interviews shows that Program Directors draw heavily from personal experience in formulating concepts of honesty, integrity, and professionalism in medicine. Narrative appears to be a medium through which Program Directors synthesize their understanding of what are otherwise abstract and complex terms. As well, narrative teaching techniques are commonly used to communicate and teach about honesty, integrity, and professionalism. The recurrence of stories in discussions of professionalism, and the use of narratives in the teaching process, suggests that storytelling exists as a practice intimately embedded in the complex and contested pedagogy of medical professionalism. Not only do the program directors operationalize honesty and integrity through narrative, narrative offers a potential means of understanding, and shaping, professional identity. Narrative can be seen as a key process in shaping what it means for a physician to be a professional.



The Struggle for Balance: Culture Care Worldview of Mexican Americans about Diabetes Mellitus an Ethnonursing Study

Jesus Hernandez

Queens University of Charlotte

The purpose of this study was to describe, explain, and interpret perspectives, perceptions, meanings, symbols, and lifeways to explicate the culture care worldview about Diabetes Mellitus (DM) for Mexican American participants. Leininger's Culture Care Diversity and Universality Theory served as an organizing framework Interviews were conducted with thirty Mexican American participants without DM. Using the ethnonursing method revealed thirteen categories, five patterns and three themes.

The categories were: Health; faith and religion; natural living; tranquility and stress; strong emotions; susto; immigration; life in US; family advice and support; cultural beliefs; treatments of diabetes; care; and communication. The patterns were: A pattern of: Concern about DM with much confusion and uncertainties about the disease; maintaining balance and body defenses towards health; integrating self-care, generic and professional values in care; adaption to change and stressors; and valuing nursing and professional care. The themes were: American participants value balance and health

yet have many uncertainties and concerns about Diabetes Mellitus that impact their culture care worldview; Mexican American participants' culture care worldview of Diabetes Mellitus integrates self-care with generic and professional care values, beliefs and practices; and Mexican American participants' culture care worldview of professional care of Diabetes Mellitus, emphasizes culturally acceptable, compassionate, personalized care, based on communication, mutual trust and respect, provided within the context of the family that supports the person's struggle for balance, health, wellbeing and function. The Struggle for Balance: Culture Care Worldview of Mexican Americans about Diabetes Mellitus Pictorial Model, Hernandez '2013 was abstracted by author.



Exploring the Methodological Horizons of Intersectionality

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The burgeoning literature on intersectionality is a testament to its rapid uptake and wide appeal. Emerging from feminist strands of critical legal theory and sociology, intersectionality is increasingly recognized as a valuable theoretical framework for understanding how health and social inequities are shaped by complex intersecting social locations, categories of difference and systems of oppression. Researchers who engage in intersectionality-based research are particularly concerned with the ways in which people's lived realities and experiences of oppression result from dynamic interactions between dominant forces such as age-based discrimination, classism, hetero-normativity, racialization and colonialism among other forms of social differentiation and exclusion. From the framework of intersectionality, experiences of oppression are temporal, spatial and contingent on cultural and historical contexts.

In this paper, we explore the theoretical and philosophical assumptions underlying intersectionality and discuss its methodological implications for researchers. We focus on issues of commensurability between intersectionality and the theoretical underpinnings of particular research methodologies (case study, critical ethnography and critical discourse analysis) and suggest that using diverse qualitative methodologies and methods through an intersectionality framework will contribute to the ongoing development of tools for qualitative inquiry. In taking up different methodologies and research methods, we provide examples of how approaches to inquiry may be better "fitted" to an intersectionality framework and discuss how remaining tensions can be harnessed to productively contribute to qualitative health research.



Raised on a vegetarian or vegan diet: Parents' and adult children's perspectives

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This qualitative study explores the phenomenon of children raised on a vegetarian or vegan diet. The study examines the thoughts and experiences of adult children raised on a plant-based diet and how this atypical diet and lifestyle impacted the individuals raised in this way. It also examines parents' perspectives on raising their children to be vegetarian or vegan.

A phenomenological approach was used that included a semi-structured interview format. Dedoose software was used for coding and thematic content analysis. Convenience and snowball sampling techniques were utilized in this on-going study. Participants included two distinct groups: adults age 18 and older who were raised on a vegetarian or vegan diet in their childhood regardless of their current dietary practices and parents who were currently raising their children vegetarian or vegan or who had done this.



The hermeneutics of suffering

Richard Hovey

McGill University

Researchers need to stand amidst traumatized people to learn from them to begin to understand the meaning of their suffering. Distance is lessened and listening intensified as researchers ask the question of what it means to suffer. Through this presentation, we explore as compassionate researchers, the meaning of suffering, its language and consequence with the intention to understand, inform, enlighten and challenge ourselves. Research created by a hermeneutic consciousness about suffering where understanding takes its form analytically as an interpretation, of an interpretation. This unquiet understanding, a chaotic bricolage of suffering was brought together hermeneutically to unify a diversity of suffering narratives within the context of honoring personal narratives, while confronting the challenges of academic writing. "I do not think realizing that we who [suffer] are utterly lost and broken, necessarily causes despair. What breaks us is the impression that everyone else isn't". Our work as researchers, writers and teachers then becomes bringing the meaning of suffering into language and understanding what challenges us to confront and humanize research beyond academic expectations of 'clean and reasonable scholarship about messy, unreasonable experiences'. The hermeneutics of suffering prevents personal narratives from becoming 'an exercise in alienation', but rather as an invitation for humanizing conversations about suffering, where their unique qualities and characteristics are brought back interpretively into the world. We belong to our suffering; it humanizes all worldly activities through a common 'rough-ground' from which we can become more compassionate, generous and open to the experiences of others.



On becoming osteoporotic: the fragility of patient identity, fractured bones and shattered identities

Richard Hovey

McGill University

Valerie Khayat,

McGill University

A philosophical hermeneutic research approach and reconstitutive rhetoric analysis were chosen to explore the meaning of living with osteoporosis, a degenerative bone disease, through consideration of personal narrative (authored by twelve research participants) and collective narrative (mass mediated rhetoric about the illness). The findings provided in this article offer a perspective of how one's shifting sense of personal identity was expressed, how it is influenced and how osteoporosis redefines the way people reinterpret their life through a distorted illness perspective. Consideration was given to how an interpretation of these findings may benefit others learning to live with osteoporosis and healthcare providers from shared understandings about the meanings attached to osteoporosis, ageing, and identity. An awareness of the ways in which personal and collective narratives influence one's changing sense of identity becomes central to understanding patients' experiences of illness, how we learn about illness and how healing can be better facilitated. As persons endeavored to make meaning of living with their illness, learning from each-other becomes an invitation for discussion, story-telling, and the development of supportive relationships 'all implemented as educative methods to positively transition the impacted persons' physical, emotional, and social traumas toward the possibility of self-renewal.



Understanding the NP Role: An Ethnographic Study of Interprofessional Role Interactions

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The adoption and utilization of interprofessional teams in health care is part of an increasing desire to improve care for patients and communication among professionals. Findings from recent studies of the nurse practitioner (NP) role within teams suggest communication with patients and professionals is improved and care processes streamlined. NPs contribute to positive outcomes including reduced length of hospital stay and costs, and increased satisfaction with care. However, the available evidence has limitations that preclude its utility in understanding the mechanisms through which the NP role is unique. To understand this phenomenon more fully an ethnographic approach was adopted and 24 NPs across the province of Ontario in acute and long-term care settings with 384 hours of observations of NP and team work roles were gathered over a 6-month period. The observations identified a range of activities that NPs performed to promote collaboration with different healthcare professionals and with patients. Findings indicate the NPs interact formally and informally with all health care providers to coordinate and augment patient care plans. The nature of the interactions demonstrates development of trust in the NP as a facilitator of care. Use of ethnographic methods is effective to closely examine complex interactions to understand how to best position health care roles for maximum impact in a challenging resource limited environment.



Learning from Participatory Knowledge Sharing Activities for Community-based Mental Health Promotion

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A common complaint from practitioners and policy makers is that there is a gap between science and practice, whereby research is either irrelevant for or inaccessible to front line practitioners and decision makers in community contexts. To overcome this knowledge gap and to build capacity for mental health promotion in community recreation contexts in Nova Scotia a number of participatory knowledge sharing activities were undertaken. We began by hosting a 'conversation board' at a recreation trade show, inviting delegates to share their ideas about what was needed to promote mental health in their communities. This initial input informed a scoping review which, in turn, was produced in a user-friendly format for delegates (practitioners, policy makers, self-advocates, and researchers across three sectors) invited to participate in a recreation and mental health symposium. At the symposium practitioners whose community-based programs reflected some of the best practice recommendations identified within the scoping review were invited to share their inspiring practices. As well, self-advocates living with mental illness not only participated in facilitated conversations but shared their stories through powerful first-voice theatre performances and a fireside chat. All these activities were guided by a planning team made up of practitioners and decision makers from both mental health and recreation sectors. Drawing on the consolidated framework for implementation research? (CFIR) we will reflect on what we have learned from our experiences of designing and engaging in participatory knowledge sharing activities focused on promoting mental health through recreation in Nova Scotia.



Methodology or method? Investigating applications of qualitative case study methodology in the health and social sciences

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Qualitative case study methodology is research of a bounded case or cases, rich in contextual detail, promoting reflexive and naturalistic inquiry, situated immersion and in-depth description. The methodology has had increasing popularity in the academic health and social science literature, however, methodological limitations have not been addressed and a review of case study methodology has not been undertaken despite inconsistent applications in the published literature.

This study utilised a review method to critique applications of qualitative case study methodology, define features or elements of exemplar case studies, and identify indicators of rigour. A total of 34 empirical case studies, published in high-impact qualitative methods journals were reviewed, using an adaptation of Stake's (1995) criteria and thematic analysis.

Key findings indicate that few studies applied the essential elements that define case study methodology as a historical tradition and theoretical framework. A number of studies used case study as a method, such as a case example or case report. There were several methodological issues common to the studies reviewed, including inaccurate or absent methodological justification, poor case definition or 'bounding', and missing description of case selection, context, or researcher/case interactions. These are all key elements of qualitative case studies. In this presentation, the framework used to assess the case studies will be outlined and findings described. Key recommendations will inform researchers and reviewers on the criteria for making judgements of qualitative case studies, to improve the quality of publications and contribute to the growth and development of the qualitative research discipline.



Employing Critical Ethnography to Understand the Healthcare Providers' Experience of Life and Death in Intensive Care

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Technology is, as Callahan (2003) asserted, a seductive entity, limitless in its creative possibilities; it is valued for its potential to enhance our lives, make the impossible plausible, and provide us with our coveted immortality. Through our creative endeavours we have quarantined death in hospitals, lauded those who battle against it, and perpetuated its censorship through cultural institutions such as media, religious organizations, justice systems, and even, in the healthcare industry itself. Healthcare providers in intensive care bear witness to prolonged states of suffering and the burden interventions incur on the critically ill person and their family.

In order to understand the complexities of the healthcare provider's experience of life and death in intensive care, the research method of critical ethnography was employed. 'Critical ethnography takes seemingly mundane events, even repulsive ones and reproduces them in a way that exposes broader social processes of control, taming, power imbalance, and the symbolic mechanisms that impose one set of preferred meanings or behaviours over others' (Thomas, 1993, p. 9). The assessment of the influent social, professional, and political cultures contributed to the understanding of the intricacies of cultural behaviours and interaction to inform the research question of 'what is the healthcare provider's experience of life and death in intensive care'? The critical ethnographic perspective provided tools to analyse the tensions that arise in intensive care from cultural motives. The use of critical ethnography unveiled the current societal pressures that dominate the individual's autonomy in ICU such as death denial, the research and technology imperative, futility, and perceived barriers to the integration of palliative philosophy. Critical ethnography allowed the researcher to decode social practices that create asymmetrical power relations, constraining ideology, and attitudes that obstruct the individual's participation in or understanding of the social environment of ICU.



Systems of surveillance and outcomes for older adults in the context of advance care planning

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As older adults grapple with chronic illness and living a life of transitions, health professionals and informal caregivers are often involved in the complex decision making related to advance care planning. Systems of surveillance are used by health professionals, patients and caregivers to identify the need for support, symptom control, self-management and decision making related to intervention and planning. Drawing on two qualitative research studies conducted in the mid-Western United States this presentation will describe multiple perspectives of what the future may mean to older adult patients and their informal caregivers. The differences across professional and lay contexts of advanced care planning and planning for the future will be identified. A focus group study (n=4) explored the role and timing of the use of an ACP decision aid from the perspective of palliative care specialists, physicians, and of older adults living with chronic illness and informal caregivers/family. The second study draws on in-depth interviews (n=33) about the future with older adults diagnosed with Heart Failure and their self-identified informal caregivers. Within an interpretive framework this presentation will focus on the rich tapestry of surveillance systems and factors that influence decisions related to the future and concerns of older adults surrounding the discourse(s) of advance care planning. Suggestions for improving communication and how we might build a bridge of reciprocal understanding between clinical surveillance systems and those used by older adults and their informal caregivers will be highlighted.



A Mixed Method Approach to Analyzing Digitally Created Talk and Text

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This paper embraces a mixed-method approach to exploring teachers' participation in an educational online social networking site. While there is ongoing debate about the epistemological challenges in mixing methods in studying human behaviours and practices, analyzing and interpreting data on a social networking site that is focused on interactions among indigenous people allows for innovative methods. The study adopts a participatory action research methodology in three phases. A combination of offline and online methods of data collection were used. Data was captured automatically on the website itself and became a repository of digital talk and digitally created texts as a result of online interactions and collaborations. Findings from the study indicated that teachers preferred to be content-consumers rather than content-producers and a number of cultural, physiological and technological barriers to participation are advanced. After preliminary analysis of participation patterns, interviews were conducted face to face with selected participants to interrogate reasons for low participation. The study combines qualitative and quantitative approaches to analyze data according to the type of data that emerged on the site such as discourse analysis, social network analysis and Google analysis. The mixed-method approach in this study allowed for deeper exploration of teachers' participation on social networking websites and was justified by the newness and transient nature of data from social networking websites and the dearth of frameworks available for analysis.

Keywords: mixed-methods, offline and online methods, educational social networking sites, Participatory Action Research



Regulatory intervention to ensure timely and appropriate referral in emergency obstetric services: Lessons from India and China.

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Evidence shows that timely and appropriate referral between primary care level facilities and higher level facilities is key to saving lives of mothers experiencing pregnancy related complications. Policies appropriate to the reality of a particular health system, are essential for smooth functioning of referral systems and timely referral of complicated obstetric cases; there is evidence that inappropriate policy choices can have a detrimental effect on the functioning of referral systems and ultimately on maternal health outcomes. We present findings from the 'HESVIC' study, a three-year study exploring Stewardship of Maternal Health Services in Vietnam, India and China. We compare findings from India and China on the management of referral of emergency obstetric cases to higher levels of care ? a management process which is both uncertain and ambiguous. Each case illustrates a dominant governance approach in organizing health services. A regimented, management by measurement oriented, command and control based approach, applied in India, is compared with a market oriented, more laissez faire approach in China. We compare the two cases to illustrate how coping with complexity requires governance approaches which can enable managers to address both the uncertainties and the ambiguities inherent to a multilevel service delivery process. We demonstrate how a mismatch between the governance approach, the service delivery context, the service delivery process and the expected service outcomes can lead to poor health outcomes. We conclude with recommendations for policy change.



Photo-elicitation Enhances a Discourse Analysis of Parents' Distress

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Photovoice, photo-elicitation, and photo-enhanced research are terms used to describe methods for both intervention and research using visual imagery. The ways in which such methods are incorporated into interpretive research vary and should be well defined theoretically and practically. In research on sensitive topics, photo-elicitation can be a profound aid to data collection and interpretation processes. For example, distress is a common experience for parents who have had a baby born prematurely and hospitalized in the intensive care unit. Photo-elicitation methods were used to enhance the data collection and aid in the interpretive process in a discourse analysis of parents' distress at least six months after preterm birth. After an initial interview, participants were asked to take digital photographs representing their distress and to return for a second interview to discuss the photographs. Participant engagement with photographs involved three steps: 1) review of old photographs or creating new ones; 2) selection of photographs to bring to the second interview; and 3) creation of a photo-driven narrative at the second interview. The elicited photo representations supported participants' engagement with their current or past distress and the events of their journey as parents. New perspectives were generated from the reappraisal of old photographs as new meanings replaced original intentions. This presentation shows how photographs added to study findings by demonstrating the connections between distress and physical locations, objects, or people. Further, participants used photographs to illustrate powerful metaphors for their distress. These findings have implications enhancing interpretive health research by incorporating photo-elicitation methods.



See Ya Later, I Guess': The Ethical Dilemmas of Longitudinal Team Research with Homeless Youth

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This paper explores the ethical and practical issues confronted when research engages marginalized populations of a mixed methods longitudinal study of 56 street youth in Halifax, N.S., and Toronto, ON. The concept for the current paper emerged from the experiences of a team of researchers and research assistants, as the team began to wrestle with issues from the field. The scale and depth of the study provided an opportune chance to explore the epistemological and ethical challenges of conducting this research with a highly vulnerable population, raising a host of serious issues for those conducting the research. For example, the research team grappled with how to say 'goodbye' to participants; how to cultivate and continue relationships over a year; how to negotiate the tension between data collection and helping the youth; how to maintain objectivity yet have empathy; how to understand data that we do not necessarily believe; and how to understand our own involvement in the actual trajectory the team is exploring. We argue that working with populations such as street youth, particularly over time, demands research to confront its own limits, and that doing so provides researchers with a much more emancipatory opportunity to recast their research as both a form of social justice, and also as a form of ethical undertaking.



Stress and anxiety among caregivers of persons with early-onset dementia in Japan

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The purpose of this study was to understand in depth stress and anxiety among caregivers of persons with early-onset dementia in Japan. Survey research was conducted and among respondents, 106 subjects described their thoughts and feelings regarding caregiving in the questionnaire. Present study analyzed the descriptions by the use of content analysis. The mean age of the caregivers was 60 years (SD=7.9). Eighty three were female and 92% of them were spouses of persons with dementia. The mean length of caregiving was 66.7(SD=38.3) months. Regarding dementia diagnosis 64 had probable Alzheimer's disease, 31 had FTD, and 8 had a mixed dementia or dementia of undetermined cause. Analysis of data revealed 5 categories regarding stress: family caregiver's psychological states, difficulty of care for persons with dementia, economic difficulties, caregiving environment, and coping with stress. In addition, 5 categories regarding anxiety among caregivers were emerged: difficulties in home management, caregiver's health status, the ways of caring which are appropriate for the progress of cognitive impairment, manpower for caregiving, and future. The results indicated that it is important for health professionals not only to assess and monitor the caregiver's health status and burden, but also to support feelings of loss regarding one's own life, loss of person whom one has loved, anxiety, economic difficulties, and care environment.



Homelessness and Incarceration: Inviting Female Inmates to Share Their Stories

Louanne Keenan

University of Alberta

Rabia Ahmed

University of Alberta

Little is known about the health needs of female inmates within correction facilities and after they transition back into the community. This research was conducted in collaboration with agencies that work with these women within the community and while they are incarcerated. The research team included 3 physicians, 2 correctional nurses, an aboriginal social worker, a qualitative researcher, a former female inmate, and 2 partners from not-for-profit community organizations. We conducted three focus groups with 4 - 6 women/group; and 4 semi-structured individual interviews with a subset of focus group participants, shortly after they are released. Areas addressed in open-ended questions were: 1) transitional challenges; 2) the women's perceptions about personal risk and priorities; 3) medical and mental health needs; 4) health behaviors; and 5) descriptions of their housing status. Transcripts were coded and analyzed using N-Vivo 10 software, utilizing a team-based approach to inductive analysis. Female inmates received care for mental illness, substance abuse, sexually transmitted infections within the prison. They neglected healthcare needs relating to reproductive health, birth control, pregnancy, breastfeeding, menopause, mammograms, gynecological examinations, and intimate partner violence both within the prison and post release. They lacked the ability to: 1) secure safe housing and financial support prior to incarceration and after their release; 2) re-establish connections with family; and 3) cope with substance use and mental health disorders. Sustainability of any health intervention is contingent on discharge-planning programs, which allows linkage to community-based health and housing systems among released inmates.



Developing shared understandings of recovery: the potential of digital storytelling.

Amanda Kenny

La Trobe University

Susan Kidd

La Trobe Rural Health School

This Australian action research study aimed to bring together mental health consumers and health professionals to explore the development of a recovery orientated approach to health service delivery. In Australia, like many countries, acute episodes of mental illness are generally managed well. However, for those with enduring mental health problems, longer-term outcomes are often poor. There is a need to develop recovery oriented models that maximise opportunities for those living with mental illness, but it is important that any service development has strong consumer input. In bringing together health professionals and mental health consumers to explore recovery-oriented services, our research, over a long period of time, has indicated that developing a shared understanding of recovery is fraught with difficulty. Our challenge was to develop new ways to support 'recovery' conversations between consumers and health professionals that were focused on partnership models of healthcare. Using the innovative process of digital storytelling, health professionals and mental health consumers worked together to produce short, powerful digital clips, comprised of images, music and narration. The process encouraged the sharing of experiences and provided a powerful means of developing shared understandings. The stories have been influential in moving beyond superficial considerations of recovery and have been widely used as tools to encourage deep dialogue between clinicians and mental health consumers. This presentation will illustrate how an innovative approach to qualitative data collection can add richness to a study and provide insights that are useful for both policy and practice.



Open access to qualitative grant data in an interdisciplinary Canadian ethnographic research study

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Dalhousie Fac of Medicine/Capital Health

Camille Angus

Dalhousie University & Capital Health Research

Anna Macleod

Dalhousie University

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A large interdisciplinary research team conducting an ethnographic exploration of distributed undergraduate medical education has implemented an access policy to its qualitative project data. Open-access data policies, well established in areas such as epidemiology can benefit the social sciences by establishing frameworks for transparent and equitable team access to data.

Early in the grant, a draft policy was crafted, shared for feedback, and implemented. The purpose is multi-fold: 1. to establish an active model of study engagement 2. to encourage multiple, Interdisciplinary output and maximize member

expertise 3. to allow equitable and transparent access to grant data to those who initiate and become (co)authors of a grant related publication or other type of relevant output

Operationalization of this policy has led to a host of interesting opportunities and challenges: increasing communication between international, interdisciplinary grant members; designing an archive that meets all members' research needs; bringing an interdisciplinary research team to a common research focus; establishing standardized yet flexible qualitative data collection methods and archiving standards. Open access qualitative data policies lead to interesting opportunities and challenges: increasing communication between members; designing an archive that meets everyone's needs; bringing an interdisciplinary team to a common focus; establishing standardised qualitative data collection and archiving.

Open access policies for qualitative data can support output representing diverse perspectives and foster an engaged, transparent and equitable research team model. It is feasible and desirable to create data sharing policies for large qualitative medical education research grants.



Capturing the complexities of informal rural nursing practice

Kaye Knight

La Trobe University

Amanda Kenny

La Trobe University

Ruth Endacott

University of Plymouth

Whilst there is recognition that people telephone rural health services with unscheduled healthcare needs, little is known about how nurses manage these calls due to the propensity for the practice to be conducted informally, denial at the policy and practice levels, and an absence of research. The purpose of this study was to explore what actions nurses take when people telephone rural Victorian health services with unscheduled healthcare needs. The informal nature of the practice presented unique challenges to the research approach. Utilising qualitative case study and realistic evaluation approaches, the research, conducted in Victoria, Australia, involved three stages including: review of parallel literature to develop initial hypotheses, review of policy and semi-structured telephone interviews with Directors of Nursing to identify the presence and perceived enactment of policy and; telephone and focus group interviews with registered nurses to determine actions taken when people telephone rural health services. Whilst using 'realist explanation' as a logic model provided structure for data management, I experienced the limitation of multiple lists of configurations that failed to adequately capture the complexity of this rural nursing practice. By placing these factors within a matrix format, the complexity could be articulated in a concise and coherent manner and a modified 'realist explanation' configuration emerged. The modification of an existing qualitative model has provided a glimpse into the distinctiveness of rural nursing. This study highlights the importance of diversity in qualitative methods in capturing the complexities of real world practice.



Navigating the Challenges of Rigorous Qualitative Design in a Large, Global, Mixed Methods Program Evaluation

Sharon Knight

East Carolina University

Kimberly Scott, MSH

Institute of Medicine

Bridget Kelly, MD, PhD

Institute of Medicine

The U.S. Institute of Medicine (IOM) conducted a congressionally-mandated outcome and impact evaluation of the President's Emergency Plan For AIDS Relief (PEPFAR), a U.S. government initiative to respond to the global HIV/AIDS pandemic. PEPFAR was initially authorized by the U.S. Congress in 2003 and reauthorized in 2008. This four-year-long mixed methods evaluation, completed in 2013, drew upon a variety of data sources, including primary qualitative data collected through more than 400 individual and group interviews with diverse stakeholders in PEPFAR partner countries, at PEPFAR headquarters, and at other institutions and agencies involved in the global HIV response. IOM evaluation staff, consultants and committee members visited 13 countries to conduct in-depth interviews and visit PEPFAR-supported programs and facilities. This presentation will outline the design and logistics of the qualitative component of the evaluation, addressing how we navigated the challenges associated with conducting a rigorous, large scale, multi-national qualitative data collection effort in resource-constrained countries. The authors will focus primarily on lessons learned from key components of the qualitative evaluation design, including staff and committee training, data management, data collection, data analysis, and the incorporation of the qualitative data component along with other components in a mixed methods evaluation design.



Exploring the Implementation of Electronic Disease Surveillance Systems in Low-Resource Countries: The Value of Triangulation in a Multi-Method Qualitative Study

Sharon Knight

East Carolina University

Cecilia Mundaca

Uniformed Services University of the Health Sciences

Ronald Gimbel

Uniformed Services University of the Health Sciences

Cara Olsen

Uniformed Services University of the Health Sciences

The global infectious disease burden remains concentrated among the poorest 20% of the world's population, many of whom reside in low-resource countries. Institute of Medicine (IOM) workshop findings related to zoonotic disease recognized the need to build capacity for sustainable, long-term surveillance and response in countries with a high likelihood of emerging infections, particularly those with limited resources. Unfortunately, due to competing priorities for limited resources, many of these countries have been unable to plan, implement, or sustain national disease surveillance systems. In addition to a lack of resources, these countries face unique surveillance challenges including electronic access, geographical issues, availability of trained personnel, and surveillance as a national and legislative

priority. A dearth of published literature exists regarding the implementation of disease surveillance systems in general and in low-resource countries in particular.

The purpose of this grounded theory study was, in part, to describe the successful implementation of three national surveillance systems in Peru. Findings from in-depth interviews conducted with 34 individuals involved at various administrative levels in the Peruvian system were triangulated with two additional sources of qualitative data. These data sources were the grey literature on disease surveillance and a workshop held in the U.S. that convened 15 disease surveillance experts for the purpose of achieving consensus about defining and implementing disease surveillance systems. This presentation will present the intersections and value of triangulated data in this study.



Second Diabetes Attitudes, Wishes and Needs (DAWN2) Study: 360 degree perspectives of people with diabetes, family members and health care professionals in Canada and Globally

Katharina Kovacs

Burns University of Alberta

Michael Vallis

Dalhousie University/Capital Health

Stuart Ross

University of Calgary

Debbie Hollahan

Waterloo Wellington Regional Diabetes Coordination Centre

Jina Hahn

Novo Nordisk Canada Inc.

DAWN2, a study involving 17 countries including Canada, determined challenges and improvement needs for active and successful diabetes management perceived by people with diabetes (PWD), family members (FM) and healthcare professionals (HCP). Surveys, developed and translated for PWDs, FMs and HCPs, incorporated standardized, adapted and new questions. Descriptive quantitative and qualitative analyses were conducted. 500 Canadian PWDs (8596 globally); 121 Canadian FMs (2057) and 281 Canadian HCPs (4785) participated. Although 66% Canadian PWDs (range of 16-73% globally) reported having a good quality of life, 11% PWDs (7-24%) and 10% FMs (4-20%) reported likely depression. One Canadian PWD stated: 'Depression after finding out I have diabetes hit me real bad. Not only am I overweight but now I have diabetes to deal with'. One Canadian FM stated: "[It is] sometimes depressing when you have to constantly remind them [family member with diabetes] of things they need to do." More than 50% PWDs (52-97%) said FMs supported their diabetes management "successes include getting family involved and losing weight." About 60% HCPs said psychological resources (41-80%), self-management education (26-81%), and more qualified educators/nurse specialists (28-91%) were needed. 50% HCPs (31-89%) wanted more training in medical management of diabetes. One Canadian HCP stated that 'more educational opportunities need to be available for health care professionals to assist in caring for those with diabetes. Wait times to see mental health and psychologists needs to be reduced'. Results are useful benchmarks for driving change to support PWD, FMs and HCPs in their roles in diabetes management.



Mentor's perspectives on the challenges and benefits of sharing personal experiences with students

Heidi Lauckner

Dalhousie University

Shelley Doucet

University of New Brunswick Saint John

Although active patient involvement in the education of health professionals is widely promoted, there is limited exploration of the experiences of patient-educators beyond descriptive studies. The purpose of this study was to identify the factors that contributed to the experiences of patient-educators in a health mentors program for health professional students at a Canadian university. Following the pilot year of this program, in which small groups of interprofessional students met with patient-educators who were living with a chronic condition or disability in the community, semi-structured focus group discussions and individual interviews were used to gather the experiences of 30 patient-educators.

Thematic analysis was used to identify key themes in the participants' experiences. Study participants spoke of balancing the potential challenges and benefits of sharing their experiences with students. The main challenge faced was potential vulnerability should students not appreciate and respect the experiences they shared. The main benefits included personal learning and making valued contributions. Over time, patient-educators learned to monitor how much they disclosed to students while they informally assessed the students' learning throughout. Perceived student learning was central to the mentors' experiences if students embraced the mentors intended messages and learned from their interactions, the experience was a worthwhile and satisfying experience for the patient-educators.

By the end of this presentation, the audience will have a deeper understanding of the perspectives of patient-educators and the value of qualitative research methods in providing insight into the complexity of their experiences.



Food Intimacy in Obese Pre-adolescents

Jennifer Laurent

University of Vermont

Disordered eating behaviors are implicated in the development and persistence of obesity in childhood, adolescence, and adulthood. This study was an in-depth secondary analysis of the concept of food intimacy that evolved as part of a larger study investigating how parents promote health for their obese child. Seventeen parents of 9-14 year old obese children were interviewed. Strauss and Corbin's model of grounded theory guided data collection and analysis. Parents described child behaviors such as losing control and sneaky eating to obtain food, as well as using food for comfort, pleasure, and simply loving food. The relationship between these children and food was identified as the concept of food intimacy. Food intimacy evolved as a 3rd party relationship (child-food-parent) that was perceived by parents as a significant barrier to creating healthful changes for their obese child. This study highlights the intimate relationship these children developed with food and the powerful influence of this relationship on their eating behaviors. This suggests that prescribed behaviors such as exercising more and eating less maybe ineffective in certain obese children, and more focus should be placed on investigating the relationship an obese child has with food.



The Critical Role of Qualitative Methods in Evaluating the Influence of Contextual and Programmatic Factors on Prison Releasees' Linkage to Community HIV Care

Lisa LeRoy

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Sara Donahue

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Josiah Rich

The Miriam Hospital/Brown University

HIV disproportionately impacts prisoners. Reentry is a critical time to link individuals to community-based HIV care and other services that will ensure treatment continuity. This multi-site study employs a mixed-methods research approach to learn if, how, and why HIV-positive releasees' linkage to community HIV care succeeds. In the quantitative component, client-level prison and community clinical service data are matched to evaluate enrollment and retention in care after prison release. The qualitative component uses key informant interviews with individuals involved in and knowledgeable of the linkage to care process combined with review of secondary data to supplement these linkage metrics and better understand the influence of contextual and programmatic factors on the linkage process and linkage success.

Systems- and program-related topics examined in the qualitative research include correctional and community programs and procedures, community conditions, state or federal policies, and coordination and collaboration between and within prison, community, and state programs and agencies. In initial analyses of data from two sites, prison system characteristics and processes, community service and resource availability, and features of cross-agency collaboration were among the key factors identified as influencing linkage to community care.

Findings from the qualitative analyses help to contextualize cross-site comparisons of linkage and to better understand elements of successful linkage to care, such as enhanced discharge planning to arrange post-release HIV care and other needed services. We will explain the importance of using qualitative methods during the evaluation of programs and related policies that address linkage to community care for HIV-positive prison releasees.



Exploring The Role of Bourdieu's Concept of Habitus in Understanding Readers' Responses to Medical School Applicant's Autobiographical Letters

Lerona Dana Lewis

McGill University

Dr. Mary Maguire

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Dr. Saleem Razack

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Despite concerns about the reliability of non-cognitive assessment tools in admissions to medical schools, autobiographical letters are used in the medical school application process in many Canadian faculties of medicine. We examine the responses of four admission board committee members' in a university in urban Montreal, Quebec to two student fictionalized autobiographical letters. In this text based qualitative inquiry, we combine Clark and Ivanic's (1998) framework for reading texts with Bourdieu's concept of habitus to understand committee member's expected and preferred sets of dispositions in applicants to medical school. We explore how habitus preferences are discerned in reader and writer relationships in texts.

We examine how admission board members may adopt three possible reader positions advanced by Clark & Ivanic- hegemonic, oppositional and negotiated when reviewing an applicant's text. We argue that when reader and writer habitus are in synchrony with the field - Bourdieu's metaphor for the site of cultural reproduction, a hegemonic reading is possible. Such reading is likely to lead to acceptance of a student with a preferred habitus - set of dispositions that in turn may contribute to social reproduction of the field. Our analysis extends Clark and Ivanic's framework to reveal the nuanced affective dimensions in reading of autobiographical texts.

Given the high stakes nature of the autobiographic letters for medical school applicants, we advocate more text based qualitative inquiries of admission board members' reasons for their affective and preferred readings of student applicant's texts. This may lead to more attention to equity and diversity of student habitus and diverse backgrounds in medical school selection.




The use of visual methods in a postcolonial context: The legacy of cultural genocide and current explorations of youth resilience

Linda Liebenberg

Resilience Research Centre, Dalhousie University

Until recently images have played an important role in the ridicule and stigmatization of Aboriginal culture in Canada, contributing to the systematic process of legislated cultural genocide. The act of image-making has often been carried out by academic and/or government researchers. Not surprisingly, research conducted in First Nations and Aboriginal communities today is regularly met with resistance, especially when this research involves images. Simultaneously however, researchers are increasingly demonstrating the value of especially image-based elicitation methods when working with marginalised and silenced communities. Resilience research is no exception. Researchers then are met with the challenge of balancing well-founded community scepticism and resistance with the need to integrate methods that will produce valid data of sound quality that will serve research participants and their communities well. This presentation will draw on the experiences of the Spaces and Places research program. Spaces and Places explores how physical environment (i.e. community) contributes to sense of cultural and civic engagement' as components of resilience processes -- of youth in Canada's North. The study made use of researcher produced video-observation and participant produced still images in elicitation interviews with youth participants. Specifically, the presentation will review the need for critical reflection by researchers when considering the use of such image-based/visual methods in relation to the community in which the research is to be conducted. The presentation will further review in-field approaches to adapting research designs across contexts as challenges emerge.



Sampling engaging and retaining youth in longitudinal multilevel resilience research: Lessons from Pathway to Resilience

Linda Liebenberg

Resilience Research Centre, Dalhousie University

Research and related definitions of resilience that have emerged in the past decade have underscored the positioning of the phenomena in relation to adversity. Furthermore, these definitions highlight resilience as a non-static process that is subject to change and fluctuation over time. Despite this, numerous studies of resilience continue to integrate populations of youth that do not face non-normative stressors and make use of cross-sectional approaches. Growing criticism of resilience research compels us to consider then who we conduct resilience research with, and how. This presentation will draw on the experiences of the Pathways to Resilience Research Program. This mixed methods (quantitative surveys, qualitative interviews, focus groups and file reviews), longitudinal (over 4 years) study is located in 5 countries (Canada, China, Colombia, South Africa and New Zealand). To ensure cultural and contextual relevance and sensitivity of the research approach and design extensive use is made of Local Advisory Committees. Furthermore, the study integrates purposive sampling throughout. This presentation therefore review on the approaches used in the study, including consultation with LACs and how this impacted the sampling process at various sites as well as approaches to engaging and retaining highly mobile youth over the four year processes. The presentation of lessons learned will integrate youth commentary on the process.



The value of mixed-methods approaches in research with marginalised youth: Building on Aboriginal youth's experiences to guide service provision

Linda Liebenberg

Resilience Research Centre, Dalhousie University

Daphne Hutt-MacLeod

Eskasoni Mental Health Services

Studies of children who grow up facing numerous challenges show that more young people develop well than those who experience breakdown and disorder. Despite exposure to serious risks, research illustrates how many youth thrive and become active contributors to their families and communities. Yet we seldom use their expertise to design policy and interventions, situating lived experiences at the forefront of resource allocation. The Pathways to Resilience research program responds to the challenge to account for the structural constraints and contextual and cultural factors that shape the environment, helping or hindering children's positive adaptation following exposure to threats. Using mixed-methods, we explore the interaction of youth with formal service providers (such as Mental Health); community supports (community-based organizations) and informal supports (relationships and cultural connections), establishing a better understanding of pathways within and through service systems. Using data specifically from a sub-sample of youth, this presentation will review findings from this study and how they relate specifically to approaches to mental health services provided by one particular Community Health Board. In this presentation, we will first review the resilience model informing this study followed by a review of the findings from the qualitative data on how formal and

informal supports contribute to positive outcomes in Aboriginal youth. We will then conclude with a consideration of how researching service provision from a mixed methods perspective can facilitate knowledge mobilisation, impacting policy and practice.



A Most Unlikely Union: Conducting Participatory Action Research in a Canadian Forensic Mental Health Hospital

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The underpinning philosophy of Participatory Action Research (PAR) seemingly stands in stark contrast to the oppressive, coercive, and paternalistic context of a forensic mental health hospital where the rights and freedoms of people with mental illnesses are restricted through involuntary detention and treatment. A forensic hospital presents some unique challenges for PAR, and yet it also represents an exceptional opportunity to foster empowerment and self-determination through the research process. This presentation will describe a patient-led research team (self-named Team P.E.E.R.: Patients Empowered and Engaged as Researchers), which was initiated in 2010 within a Canadian forensic hospital. Team P.E.E.R. was comprised of individuals who live with mental illness, were adjudicated 'Not Criminally Responsible on account of Mental Disorder' after committing a criminal act, and were indefinitely detained in a forensic hospital. Together with academic researchers, the peer researchers spent almost two years planning, designing, and carrying out a qualitative study on treatment planning at the forensic hospital a—topic they deemed to be critical to their experiences of care. The presenter will describe the process and activities that were used to sustain enthusiasm and momentum across the following four phases of the study: (a) initiation-engagement, (b) implementation-emersion, (c) reflection-analysis, and (d) mobilization-dissolution. The philosophical tensions, ethical dilemmas, and pragmatic barriers for using a PAR approach in a forensic hospital will be explored. The accomplishments of Team P.E.E.R. will also be highlighted.



Confirming Delivery: Understanding the role of the hospitalized patient in medication administration safety

Marilyn Macdonald

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Mary Sue Heilemann

School of Nursing University of California

Neil Mackinnon

University of Arizona

Ariella Lang

Research Scientist, Victorian Order of Nurses

Mary Ellen Gurnham

Capital District Health Authority

Theresa Fillatre

Canadian Patient Safety Institute

The purpose of our study was to gain an understanding of current patient involvement in medication administration safety from the perspectives of both patients and nursing staff. The process of medication administration is a taken for granted activity and therefore suited to the development of theory to further understanding. We conducted a constructivist grounded theory study involving 24 patients and 26 nursing staff and found the role played by patients in the medication administration process was that of confirming delivery. Confirming delivery was characterized by three interdependent properties: Engagement in the medication administration process, cognitive ability of the patient, and nursing staff time. We believe this represents the first theoretical rendering of the role of hospitalized patients in the medication administration process. Our work illuminates how both the organization of medication administration systems, as well as nursing care impose limitations on the degree of patient involvement in safe medication administration.



Using Policy-Relevant Qualitative Methods for Studying Complex Population Health Interventions

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University of Victoria

Bernie Pauly
University of Victoria

Wanda Martin
University of Victoria

Ruta Valaitis
McMaster University

The Canadian Institutes of Health Research (CIHR) is investing significantly in population health intervention (PHI) research that is relevant to policy makers. PHIs are policies or programs within the health sector or between health and other sectors (e.g., transportation, education, social services) that have the potential to impact population health. CIHR proposed a need to conceptualize PHIs, and the systems into which they are implemented, as complex adaptive systems (CAS). If so, then we need to develop methods that are capable of capturing the characteristics of a CAS including non-linearity, emergence, co-evolution, an alternative view of causality, interaction among agents in the system. Methods congruent with complexity science are being applied in a research program on public health systems renewal in two Canadian provinces. The objectives of this presentation are to: 1) present these methods and findings to illustrate their utility in studying PHIs; 2) to demonstrate the potential of the visual outputs for engaging policy makers in the knowledge translation process. We will present data from studies that: a) explore strategies for integrating evidence and an equity lens into practice through concept mapping; b) identify the contextual influences on PHI implementation through Clarke's situational mapping; and c) examine complex causal processes through qualitative systems dynamics modelling. In particular, we illustrate the power of our visual products in engaging policy makers and practitioners in interpreting and using research findings.



Healthcare access: does candidacy aid our understanding of the experience of chronic conditions?

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University of Glasgow

Susan Browne

Univeristy of Glasgow

Una Macleod

Hull York Medical School

Carl May

University of Southampton

Frances Maire

University of Glasgow

For those with chronic illness an essential part of patienthood is access to suitable services. Our traditional understanding of access has centred on the availability and utilisation of services and has been criticised for ignoring the impact of personal, social and organisational factors. Moreover a one dimensional approach obscures the complexity of the association between access and inequity because service use alone is not evidence of needs being met. Candidacy, a model that describes the continual negotiation and renegotiation between individuals and health service, arguably simplified yet deepened the access debate (Dixon-Woods et al 2006). Extensions of the candidacy model have considered the impact of particular symptoms (Kovandzic et al 2011) or social factors (Klassen et al 2008).

We have extended this further by looking at the extent to which notions of candidacy are facilitated or challenged by the representation of illness. We have undertaken a secondary, supra-analysis (Heaton 2009) of interviews with colorectal cancer patients and heart failure patients. The analysis looking across data sets allows us to explore the extent to which patient needs are being met. An extended candidacy model which includes illness-type as an additional dimension will facilitate a truly multifarious exploration of access. In particular the data speaks to the existence of multiple, often conflicting candidacies as well as the nuances of primary and secondary, in-service access. The extent that illnesses itself challenges candidacy will inform service development and redesign, and ultimately improve access for all patients.



Compassion Fatigue in Addiction Work: Cultivating Health Promotion in the Workplace

Leigh MacEwan

Laurentian University

In the last decade, interest has grown in identifying the ripple effects of violence. Health care providers who work with people who have been traumatized are vulnerable themselves to experiencing the physical, emotional, cognitive, relational and spiritual effects similar to those they are helping. Not only has Compassion Fatigue been identified as a potential occupational hazard for mental health professionals who listen to stories of violence but it is also being recognized as taking a toll on the workplace. In order to implement an effective model of program delivery, the health and well-being of agency staff becomes paramount.

This study was designed with a feminist participatory action research methodology and used qualitative and visual methods of data collection to explore the experiences of addiction workers. The researcher collaborated with a group of twelve northern Ontario women who are addiction workers. Data was collected in individual and group interviews

and with photographs taken by the participants. The results show the importance of a supportive agency culture, strong collegial relationships, formal and informal supervision, debriefing, and recognizing the contribution of all staff members in order to mitigate the effects of compassion fatigue. This presentation will focus on the methods and results of the study as well as the ethics of using photographs taken by participants in social work research.



The BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Family Practice) Project: A Qualitative Exploration of the Prevention Practitioner Role

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Carolina Aguilar

University of Alberta

Nicolette Sopcak

University of Alberta

The BETTER Project was a multi-centre intervention program to improve chronic disease prevention and screening in primary care for cardiovascular disease, diabetes, breast, cervical and colorectal cancers as well as their associated lifestyle factors. One intervention in the project involved internal practice facilitation through Prevention Practitioners (PPs), healthcare professionals who were existing members of the primary care practices participating in the program, with one PP per practice. A grounded theory methodology was used to understand and explore the PP's role in the participating practices (4 in Edmonton and 4 in Toronto). Purposeful sampling included participants involved in any capacity with the BETTER project. Study investigators identified 45 participants and conducted 8 individual semi-structured interviews and 7 focus groups, which were audio taped and transcribed. An audit trail documented the research activities. Journals, field notes and memos were captured and shared by the researchers. Coding involved constant comparisons and theoretical coding followed open coding. The following main themes emerged: participants perceived that chronic disease prevention and screening was improved through the introduction of a new role in the primary care team setting, the PP. The PP facilitated chronic disease prevention and screening through on-going relationships with patients and practice team members, as well as enhanced linkages with external organizations. Sub-themes included: 1) approaching chronic disease prevention and screening in a comprehensive manner, 2) an individualized and personalized approach at multiple levels, 3) integrated continuity that included linking the patients and practices to resources, and 4) adaptability to different practices and settings.



Understanding Risk in an Ever-changing Landscape of Gene Discovery

April Manuel

Memorial University of Newfoundland

Dr. Fern Brunger

Memorial University of Newfoundland

A grounded theory approach (Glaser & Strauss, 1967), was used to gain a fuller understanding of how 29 individuals living in a family at risk for Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), in the province of Newfoundland

and Labrador, construct the meaning of being at-risk prior to, during, and following genetic testing in relation to the various stages of gene discovery and test availability. Three phases of constructing meaning were identified: (1) Awakening to a New Meaning of Being At-Risk, (2) Deciphering the Meaning of Being At-Risk, and (3) Embodying a New Meaning of Being At-Risk. This study found that at risk individuals' understandings of the meaning of being at-risk both shapes and is shaped by the 'lived experience' of the genetic testing process and also impacts (and is impacted by) health care decisions. The meaning assigned to being at-risk is pragmatic, transient, and fluid. These findings lead to recommendations for genetic service providers, health policy makers, and genetic scientists on best practice for health care in the context of novel gene discovery.



Kungatsiajuk: Community engagement with oral health research among Inuit of south-eastern Labrador

Debbie Martin

Dalhousie University

Sara Wojcik

Dalhousie University

Regan Burden

Dalhousie University

Mary McNally

Dalhousie University

Heather Castleden

Dalhousie University

Michelle Clarke

NunatuKavut

Darlene Wall

NunatuKavut

Iona Worden-Driscoll

Dalhousie University

As shared by many Indigenous populations worldwide, the Inuit communities of south-eastern Labrador conceptualize the health of individuals as being inseparable from the health of communities. This view of health includes oral health. As such, if oral health interventions are to be effective in Inuit and other Indigenous communities, they must employ community-based participatory approaches. Currently, there are very few examples of oral health research that have engaged Indigenous peoples, despite a growing interest among dental researchers to 'move beyond the dental chair'. This research brings together biomedical knowledge about oral health with Inuit knowledge about the social, cultural, historical and political contexts unique to this Inuit population for the purpose of documenting and taking steps towards improving, the oral health of Inuit children. This presentation will describe the processes of community engagement along with the strengths and challenges that have accompanied such an approach. Eighteen story-telling sessions with youth and their care-givers, 6 key informant interviews, 290 clinical examinations (71% response rate), and 275 structured interviews (67% response rate) in 11 remote Inuit communities have been conducted and are shaping next steps for this research project. These include the development of culturally relevant oral health interventions that focus on improving/expanding oral health promotion activities and oral health service delivery. This presentation will be of interest to health researchers interested developing meaningful relationships with Indigenous community partners.

Chair:

Ruth Martin-Misener

Development of an Ecological Framework for Building Successful Collaboration between Primary Care and Public Health with a Large Multi-jurisdictional Team

Ruth Martin-Misener

Dalhousie University

Ruta Valaitis

McMaster University

Marjorie Macdonald

University of Victoria

Linda O'Mara

McMaster University

Sabrina Wong

University of British Columbia

Donna Meagher-Stewart

Dalhousie University

Health systems worldwide are interested in determining the best ways for primary care (PC) and public health (PH) to collaborate in order to improve population and system outcomes. Examples of successful collaborations between PC and PH exist; research is needed to document what has worked and lessons learned. The purpose of this symposium is to describe the methods that were used to develop an Ecological Framework for Building Successful Collaboration between Primary Care and Public Health and strategies for working with a large multi-jurisdictional research team. The Framework is the culmination of a four and a half year program of research that aimed to: explore structures and processes required to build successful PC PH collaborations; understand the nature of existing collaborations in Canada; and, examine roles providers played in collaborations. The Framework represents the nature of collaboration between PC and PH and factors that can influence the development and maintenance of successful collaborations.

Session one:

Overview of the Qualitative Studies and Methods Used to Develop the Ecological Framework for Building Successful Collaboration between Primary Care and Public Health

Ruth Martin-Misener

Dalhousie University

Ruta Valaitis

McMaster University

Marjorie Macdonald

University of Victoria

Linda O'Mara

McMaster University

Sabrina Wong

University of British Columbia

Donna Meagher-Stewart

Dalhousie University

The purpose of this presentation is to describe the qualitative studies and methods that were used to develop the Ecological Framework for Building Successful Collaboration Between Primary Care and Public Health. Drawing on ecological theory, five distinct consecutive research projects conducted in three provinces informed the Framework's development: 1) a scoping literature review; 2) environmental scans in three provinces; 3) a descriptive interpretive study with key informants; 4) Q-sort methodology to identify common viewpoints of stakeholders and; 5) a multiple case study involving 10 cases. Direct service providers, policymakers, administrators and managers from PC and PH sectors participated. Each method will be briefly described along with a discussion of how the research team used the findings from each study to build the framework. Version 1 of the Framework was presented at each of three think tanks attended by over 200 stakeholders held in BC, ON, and NS. Feedback informed refinements to the Framework. The strengths and limitations of the methodological approaches used in this program of research will be considered..

Session Two:

A Theoretical Perspective of the Nature of Collaboration between Public Health and Primary Care

Marjorie Macdonald

University of Victoria

Ruta Valaitis

McMaster University

Ruth Martin-Misener

Dalhousie University

Sabrina Wong

University of British Columbia

Donna Meagher-Stewart

Dalhousie University

Linda O'Mara

McMaster University

The purpose of this presentation is to provide an overview of the Ecological Framework for Building Successful Collaboration between Primary Care and Public Health and to focus specifically upon the nature of collaboration, which is found at the core of the framework. The nature of the collaboration includes the structure and context around which the collaboration between primary care (PC) and public health (PH) is formed and the processes by which practitioners and organizations work together. The precipitators and goals of collaboration between PH and PC are considered along with the key influences that affect the nature of collaboration. Drawing on the work of scholars who have explored inter-organizational collaboration, in this presentation we offer a theoretical perspective on the nature of collaboration between PH and PC, differentiating collaboration from related ways of working together such as networking, cooperation, and coordination. We use examples from our qualitative key informant interviews and case studies to illustrate differences between types of collaborations including the goals and activities of the collaboration. Finally, we discuss the implications of these findings for practice.

Session Three:

Methodological Challenges and Lessons Learned in Conducting a Series of Qualitative Studies in a Complex Program of Research

Ruta Valaitis

McMaster University

Marjorie Macdonald

University of Victoria

Ruth Martin-Misener

Dalhousie University

Donna Meagher-Stewart

Dalhousie University

Linda O'Mara

McMaster University

Sabrina Wong

University of British Columbia

In this presentation we discuss the challenges we faced, solutions we applied, and lessons learned in working with a large interdisciplinary multi-jurisdictional team to conduct a series of qualitative studies in this complex program of research. Challenges included: the management of research documents, complex datasets and resources; communication with knowledge users and decision makers on the team related to the research questions, methods and results; consistent approaches to coding by large teams of complex data sets (focus group and interview transcripts, photovoice data, literature review extractions, and descriptive quantitative data); decision-making around authorship and dissemination of research results. Solutions and lessons learned will be discussed. There will also be an opportunity for the audience to add to lessons learned from their own experiences of working on large teams involving qualitative research.



HIV/AIDS education in a South African rural-based university of the Limpopo Province

Azwihangwisi Helen Mavhandu-Mudzusi

University of South Africa

Vhonani Olive Netshandama

University of Venda

Whilst it can be confidently assumed that institutions of higher education are attempting to mainstream HIV/AIDS into the curriculum, the impact in terms of reducing HIV infections is not visible. This was evidenced by a continued increase in HIV infections and persistence of behaviour that increases the risk of HIV infections. A study was conducted to explore and describe HIV/AIDS education in a South African rural based university (SARBU) context. Qualitative, explorative descriptive design was employed where in-depth interviews were conducted with students and key informants in the university context. The core question used was: 'What is your view of the university HIV/AIDS education programme?' Qualitative data analysis was carried out. Three themes emerged, namely: Approaches for HIV/AIDS education, the impact of HIV/AIDS education and the organizational challenges to HIV/AIDS education in SARBU. The results indicated that the following: HIV/AIDS education is done adhoc, lecturers introduce HIV/AIDS education depending mainly on their interest lack of monitoring or impact assessment of the HIV/AIDS education, lack of positive results of HIV/AIDS education and inadequate administrative preparations to address HIV/AIDS education.

Recommendations were made for the South African rural based universities to meet and develop tools to encourage contextual relevant strategies for mainstreaming of HIV into university curriculum and measure the impact of HIV/AIDS education. The strategies should target all the relevant stakeholders and all the students including the minority groups such as students with disabilities and the sexual minority groups.



The Process involved in International Preceptorship as a Teaching/Learning Modality in Undergraduate Nursing Education

Karey McCullough

Nipissing University

Myrick, Florence

University of Alberta

In undergraduate education, nurse educators have embraced the use of preceptorship as a teaching/learning modality in preparing senior nursing students for professional practice. As educational institutions broaden their international agenda to include borderless or global nursing placements, a thorough examination of international nursing preceptorship is not only wise, but necessary. The participation of students in an international preceptorship placement focuses on teaching and learning in a social clinical context. The purpose of this study will be to examine the social-psychological process involved in international preceptorship and to develop a substantive theory to inform nurse educators in their approach to nursing pedagogy in clinical teaching in the international context. The grounded theory (GT) method will be used to conduct this study. Participants will be drawn from a population of current and former undergraduate nursing students who had participated in an international preceptorship placement. The goals of this research will be to; a) determine how educational theory/pedagogy guides nursing faculty in the use of international preceptorship as a clinical teaching/learning modality; and b) acquire an understanding as to how international preceptorship should best be structured to respond to the learning needs of today's adult learner. The literature review and research questions will be discussed.



Training the dialogically reflexive qualitative health researcher: insights from a multi-institutional grounded theory study of advanced heart failure

Allan McDougall

Western University

Lorelei Lingard

Western University

Glendon Tait

Dalhousie University

Valerie Schulz

Western University

Recently, a large, multi-institutional qualitative research program has begun exploring how interdisciplinary heart failure (HF) care teams -- made up of patients, family members, and healthcare providers who are distributed across

departments, institutions and regions -- currently experience the integration of palliative care, if at all (Lingard et al., 2012). As the study has advanced, unique methodological and ethical challenges have begun to emerge. As the research team has adapted to these challenges over the course of two years, a reflective process led to an improved approach to qualitative interviews with advanced CHF patients and their family caregivers.

Drawing on the experiences of the research team as they iterated their interview strategies and reflected on their own practice as a team, this paper explains how through dialogic reflectivity we improved our methods and deepened our understanding of interviewing patients with advanced heart failure. This presentation begins with a detailed review of attendant ethical dilemmas in qualitative research interviews of patients with advanced heart failure and then outlines some of the theoretical foundations for dialogic reflectivity. Increasingly, qualitative health research data on sensitive topics in health care is collected by researchers who do not have health care training. With those researchers in mind, this presentation concludes with some methodological practices worth considering, such as making space for stories, moving past 'surface-level' statements, and asking difficult questions.



Actor-network theory and implantable cardiovascular medical devices (ICMDs)

Allan McDougall

Western University

Lorelei Lingard

Western University

The present work takes place within a multi-institutional, grounded theory exploration of advanced heart failure care teams. In cardiovascular medicine, it is common knowledge that implantable cardiovascular medical devices (ICMDs) add years to patients' lives and improve patients' quality of life. Millions of patients live with ICMDs worldwide, with more than 1 million implants per year, 1/4 of which are re-implants. These devices are standard therapy for many forms of heart disease, especially heart failure (Mond & Proclemer, 2009). ICMDs fall into two primary categories of interest. Whereas implantable cardioverter defibrillators (ICDs) serve as a safeguard for heart disturbances, ventricular assist devices (VADs) can fully replace heart function.

This presentation will situate our ongoing qualitative research project of advanced heart failure care teams. Alongside key tenets from Latourian actor-network theory using the case study of implantable cardiovascular medical devices (ICMDs). At the heart of Bruno Latour's extensive research program lies an ontological question: how can the artificial divide between nature and culture be re-interpreted? For Latour, technology offers a useful site for exploring this central question by way of discovering hybrid actor-networks where both humans and non-humans are granted agency. I will argue that actor-network theory offers a useful lens for exploring health technology interventions as associations of heterogeneous elements, especially when ICMDs can prevent what was until recently thought of as "natural" cardiac death. For Latour, ICMDs would no doubt offer an exciting site for theorizing. The goal of this presentation is to explain why.



Finding Room: Mapping Experiences of Hoarding, Housing & Home in Vancouver

Alina McKay

University of British Columbia

When cultivating a sense of home in the spaces we live in we often collect and curate inanimate objects around us to support the functions of everyday life, facilitate comfort and provide aesthetic qualities. However, for people who have problems with clutter and/or experience hoarding as a mental illness, the accumulation of stuff hinders everyday activities. Furthermore, clutter may be experienced as a source of stress, or be perceived as aesthetically displeasing. There are also immediate physical threats of hoarding such as falling or being crushed. To better understand the effect of clutter on peoples functioning we completed interviews with 21 people who lived in low-income housing in Vancouver, 10 of whom identified clutter as a problem in their lives. Primary interviews included questions about people's current housing, housing history, sense of home and demographics, and a mapping component. Follow-up interviews were completed with 19 of the participants to collect information on the stability of their daily activities. People who had problems with clutter had difficulty identifying regular patterns in their lives and were less likely to identify their current housing with home. They also expressed more uncertainty about the stability of their day-to-day lives compared to participants who did not identify clutter as a problem. We discuss the mapping process in identifying these difficulties, as well as the strengths of using mapping to capture people's interactions with objects in their living spaces. Furthermore, we suggest that working with people to create functional spaces should be a key goal of managing clutter.



Navigating the Challenges of Using Appreciative Inquiry for Health Research Data Collection and Analysis: Stories from a Citizen Dialogue on Health

Virginia McKendry

Royal Roads University

Michael Humer

Kelowna General Hospital


In 2012, a thoracic surgeon and his thesis supervisor convened an open citizen dialogue on health at Kelowna General Hospital (British Columbia, Canada), a meeting that served as the data collection component of his thesis research for the MA in Professional Communication at Royal Roads University. The study reconsidered debates on health care reform from within a critical, social constructionist framework that embraced the uncertainties of health care from the perspective of complex adaptive system theory. Methodologically, we chose a strength-based approach that would allow us to deal with these uncertainties, using Appreciative Inquiry (AI) as a both a research method and dialogue format. We chose AI for how it would allow us to draw on the health system's diversity so we could hear from voices that are typically muted in discussions about health care and health policy, and so that we could approach questions of health care from a positive perspective. AI is an effective approach for generating data, but it presents significant challenges to the researcher. This presentation explores the following questions: how to ensure authentic, broad-based independent participation without coercion; how to transform participant stories into workable data; and, how to effectively analyze the data. We share stories about the challenges of sampling (deciding who to include and how to include them) and how to interpret the rich data produced by participants. We conclude by reflecting on the lessons we learned and our plans for taking the dialogue findings and using them to design and deliver actionable projects.



Atheoretical research: pragmatic or problematic?

Anne Marie McLaughlin
University of Calgary
David Nicholas
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University of Calgary

Qualitative methods have become increasingly mainstream in the academy. As their popularity grows they are occupying more space within the graduate research curriculum. Increasingly graduates students are turning to qualitative research, particularly in professional schools such as Social Work, where qualitative methods, with emphasis on naturalistic settings, reflective inquiry and interview methods, are seen to fit 'like a hand in a glove' (Gilgun, 1994). In line with the proliferation of qualitative studies the authors have noted an increase in the number that claim to be generic, pragmatic or atheoretical. One criticism of this choice is that it attempts to 'get around many traditional philosophical and ethical disputes' (Johnson & Onwuegbuzie 2004). This paper explores tensions in the literature and in practice regarding the choice of generic or atheoretical qualitative research methods and the impact on student learning.



Cancer pain in old age: Exploring dyadic patient and family caregiver perspectives

Christine McPherson
University of Ottawa

Despite an emphasis on pain management in palliative care, pain continues to be a common problem for people with advanced cancer. Many of those affected are older (> 65 years) due to the disproportionate incidence of cancer in this age group. Older people are also most at risk for pain that is under-treated and recognized. An emphasis on home care has meant greater reliance on patients and family caregivers to manage cancer pain. There remains, however, little understanding of the complex phenomenon of cancer pain within the naturalist context of the dyadic family caregiving relationship in the home, or from the perspectives of older people and their family caregivers. The aims of this study were to explore and describe cancer pain from these perspectives.

An inductive qualitative descriptive approach was used to describe and interpret data collected from semi-structured interviews with eighteen patients (>65 years) with advanced cancer receiving palliative care at home and their family caregivers.

Analysis of the data revealed three main themes that characterised the multifaceted nature of cancer pain within the wider context of ongoing relationships, death and dying, patient morbidity and other losses associated with aging. The findings highlight the meanings and significance, attributed to cancer pain by patients and family caregivers, in addition to, individual and social-relational changes that result from living with ongoing cancer pain. The findings provide valuable insights into potential barriers to effective pain management that can inform strategies aimed at improving this aspect of care.



Uncounted work; behind the scenes of emergency wait times

Karen Melon


University of Calgary

This presentation will highlight key analytic findings of an extensive study of nurses' triage work in three large Canadian urban emergency departments (EDs). Beginning in the routine experience (standpoint) of nurses doing triage work, I empirically traced the way their work is being restructured and reorganized for efficiency and accountabilities that they report have disrupted good nursing care as they would practice it within their professional frame of understanding patients and high quality care.

Using Institutional Ethnography (IE), I was able to document critical, empiric evidence through direct observation, an analysis of key texts and the discursive frameworks related to them, and interviews with nurses, unit managers and emergency department administrators. This research method is ideal for developing a detailed understanding of how things work in everyday settings, while moving beyond the activities of nurses and other health care providers, to trace the institutional processes and social relations that organize, coordinate and often disrupt work with patients.

The disjuncture between the text based production of knowledge that is currently relied upon to describe what happens to patients in an emergency setting, and what actually happens is critical to the analysis. This study uncovers the gap between quantitative methods of 'counting/timing' care delivery in EDs and what actually unfolds 'on the ground' as nurses try to manage the moment by moment safe passage of patients through the system.

The deleterious consequences of speeding up the work, based on industrial production line reforms that have infiltrated current health care management, figure prominently in the research data. This critical IE analysis demonstrates the crucial need for qualitative research that contributes to a broader understanding of health system quality.



Mapping Rural and Northern Response to Intimate Partner Violence

Pertice Moffitt

Aurora Research Institute/Aurora College

Heather Fikowski

Aurora College

The aim of this five year study, funded by the Social Sciences and Humanities Council of Canada and the Community University Research Alliance, is to create an action plan that maps the socio-spatial problem of intimate partner violence, produces narratives describing community response in rural and northern areas of the prairies provinces and the Northwest Territories, and generates a theory of ways to create and sustain non-violent communities in these regions of Canada. In this study, we are using Geographic Information System (GIS) maps to portray findings at multiple points within the research process. We began with maps that portrayed the results of environmental scans and RCMP statistics on the reported incidents of intimate partner violence. In the next and current phase, the maps offered a means of dialogue that elicited new perspectives on ways that both enhanced the maps but also added to the iterative process of

data collection and analysis. The final phase will include interactive maps with many levels of data that will be shared with the public for education and public awareness and with policy makers in the form of briefings to enhance and create informed policy. The purpose of this presentation is to share the maps produced for one jurisdiction (the Northwest Territories), to consider the strengths and limitations of mapping within the project, and to describe the way mapping is being used. Recommendations and implications for mapping qualitative research will be shared.



Mapping the Uncharted Terrain of Pathways Made After an FASD Diagnoses

Melody Morton Ninomiya
Memorial Univesity

This presentation highlights the use of institutional ethnography (IE) in a study that examines how supports and services are coordinated for youth with a fetal alcohol spectrum disorder (FASD) diagnoses and their caregivers/parents. IE, as a method of inquiry, was used to document peoples' everyday lived experiences; analyze a wide range of texts (such as intake forms, policies, training manuals); and observe environments to explicate how everyday lives are (un)intentionally coordinated by institutions. This community-based research study examines a comprehensive network of supports and services for individuals and families with FASD diagnoses to determine how information is communicated, coordinated and regulated. Interviews were conducted and all text-based documents that guide, inform or coordinate how institutions respond to an FASD diagnosis were collected and analyzed. This presentation demonstrates how IE makes visible the work of individuals/families living with a medical diagnosis as well as the institutions that interpret and respond to the diagnosis.



Digital stories: Intervention, documentation and important archive of community knowledge.

Jennifer Mullett Vancouver
Island University
Sarah Fletcher
University of Victoria

The Assembly of First Nations issued a sobering report card on diabetes in First Nations communities in which they state that 'diabetes has become a disabling and deadly disease for many Canadians but First Nations continue to suffer at a level that is three to five time higher' (AFN, 2006). We worked with community members to take a social determinants approach to this health issue. We developed a research project to engage Aboriginal youth with their elders in producing digital stories about traditional foods and ways of preparing and eating seafood. In addition, the youth created digital stories of their First Nations identity, healthy living, community connectedness and experiences that enhanced their pride in their First Nations identity. We created an interactive map of Vancouver Island designating the home territory of the youth and elders that allows instant access to each of the youths' and elders' stories. As with most participatory approaches the method is both the process and the intervention and at the same time produces an engaging product for dissemination.



Informing effective, meaningful, and sustainable e-Learning strategies using student and instructor perspectives

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Saskatchewan Institute of Applied Science and Technology

Carol Hipfner, Caroline Hoffart, Christa MacLean and Kathy White

Saskatchewan Institute of Applied Science and Technology

E-Learning is often foundational to distributed and distance learning strategies in post-secondary educational institutions. Despite increasing global use of these strategies, their impact on institutions and quality of education is not well reported in the literature. In this mixed-methods study, the perspectives of students and instructors were explored to inform effective, meaningful, and sustainable ways of using e-Learning strategies. Online surveys were used to collect quantitative and qualitative data at three post-secondary schools in Canada. During the year 2012, data was collected from 1,377 students and 187 instructors. Additionally, 12 focus groups sampled a diverse group of student and instructor participants. Qualitative data was analyzed by a team of researchers using iterative and consensus building approaches to derive common understandings and major themes. As an over-arching theme, e-Learning was viewed as a system of education delivery that required an integration and coordination of several sub-systems to impart teaching and learning successes. The Four sub-themes represented by the acronym {HIDI} supported the over-arching theme: (a) **H**uman connection b) **I**nstructional technology support c) **D**esign and d) **I**nfrastructure. These sub-themes conceptualize the important perceptions expressed by participants. Findings of this study support the need for well contemplated and designed infrastructures that include sufficient instructional technology support. Additionally, e-Learning course designs that integrate sufficient opportunity for maintaining human connection with users of e-Learning technologies may enhance successes. Overall, the desired impacts of e-Learning strategies need to be bolstered with effective sub-systems each requiring institutional commitment of resources, including sufficient personnel, time, and energy.



Inclusive Choirs: Welcoming Youth with Exceptionalities

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University of Saskatchewan

Marya Stonehouse

University of Saskatchewan

A descriptive interpretive qualitative research design was used to investigate the benefits and challenges that youth with exceptionalities and their families experienced based on their participation and involvement in an inclusive choir. Inclusive choirs are a special type of choir that welcome all singers and are founded on a belief that everybody should have the opportunity to sing alongside others. Although the research on the health benefits of group singing is encouraging in terms of identifying a range of positive physical, emotional, psychological, and social outcomes, no studies were found that focused on choirs, which included youth with exceptionalities. Fourteen participants were recruited for this study including youth choir members with exceptionalities, parents, family members (e.g., siblings), choir directors, and a choir manager. Participant observation and semi-structured interviews were used to generate data. Data were analysed using constant comparative analysis. Four overarching themes were identified: health benefits (physical, cognitive, emotional, social), positive aspects (learning new things, shining moments, community contribution), challenges (for singers, families, choir directors) and uniqueness of inclusive choir singing contrasted with

other activities. Findings extend the current literature on singing to a new population and have implications for practitioners in psychology, education, music therapy, and other helping professions.



Exploring the integration experience of internationally educated nurses (IEN) within the Canadian health care system

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University of Ottawa

Josephine Etowa

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Background: The number of internationally educated nurses (IEN) in Ontario is growing. Given the predicted nursing shortage due to an aging nursing workforce and a short supply of nursing graduates, this trend will likely continue as international recruitment to meet nursing demands in Canada remain. Current Canadian research that examines IEN experience as they integrate in their workplaces is scarce. With an increasingly diverse Canadian patient population due to rising immigration trends, a diverse workforce that addresses their needs is valuable. Therefore an in-depth understanding of IEN experience and their contribution to nursing practice is necessary.

Purpose: This paper will present the preliminary findings of a recent research that examined the integration experience of IEN as registered nurses (RNs) in Canada.

Methodology: Descriptive Phenomenology approach was utilized. Data collection consisted primarily of semi-structured interviews involving eleven registered nurses who trained outside of Canada in an urban city in Ontario, through purposive sampling and snowball technique. Interview data were transcribed verbatim and thematic data analysis began with coding. Atlas ti computer software was used for data management and storage.

Preliminary Findings: This paper will present the process of descriptive phenomenology that guided this study. It will highlight the recruitment and data collection techniques as well as the steps taken for data collection and to ensure rigor in the research process. Given the focus of this conference this paper will emphasize the research methodology used to generate these themes.



Living With Dying: From the Patient's Perspective

Charlene Ono

Kauai Community College

There are few descriptive studies on the experience of dying from the patient's perspective. The existing studies were conducted mostly on Caucasians, in the continental United States, or in other countries. Very little research has been conducted to explore the Pacific Islanders' perspectives on dying. Cultural differences may have an effect on the research results. The purpose of this research is to: (a) understand the lived experiences of residents in Hawai'i, with serious, progressive illnesses; (b) identify their values and preferences for the remainder of their lives; and (c) describe

their ideas and beliefs of 'good quality of dying'. The population consisted of nine terminally ill adult Asian/Pacific Islanders living in rural Hawaii. After informed consent was obtained, data was collected through in-depth, face-to-face, open-ended interviews. The recordings of the interviews were transcribed verbatim. The data were examined for themes and concepts utilizing interpretive phenomenology. The participant interviews resulted in rich descriptions of each individual experience framed within the context of the four existential life worlds (temporality, relationality, spaciality, and corporeality). Four distinct themes emerged: Higher Being or spirituality, family or healthcare provider support, symptom management, and mission and attitude. Cultural aspects were also examined.

Implications included: (a) Effective patient pain control and symptom management are essential for quality of dying, (b) Open communication and loving support of the patient are essential to the quality of dying, and (c) Cultural characteristics should be used only as guidelines for care.



Decay, transformation and growth: patients' making sense of acute leukaemia

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Dr. Bridget Johnston

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The impact of a haematological malignancy such as leukaemia on patients can be profound. So far there is a dearth of evidence regarding how adult patients with acute leukaemia make sense of this life changing experience. This qualitative study aimed to explore how adult patients make sense of their diagnosis of acute leukaemia. Guided by Smith's Interpretative Phenomenological Analysis (IPA) approach, an exploratory design was employed for the purposes of the study. Ten patients with acute leukaemia were recruited during a 14-month period from two clinical sites in Central Scotland. A set of two serial, in-depth interviews were conducted two to four weeks apart with participants within the first year of diagnosis or post-relapse. Data analysis resulted in nine subordinate themes: leukaemia in disguise; world of emotions; embodiment of leukaemia; social world; a holiday in prison; coping; counting losses; the self; and assimilating leukaemia. These themes were subsequently organised under three superordinate themes/ processes. Participants in this study made sense of their acute leukaemia by engaging in three processes: decay, transformation and growth. These three processes occurred in a concurrent fashion with various manifestations. Findings indicate that acute leukaemia creates a state of imbalance to the person, which initiates a search for a new equilibrium. Results from this study can form the basis for the development of specific interventions for patients affected from leukaemia.



A life in limbo: an IPA study of informal carers' making sense processes of acute leukaemia.

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Caring for a patient with acute leukaemia is a laborious task. To date, there are limited studies suggesting that carers' quality of life can be affected by factors such as increased burden and disruptiveness. Yet, evidence remains scant on informal carers' making sense of acute leukaemia. This study explored family caregivers' making sense processes of a having a family member diagnosed with acute leukaemia. An exploratory design was employed using serial, in-depth interviews, guided by Smith's Interpretative Phenomenological Analysis (IPA) approach. Eight family caregivers were recruited during a 14-month period from two clinical sites in Central Scotland. A set of two serial, in-depth interviews were conducted two to four weeks apart with participants within the first year of diagnosis or post-relapse. Data analysis resulted in seven subordinate themes, which were then organised in three superordinate themes. The carers of patients with acute leukaemia in this study made sense of acute leukaemia as a state of limbo. Once their loved one received the news of diagnosis, they entered in a limbo state, dominated by uncertainty. The second process included navigating this limbo. This involved steering through their social world and the hospital environment. Finally, the last process identified was the transcending of limbo, namely the process dominated by the various coping strategies they employed, their acting as facilitators and their efforts to reconcile the illness in their lives. Results from this study can inform specific interventions involving families of patients affected by leukaemia.



Dependency denied: Health inequalities in the neoliberal era.

Marian Peacock

University of Sheffield

Professor Paul Bissell

University of Sheffield

It is now well established that unequal societies have higher rates of health and social problems than more equal ones. Shame and invidious social comparison have been proposed as one means by which inequality impacts the body, and the social body (Wilkinson & Pickett 2009). Social epidemiology supports this, but has been critiqued for theoretical 'thinness' and marginalising of agency. For example, people are not passive recipients of inequality, they resist and endeavour to protect themselves, and there are debates about the place of political discourses such as neoliberalism.

In this paper we explore the findings from a study of women in the north of England which used Free Association Narrative Interviews (FANI) to explore the experience of life in an unequal, neoliberal society.

Shame and social comparison were present but not in the ways anticipated. Shame avoidance focused on protecting children from the stigmatising impacts of living with a lack of appropriate goods and was in relation to the women's bodies and homes. But most striking was a discourse of no legitimate dependency - an often painful discourse, where all aspects of dependence were disavowed and self-reliance valorised, leading to considerable strain and distress.

We argue that this discourse represents a partial internalisation of neoliberalism; often expressed colloquially, using the language of therapy. It is manifested by the holding of the self to impossible standards of non-dependence, and through the 'othering' of those considered insufficiently responsible. It is an unstable and unhappy discourse, but one which seemed unavoidable in the absence of available, alternative explanations for inequalities.



Millennial Nurses' Formal Professional Socialization: Evolving Narratives

Sheri Price

Dalhousie University

Dr. Linda McGillis Hall

University of Toronto

Dr. Gail Tomblin Murphy

Dalhousie University

Bridget Pierce

Dalhousie University

The nursing shortage is a global concern and health human resource planning is a recognized priority. Understanding career choice decisions of the Millennial cohort of nurses is essential to inform future recruitment, socialization and retention. This presentation will provide an in-depth, contextualized understanding of early professional socialization experiences among Millennial nurses. Findings from this narrative inquiry provide an evolved understanding of professional socialization that builds on a previous narrative research exploring Millennial nurses' career choice influences. Using Polkinghorne's theory of narrative emplotment, this study follows a small cohort of Millennial nurses, four years after the initial research, as they transition from nursing education to practice. The participants' stories provide insight into how the formal professional socialization process influenced their perceptions and expectations of their careers in nursing and future career decision-making. The evolving narratives provide insight into how we can best recruit, socialize, support and retain future nurses within the profession while also promoting interprofessional socialization and collaboration across the health disciplines.



The Use of Grounded Theory To Develop A Framework For Understanding Student Retention In Community College Nursing Programs

Kimberly Priode

Appalachian State University

Gaining admission into pre-licensure nursing programs has proven to be quite difficult for the average college student. Topping the list of crucial priorities for many academic institutions is the retention of these nursing students. Yet, the reality is that many students decide not to complete their course of study for reasons other than academic failure. The retention of nursing students is essential to securing competent, well-educated nurses to care for society in years to come. Current research has indicated that the enrollment of students pursuing an Associate Degree of Nursing within the Community College systems has greatly increased; however, attrition rates remain high in these groups when compared to Baccalaureate Nursing programs. Quantitative studies have identified academic as well as non-academic reasons that influence students' decisions to stay in school. Yet, our efforts to fully understand these reasons remain limited by the closed-ended questions asked of these students about their challenges to remain in school. This study took a different approach to further investigate the actions and processes identified by non-traditional college nursing students in order to contribute to student retention theory. The grounded theory methodology of Charmaz (2006) was used to identify three major study concepts that were identified from audio-recorded interviews which highlighted the

retention actions and processes from ten non-traditional college nursing students. The major concepts of enhancing personal capacity, learning to balance, and maintaining support were interpreted from this study's findings. The postulate interpreted from this study included the following: Community college non-traditional nursing students who are able to enhance their personal capacity through the actions and processes of learning to balance and maintaining support may have increased capabilities to remain in their nursing programs.



Basic values regarding the care of clients in nursing homes

Margit Raich

UMIT - Institute for Healthcare Management and Health Economics

Background: Values have important implications for our lives. They influence the kind of career we choose, work environment we prefer, and the kinds of decisions we make. The aim of this study is to identify the nurses values concerning the caring of clients in nursing homes and to analyze them, whether they harmonize or contradict with the existing working conditions and current methods of caring.

Method: Using a guided interview, 28 nurses (leaders from different hierarchical levels and frontline staff) were interviewed in seven Austrian nursing homes. They were asked open questions about their tasks, individual activities, patient care, collaboration and leadership. The transcriptions were analyzed by the qualitative method GABEK (GAnzheitliche BEwältigung von Komplexität). This computer-supported qualitative method translates the individual knowledge, opinions and experiences of people into a holistic map and provides a comprehensive view of individual aspects. On the basis of the verbal data, the values are visualised in the form of knowledge systems of hierarchically organised gestalten trees, causal nets and evaluation profiles.

Results: The results show the mutual connections of individual and organizational values. The nurses criticize the old-fashioned values of their own professionals and highlight the importance of basic values with focus in building trustful relationships in the care of old people.

Conclusions: Based on the nurses views, this study shows different kind of values that support and hinder an excellent eldercare. Further, the results serve as basis to discuss the need to rethink and change the status quo and role of nurses in the future.



Exploring the successful experiences of overweight children in sport: The challenges of mixed methods research with at risk populations

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A three year mixed methods research project is being conducted to understand how bodyweight impacts youths' experiences of sport. A secondary goal of the study is to explore how coaches, parents and peers impact upon the psychosocial outcomes for youth involved in sport. Ongoing recruitment of parents, coaches and youth, between the ages of ten and fourteen years continues at a variety of community based recreational facilities and locations throughout Halifax Regional Municipality, Wolfville, Nova Scotia, and North Bay, Ontario.

The research team continues to explore ideas for recruiting participants from both genders and a variety of age groups and body weights. Ongoing recruiting challenges have included: low survey return rate and difficulty in recruiting overweight children and children at risk of being overweight. This is due to lack of survey response from non-competitive, house level recreational facilities and after school programs. The presentation will explore some of the methodological issues of mixed methods research, especially with recruitment of these at risk populations.

Methodological tools for the study include: surveys for coaches, parents and children, and in-depth semi-structured interviews for coaches, and parents of children involved in sport and/or after school programs. To date, 132 completed child and parent surveys have been collected. Eleven, semi-structured parent interviews have been completed and eight have been transcribed verbatim. Preliminary qualitative themes suggest that differences in coaching style and competence, body type (favouritism of athletic build), negative peer and parental social cliques and financial limitations may impact children's continued participating in sport.

The project is supported by a Sport Participation Research Initiative (SPRI) grant from the Social Sciences and Humanities Research Council (SSHRC 862-2011-0006) and Sport Canada.



Men are easy to get but hard to keep: How to engage with and retain men in health services

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Retaining men in the health system has long been a challenge for policy makers and practitioners. Masculinity has been seen to be problematic for health service usage. Researchers have called for attention to be given to the perspectives of

men themselves in order to explore the barriers experienced by men, and to produce ways of breaking down these barriers.

We interviewed men about their perspectives on health, stress and coping. Participants discussed their perceived barriers to and potential solutions for men's use of health services. The men we interviewed all had high depressive symptoms, and thus one focus of our analysis is on engaging men in mental health services. We adopt a thematic analytic approach to explore attitudes towards health services and apply the lens of service dominant logic, in which consumers of health services play the role of co-creators of service value.

From our interview data we discuss barriers to health service use, potential solutions to these barriers, and ways in which norms of masculinity were challenged and reproduced in relation to men's use of health services. We draw on each author's expertise in critical health psychology, government and policy, and service research respectively. Our analyses inform future policies and campaigns directed at men and their mental health service engagement, and health practitioners in creating spaces in which men feel comfortable to talk about and engage with ideas of health.



Challenging the heteronorm in health: Examples from Prostate Cancer and Dementia

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University of Canberra

Many health services implicitly assume that their consumers are heterosexual. As health researchers we also often hold the assumption that heterosexual is 'normal' and that health services are appropriate for gay service users. From discussions with two groups of gay men (one dementia patients, and the other diagnosed with prostate cancer) it became clear that services and resources are often not suitable for gay service users. Information material often discusses how to deal with health issues with heterosexual spouses, support groups and health service providers are often unsure about how to treat gay men in practice, and gay men with chronic conditions are often concerned about discussing particular problems with service providers.

This presentation discusses findings from two separate research projects being undertaken in Canberra, Australia. Both projects focus on the needs of gay men adjusting and adapting to life with either prostate cancer or dementia. I discuss some of the common themes to gay men living with these conditions and their partners, and explore the range of concerns that gay men had about their needs in relation to their condition. Themes that were common to both projects were concerns about patients' partners being unable to access relevant support groups, a lack of understanding from health service providers, and an inability to access information about sexual functioning and intimacy following diagnosis. I discuss potential solutions to each of these concerns, and propose research methods to use for continued exploration into this important health area.



Securing the Homefront: Fostering Resilience in Military Families, Implication for Health Professionals

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Azusa Pacific University

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MFT

Many military families are experiencing multiple, lengthy deployments, often in harm's way, which can heighten family stress, affecting children academically, behaviorally, and socially. The APA Presidential Taskforce on Military Deployment Services for Youth indicated that "significant gaps" exist in the professional literature on the effects of deployment on military families and the variables that lead to resilience.

The purpose of this study was to explore the perspectives of ten mothers regarding the experience of military life, particularly deployment, on their children and families, suggesting strategies to foster resilience. The study was situated in Interpretative Phenomenological Analysis [IPA] which incorporates three dynamics: (1) phenomenology, which explores the human experience within specific context; (2) hermeneutics, which examines how individuals make sense of their experiences; and (3) idiographic representation, which preserves participants' unique identities within the study of a collective experience (Smith, Flowers & Larkin, 2009). Interviews, approximately one hour in length, were audio recorded and transcribed. Data were analyzed and coded, first within participant narratives and then across participants.

Emergent themes include Designation Deployment, depicting various phases of a deployment cycle and the effects on family life; Movement Under the Radar, describing the cumulative effects of multiple relocations throughout a military career; Quiet Disquiet, denoting the tendency to maintain an appearance of strength and conceal feelings of anxiety regarding danger; and Ambivalent Support, or encountering various interpretations of and reactions to current political viewpoints. Implications for health professionals and strategies to promote resilience for children and families are suggested.



What Makes for 'Successful' Transitions from the Emergency Department to Home and Community among Older Adults?

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Annually, in the US, 11 million older adults (age 65+) are treated in emergency departments (ED) and released to home. During the 30 days following such a visit, approximately 20% return to the ED for additional care. Thus, the transition

from ED care to home care is an important target for study because these repeat visits are associated with adverse events and increased costs.

A team of interprofessional researchers (physician, medical sociologist, nurse researcher) studied the process of transitioning from the community to the ED and back, investigating differences between patients who returned to community-based care and those who experienced ED-visit recidivism. We were particularly interested in what makes a 'successful' transition from the ED to the home and the community and what barriers mitigate such outcomes.

Eligible participants and their caregivers were interviewed in the ED and in their homes over six weeks post ED discharge.

Analysis focused on defining and describing processes within the family and home ecologies that impacted transitions. We found that 'successful' transitions typically included strong social supports and required negotiation around tensions between pre-morbid autonomy versus dependence. As one participant said, 'At the beginning, I looked at having to ask for help as a weakness in myself. [Now] I realize it was really the opposite: you have to be pretty brave to ask for help'.

As abilities and needs shifted, we found participants adopting strategies to maintain health while maintaining a sense of agency. This study provides insights into these complex and intentional trade-offs.



The Sessler Branden Advocacy Theory

Pennie Sessle

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As the health care professions deal with the global health care crisis, nursing is positioned to determine the trajectory of health care and health policy. This could be accomplished through the nurse's role as advocate for the patient, profession and health care. However, studies have failed to determine the nurse advocate role in its complexities. The aim of this research investigation was to increase the current knowledge about the nurse advocate role, and to discover and explicate substantive theory concerning this role.

This investigation used the grounded theory methodology of Corbin and Strauss to examine and discover the advocacy process as it informs the role of the nurse advocate. A purposive sample of thirteen peer-identified FAAN leader/advocates were chosen and interviewed. Participants were interviewed and their interview transcripts were used as the primary data sources in addition to the researcher's field notes, memos and participants' curriculum vita. Transcripts were coded using open and axial coding techniques that allowed the emergence of a conceptual definition of advocacy, the core phenomenon to advocate and five categories and their subconcepts. The product was the Sessler Branden Advocacy Theory (SBAT).

This study has contributed to the extant knowledge of the nurse as advocate by explicating the role of the nurse advocate. This theory has bridged the existing knowledge with a substantive, pragmatic theory that can be applied and utilized by any nurse in any situation where advocacy is needed to improve health care delivery. Finally, the SBAT has the potential to be utilized by and modified for various professions in different situations where advocacy is used.

However, nurses are underrepresented in major forums where they could be change agents on this new path. Nursing must lead the charge to effect change in the delivery of patient care and the health policy debate. Thirteen peer-

identified FAAN nurse leader/advocates were chosen purposively to form a varied and highly experienced study group. The nursing profession is entering an exciting time of new professional opportunities including the philosophies of pragmatism and symbolic interactionism. These analyses led to the theoretical and categorical relationships that were explicated.



Sex trafficking in Nepal: A qualitative study of process and context

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Thousands of Nepalese girls are trafficked to India and other neighbouring countries every year, primarily for sex work and the majority return to Nepal after spending a years in sex trade. The sub-group of Nepalese girls who become involved in sex work via trafficking are the focus of this paper. The aim of this study was to increase understanding regarding the context of sex trafficking, the methods and means of trafficking, living conditions in brothels and survival strategies among trafficked girls.

We conducted 33 in-depth interviews in early 2013 with returned trafficking survivors (n=14) and policy-makers, people working in trafficking related NGOs/INGOs (n=19) in Nepal. All 14 trafficking survivors were recruited in Nepal through the NGO working on trafficking field.

The young girls trafficked from Nepal to India in this study were typically unmarried, illiterate and very young (8 to 14 years at the time of trafficking). The key methods of trafficking were false marriage, fake job offer, and abduction. Among the 14 respondents, some had spent one month and others nearly 5 years in Indian brothels. Respondents were either rescued, escaped or released by brothel owners. Four out of 14 were HIV positive. Most policy makers mentioned that poverty, unemployment and illiteracy are the causes behind the trafficking of young girls. The anti-trafficking interventions need to be considered at a) community level before movement has begun; b) urban centres which are both source and transitory centres for trafficking; c) trafficking level when girls are highly mobile and when they are in brothels; and d) return from trafficking as girls to move back into the community.



'The Fat Woman Sings'

Sophie Smailes

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In this paper I will explore the process of autoethnographic encounters with my 'fat' body - the call and challenges of authenticity and subsequent exposure.

Women's bodies are and have been subject to objectification and 'public' scrutiny for a long time; given the increasingly punitive call to be slim (ergo responsible and acceptable), I will explore emergent issues of the 'fat' woman's experience. Part of this will be my commitment to giving voice to the silenced and shamed as well as interweaving discourses of compliance/conformity, resistance and agency.

Feminist autoethnography provides a rigorous and reflexive space to engage with the complexities of fat women's spaces. While largely focused on my own explorations, I will also be considering collaborative autoethnographic spaces and the feminist commitment to the co-relational nature of experience and knowledge; ethical issues of self care as well as 'regard of the other' emerge as further reflexive spaces.



Retrospective evaluation of formal resource allocation processes at the IWK Health Centre: A narrative analysis approach

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Resource allocation is a key task for healthcare managers. One formal approach to this task, PBMA (Program Budgeting & Marginal Analysis) was adopted by Halifax's IWK Health Centre in planning care and service delivery for the 2012-13 budget year. An evaluation of the experience is being undertaken. This evaluation uses a narrative analysis approach. Narratives are stories of personal and collective experience which allow individuals and groups to make sense of events in their environment. Within organizations, they can be used to deliberately frame perceived problems or challenges in such a way that the story leads to a compelling conclusion around which stakeholders can rally and act. Narrative analysis is an established qualitative tradition which has seldom been used to date in resource allocation research in Canada or elsewhere.

Narrative analysis is appropriate for this case as we are interested less in the mechanics of the approach and more in how it was received and implemented as an innovation, and its potential to be sustainably engrained within the organization's culture. Two dozen IWK administrators and clinicians are participating in the evaluation. In semi-structured interviews, they can 'tell the story' of their experience with this new approach to resource allocation. Interview questions and findings elicit the reasons behind the adoption of PBMA. How and by whom was need for change from usual practice identified? What options were considered and why, from among these, was PBMA selected? What issues and challenges were encountered? Should the implementation be seen as 'a success'?



The Ethical Heat & Tension in Sample Selection Melts the 'snow' in Snowball Sampling

Jeffrey Smith

Creighton University

Quantitative research textbook authors rarely provide ethical caveats for selecting participants using snowball sampling procedures. Even for conscientious qualitative researchers, the pursuit of expanding the sample to uncover, select, and include the best key, information-rich informants can challenge our ethic of protection for privacy. For qualitative health researchers who are also mental health practitioners, using snowball sampling procedures to unearth rare, chain-referral, hidden, hard-to-reach populations generate increased tension. How does an ethically sage qualitative, mental health counselor-researcher pursue narrowly defined participants who may believe exposing another hidden person is an ethical privacy breach?

This theoretical-inquiry presentation invites a diversity of attendees to discuss ethical principles and tensions of privacy and protection complexities for hard-to-reach participants. Regardless of type, multiple qualitative methodologies encounter sample selection tensions. A challenge to ourselves and the quantitative research textbook authors who suggest to, '...just ask and one subject will lead you to others....' must be founded in the belief that an inherent risk of disclosure of personal information to another, even for research purposes, must be protected. Communicating the inherent ethic of protection for participants is a celebrated feature that international qualitative health researchers embrace uncompromisingly. Attendees will be asked to join in the discussion, and share selection experiences when confronted with snowball sampling challenges. Results from a small phenomenological study will be used as a back-drop for discussion.




You expect me to do what? Teaching qualitative research methods in a study on family meals

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In spite of the exponential growth in qualitative health research over the last two decades, and the proliferation of textbooks and methods courses, there has been relatively little description of pedagogical practices in teaching qualitative methods. While instructors of qualitative methods no doubt share their syllabi and discuss courses with colleagues, broader dissemination of teaching practices have a potentially important role in refining qualitative courses and preparing future researchers. The purpose of this paper is to describe how I integrate the philosophical, practical and ethical aspects of qualitative research in an introductory methods course by having student-researchers develop and conduct a study on family meals. After providing some background on the course, I describe how the study on family meals provides a platform for learning a range of research skills, including developing interview guides, defining a sample, recruiting participants, conducting interviews, writing field notes, developing a systematic approach to analysis, and writing a report. While conducting a study in one semester presents a challenge, the study on family meals has proven feasible and disabuses student-researchers of the view that qualitative research is easy or non-systematic. Students also learn first-hand the value of working in teams to strengthen the rigor of a study and are prepared for conducting qualitative or mixed methods dissertations. Because the study was approved by the university ethics committee, student generated data and their reflections on developing and conducting the study are integrated into the paper, along with the strengths and limitations of this approach.



A systematic review of heart failure patients' and families' perceptions, needs, and practices

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Despite increased recognition of heart failure (HF) self-care education for patients, studies indicate deficiencies in patients' knowledge and practices around HF self-care and HF self-care interventions yield inconsistent results. This is because HF self-care needs, as defined by patients and families, have not been sufficiently addressed to date. This meta-synthesis aimed to derive insights into patients' HF self-care needs from qualitative studies to generate patient-focused recommendations that enhance our support of self-care. The synthesis included 37 studies, which met the inclusion criteria (studies contained a qualitative research component, data pertaining to adult patients' HF self-care, and were English publications [1995-2012]). While patients could often recall health professionals' self-care advice they did not know how to integrate such knowledge into daily life. HF was also an embodied experience for many patients; attempts to manage HF were based on how patients 'felt' rather than clinical indicators of worsening symptoms. Self-efficacy and learning from past management experiences could enable patients to adeptly apply self-care strategies to their day-to-day activities. While the synthesis highlights misconceptions in patient knowledge of HF, sophisticated knowledge of HF does not necessarily lead to improved self-care. There is strong empirical support for the need to bridge conceptual and actual HF self-care by harnessing patients' self-management experiences and devising decision aids with patients and families. Evidence suggests that future complex interventions need to render content more relevant to patients' contexts and move away from seeing HF self-care as purely a knowledge-based issue.



Linking Experiential Trajectories in Problem Based Learning Programs to Underlying Cognitive Mechanisms and Student Satisfaction

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The purpose of this presentation is to explore the process of linking inductively derived descriptive analysis to underlying theoretical mechanisms hypothesized to explain the variance found in the data. The context of the research was problem based learning, an increasingly popular approach to health discipline education although its effectiveness is difficult to establish. Research consistently indicates that satisfaction with the program does not match academic achievement and the reasons for this are unclear. The purpose of this focused ethnographic study was to explore the experience trajectories of students completing a PBL undergraduate nursing program. Data collection consisted of individual and group experiential interviews with PBL graduates (N= 45). During the course of the research, methods evolved to reflect grounded theory strategies in order to illuminate the two core processes involved in taking charge of your learning were understanding and valuing PBL. Using an analytic matrix, we developed specific experience trajectories for students manifesting varying levels of understanding and valuing PBL. We theorize that the underlying mechanism for the diverse experience trajectories are related to differing orientations to studying, an area of understanding cognitive regulation and processing tendencies which have been shown to be important in higher education. Students vary in their approaches to studying and learning, from purely reproductive orientations to constructive approaches. Orientation to learning has been linked with program satisfaction in PBL programs in other disciplines but has been neglected in nursing PBL contexts.



Care and construction: Using multiple perspective longitudinal qualitative case studies to learn about nursing home resident quality of life

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With the advent of new models of nursing home care in Nova Scotia has come interest from researchers, policy-makers, and sector leaders in knowing if these models really make a difference to resident quality of life. In this study, we explored nursing home resident quality of life by conducting multi-perspective, longitudinal qualitative case studies with 6 residents of nursing homes representing 3 models of care. Each case included qualitative interviews with a nursing home resident, family member, and staff member as well as participant observation and activity monitoring for 3, 24 hour periods over 10 months. Our research team included researchers, sector leaders and students with diverse

perspectives and varying expertise in qualitative research methods. Interview transcripts and participant observation notes were coded inductively, guided by topics identified in a literature-informed conceptual model linking quality of life with nursing home models of care and physical features. Through a review of codes and summary 'stories' of each case, the themes of autonomy, risk/safety, advocacy, resident's private space, resident relationships with family and staff, and staff continuity were identified and explored as they related to quality of life and unfolded in each case over time.

This paper will focus on our approach to qualitative longitudinal data analysis as informed by Lewis's (2007) method, addressing the challenges of maintaining case integrity, incorporating analyses of time and multiple perspectives, and including diverse team members meaningfully in the analysis processes, and identifying implications for policy and practice change.



The constant comparative method: Process mapping for analysis.

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In a grounded theory study examining organizational culture, a challenge arose when abstracting data from individual perspectives to understand how the phenomenon was realized at an organizational level. A further challenge was identified when seeking to identify the core organizational elements across multiple institutions with unique organizational cultures. The objective of this presentation will be to share examples of how process mapping was used to analyze data to facilitate the analytic strategy of constant comparison.

While exploring how organizational cultures of undergraduate programs of nursing shape the adoption and incorporation of simulation as a teaching and learning strategy, data were gathered from 43 faculty interviews and 67 documents representing 13 different Ontario nursing programs. Process mapping was a unique strategy that facilitated the categorization and synthesis of institutional data into a consolidated 8-year timeline. These timelines were then shared with participants during second interviews to substantiate the process of individual institutions. In using constant comparison, the phases and strategies used among and within each institution to navigate through the adoption and incorporation of simulation were compared. What emerged was a seven-phase process that was constant across numerous institutions. Using process mapping as a form of constant comparative analysis provided an opportunity to discover the core elements of the process of adopting and integrating simulation within nursing programs over time. Process mapping facilitated the advancement of an analytical method from an individual to an organizational level.



Rethinking Theoretical Frameworks for Applied Qualitative Health Research

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University of British Columbia

The imperative to name one's theoretical framework has created considerable confusion in the domain of applied qualitative health research. While the expectation that a theoretically motivated inquiry ought to be located within a specific theoretical project is entirely consistent with the aims of knowledge generation within the social science disciplines, uncritical application of the requirement has compromised the quality of numerous qualitative investigations by researchers working in the applied health disciplines. In this presentation, we will trace the origins of the theoretical framework imperative within qualitative health research, review the uses and abuses of theorizing as they have played out across various applied qualitative health studies, and propose a framework for considering appropriate uses of theoretical scaffolding within studies designed to answer the questions arising from the applied practice disciplines. In this context, we will consider the potential contributions of disciplinary epistemology as an intellectual scaffolding within which high quality applied studies might be most productively and strategically envisioned.



Priorities and Preferences Across the Cancer Trajectory: Insights from a Longitudinal Qualitative Cohort Analysis of Cancer Communication

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Despite a generation of psychosocial care guidelines, sensitivity training approaches and well intended patient-centred mission statements, preventing and managing communication problems between patients and the health care professionals delivering their care remain high priority challenges across the cancer care delivery system. In order to advance understanding of the changing communication needs of patients as they move through diagnosis, treatment, disease progression, survivorship and beyond, we conducted a longitudinal qualitative study involving a cohort of 125 cancer patients, 60 of whom were recruited at the time of diagnosis and the remainder at distinct points associated with more advanced disease. Using Interpretive Description to guide the analytic logic in relation to the data base derived from repeated interviews over time with this cohort, we have tracked patterns and themes in what matters to patients in their cancer care communication as they deal with cancer across time and context. In this presentation, we summarize key priority messages for clinicians at each of the major trajectory phases of cancer as they arise from patient perspective interpretations. Findings from this study have the potential to inform more tailored and targeted communication strategies with respect to common transition points along the course of disease as well as supporting the kinds of nuanced and individualized communicative approaches that patients inevitably prefer



From Clinic to Home: Exploring the Constitution of the Paediatric Cystic Fibrosis Body

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Children with cystic fibrosis live in close relation to the health care system as they frequently visit an outpatient clinic to be monitored for signs of disease progress. The body is the primary site of the clinical gaze a site of regulation and control as per the rubrics of clinical care. Care regimens are devised through successive clinic visits with the expectation that multiple treatments are woven into the child's, and family's, daily routine. While these treatments regimes are known to conflict with desires to lead a normal life, it is rarely considered how the focus on the body in the clinic is related to how care is assembled in the home. The objective of this paper is to explore the organization of care in a paediatric cystic fibrosis clinic and the concomitant constitution of the cystic fibrosis body. It will draw upon vignettes extracted from an ethnographic study that includes clinic observations, document review and interviews with health care providers (n=10). Dean's (2010) work on governmentality will be employed to consider how various clinical rationalities generate conditions for self-governance among families visiting the CF clinic. This talk will contribute to the sociological and health professions literature by considering how the constitutive role of the clinical gaze upon children's bodies may influence the process by which families work out the ontological characteristics and social implications of growing up with CF.



Joint Interviews and Research into the Experience of Dementia

Edward Tolhurst

Staffordshire University

The role of the joint interview in qualitative health research is critically evaluated, with particular emphasis on the study of dementia. The presentation commences with an evaluation of the positioning of joint interviews within social sciences' ontological and epistemological terrain. The complexity of this terrain is also acknowledged and it is asserted that research methods cannot be neatly aligned with particular segments of the social fabric. Distinctive empirical insights into the application of the method are provided with data from a research study within which people with dementia and their carers participated in joint interviews. A number of interviews in this research have also been undertaken on a one-to-one basis, and this provides points of comparison with the joint interview process. It is concluded that joint interviews are an indispensable resource within qualitative health research, offering direct insights into interactional dynamics between participants. Academic and public understanding of dementia can thus become richer and more textured if the joint interview is embraced and reflexively deployed within qualitative health research.



Using participatory action research and co-design to enhance carer experiences and support in the outpatient chemotherapy setting

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Supporting someone through outpatient chemotherapy can be stressful. Evidence suggests that carers are at risk of mental and physical illness if they have unmet needs or perceive themselves ill-equipped to care. However, research has yet to establish the type of support carers require and how to provide this.

A participatory action research approach, Experience-based Co-design (EBCD), was used to develop and test an intervention for carers in the chemotherapy outpatient setting. EBCD combines a user-centred orientation (by adopting a filmed, narrative story-telling approach) with a collaborative co-design process. Interviews were conducted with twenty carers (film excerpts will be shown) and twenty staff, and thirty hours of non-participant observation was undertaken in two clinical settings. Through a facilitated three-stage process drawing on the fieldwork findings, carers and staff co-designed components of a carer intervention (a DVD and leaflet), and the process by which the intervention was delivered to carers (nurse-led group consultations). The impact of the intervention and delivery process was tested in a feasibility trial which indicated an improvement in carers' knowledge of chemotherapy and their perceived confidence with their care-giving situation.

This study has adapted the EBCD approach to develop a support package to improve support for informal carers during chemotherapy. It illustrates that EBCD is a powerful and flexible approach harnessing carers/patients expert knowledge for the purpose of designing interventions to improve health care quality.



The Social Construction of obesity and overweight in Mexican marginal school children.

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Childhood obesity and overweight prevalence in Mexico is very high and still growing among poor and marginalized children. Most preventive interventions fail or achieve only modest results due to a lack of understanding of environmental influences on nutrition behaviour and physical activity.

With the aim to inform future actions, we interviewed in depth 20 obese, 20 overweight and 20 normal weight children, between 3rd and 6th grade (ages between 9 and 12) from three schools in a marginalized urban area of Mexico City. We also interviewed their parents when available, volunteer teachers and physical education teachers. Our team also conducted on site observations of the school's surrounding areas.

The outcome was a chaotic nutrition system characterized by improvisation in which the children themselves chose their food and activities based upon their impulses and tastes resulting in visible energy unbalance. Adult involvement still purchases and prepares meals, but the diet is constructed to please the children. A similar pattern dictates their physical activity. We suggest an intervention to empower the children to gradually become active and responsible agents of their own health with the company and supervision of informed adults.



"Stuck between a rock and a hard place": Ethical and methodological challenges of conducting qualitative research with individuals sharing a common experience

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Within the boundaries of current ethical guidelines for conducting research, researchers become the gatekeepers of confidentiality for participants. However, several distinctive features of qualitative research can challenge researchers' commitment to ensuring participants' confidentiality. Among them, the inductive nature of qualitative research and its most commonly used methods (in-depth interviewing and participant observation), result in sample sizes that are often smaller than those typical of quantitative designs. Furthermore, the presentation of findings often includes verbatim by participants.

Current literature addressing challenges to confidentiality often focuses on vulnerable populations (research involving children, individuals engaged in illegal or stigmatizing activities), but the specific issue of confidentiality within research involving individuals who have shared a common experience (dyads, couples) but were interviewed separately is rarely addressed.

In our experience of conducting research with dyads, interviewing individually donors and recipients representing five living kidney donation dyads, we faced issues regarding the dissemination of results from a dyadic perspective while also preserving the participants' confidentiality we engaged ourselves toward at the time of our consent. Based on this experience and the limited literature we found on this matter, we will present on the ethical and methodological challenges of conducting qualitative research with individuals involved in an intimate relationship, particularly aspects of conflict of interest, imbalance, taking sides, intrusion, inclusion, influence and disseminating results. We will also describe different modes of dyadic analysis, discussing their benefits and drawbacks. This is especially relevant as research with dyads is increasingly emergent, especially in health related contexts.



Returning to the Inside as the Researcher: The Familiar and Unfamiliar Hospital

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Researching within a familiar setting has many advantages. As a registered nurse, my awareness of the hospital's chaotic environment and the nature of caring for patients is helpful in understanding that context. Yet, similarly, being known within a known context can also challenge the researcher with other issues. At times, the researcher boundaries can become blurred. In this presentation, I will share my experience researching in a familiar environment. While I had many years of nursing experience and post-secondary education and I felt prepared for the hospital, I had not anticipated the physical toll nor the emotional side of witnessing the same problems I had experienced, albeit from a different place. Throughout the observations, I faced issues that I had not foreseen and yet, they provided me with a true understanding about hospital. Returning to the inside proved to be not only a journey of discovery about nurses' work but also an opportunity to perceive what has always been known.



Multi-level factors influence the implementation and use of complex innovations in cancer care

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The implementation of innovations (i.e., new tools and practices) in healthcare organizations remains a significant challenge. The objective of this study was to examine the key interpersonal-, organizational-, and system-level factors that influenced the implementation and use of complex innovations - synoptic reporting tools - in cancer care. Using case study methodology, we studied three cases in Nova Scotia, Canada, wherein synoptic reporting tools were implemented within clinical departments/programs. Data were collected through 55 semi-structured interviews with key informants, document analysis, nonparticipant observation, and tool use/examination. Analysis involved production of case histories, in-depth analysis of each case, and a cross-case analysis. Five common factors were particularly influential to the implementation and use of synoptic reporting tools across the three cases: stakeholder involvement, managing the change process (e.g., building demand, communication, training and support), administrative and managerial support, the presence of clinical champions, and attributes of the innovations themselves (e.g., complexity, compatibility with interests and values). Key factors distinct to one or two of the cases were: implementation approach (i.e., top-down versus 'grassroots'), project management, resources, culture, leadership, monitoring and feedback mechanisms, and healthcare system components (e.g., care delivery structures, infrastructure, policy, historical interactions). The analyses suggested that several contextual factors (e.g., timing of implementation) contributed to the differences across cases. These findings provide new insights into several important issues under-reported in the literature on moving innovations

into healthcare practice: interpersonal aspects of implementation, including stakeholder involvement; managerial support, specifically the role of middle managers; and the socio-political context.



Building a story together: Using Persona Scenario Focus Groups to co-develop the TAPESTRY intervention

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The TAPESTRY project is a unique primary healthcare program using four components: volunteers interacting with interprofessional teams, electronic health records, community services and system navigation to improve care to older adults 65 years or older. TAPESTRY is a 3-year pan-Canadian study to be piloted in the fall 2013. Participatory methods involving clinicians, volunteers, community organizations and patients were used as part of a developmental evaluation approach to co-design the intervention components. A methodology derived from computer sciences of using Persona scenario discussion groups was used to delineate the specifications of program interventions.

Two hour-long discussion groups consisted of 3-8 participants were facilitated by project leads. Discussion groups consisted of two phases: a persona scenario design exercise followed by a general feedback session. In phase one, small groups of two or three participants created a persona (an authentic but fictitious character) and one or two scenarios (a situation where the persona interacts with TAPESTRY's components). The exercise was guided by a standard series of questions customized for each group. Scenarios for each persona allowed examination of the intervention from the viewpoint of various TAPESTRY participants (patients/family members, volunteers, healthcare providers, community organizations). Each small group presented a summary of their work; presentations were audio taped and transcribed for analysis. Content analysis of transcripts was conducted in pairs with NVIVO10. This approach was a meaningful way to engage potential users and providers of TAPESTRY. It also resulted in the co-creation of detailed specifications for each intervention component before implementation of the program.



Immigrant women's food choices and practices in pregnancy

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In 2006, almost 20% of Edmonton's population identified themselves as foreign born. Maternity care nurses may face challenges in conveying information about optimum food choices because of language difficulties and differences in reproductive health and food practices. The purpose of this pilot project was to understand ethnocultural food and health practices and how these intersect in a particular social context of cultural adaptation and adjustment in order to improve the care-giving capacities of health practitioners. Our research question was: how do health beliefs and practices during reproduction of immigrant women affect their food choices? We employed a case study design to allow for multiple means of data collection, data collection in different settings, and different units of analysis. A literature review and qualitative investigation were completed. Pregnant immigrant women who attended the perinatal clinic of the host hospital were recruited until data saturation. Photovoice was used, where women were asked to tell their stories of pregnancy food and health beliefs and practices through photos, to discuss whether food choices represented were typical or not, and what factors influenced their choices. Interpreters were used for consent and interview procedures when required. Data was managed and analyzed using Atlas.ti software, drawing upon Miles and Huberman's 11-step analysis framework. Five themes emerged from the analysis of the photovoice data: perceptions of health, antenatal food choices, postnatal food choices, social support of family/community, and role of health education. Based on this data, we provide recommendations for clinical practice and health care policy.



The Lived Experience of Male Intimate Partners of Female Rape Victims in Cape Town, South Africa

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Sexual violence in South Africa is a major public health and social problem. Sexual assault or rape is a traumatic event which not only disrupts not only the life of the female rape victim, but also the life of her male intimate partner, irrespective of whether he witnessed or was informed of the incident.

The aim of the study was to explore, analyse and interpret the lived experience of male intimate partners of female rape victims and the meaning of this experience in the six months following the partner's rape.

A longitudinal hermeneutic phenomenological study was utilised, in which purposefully sampled male intimate partners (MIPs) were interviewed over a period of six months- (a) within 14 days of, (b) a month after, (c) three months after and (d) six months after the rape. The hermeneutic-phenomenological approach of Paul Ricoeur formed the framework for the analysis.

Two major themes emerged: being-in-the-world as a secondary victim of rape and living in multiple worlds, that of their female partners, family, friends, society, employers or colleagues professionals and the justice system.

Early intervention for intimate partners of female rape victims is required to prevent the on-going emotional trauma that partners endure after the rape. Supportive interventions could prevent, or reduce, the pernicious effects of chronic PTSD and the silent suffering evident on personal, relationship and social levels.



Recruitment and Retention of Participants: Experiences from a Longitudinal Qualitative Study.

Evalina van Wijk

Western Cape College of Nursing

Research on the male intimate partner of the female rape victim and his needs after the event has been relatively scarce. A study exploring the lived experiences of intimate partners of female rape victims in Cape Town, South Africa, led to the development of a conceptual framework which can assist stakeholders to understand the phenomenon of the intimate partner as a secondary victim of rape. The research question that guided the study was: what are the lived experiences of intimate partners of female rape victims during the six months following the rape? It appears to be the first qualitative study in South Africa to explore the phenomenon from a nursing viewpoint over an extended period. The recruitment and retention of participants proved to be challenging.

The purpose of the study was to describe the processes followed to recruit and retain participants in this longitudinal phenomenological study of the lived experiences of nine male intimate partners of female rape victims over a period of six months post-rape. The findings highlights the methodological difficulties encountered which challenged the trustworthiness of the data, as well as lessons learned from the study.



Forms of Knowledge Incorporated in Clinical Decision-making among Newly-Graduated Nurses: A Metasynthesis

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Clinical-decision-making is of decisive importance to how evidence-based practice is put into practice. Schools of Nursing have a responsibility to teach and train nursing students to make clinical decisions within a frame of evidence-based practice. Clinical decision-making among nurses has been explored from numerous angles using a diversity of methodologies. Existing research has mainly focused on promoting and inhibiting factors for implementation of evidence-based practice and incorporation of research evidence in the clinical-decision. Little attention has been given to the nurses' behavior, including the knowledge that actually informs the newly graduated nurses' clinical decision. The aim of the study is to combine and synthesize results from qualitative research. Noblit and Hare's metaethnography is used to conduct a metasynthesis of qualitative research that has studied the knowledge that informs clinical decision-making among newly-graduated nurses. Qualitative studies were retrieved from CINAHL, PubMed, SCOPE, ERIC and GOOGLE-Scholar and subsequently selected by pre-defined inclusion criteria and critically appraised using CASP. Metaphors identified in the analytical process will contribute to theory development and have implications for clinical and educational practice regarding the professional development of clinical decision making within a frame of evidencebased practice. The presentation highlights the main findings from the metasynthesis and provides perspectives on future research within clinical decision-making among newly-graduated nurses.



Employee (dis)engagement: Learning from nurses who left organizational jobs for self employment

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University of Alberta

The management concept of employee engagement is of increasing interest academically, particularly within nursing, as managers attempt to address employee well being in restructured and dynamic healthcare organizations. Employee engagement refers to an individual's level of dedication to, enthusiasm for, involvement in, and sense of connection to their work, all of which are shaped by a range of contributing organizational and personal factors. Existing research demonstrates that employee engagement is declining among contemporary workers, including nurses. This presentation draws on the findings of an ethnographic study of the work experiences of self employed nurses. These nurses talked at length about their work (dis)engagement and reasons for leaving organizational employment to work, instead, in entrepreneurial practices. Their perspectives lend insight into the reasons why nurses can feel disengaged from organizationally based practice and, thus, decide to leave it. Understanding and addressing employee engagement for nurses has consequences for patient and organizational outcomes and for nurses' own experiences of the meaningfulness and significance of their professional contributions.



Rising to the challenge: Mothers negotiate food marketing practices to promote their children's health

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Good health is best promoted in an environment that enables individuals to engage in healthy behaviours and to choose healthful options among goods and services available. A mothers' ability to make healthy food choices for her children

that reduce their risk of becoming overweight or obese is strongly influenced by food marketing practices that control the cost, content, and availability of foods, as well as how particular foods are marketed, and advertised. Limited research has explored how mothers recognize and negotiate these multiple factors to provide healthy food choices for their young children on a consistent basis.

This research was taken from a larger study that explored the process in which 18 mothers living within the Cape Breton Regional Municipality engaged while making food choices for their preschool children. Constructivist grounded theory methodology informed by sensitising constructs from the socio-environmental health promotion perspective was used to facilitate a multilevel exploration of the factors that affect mothers' food choice practices for their preschoolers. Data collection took place over 16 months. Thirty-five interviews were completed. This presentation will describe the substantive theory, Persistent Optimizing. Selected study findings that emphasize the food marketing practices that constrained mothers' ability to make preferred food choices for their preschoolers will be highlighted. The strategies that mothers created to address these constraints will be discussed, as well as implications for practice, policy, and research.



Discursive psychology as an approach to the analysis of difference in research practices

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In a large-scale three-year qualitative study of ethics in social work practice, discursive psychology was utilized to analyze issues of identity and difference. Discursive psychology is one approach within the broader tradition of discourse analysis which is both a theory of language that emphasizes that social practices are mediated through discourse and a collection of research strategies which investigate people's talk as action. Discursive psychology is -primarily concerned with how people use discursive resources in order to achieve interpersonal objectives in social interaction? (Willig, 2008, p.95-96). One emphasis is on what is happening in a particular strip of dialogue and its significance in constructing individuals' identities (Wetherell, Taylor, & Yates, 2001).

A thrust in the research study was to explore how difference entered into what was both perceived as ethically problematic and for the resolution of those dilemmas for participants. Identity, including 'difference,' is understood as highly variable and situated, and is accomplished through a series of discursive strategies that can be investigated in talk (Edley, 2001). It was noted that for participants who were racially 'different' from the interviewers, there were moments when the larger socio-political dynamics of race played out isomorphically in the interview situation, for example through concerns about appropriation or for locating allies. Using extracts from the research, the utility of discursive psychology for understanding identity construction and the complexities in researching difference will be illustrated.



Addressing Cultural Dominance in Professional Health Education

Jill White

SIAST

The Institute of Medicine (IOM) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care reported that the quality of care in this country is generally lower for people perceived as coming from communities of ethnic minorities. Racial and ethnic disparities were associated with worse health outcome. Recommended was an increase in the proportion of underrepresented minorities in the health care workforce. Nutrition is an accepted component of either the treatment or the etiology of six of the 10 leading causes of death for adults. In each of the categories, non-white populations have the greatest morbidity and mortality rates. Currently, less than 7% of Registered Dietitians in the United States come from non-white communities, with only 2% identifying themselves as African American. This discussion is based upon the findings in five qualitative studies where African American interns or practitioners were asked their perception of what factors have contributed to the lack of diversity in the field of Dietetics. Barriers to African Americans entering Dietetics were identified in each of these studies. These barriers were grouped into three areas; education, finances, and lack of representation in the field. Within the healthcare community there is a view of a correct 'diet' and body image that reflects that of the dominant white culture. This cultural imposition upon the African American community has increased resistance and often rendered health providers ineffective. There is a need for African Americans to define healthy eating, fitness and body size within a historical, cultural context.



Dietary advice for patients: is this solely the domain of the dietitian?

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University of Hertfordshire

Jane McClinchy

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Gordon Lynne

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Cairns Mindy

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Long term health conditions either wholly or partly diet-related continue to increase both nationally and internationally. Health care professionals (HCPs) have a key role to play in the management of patients with long term conditions. There is limited research exploring whether HCPs other than dietitians are important in the delivery of dietary advice. This research aimed to explore the views of HCPs other than dietitians regarding the provision of dietary advice that is, or could be, given to their patients. The study adopted a generic qualitative approach using focus groups involving 23 individuals from five different allied health care professions: paramedics, physiotherapists, radiographers, radiotherapists and pharmacists. Data were analysed thematically using an interpretivist approach supported by the use of a computer programme, NVivo8 (QSR 2008). The findings indicate that participants believe they have a role in the delivery of dietary advice, that they are aware that there are times when specialist dietary advice provided by a dietitian is required and that they understand the value of dietary advice provided in the written form. HCPs were not always able to utilise specialist expertise and highlight the importance of maximising the role of all HCPs in the delivery of health promotion activities including dietary advice. With the need for HCPs to work more collaboratively and flexibly these findings relating to role, referral pathway and written information could equally be relevant to other HCPs and other aspects of caring for patients with long term conditions.



Generic qualitative research: is it a second rate option?

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University of Hertfordshire

Not all qualitative research, fits, with classic traditions or approaches and researchers should not be pressured into following a specific research approach if it will not help to answer the research question(s) or meet the aims and/or objectives of the study. Frequently researchers feel the need to adopt a recognised tradition for example ethnography, phenomenology or grounded theory, especially when they are starting out in research, as there can be something rather comforting about having a set of guiding parameters to help light the way along the path towards inductive reasoning. But surely the final decision should be based on the identification of the most appropriate methodology to explore the topic area effectively? So how does generic qualitative research feature in these decisions? Is it a last resort option when no other approach seems to work, or should it be considered as a primary choice? Do people see it as a 'mix and match' approach lacking in structure and direction, or is it seen as a robust, flexible approach drawing on eclectic traditions, philosophies and methods?

This presentation takes the discussion forward by examining the strengths and limitations of a generic qualitative research approach drawing from examples within emergency healthcare provision. Specifically the session will address how generic qualitative research compares with interpretive description, identifying both similarities and differences between the two approaches, and making recommendations for future use within healthcare research.



Questioning: A Strategy for Communicating Findings and Improving an Education Program

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Queens University

Embedded Formative Assessment: Promoting Professional Learning in Nursing Education

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

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

Through the use of interview and qualitative surveys, this research will examine the role of EFA in three connected studies: in clinical teaching; in learning a complex clinical skill; and in promoting self-regulated professional learning. The

intention of this study is to determine the values of and the conditions under which it would be beneficial to shift the interpretation, experience, and practice of formative assessment in nursing education to be more in line with principles of embedded formative assessment. Preliminary findings highlight the importance of quality feedback given by peers and teachers.



A Synthesis of Participatory Action Research Projects with Young People in Health Research

Emily Zinck

CYCC Network, Dalhousie University

In the use of participatory action research (PAR), 'participation' goes beyond the involvement in a predesigned study to a position of shared ownership between the researcher and the participants of the research itself. Participants are able to contribute to what McIntyre (2007) calls the 'co-construction of knowledge', meaning that they contribute to the focus and direction that the project will take. This offers them a degree of ownership, thus facilitating meaningful engagement (McIntyre, 2007). Conducting PAR to inform service delivery can both benefit the children - through individual skill development, self-confidence, and organizational skills (Guyot, 2007; Mniki & Rosa, 2007; Naker, Mann, & Rajani, 2007) as well as the wider community.

In spite of the potential benefits of PAR, its methods remain undervalued, usually lacking an evidence-base for effective practice. This presentation will synthesize examples PAR projects that have been done with children and youth in health research. Projects included in this synthesis will vary in focus area, including pain, disability, and psychosocial well-being. This presentation will bring together examples of how PAR has been done in health research, discussing what we know works best with this methodology, and where there are opportunities for future research.



Exploring Safe Sleep and SIDS Risk Perception in an African American Community: A Focused Ethnography

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A focused ethnography method was used to understand the cultural meaning of safe sleep practices of African American caregivers of children under 2 years of age within one community. This design included fieldwork, participant observation, family interaction, individual and focus group interviews. The research questions for this study were: What are the experiences, beliefs and values of African American primary caregivers of children under 2 years of age about safe sleep practices? What are the possible perceived risks and benefits of implementing safe sleep practices for African American primary caregivers of children under 2 years of age? What is the role of health care professionals in promoting safe sleep practices for African American primary caregivers of children under 2 years of age?

Leininger's Four Phases of qualitative data analysis (raw data, categories, patterns and themes) was used for this study. Fourteen categories, seven patterns and three themes were identified from the data obtained by nineteen (3 men and 16 women) African American informants who participated in this study.

The thematic findings of this study were: The community expressed accurate, inaccurate and mixed knowledge of SIDS and safe sleep practices influenced by personal experiences, hospital education, family, extended family and television. Sleeping with infants and children was viewed as a cultural caring behavior promoting comfort, closeness and protection for infants, children, parents and caregivers. The community wants collaboration with nurses and health care professionals who are viewed as important in promoting accurate information about SIDS and safe sleep practices.