

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

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

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

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

Registered Nurses' Experiences: Moral Agency and Moral Distress

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

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

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