

## Abstracts, Poster

*Listed alphabetically by Author's last name*

### Challenges in practicing cross-cultural medical care in Saudi Arabia Poster Presentation

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**Background:**International medical graduates (IMGs) form about 80% of the total physicians working in Saudi Arabia. They do not share the cultural background and sometimes the language with the population, yet are expected to deal with local patients with chronic health conditions, who need culturally sensitive lifestyle advice.

**Aims:**To explore challenges to effective communication between IMGs and local patients with type 2 diabetes mellitus (T2DM) and how this may influence care provision in Saudi Arabia.

**Methods:**Data were collected from one focus group discussion with 6 IMGs, from one hospital, and 29 semi-structured interviews with IMGs and Saudi patients with T2DM, from 8 primary health care centres. Data were analyzed with the aid of NVivo using a thematic analysis.

**Findings:**Surprisingly, it was found that prejudice was an important factor affecting IMG-patient communication and relationship building. The existence of prejudice among local patients towards IMGs contributed to patients not acknowledging the IMGs' cultural knowledge and ability to provide culturally sensitive lifestyle advice. Furthermore, language discordance between IMGs and local patients was found to be a key challenge that influences all aspects of care provision.

**Conclusions:**The existence of prejudice amongst local patients towards the IMGs can hamper effective communication. It has an undesirable impacts on the quality, management and cost of the health care provided by the state. Therefore, structured efforts for patients' awareness and education are required as well as addressing the training needs of IMGs in order to enhance health care efficiency in Saudi Arabia.

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### Empowerment in Cancer Survivorship: What is it?

Jonathan Avery

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There is an ongoing movement in the diagnosis, treatment and post-treatment of cancer to 'empower' cancer survivors (Cancer Care Ontario: Ontario Cancer Plan 2011-2015, p.24; 42; 44). Cancer survivorship refers to a growing population of people who are being diagnosed and/or surviving cancer but whose quality of life is at risk due to the social, psychological and physical short and long-term consequences of a diagnosis of cancer and its treatments (Canadian Association of Psychosocial Oncology, 2010). In cancer survivorship, empowerment describes the efforts to address these risks by developing programs, interventions and models of care that empower cancer survivors to be more active, engaged and participatory in their care and life after a diagnosis. But what exactly is empowerment in cancer

survivorship? How does someone impacted by cancer become empowered? By drawing from the literature, the purpose of this poster is to describe the historical and theoretical foundations of empowerment and how it is applied in cancer survivorship. This poster will illuminate the gaps in knowledge regarding empowerment and present a theoretical framework to address these gaps. For example, empowerment comes from an emerging cancer survivorship discourse that describes a set of socially constructed beliefs and values that define how cancer is understood, experienced and treated. The pervasiveness of this discourse has rendered other ways of understanding and experiencing cancer less understood. This includes an understanding of empowerment. This lack of understanding has created the need to explore empowerment from different ontological frameworks such as social constructivism.

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### **Middle school adolescents' views on gender, identity and advertising: Challenges in research**

*Elizabeth Banister*

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We used a case study approach to explore how adolescents (ages 12-14) critically analyze, evaluate and create gendered health messages conveyed through the commercial media, how they develop these critical media health literacy skills, and how a youth developed video production project works as an innovative health promotion tool.

Students were taught how to use iMovie and Green Screen technology on iPads for creating two minute advertisements to market healthy extracurricular participation among peers. Rather than acting in their advertisements students were supplied with art materials for creating stick puppets.

Data was obtained through interviews and participant observation. Questions posed in the interviews helped to generate participants' critical thinking and make transparent implicit contradictions in their thinking about the media, gender and health. We also gathered stick puppets to use as props to initiate discussion.

We found that adolescents' need for peer approval and use of concrete operations thinking can contribute to uneasiness with revealing personal views in social situations such as with focus groups. During interviews, students were more candid in challenging traditional media views of gender than they were during the classes. In addition, we found that some participants were able to critically reflect upon the influence of popular media on gender and health and how the media sells products to adolescents that may not be healthy for them while others had more difficulty engaging in critical conversations.

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### **'With the Dragon Wrapped Around Us': Examining the Social Construction of Fibromyalgia through Online Support Forums**

*Ashley Berard*

*University of Victoria*

*Meridith Burles*

*Thompson Rivers University*

Fibromyalgia syndrome affects between 2 to 4% of the Canadian population, with the typical patient being a female in her 30s or 40s. The chronic condition is characterized by widespread pain, abnormal sleep, fatigue, cognitive dysfunction, and many related symptoms. The medical validity of fibromyalgia has consistently been questioned in the health care field due to the lack of scientific evidence of a source for the symptoms. This poster will describe a research study that focused on those living with fibromyalgia and the ways that they construct their illness. Data was collected from two online support forums for individuals with this condition over a period of three weeks, with posts from a total of 225 participants combined. Due to the contested nature of fibromyalgia, the research follows the Symbolic Interactionist perspective that proposes that individuals participate in constructing their reality by way of their thoughts and ideas via social interaction, instead of understanding reality as a stable external source. The data analysis revealed that many individuals face challenges in having others believe that they have a real or legitimate illness, including doctors, family and friends. As such, they are consistently working to create a legitimate and meaningful diagnosis through sharing resources and information, adjusting their social roles, and interpreting their physical symptoms. This study highlights the importance of understanding individual agency, definitions, and interpretations of fibromyalgia in order to learn more about an illness that currently is poorly understood and relies heavily on a contested medical validation.

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### **Quality of Life and Social Vulnerability Concerning Elderly people**

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**Introduction:** Within the period of 1950 and 2015, according to the World Health Organization, the present population, denominated as elderly people, will increase 16 times, ranking Brazil on the sixth position for elderly population. **Considering this population,** it becomes necessary to improve the quality of life and social vulnerability for clinical practice. **Objective:** To describe social vulnerability and to evaluate the quality of life of elderly people of a population interned in the infirmary of a hospital clinic. **Methods:** Descriptive study, qualitative approach, with interviews analyzed by Bardin concepts. **Results and discussion:** There were two categories, concerning quality of Life and Social Vulnerability. From the theme quality of life, it was originated ?Life as something important? and subcategories which comprised: being useful in society, having a family as support, autonomy, optimism, happiness and survival. From the theme Social Vulnerability, it was originated ?Negative recognition of the elderly people by the society? and subcategories which comprised: lack of respect, functional capacity, indifference from family members, insecurity concerning living, inefficient health system and loneliness. **Conclusion:** The elderly population need subsidies, social support, effective public health policies, family members/ caregivers able to deal with elderly people, respecting their differences and acting positively towards them. We could observe that receiving attention is and being considered as a person with significant background is the most important fact for the elderly people, in a society which highlights young patterns.

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### **The quality of life of nursing staff working in the adult ICU of a university hospital.**

*Maria Helena Borgato*

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The quality of life of nursing professionals of character is relevant because the service involves every aspect of workers with personal, social and cultural, so that professionals can result in unproductive and emotionally shaken, and may influence the direct patient care.

The aim of this study is to report the quality of life of nursing staff working in the adult ICU of a university hospital.

Methodology will be applied to qualitative, through interviews with guiding questions, with the subject all the nursing staff of the Intensive Care Unit - Adult, located in Bauru State Hospital.

The survey results were analyzed through content analysis proposed by Bardin. The interviews highlight the poor quality of life of nursing staff caused by the double shift the result of poor pay, separation of the interrelationships, physical stress related to the profile of patients seen and own workload, to work shifts that induce atypical changes its physical and psychological workers, work environment characteristic and proximity to death. These results corroborate with the literature.

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### **Performance of the nurse concerning Hypertension/Diabetes Assistance: Opinion of the patient**

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Considering the importance of the nurse performance as a direct participant for the improvement of the health conditions and quality of life of the patients, under their care and orientation for chronic diseases as hypertension and diabetes, the objective of the study was to unveil the role of the nurse concerning Hypertension/Diabetes Assistance, according to the opinion of the patients.

Methodology: phenomenological study of Alfred Schultz, 46 patients, semi-structured interviews, grouped into four themes: importance of the bond between patient and nurse, expectation of the patients concerning the familiarity with the nurse, the experience of the attendance process and the importance of health education. Results: theme1, the patients do not intend to have a technical relationship, they want consideration, feelings and positioning facing disease and ongoing relationship; theme 2, trust on the professional to forward attendance to other team professionals; theme 3, observers of the professional behavior and perception when the nurse is not totally prepared; theme 4, patients are afraid to admit that they have not understood and avoid questions about the disease and treatment. Conclusion: the patients give great importance to humanized relationship with the nurse, being noticed and considered as individuals, who need to trust on the technical and scientific capacity of the nurse and they notice when they are attended superficially and without personal involvement and they want to know more about their disease and procedures about their treatment, by using a simple language according to their abilities and comprehension.

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### **Millennials and Malignancy: A Constructivist Grounded Theory Approach to Cancer among Adolescents and Young Adults**

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Cancer is the leading cause of non-accidental death among adolescents and young adults (AYA) in the United States. While cancer treatments have improved tremendously over the last several decades, research shows that survival improvements for all cancers among AYAs have lagged behind younger and older cohorts. Disparities in AYA outcomes were originally identified through quantitative research. While these findings detected an alarming phenomenon, they also demonstrated the limitations of the deductive approach. Specifically, these data provided no insight into the underlying reasons for the lack of progress among AYAs and could not answer questions of why and how. This poster presents the design for research that is currently in-progress, utilizing Constructivist Grounded Theory to explore this understudied area.

The paucity of research on AYAs with cancer necessitates an exploratory, qualitative approach. The intersection of a cancer diagnosis with the broader psychosocial and developmental context of AYAs may affect long-term health outcomes. A richer understanding of these processes may reveal previously unknown complexities of the AYA experience and may prove valuable when reinterpreting deductive data. This approach also offers an opportunity for AYAs themselves to contribute their perspectives to the body of knowledge, which lies in direct contrast to data in population-based cancer registries. In this project, the trajectory of recovery following hematopoietic cell transplantation among AYAs is being explored, with specific emphasis on the informal caregiver relationship and the transition to self-care.

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### **Hiv Diagnosis Disclosure To Children By Family Members: Inserting Advocacy In The Nursing Assessment**

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HIV diagnosis disclosure during childhood is a complex process that results in several dilemmas faced by the nurses and family member in order to promote children's ability of self-caring.

**Aims:** to describe the experience of family members and nurses with the HIV diagnosis disclosure process to school aged children and to analyze implications of nursing consultation approach for promoting family member advocacy to disclosure such diagnosis.

**Methods:** Creativity and Sensitive Method (CSM) will be applied to 1-4 groups of Nurses who have experience on consultations of children and their families. It will be also applied semi-structured individual interviews with family members who had already disclosed the status of children with vertically-acquired HIV. CSM conjugates participatory and art based research, enabling participants to extract themselves from difficult situations and discuss the phenomena in the form of art during a group dynamic. In that perspective and due to the complexity of the research object, we chose to use an art based technique to be the structure of our semi-structured interview. Therefore, interviewees will draw a map pointing the places they went and the people who helped them on the process to disclosure the diagnosis to the child. Afterwards, they will talk about this map and explaining the process based on the art the created.

Data will be analyzed through French Discourse Analysis.

Expected contributions: to situate nursing assessment on HIV diagnosis disclosure to children.

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### **Deconstructing the 'Silent Killer': A Discourse Analysis of Ovarian Cancer in Women's Print Magazines**

*Meridith Burles*

*Thompson Rivers University*

*Ashley Berard*

*University of Victoria*

Ovarian cancer affects numerous women globally each year, and has significant implications for physical, psychological, and social well-being. However, this type of cancer is not well understood, particularly in terms of aetiology and risk factors. Also, there is debate as to whether symptoms of ovarian cancer are evident in the early stages. The lack of concrete understanding of this cancer means that women may look to various sources for information, including lay sources. However, little research has examined the specific information being presented about ovarian cancer by lay sources, or how it is constructed in popular media. Consequently, to identify specific messages conveyed about ovarian cancer, a discourse analysis was conducted of articles from print magazines aimed at a female audience. Data was collected from seven magazines available in Canada over an eighteen year period. This poster describes the dominant discourses regarding ovarian cancer as identified through data analysis; specifically, we discuss discourses related to: self-responsibility for preventing or overcoming the disease, ovarian cancer as inevitably fatal, gendered expectations for women regarding health and medical encounters, and cancer as a catalyst or heroic endeavour. These discourses highlight the contradictory messages presented to women via print magazines, potentially leading to misinformation and inaccurate assessment of risk, prevention, and survival. This research reveals how ovarian cancer is constructed in the popular media, which can inform health care providers in their efforts to support affected women in making sense of their illness and healthy women in assessing their risk and preventive options.

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## Exploring Palliative/End-of-Life Care in Correctional Settings: A Metasynthesis of Qualitative Research

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*Thompson Rivers University*

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*University of Saskatchewan*

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Given the increasingly aged and infirm prison population, the provision of health care services within correctional institutions is of growing importance. In particular, there is a growing need to attend to the availability of palliative/end-of-life care within prisons because of growing demand. However, health care providers charged with palliative/end-of-life care provision in prisons face numerous challenges, and there are relatively few programs and policies in place. In addition, despite that palliative/end-of-life care is recognized as a right that should be available to all people, there remain contradictions between custody and caring that can hinder the facilitation of a comfortable and dignified death for prisoners. Little research has examined the existing programs that are in place or evaluated existing policy, although some insightful studies have been conducted. In an effort to gain an understanding of the state of palliative/end-of-life care in correctional settings, we conducted a systematic review of academic and grey literature on the topic. From this systematic review, we then identified qualitative research that explored the experiences of those involved in palliative/end-of-life care programs, including case studies, in order to complete a metasynthesis of qualitative research on this topic. This poster will outline the findings of the metasynthesis and interpret the state of existing knowledge on this topic. Specifically, the findings highlight the controversial nature of palliative/end-of-life care for prisoners, the complexity of care provision, and the need for further efforts in this area. Implications for health care delivery and avenues for future research will also be identified.

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## From hospital to home: the process of hospital discharging of children with special healthcare needs and implications for Nursing

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The insertion Nurse on hospital discharge of children with special healthcare needs (CSHN) with complex and continue care demands at home was investigated.

The objectives were to unveil the social discourse and practices of healthcare professionals and family caregivers on hospital discharge of CSHN; to interpret nurse care on set of practices associated to hospital discharge; and to discuss the construction of hospital discharge centered in the integrality care.

The qualitative approach combined information from semi-structured individual interviews with six health professionals, the technique of documental analysis of 10 charts of CSHN, and the Dynamics of Creativity and Sensibility (DCS) Body Knowledge and Life Line, coming from the creative and Sensitive Method, developed with 11 family caregivers. The

study setting was the Inpatient Unit (IPU) of a Federal University Pediatric Hospital in the city of Rio de Janeiro. To textual corpus were applied a Critical Discourse Analysis.

The results unveiled three types of discharging: a clinical, administrative, procedural and the social. In this time of transition from hospital to home, family caregivers are faced with the need to learn a care innovator, transforming everyday practices and usual care, to be assured of the lives of their children at home. In the polifony of voices, the nurse is recognized as the most professional who acts as an educator of these people.

We conclude that for continuity of care in home with autonomy, safety and quality, it is necessary to build a discharging process grounded in comprehensive, interdisciplinary, dialogical, and conscientizing care.

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### **Visualizing Intersections and Social Location: Vector models for typology development**

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Intersectional approaches provide a conceptual framework for examining how the complex configurations of social determinants of health such as race, gender and class interact to produce health inequities. Analytic approaches matching the complexity of social forces shaping health inequities are limited and often fail to adequately capture mutually constituted vulnerability and variations in social location. The analytic approach piloted in this study addresses such complexity by using a combination of coding methodologies, mixed strategies of within-case analysis and cross-case comparative analysis, and vector models for displaying data and subsequent typology development. We will discuss the applicability and limitations of such an analytic approach for investigating health inequities and the social determinants of health for African-American mothers living with HIV. Structural, in vivo, magnitude and pattern coding were used code interview transcripts for the primary concepts outlined by the study's intersectional framework: race-, gender-, class-inequality, HIV-related stigma and motherhood. Within-case analysis was used to develop an individual vector model of each participant's assessed vulnerability. The vector models use vector physics to conceptualize health determinants as vectors intersecting with the axes of other determinants at a central point and exerting force with both magnitude and direction. Cross-case comparative analysis was used to hypothesize about participant typologies based on similarities and differences in vector models and participant's self-assessment of health. The findings offer knowledge about variations in social location and how the intersections of social determinants influence health outcomes. The paper proposes a potential analytic approach for capturing the complexity inherent in intersecting social determinants of health and expected health trajectories.

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### **Environmental Factors in Brazilian Nightclubs Associated with Sexual Risky Behavior and Sexual Assaults: A Qualitative Study**

*Claudia Carlini*

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According to the international literature, the intense consumption of alcohol and other drugs in nightclubs helps loosen ordinary inhibitions leading to sexual assault and sexual risk behavior.

In Brazil, there are no scientific studies about this reality. The understanding of nightclubs environment in relation to these issues is the first step to provide data to develop public health intervention for the patrons.

Ethnographic observations were conducted inside 31 nightclubs in São Paulo city and generated data for 307 hours of observation and a field diary. Two Instruments were used: a structured questionnaire based on the venue questionnaire of Kit for Assessment of Recreational Nightlife and Safer Bars.

The systematic ethnographic observation showed differences among the nightclubs. Some lesbian, gay, bisexual and transsexual (LGBT) nightclubs had a dark room -area to have sexual intercourse with many people at the same time. The use of condoms seemed not to be usual. High level of alcohol intoxication by patrons and the use of synthetic drugs were present in these nightclubs. On the other hand, this area was not noticed in venues targeted to straight young people, but the high level of alcohol intoxication led to sexual assaults and couples were seen having sex in public areas.

The data on ethnography showed that the abuse of alcohol and other drugs in nightclubs is associated with sexual risk behaviors and sexual assaults, but they are different according to the type of venue. Thus, the differences among nightclubs have to be taken into the consideration to develop effective interventions for the patrons.

### **The Influence of Sexually Active Peers on African American Adolescent Females? Decisions about Sexual Behavior**

*Gwendolyn Childs*

*University of Alabama at Birmingham*

According to the 2013 National Youth Risk Behavior Survey (USA), 53.4% of African American (AA) female high school students had engaged in sexual activity. Of these, 15.8% reported having had four or more sexual partners in their lifetime. Early sexual debut has been associated with high-risk sexual behaviors such as inconsistent condom use and multiple sex partners, all of which increase the risk for contracting sexually transmitted infections including HIV. The approach of descriptive inquiry was used to explore the psychosocial factors that influence AA adolescent females' decisions to engage in or abstain from sexual activity. A convenience sample of 36 African American girls ages 12 to 14 was recruited through community-based organizations in Alabama, USA. Data were collected using semi-structured interviews focused on participants' perceptions of. Mean age of study sample was 13 years. Out of 36 participants, 3 reported having engaged in sexual activity. Mean age of sexual debut was 13 years. Although the majority of participants had not yet engaged in sexual activity, their opinions about engaging in sex at their age were influenced by their observations of their sexually active peers. This was evident in the three themes identified through content analysis of the 36 interviews: 'Not valuing self?', 'Everybody's doing it?', and 'Reputation matters?'. Findings from this study provide new insights into how sexually inactive AA adolescents' opinions about sex are influenced by their sexually active peers.



## Use of Pediatric Head CT Decision-Rule in Emergency Departments

Janet Curran

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Christine Cassidy

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In an effort to decrease the use of computed tomography (CT) among children with minor head injury and to improve the diagnostic yield, the Canadian Assessment of Tomography for Childhood Head injury (CATCH) rule was developed as a highly sensitive clinical decision rule to assist clinicians with diagnostic decision-making regarding the use of CT in children with minor head injury. Prior to implementing this decision rule, we used the Theoretical Domains Framework (TDF) to explore emergency clinicians' beliefs and attitudes regarding use of the CATCH rule in practice. A semi-structured interview guide, based on the 12 domains of the TDF, was used to conduct individual interviews and focus groups with physicians and nurses from six emergency departments in two Canadian provinces. Two reviewers independently coded the anonymised transcripts using the TDF as a coding framework. Reviewers met to compare coding at regular intervals to ensure inter-rater reliability (after every five interviews and two focus groups). Clinician participants described a variety of factors that would affect their use of the CATCH rule in practice. The most influential domains were: environmental context and resources; emotion; beliefs about capabilities; and beliefs about consequences. Participants identified that pressure from family and difficulty obtaining an accurate history as factors that would make using the rule challenging, while having visual cues and reminders would facilitate use. The results from this study can be used to design interventions to improve the appropriate use of the CATCH decision rule in emergency practice settings.

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## International Students' Perceptions of Campus-based Mental Health Services: A Focus Group Study

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There is a growing body of literature revealing that students who choose to leave their home countries to pursue post-secondary education face a range of distinct adjustment difficulties, and are at elevated risk for developing mental health problems such as depression and anxiety disorders. Far less is known, however, about international students' understanding of mental health counselling in general, or their perceptions of campus-based mental health services. Moreover, the research that exists tends to take the perspective of service providers and policy-makers, rather than international students themselves. To begin to address this deficit in the existing knowledge-base, we conducted a focus group study with international post-secondary students, addressing two central questions: (a) What is the meaning and purpose of mental health counselling for them, and (b) what is their knowledge about the mental health counselling services that are available to them on campus? Participants consisted of six undergraduate and graduate students from a

range of academic disciplines, attending a comprehensive university in Atlantic Canada. Information was collected using a focus group interview method, and analyzed using thematic content analysis. Preliminary findings reveal a range of understandings about the nature of counselling and who it is for, and several barriers to access, such as a lack of information about the mental health services that are available to students. The findings suggest several key recommendations for practitioners and student services policy makers, which have a strong possibility of improving delivery of campus-based mental health services international students.

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### **Strategies favouring family retention in a health promotion program: the numerous results of an action research**

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*Bell Linda*

*School of Nursing/Université de Sherbrooke*

*Doré Chantal*

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**Background** The integrated services and early childhood program (SIPPE) is a five year program that aims to promote health and wellbeing of families with low socioeconomic backgrounds. Recent data suggest that half of the families do not complete the first two years of the program. **Aim:** Identify solutions that will favour the retention of families in the SIPPE program after exploring parents' point of view concerning strategies for better retention. **Method** An action research design was conducted. A sample of 90 healthcare professionals and administrators from Health and Social Services Centres (n=7) engaged in three cycles of reflection-action. They participated to three group interviews (10 participants/group). Also, 23 parents still in the program and 14 who had quit were interviewed twice to explore their point of view. All data were transcribed and analyzed progressively by two members of the research team. This study received ethical approval from the Research Ethics Committee of Health and Social Services Centres of the Estrie Region (Québec, Canada). **Findings** Awareness that numerous strategies were experienced in the field. Four types of retention strategies were identified, for example the adjustment of the interventions to the family needs instead of a focus on applying the program and opening of the interventions towards the community. **Conclusions and implications** This research highlights the challenge of finding a good balance between keeping contact with families and intervening with respect of the program components related to optimal child development. As a benefit of participating in a research action, health care providers, administrators and researchers are ready to develop, implement an action plan, and study its impact on families' retention in follow-up support interventions.

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### **Phenomenology and inequalities in health and place: A good fit or distinctly out-of-place?**

*Nicole M Glenn*

*Université de Montréal*

In this presentation I offer key reflections on being mentored and mentoring novice qualitative health researchers from the perspective of a new scholar. As a freshly minted PhD I am entering the world of independent academic research and practice in the health sciences. This involves among other tasks mentorship of graduate students and teaching qualitative methodology. During my tenure of as a doctoral student I received invaluable guidance on doing qualitative research through formal course work, workshops, informal working-writing-reading seminars and through involvement in supervised qualitative research projects. I also had the opportunity to oversee several undergraduate qualitative research projects and instruct methodology. As a postdoctoral fellow I continue to gain experience with mentorship leading a group of budding scholars through several qualitative research studies related to a larger interdisciplinary project. Drawing on my own experiences as teacher and student I reflect on successes and failures in mentoring qualitative research. I share specific techniques I have found helpful for getting oriented, including tackling issues of research(able) questions, 'bias,' rigour and perspective, data collection, analysis and writing and dissemination of findings. Challenges and pitfalls particularly troublesome to mentoring budding qualitative researchers as a relatively new researcher are discussed.

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### **Learning through doing: Reflections from a new scholar on mentoring in qualitative health research**

*Nicole M Glenn*

*Université de Montréal*

In this presentation I offer key reflections on being mentored and mentoring novice qualitative health researchers from the perspective of a new scholar. As a freshly minted PhD I am entering the world of independent academic research and practice in the health sciences. This involves among other tasks mentorship of graduate students and teaching qualitative methodology. During my tenure of as a doctoral student I received invaluable guidance on doing qualitative research through formal course work, workshops, informal working-writing-reading seminars and through involvement in supervised qualitative research projects. I also had the opportunity to oversee several undergraduate qualitative research projects and instruct methodology. As a postdoctoral fellow I continue to gain experience with mentorship leading a group of budding scholars through several qualitative research studies related to a larger interdisciplinary project. Drawing on my own experiences as teacher and student I reflect on successes and failures in doing qualitative research. I share specific techniques I have found helpful for getting oriented, including tackling issues of research(able) questions, 'bias,' rigour and perspective, data collection, analysis and writing and dissemination of findings. Challenges and pitfalls particularly troublesome to mentoring budding qualitative researchers as a novice research myself are discussed.

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### **Gadamerian Philosophical Hermeneutics - a useful methodological framework for the Delphi Technique**

*Diana Guzys*

*La Trobe University*

*Virginia Dickson-Swift*

*Latrobe Rural Health School, Latrobe University*

*Amanda Kenny*

*Latrobe Rural Health School, Latrobe University*

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Methodology provides the framework supporting the principles of the research process that maintain its integrity, and its absence may result in poor research practice and less convincing results. This poster illustrates a methodological framework proposed in response to a key finding of a scoping review that sought to identify the underpinning methodology of studies using the Delphi technique. The Delphi technique is commonly used in health related research when there is limited objective data available or incomplete knowledge about a problem or phenomenon. This research method uses a reflexive and iterative survey process to engage participants, selected because of their knowledge and experience, in a structured anonymous conversation. The process facilitates the pooling of expert knowledge to develop a collective opinion on a specific topic. Our scoping review identified only nine articles from 390 articles in scholarly journals published between 2009 and 2013, acknowledged some form of methodological framework associated with the Delphi technique. Several philosophical standpoints, which were not elaborated on in great detail, were proposed in the review articles. To promote consistency and integrity in Delphi research, and in the absence of a universally recognised methodology associated with the Delphi technique, we propose that the philosophical hermeneutics of Hans-Georg Gadamer are consistent with the aim of Delphi technique, and provide rationales for essential components of the research process.

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### **Exploring the complexities in developing a suitable framework to assess the critical health literacy of population groups**

*Virginia Dickson-Swift*

*Latrobe Rural Health School, Latrobe University*

*Dr. Virginia Dickson-Swift*

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The emphasis of health literacy assessment focuses on the functional health literacy of individuals in clinical settings. This focus on a narrowly defined dimension of health literacy, rather than integrating multiple dimensions profoundly limits interventions aimed at building health literacy. Moving beyond individual competencies of functional health literacy to understand the intricacies of critical health literacy in the context of the everyday life of individuals, families and communities provides the greatest potential for improving health knowledge, skills and behaviours. Perceiving health literacy as a determinant of health facilitates the delivery of customized interventions. Yet to do this we need to develop an appropriate framework for assessment. Health promotion principles and theories logically provide a useful scaffold for developing the required assessment framework. The challenge for researchers is to negotiate the myriad of complexities associated with each concept and component of this task. Each of the concepts which need to be addressed and integrated to facilitate the development of a suitable framework to assess the health literacy of communities include: genuine, non tokenistic community participation in the research process; a focus on the critical domain of health literacy; a population perspective; health promotion theories; and a public health approach. Although complex concepts in themselves, acknowledging their position in the broader scheme of the research process enables them to be neatly packed up like nesting dolls, achieving the necessary conceptual integration.

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### **A mixed methods design for studying childhood obesity in Saudi Arabia**

*Sama Hammad*

*University of North Carolina at Chapel Hill*

*Diane Berry*

*University of North Carolina at Chapel Hill*

Childhood obesity is increasing at an alarming rate in Saudi Arabia. The proposed study will use a sequential explanatory mixed methods design to examine maternal perceptions, attitudes and beliefs about their child's nutrition and weight status and assessment of their child's eating behavior in a sample of preschool aged children and their mothers in Khobar, Saudi Arabia. First, we will examine the cultural appropriateness and fidelity of the Arabic translated version of the Child Feeding Questionnaire by Birch et al, (2001) and Child Eating Behavior Questionnaire by Wardle et al., (2001) in a sample of Saudi Arabian mothers of preschool-aged children (3-6 years old). Second, we will examine whether Saudi Arabian mothers' child feeding practices measured by the Child Feeding Questionnaire and eating behaviors measured by the Child Eating Behavior Questionnaire are associated with children's anthropometrics measurements (weight, height, waist circumference, triceps and subscapular skinfolds) and maternal socioeconomic factors (maternal education, employment status and family income). Third, we will describe mothers' perceptions of their child's weight, traditional dietary habits and beliefs and their child's eating behaviors using a multiple case study approach. Fourth, we will examine mothers' perceptions of their child's weight, traditional dietary habits and beliefs and child's eating through examination of quantitative and qualitative data. By combining these methods, this proposed study will allow for a more comprehensive view and deeper understanding of maternal perceptions, attitudes and behaviors towards their child's weight status and feeding practices among a sample of Saudi Arabian mothers and children.

### **Development of a community-centered model for non-communicable disease prevention in Sri Lanka: a participatory study**

*Machiko Higuchi*

*Natona college of nursing*

*Chandani Liyahange*

*University of Colombo*

The disease pattern has changed rapidly over the past few decades with the demographic and epidemiological transition in Sri Lanka, where non-communicable diseases (NCDs) pose a major threat to human development. The mortality and disease burden of NCDs will continue to rise unless addressed, but Sri Lanka's health sector has been overburdened with curative health care services for NCD patients. Public healthcare expenditures are also increasing due to neglect of primary prevention and failure to implement early NCD detection. MOH areas are at the bottom of the primary healthcare delivery structure in Sri Lanka. We conducted an action-oriented study based on a larger study on the knowledge, perceptions, and practices of primary healthcare providers and the general population on the prevalence and prevention of NCDs, which has been carried out in four MOH areas in the Western Province of Sri Lanka using both qualitative and quantitative methods. In our previously study, a consensus within the local community was gained regarding the need of a general population-oriented approach in implementing a primordial community NCD prevention program. The present study thus aimed to develop a community-centered model for NCD prevention focusing on a selected community in a MOH area, as well as to identify appropriate methodologies and strategies through collaboration with concerned communities, primary healthcare providers, and other stakeholders who provide various types of services for the communities. The results showed that a community-oriented approach is a very effective strategy for primordial NCD prevention. A community-based participatory policy reflecting each community's characteristics should be implemented. Intervention studies are also necessary to sustain and strengthen health activities in the general population and should be performed in collaboration with all stakeholders in the community.

## Employing Autoethnography to Frame Qualitative Case Studies On Disasters

*J. Suzanne Horsley*

*The University of Alabama*

As a researcher in disaster communication and an active volunteer with a disaster relief organization, I find my position on the objective outsider versus total participant continuum can swing wildly from day to day, depending on the current circumstances. In addition, disaster events are not something you can plan for in your research, so I often was involved in a disaster relief effort without the luxury of having institutional approval for a spontaneous research project. I found that examining my experiences in disaster using autoethnographic methods not only helped with personal healing and understanding, but it also gave clarity and insight to qualitative case studies that were conducted after the disasters were over.

Thus, my current project emerged from my desire to incorporate these two methods to produce a compilation of narratives about public affairs communicators who have responded to significant disasters. This developing collection of cases is tentatively titled 'Running Toward Disaster: Communicating Hope and Resilience Amid Tragedy.' These individuals are highly trained, may work as volunteers or employed staff of disaster response organizations, and leave home at a moment's notice to provide vital public information and media relations management in the affected communities. I weave in relevant personal reflections of working in disaster to inform the interviews in each case. The cases reflect a variety of disaster types to illustrate the strategies that communicators must use in different circumstances: tornadoes, hurricanes, terrorist attacks, shootings, floods, wildfires, and other natural or manmade disasters.

## British Columbia Healthy Connections Project (BCHCP): A Mixed Methods Process Evaluation Protocol to Describe the Implementation and Uptake of the Nurse-Family Partnership Home Visitation Program in Canada

*Susan Jack*

*McMaster University*

*Debbie Sheehan*

*Simon Fraser University*

*Andrea Gonzalez*

*McMaster University*

*Harriet MacMillan*

*McMaster University*

*Natasha Van Borek*

*McMaster University*

*Charlotte Waddell*

*Simon Fraser University*

The Nurse-Family Partnership (NFP) is an evidence-based home visitation for young, socially disadvantaged first-time mothers. The program goals, where public health nurses (PHNs) visit women from early in pregnancy until the child's second birthday, are to improve prenatal, child and maternal health outcomes. This intervention has been extensively evaluated in the US; however the effectiveness of the NFP is unknown within the context of Canadian health and social systems. The BCHCP comprises two studies: 1) a randomized controlled trial to measure the effectiveness of the NFP compared to existing services; and 2) a process evaluation to describe how the NFP is implemented and delivered across



varied geographic settings with diverse populations in BC's five health authorities. Process evaluations are increasingly employed with trials to contribute to the comprehensive evaluation of complex interventions. In this convergent parallel mixed methods process evaluation, qualitative data will be triangulated from multiple data sources and types, including program documents and interview data from NFP PHNs, supervisors and managers (sample n= 79). Interviews with each data source will be conducted every six months for four years to document the process. Provincial fidelity reports with quantitative data on intervention reach and dose will also be collected and analyzed. The integration of qualitative and quantitative data allows us to compare, corroborate and explain results and variances across the health authorities. This process evaluation will also provide data about adaptations to the NFP model required to meet the needs of Canadian mothers, particularly those in rural/remote communities.

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### Using Eco-Maps to Understand Personal and Service Supports of Young Mothers

*Ellen Lipman*

*McMaster University and Offord Centre for Child Studies*

*Susan Jack*

*McMaster University and Offord Centre for Child Studies*

*Heather Whitty*

*Offord Centre for Child Studies*

*Kayla Gordon*

*Offord Centre for Child Studies*

*Sandy Brooks*

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Young mothers (20 years at the time of first birth) are an at-risk population characterized by multiple psychosocial difficulties. We lack systematic information in Canada about the mental health and health service utilization of these mothers and their children. As part of the Young Mothers Health Study (YMHS), we are collecting information about (i) the rates, types and severity of mental health difficulties and (ii) health and mental health service utilization among 450 young mothers in Hamilton, Ontario using a mixed methods approach. In terms of qualitative data collection, we are interviewing 30 young mothers with mental health difficulties, split between 'high' and 'low' service users, to better understand positive and negative influences on support and service utilization. We are using eco-mapping in these interviews. We will report on the results of our qualitative data collection, with a focus on the strengths and difficulties associated with the use of eco-mapping.

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## **Illness perceptions, coping behaviors and appraisal of South Asians with coronary artery disease**

*Rozmin Jiواني*

*The University of Texas Health Science Center San Antonio School of Nursing*

Mortality rates for coronary artery disease (CAD) have declined in the United States. Rates of decline, however, are slower for ethnic minorities including South Asians (SA). Increased premature incidences and mortality related to CAD are documented in SA. There is a paucity of evidenced-based research on how to implement and disseminate health promotion and disease prevention programs targeted at this ethnic minority to reduce and control CAD morbidity and mortality. The purpose of this study is to examine illness perceptions, coping behaviors and appraisal of SA immigrants with CAD using the Leventhal Self-Regulation Model. Using purposive, convenience, and snowball sampling, 20 SA with CAD were recruited from various cities in Texas. Semi-structured interviews were conducted in the participants' language of choice (English, Hindi, or Urdu). Interview data was analyzed using content analysis. Six emergent themes from the analysis include: diet, exercise, stress, ignoring symptoms, relationship between risk factors and CAD, and family history/ genetics. Participants discussed each theme in relationship to illness perception, coping and appraisal. A majority of participants perceived their stress, family history, and diet as the most important causes of their CAD. Participants accepted their unhealthy coping behaviors and revealed lack of knowledge about controlling stress, genetics, substituting their traditional diet with healthy ingredients and the impact of other risk factors (identified themes) in the progression of CAD. Overall, Leventhal's model provided opportunities for further research. The continued research focused on the development of evidence-based interventions is needed to overcome premature incidences of CAD in this population.

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## **Living with fear: Iranian women's lived experiences of breast cancer**

*Soudabeh Joolaei*

*Iran University of Medical Sciences*

*Fatemeh Hajibabaei*

*Tehran University of Medical Sciences*

*Azadeh Joolaei*

*Mahdeieh Hospital, Shahid Beheshti University of Medical Sciences*

Women living with breast cancer have to face many psycho-social stresses as well as physical problems. In Iran the age for breast cancer is lower than the world, so some of those women diagnosed with breast cancer, after treatment have a long way to go. On the other hand because of the cultural issues some of the problems that they encounter are specific to the Iranian context. The aim of this study is to identify the aspects of living with breast cancer from the women's lived experiences.

A phenomenological approach was used to explore the meaning of living with breast cancer for Iranian women. Semi-structured interviews with probing questions with 13 women between 34 and 67 years old were done and thematic analysis helped the researchers to capture the meaning of women's experiences of living with breast cancer.

The participants explained their experiences as 'living with fear' in different features such as losing something important, lack of confidence, emotional dizziness and the need to be supported.

Understanding the phenomenon of 'living with breast cancer' in each context seems to be crucial for nurses to help women with this problem finding themselves in confronting the consequences of the changes associated with the illness.

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### **Building Strong Relationships between Parents and Their Child with an Autism Spectrum Disorder**

*Theresa Jubenville*

*University of Calgary*

*Dr. Sharon Cairns*

*University of Calgary*

This research used a strength-based approach to explore parents' perceptions of the relationship with their child diagnosed with an Autism Spectrum Disorder. Using the exploratory methodology of the Enhanced Critical Incident Technique, seven parents were interviewed about what helped in building a strong relationship with their child. From these interviews, 10 categories were formed: (a) Enjoying Time Together, (b) Working as a Parent-Child Team, (c) Learning about Autism and How to Help, (d) Joining in the Child's Interests, (e) Accessing Professional Support, (f) Accommodating the Child's Diagnosis, (g) Working to Overcome Challenge, (h) Receiving Support from Family, (i) Having a Flexible Workplace, and (j) Parent Self-Care. These categories are discussed in relation to the attachment, parenting, and disability literature. Recommendations for counselling professionals and parents are offered based on the findings and scholarly literature.

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### **Mālama nā makua i nā keiki me ka hānō: Native Hawaiian Parents Caring for their Children with Asthma**

*May Kealoha*

*Hawaii Community College*

Native Hawaiian children have the highest prevalence rate of asthma among all ethnicities in the State of Hawai'i. More information and theoretical guidance are needed to competently assist Native Hawaiian parents in asthma care. The purpose of this study is to explore contemporary Native Hawaiian parents' perspective and experience of caring for their children with asthma in the context of uncertainty. Descriptive qualitative approach by means of directed content analysis using focus groups was applied to this study. Focus groups were likened to "talking story," a familiar method of sharing information among Native Hawaiians. Eight open-ended questions elicited asthma history, asthma management, and how the Hawaiian culture affects parents' health practices. Directed content analysis applied Mishel's Uncertainty in Illness Theory (UIT) to guide data collection, organization, and analysis. Interview data were organized into the UIT constructs, categories and subcategories. New subcategories related to asthma care (lack of asthma experience and asthma triggers) and culture (differentiation between Western therapies and complementary alternative medicine) were identified. The study's findings verified that Native Hawaiian parents experience uncertainty regarding asthma care. Contextual influences including indigenous worldview and cultural values affected Native Hawaiian parents' perceptions and experiences with conventional asthma care. Unique findings involved the etiology of asthma and features of social support ('ohana). Becoming more knowledgeable about indigenous viewpoints including cultural values and preferences is critical to effectively assist Native Hawaiian parents caring for their children with asthma. The application of the UIT is beneficial toward this endeavor.

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## Reflections on the use of qualitative meta-synthesis in health promotion research

Josée Lapalme

*École de santé publique, Université de Montréal*

Meta-syntheses, widely used in education, nursing and medicine, produce findings that go beyond a summary of existing literature by using published findings as 'data' to contribute to and advance knowledge. As part of a qualitative research group, formed from a larger interdisciplinary health promotion project, we are currently developing a meta-synthesis to better understand the relationship between inequalities in health and place.

In this presentation we discuss on-going challenges to undertaking qualitative meta-synthesis, such as choosing a methodological approach (e.g., meta-study, meta-ethnography, meta-narrative), formulating an appropriate research(able) question, developing inclusion/exclusion criteria, searching for data, and doing group analysis. We also pose possible solutions, for instance remaining focused on well-defined research objectives allowed us to move the study forward amidst unavoidable ambiguities.

We also explore ways meta-synthesis can uniquely contribute to an interdisciplinary health promotion project. It not only can provide findings that impact research, policy and practice, but it also offers a greater and more powerful understanding of the complexities of health issues by exploring qualitative studies across diverse settings, times, populations, disciplines, and methodological and theoretical perspectives. This important source of evidence may be better suited to inform the design of policies and interventions, central components of health promotion practice, than findings from single studies.

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## Voices and Visions. Perspectives and Experiences of Teen Mothers in Sudbury, Ontario

Leigh MacEwan

*Laurentian University*

Suzanne Lemieux

*Sudbury District Health Unit*

Despite statistics that show Ontario as having the second lowest teen pregnancy rate of all Canadian Provinces and Territories, northern communities represent the second highest teen pregnancy rate within Ontario. The goal of most research on teen pregnancy is to educate adolescents about adolescent pregnancy in an effort to develop strategies for reducing its prevalence. Very few studies explore the experiences of the teen mothers themselves, particularly the community barriers they face and how these could be improved to assist them with parenting. This study aims to document the narratives of 8 teen moms in Sudbury, Ontario, to understand their experiences, and to hear their ideas for solutions for any barriers or challenges that limit them in their mothering.

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 8 teen mothers. Data were collected using a demographic questionnaire, an individual interview, two group interviews, and 10 photographs taken by each participant. The results indicated themes of pregnancy/birth experiences, the challenges of motherhood, the significance of stigma and stereotypes, strengths and resilience, and recommendations. This poster presentation will focus on the results of the study, the community implications identified, and potential solutions suggested by the participants.

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## Genetic Knowledge in Illness Narratives: Autosomal Dominant Polycystic Kidney Disease as a Genetic Disorder

Hiroki Maeda

*Tokyo Metropolitan University*

Yumi Nishimura

*Tokyo Metropolitan University*

The purpose of this research is to explicate how patients in Japan with autosomal dominant polycystic kidney disease (ADPKD) experience their illness by using new knowledge from the field of genetics. Since the gene responsible for ADPKD was identified in the mid-1990s, the experiences of patients and their families have been changing. By analyzing interviews conducted with patients and genetics professionals, we can describe the members' methods for understanding and treating this disease. This ethnomethodological study, originating in sociology, includes analysis of the usage of knowledge from genetics and 'membership categorization' in illness narratives. The research plan was reviewed and approved by the Ethics Committee.

In the early 1990s, although polycystic kidney disease (PKD) had been specified as a genetic disease, the responsible gene had yet to be discovered. There was a tendency, in the clinical setting in Japan, for PKD to be regarded as simply one of many kinds of kidney diseases rather than as a genetic disorder. Identifying the responsible gene involved formulating PKD as a genetic disorder. Patients diagnosed with ADPKD became able to recall the life of a parent with the same disease through use of new genetic information. Moreover, this encouraged the patients to pass down knowledge to the younger generation, especially through patient advocacy groups. Here, we describe the shift in perception of this disease and its effect on the lives of patients and their families.

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## Weaving Our Circles: Setting the Stage for Effective Phenomenological and Storytelling Methodologies in Indigenous Health Research

Janina Mobach

*University of British Columbia*

Samantha Tsuruda

*University of British Columbia*

This poster highlights the effectiveness of phenomenology and storytelling as methodologies that promote health and self-determination among Indigenous communities. These methods centralize the wisdom and cultures of Indigenous peoples, honouring them as teachers in the research process. Given the legacy of colonization and the persisting health inequities in Indigenous communities, such an approach is timely and relevant.

Indigenous storytelling is done within the quintessence of time - incorporating the past, present and future - from a holistic perspective. Phenomenology, the art of meaning making, and storytelling, the art of transmitting meaning, are methodologies that reflect the oral traditions of Indigenous cultures. Practicing oral traditions through storytelling as a qualitative health research methodology is thus intrinsically connected to phenomenological research, is organically strength-based, and is reflective of Indigenous cultures.

Weaving Our Circles: A Framework to Guide Outsider Engagement to guide the research partnership between Indigenous community members and scholars. Since a key aspect of Indigenous worldviews is the intimate connection of all things within health and communication, the research environment must reflect these values. This framework provides researchers and community members with tools to create decolonizing spaces to engage in phenomenological

research together. With the goal of promoting methodologies that holistically understand and communicate the health needs of Indigenous peoples, qualitative research must go beyond highlighting health inequities and instead give life to Indigenous self-determination.

### **The man with cancer and the cultural perspective of masculinity: a thematic synthesis**

*Vander Monteiro da Conceição*

*University of Sao Paulo;*

*Jeferson Santos Araujo*

*University of Sao Paulo;*

*Rafaela Azavedo Abrantes de Oliveira*

*University of Sao Paulo;*

*Anna Claudia Yokoyama dos Anjos*

*University of Sao Paulo;*

*Marcia Maria Fontao Zago*

*University of Sao Paulo.*

This research has as objective to synthesizing the scientific literature for studies that address the man's experience with cancer through the anthropological referential of the culture and manhood, which, traditionally, stand the subject to his sociocultural context and produces or improves theoretical concepts that can help other researchers. It will be employed the thematic synthesis of qualitative studies, with the following steps: search for primary articles, evaluation of their methodological rigor, data extraction, data encoding, and elaboration of themes and analytical synthesis of themes. The search of the articles will be held in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), PUBMED, EMBASE, CINAHL with Full Text, Sociological Abstracts (CSA), and the PsycInfo integrated system for Libraries of the University of Sao Paulo (SIBiUSP) by means of the following controlled descriptors in Portuguese and English languages: qualitative research; Masculinity; Neoplasms; Qualitative studies; Machismo; Cancer. The proposed inclusion criteria are: original, quality articles focusing on the cultural perspective of masculinity; be in the languages Portuguese, English and Spanish; involving only men who have or have had the experience of illness by cancer; full-text articles available; be developed by authors of any professional category. Articles will be assessed in relation to its theoretical and methodological rigor by the assessment tool COREQ.

### **Please Push the Stop Button: examination and conversations of sexual identity and orientation of LGBTQ youth of color**

*Carlos A. O. Pavao*

*Texas A&M University*

*L. Nyrobi N. Moss*

*ANIZ, Inc.*

A total of four focus groups (n=47 participants) and ten semi-structured interviews were conducted to attain a deeper understanding of how LGBTQ youth of color utilize public health services within the Atlanta Metro community. There were five central themes that emerged from two rounds of unitization. The first area addressed what public services need to be improved such as, medical provider training on asking sexual health questions of LGBTQ youth. The second area looked at how specific health disparities (forced sexual intercourse, teen pregnancy) affect LGBTQ youth of color. A third theme yielded data on how LGBTQ youth of color value themselves and utilize nontraditional social networks for

social support. A fourth theme examined how LGBTQ youth of color identify and negotiate the 'ideology of the closet' amidst familial relationships and religious contradictions. Finally, the last theme looked at how LGBTQ youth of color utilize social media to access health information and how their negating identities are personified in youth cultural norms. By the end of this oral presentation, participants will gain a deeper understanding that the LGBTQ label is no longer applicable to youth who sexually attracted to the same sex or are in the process of changing identities. These findings have great implications for both researchers and public health providers who frame LGBTQ health from a categorical understanding (labeling a person as Gay) rather than understanding how fluid social constructs are for LGBTQ youth of color when race, ethnicity and sexual orientation and identity collide.

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### **The Priode Theory for Nursing Retention in College Nursing Programs (PTNR)**

*Kimberly S. Priode*

*Appalachian State University, College of Health Sciences*

The college nursing student has been an object of research for decades. Educators and researchers have spent valuable time trying to understand how these students manage to remain in school when confronted with such a rigorous program while dealing with daily life issues. The associate degree college nursing student brings a complexity of life issues whereas other typical traditional college students may not. This research provided a beginning attempt to understand the non-traditional college nursing student and the processes and actions they employ as they manage life and school. Based on a grounded theory approach, students identified how the central phenomenon of enhancing their personal capacity through balance and support helped them to stay in school. As an innovative beginning of theory development, these qualitative concepts have been interpreted through a model entitled, 'The Priode Theory for Nursing Retention in College Nursing Program (PTNR).'

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### **Shifting Methodological Approaches to Better Understand the Everyday Realities of People Living in a Brazilian Village**

*Aridiane Alves Ribeiro*

*University of São Paulo at Ribeirão Preto College of Nursing*

*Donna Kurtz*

*University of British Columbia, Okanagan Campus*

*Jeff Reading*

*School of Public Health and Social Policy, University of Victoria*

*Penny Cash*

*University of Victoria, Federation University Ballarat Australia*

*L?dia Aparecida Rossi*

*University of São Paulo at Ribeirão Preto College of Nursing*

This presentation highlights a doctoral student's journey study to understand the sociopolitical realities of intercultural care within an intermedality (Biomedical and Traditional) space in a Brazilian village. An Ethnographical Interpretative Anthropological (EIA) approach aimed to explore the experiences of Indigenous health users and Indigenous and non-Indigenous health care professionals in Mato Grosso do Sul State, Brazil. The research proposal was developed prior to contact with the community. However, new learning about cultural safety led the researcher to ask for a community mentor to guide her during the study. During a six month immersion with the Terena people, the researcher learned about Indigenous knowledge and ways of being with community. As a result, she re-situated self within a multi-

dimensional self-awareness perspective that embraced respect, reflexivity, and reciprocity, and the realization that the research was owned by the community.

This lead to reflecting on and questioning whether the selected methodological approach was most appropriate to what was occurring and how people were making sense of their everyday worlds. Indigenous Methodology (IM) was considered as contact occurs earlier and community members identify the research question based on the needs and benefit of the community/population. Both EIA and IM value oral tradition as knowledge that arises from participant perspectives and histories. What became evident was ethnomethodology better illuminated how community members made sense of the everyday realities. In this presentation, the researcher will discuss the process of traversing Eurocentric and Indigenous world views to fully understanding the struggle for health equity for Indigenous Peoples.

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### **Obtaining approval from research ethics boards and consent to develop research within an Indigenous community** **Poster**

*Aridiane Alves Ribeiro*

*University of São Paulo at Ribeirão Preto College of Nursing*

*Lucila Castanheira Nascimento*

*University of São Paulo at Ribeirão Preto College of Nursing*

*Carina MarosttiDessote*

*University of São Paulo at Ribeirão Preto College of Nursing*

*Lidia Aparecida Rossi*

*University of São Paulo at Ribeirão Preto College of Nursing*

This study aims to describe the process followed in order to obtain the approval from research ethics boards and consent to develop research within an Indigenous community. The experiences of ethical issues faced by researchers conducting an Ethnography study with an Indigenous population were considered in this paper. We collected the data during the fieldwork in a Brazilian Indigenous community. The process to obtain the approval of ethic boards and of Indigenous community started in January, 2012 and continues until December, 2013 .We analyze the data based on argumentative, reflexive, and logical approach. The analysis also is founded on the interpretation of the researchers, considering ethical issues. In this presentation are discussed different levels of the vulnerability with regards ethical aspects of the participant population in a research. Also, the elaboration and signature of the consent form by the community members are approached as important issue to consider though out the development of the research. The establishment of ethical space is crucial for the researcher to build relationship and reciprocity with the community. The process of obtaining free and informed consent from the Brazilian Indigenous peoples is also a daunting and highly bureaucratic task. In this presentation, the researcher shares other insights of ethical concerns before the research begins and right up until the study's publication.

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### **Transitioning to Rural Healthcare through Mentorship: A pilot study**

*Noelle Rohatinsky*

*University of Saskatchewan, College of Nursing*

The rural healthcare setting is unique and new employees need to be equipped with the knowledge and skills necessary for working independently and in teams to best care for clients. Rural employees balance heightened responsibilities and increasing client acuity while coping with the challenges of isolation, distance, and limited resources. Mentorship



programs have been proposed as a strategy to recruit and retain employees in rural settings. The purpose of this pilot study was to explore mentorships in a rural healthcare organization. The objectives included: 1) Exploring employee perceptions of mentorship in rural organizations, 2) Exploring the processes involved in creating mentoring relationships in rural organizations, 3) Exploring the organizational features supporting and inhibiting mentorships in rural organizations. Seven registered nurses and licensed practical nurses were interviewed. Data was analyzed using Interpretive Descriptive methodology. The key theme throughout the employee interviews was transitioning to rural healthcare through mentorship. This theme was influenced by factors including rural community context, organizational influences, and mentorship programs. Participants described numerous barriers and facilitators associated with mentorship in rural facilities. Mentorship was described as a vital component to personal and professional success of new employees in rural areas. As a result of this study, employees, healthcare organizations, and government agencies will be better able to understand the mentoring needs of rural healthcare employees and facilities. Findings from the research could be used to guide development of future mentoring programs in rural facilities and health regions in an effort to enhance capacity development of healthcare professionals.

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### **Giving a Voice to Parents: Experience of Caring for Children, Adolescents and Young Adults with Mucopolysaccharidoses (MPS)**

*Suja Somanadhan*

*University College Dublin and Temple Street Children's University Hospital*

*Philip Larkin*

*University College Dublin*

**Background:** The Mucopolysaccharidoses (MPS) is one of the many rare inherited metabolic disorders (IMDs) come under category 3 of life limiting conditions. The developments of new treatment for some forms of MPS have made dramatic changes in their quality of life and other forms of treatment are currently under investigation and development. Very little is known about parents' experience of living and caring for children, adolescents and young adults with MPS.

**The aim of the study:** This study will explore parents' experiences of living and caring for their children, adolescents and young adults with MPS. Through in-depth, interpretive information, the study will provide a greater understanding of this particular healthcare phenomenon within an Irish perspective.

**Methodology:** A qualitative approach, utilising hermeneutic phenomenology which is informed by the philosophical constructs of Heidegger (1962), Gadamer (1960/1998) and Van Manen (1990/2007). Van Manen's (1990/2007) six research activities used as a guide for data collection (serial interviews) and analysis. Purposively selected sample of parents' of children, adolescents or young adults with MPS who attend Irish National Centre of Inherited Metabolic Disorders is invited to participate. The data is being collected through serial interviews conducted by the researcher over a 12 month time period (September 2013-October 2014). Data analysis is at the very early stage; however it has been evident that hermetic phenomenological framework is very effective to understand parents' day to day experience of living with this condition.

**Conclusion:** Overall, this study proposes to interpret the meaning of lived experience for parents' of children, adolescents and young adults with MPS and through informed understanding, improve practice and policy to enhance healthcare practitioner knowledge and service delivery.

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## How Can We Do BETTER? Perspectives on a New Approach to Chronic Disease Prevention and Screening (CDPS) in Newfoundland and Labrador

*Nicolette Sopcak*

*University of Alberta*

*Donna Manca*

*University of Alberta*

*Carolina Aguilar*

*University of Alberta*

*Mary Ann O'Brien*

*University of Toronto*

*Kris Aubrey-Bassler*

*Memorial University*

*Richard Cullen*

*Memorial University*

*Melanie Heatherington*

*University of Alberta*

*Eva Grunfeld*

*University of Toronto*

Chronic disease prevention and screening has been identified as a top priority in primary care. The BETTER approach involves a patient-level intervention that introduces a new provider role to primary care settings: the prevention practitioner (PP). PPs are health care professionals who are trained to meet with patients to develop personalized 'prevention prescriptions' through motivational interviewing and shared decision-making. We conducted 5 focus groups and 20 key informant interviews with managers, researchers, physicians and other health care providers (including PPs) who took part in the implementation of BETTER in Newfoundland and Labrador. We also received written feedback from 44 patients. We analyzed these data and additional field notes and memos using qualitative description. Although BETTER was well received overall by managers, clinic staff, nurses, and patients, some physicians were more critical of having a PP in their practice as they perceived the PPs' services a duplication and interfering with their own practice. Physicians' views differed from the patients' perspectives who saw the PP as providing a very different approach regarding 1) time (significant more time with a PP as compared to a physician), 2) format of communication (having someone listen to them and explaining tests and lab values in a comprehensive and meaningful way) and 3) empowerment (being motivated to set goals to improve their health and lifestyles). Our findings suggest that while patients' perceptions were positive, some health care providers may experience role confusion and uncertainty, which could be addressed beforehand to facilitate uptake and implementation.

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## How can we improve support for heart failure patients?: A systematic review to understand patients' perspectives on self-care

*Melisa A. Spaling*

*University of Alberta;*

*Kay Currie*

*Glasgow Caledonian University;*

*Patricia H. Strachan*

*McMaster University;*

*Karen Harkness*

*McMaster University;*

*Alexander M. Clark*

*University of Alberta*

**Background:** Interventions to improve heart failure self-care have had mixed and inconsistent results and few heart failure self-care interventions incorporate previous qualitative research with heart failure patients in trial design. While there is an abundance of studies defining what the domains of heart failure self-care, how to affect heart failure self-care remains less apparent. A large body of qualitative studies of heart failure patients' experience of self-care exists which may provide valuable insights for future self-care interventions. This systematic review aimed to generate patient-focussed recommendations to enhance care and support of heart failure patients by examining patients' knowledge and perspectives of self-care.

**Methods:** This study employed a qualitative systematic review and meta-synthesis design. A systematic, comprehensive and detailed search of 11 databases was conducted until March, 2012 to identify studies that contained a qualitative research component and data on adult patients' HF self-care. Studies were excluded if they were published prior to 1995, in a language other than English and contained data from patients with cardiovascular disease other than heart failure. The search identified 1,421 papers, 37 of which were included in the meta-synthesis (1343 patients, mean age 66.1 years, range 25-98 years; 75 caregivers; 63 health care professionals). The quality of all included studies was independently reviewed by two appraisers using a modified Critical Appraisal Skills Programme Qualitative Appraisal Tool.

**Results:** Patients' knowledge of the domains of heart failure self-care remains low, particularly with respect to medication, diet, fluid management, and timely help-seeking. Yet, patients were better able to integrate self-care recommendations into their daily lives and activities when they learned from their heart failure management experiences. Interestingly, attempts to manage HF could be based on how patients 'felt' rather than clinical indicators of worsening symptoms.

**Conclusions:** Addressing common but basic knowledge misconceptions regarding the domains of HF self-care is insufficient to increase effective HF self-care. Health care professionals must bridge 'conceptual self-care' to 'actual self-care' by harnessing patients' experiences with managing heart failure and fostering patients' sense of control and self-efficacy. Future research could explore the context, utility and temporality of 'decision aids' to assist patients in navigating key stages in decision-making processes around heart failure self-care.

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## **The Meaning of Evidence-Based Management to Brazilian Senior Nurse Managers**

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Evidence-based management requires careful examination of evidence to identify and promote organizational innovations, such as more effective, efficient care delivery. The study objective was to understand the meaning of evidence-based management for senior nurse leaders in accredited, public hospitals in the State of Sao Paulo, Brazil. Phenomenology was used as this study's research method. Phenomenology is a philosophy and a research method? a way to understand individuals' lived experiences and the meanings they associate with their experiences. The study was conducted with 10 senior nurse leaders who volunteered to participate between August 2011 to March 2012. Senior nurse leaders described how they critically appraise many sources of evidence when making managerial decisions. They emphasized the importance of working with their teams to locally adapt and evaluate innovations. Their statements demonstrated how they use evidence-based management to support the adoption of evidence-based practices. They did

not, however, provide specific strategies for seeking out and obtaining evidence. Notable challenges were traditional cultures and rigid bureaucracies, and accreditation, teamwork and shared decision-making were major facilitators. Organizational innovation necessitates a continuous process of locating, implementing and evaluating evidence. In this study leaders provided multiple, concrete examples of all these processes except seeking out and locating evidence. They also gave examples of other leadership skills associated with successful adoption of evidence-based practice and management, particularly interdisciplinary teamwork and shared decision-making.

### **Confronting Child Maltreatment in France: Family physician challenges from suspicion to clinical follow-up**

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Despite France's ongoing public interest in prevention of child abuse and the 2007 Child Protection Reform Act with its effective asset model approach, practical family physician contribution to formal child protection procedures remains scarce. In April 2014, a systematic review was conducted to identify French family physicians' barriers to recognition, reporting, and management of child maltreatment.

Two researchers conducted a comprehensive search of the family physician residents' theses from 2008 to 2013 obtained from two main French thesis indexing databases: SUDOC and BIUS. Fifteen theses (ten quantitative and five qualitative) were selected according to inclusion criteria. Checklists and several assessment techniques were used to extract, categorize, and pool study findings according to a narrative synthesis approach including a thematic synthesis (line by line coding, generation of descriptive and analytical themes). The results of the study have provided a textual narrative synthesis of the theses.

The major research findings highlight the three following barriers with practical implications for family physicians in the field: diagnosis stage issues (e.g. lack of ascertainment and low legislative awareness), psychological obstacles to efficient treatment, and partner role issues in the protection network. Findings have proven consistent with published international reviews. Given the extent of the study findings, providing French family physicians with process-oriented training and guidance to develop reflexivity in complex family situations could lead to a better outcome for maltreated children.

### **ehealth care: aligning ethical issues with evolving clinical practice, shared decision-making and self-management behaviours**

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Digital health technology or eHealth is transforming health care. We know little however, about how eHealth influences patient clinician relationships, promotes patient autonomy, and supports and advances informed, shared decision making. How are patients and clinicians using online sources in their behaviours and medical consultations? The overarching aim of this qualitative 2phase study is to explore the use of eHealth technologies by chronic illness patients and clinicians. We examine how eHealth use influences patient clinician relationships and explicitly consider ethical issues as the use of digital technologies in clinical practice evolves. Qualitative focus groups and indepth interviews were conducted with patients with at least two comorbid conditions, and clinicians (physicians, nurses, therapists) working with patients with comorbidities. Topic guides were designed to explore relational aspects of eHealth, and to encourage participants to voice their priorities. Verbatim transcripts were independently coded by two researchers, discussed, and categories verified by research team members. Analysis is ongoing, informed by narrative and a relational ethics lens. Preliminary analysis reveals that: 1) patient and clinician roles and responsibilities are evolving, indicating new forms of patient and clinician work; 2) eHealth use can support meaningful, informed patient choice when patients prepare for clinical encounters and clinicians are receptive; 3) mutual trust and respect are key to optimizing how eHealth is altering health care experience. Applying an ethical lens, we conclude that prioritising mutual trust, responsibility, and partnership during clinical encounters, may minimize the burden of using digital resources, support effective self management of chronic illness, and facilitate meaningful, informed choice.

## **The Phenomenological Elucidation of the Perception of Hearing-Impaired Students Towards Note-Taking Support**

### **-In an Effort to Comprehend the Meaning of College Life ‘**

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This study aimed to investigate experiences of hearing-impaired students in Japan with note-taking support. With the Convention on the Rights of Persons with Disabilities adopted here in January 2014, support systems for students with disabilities are being put into place at college nationwide. However, it is reported that the lecture note-taking service is not being received by more than half of hearing-impaired students enrolled in college. Therefore, it is necessary to understand the perception of hearing-impaired students towards note-taking support from their own viewpoint.

In-depth interviews were conducted on 3 hearing-impaired students, including one who does not receive note-taking support. The concept of ‘phenomenological reduction’ was applied as a method of valid interpretation based on one’s ‘embodiment’ and ‘desire’, which represent his/her existential situations.

The findings from this study show that it is significant to understand the meaning of life they have through their reception of this type of support and how they want to lead their college life with their disabilities. The way they view themselves receiving this kind of support is affected by the meaning of life they have, and their history of support when they were in secondary school.

In conclusion, in order to achieve 'reasonable accommodation' regulated by the convention, college staff should have continuous dialogue with each individual student on their genuine needs, not focusing solely on whether they voice a desire for support. College might play a role to cultivate both the awareness of disabled person's rights and their existential way of life.

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### Community Perceptions of Pre-eclampsia in Ogun State, Nigeria: A Qualitative Study

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**Introduction:** Pre-eclampsia is a common complication of pregnancy and is responsible for high rates of morbidity and mortality, especially in less developed countries. While most studies related to pre-eclampsia have adopted a bio-medical model, this paper adopts a perspective which recognizes the role of the socio-cultural environment.

**Objectives:** The objective of this study was to describe community perceptions of pre-eclampsia and eclampsia in Ogun State.

**Methods:** The study was conducted in four Local Government Areas in Ogun State, Nigeria in 2012. Data were obtained through 24 focus groups with pregnant women (N=94), mothers with children less than 5 years (N=95), male decision makers (N=47), community leaders (N=56), and traditional birth attendants (N=36). In addition, nine interviews were conducted with the head of the local traditional birth attendants (N=4), a local traditional birth attendant (N=1), and community leaders (N=4).

**Results:** We determined that there are no names for pre-eclampsia in the local language, Yoruba, although 'hypertension' and 'convulsion' as disease entities have local names that are independent of pregnancy status. The cause of pre-eclampsia was generally perceived to be due to depressive thoughts, and the cause of eclampsia was perceived to result from prolonged exposure to cold with a few implicating spiritual forces. While, there seemed to be no local treatment for pre-eclampsia apart from preventive practices, local treatments for eclampsia included the use of herbs, concoctions, incisions, and black soap.

**Conclusion:** This study shows that local knowledge of pre-eclampsia and its progression to eclampsia is limited. It also reveals a gap in local knowledge of the aetiology and treatment of the condition. A holistic approach is recommended for sensitization at the community level, acquisition of educational skills by health workers, and the adoption of a community perspective as a sustainable approach for communities to prepare for the complications of pregnancy.

## Community Perceptions of Pre-eclampsia in Karnataka State, India: A Qualitative Study

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**Introduction:** Despite global efforts, the rates of maternal mortality remain high in less developed countries. To reduce the number of morbidities and mortalities it is critical to understand any given community's perceptions of pregnancy and its complications.

**Objectives:** The aim of this work is to describe understandings of pre-eclampsia and eclampsia among community members in two districts of Karnataka State. This includes use of local terminology, knowledge of causes, danger signs, outcomes, as well as practices related to prevention and treatment in the home.

**Methods:** The study was conducted in Karnataka State, India in 2013. The study was designed to examine perceptions of pre-eclampsia using 14 focus group discussions with community stakeholder groups: community leaders (N=27), male decision-makers (N=19), female decision-makers (N=41), and women of reproductive age (N=132).

**Results:** Although local terminology exists to describe convulsions and hypertension they are not specific to pregnancy. The community's perceived causes of eclampsia included: anaemia, lack of medical adherence, not receiving tetanus toxoid injections and exposure to fire or water in pregnancy. Stress and tension along with a poor diet were felt to be responsible for the onset of pre-eclampsia. While the danger signs of eclampsia were not well known, there was a sense that sweating, tiredness, giddiness, swelling, and irritability are signs of pre-eclampsia. Folk remedies are used for the

treatment of seizures, such as providing the smell of onion, placing keys or iron in the hands, and squeezing the fingers and toes.

**Conclusion:** Improvements in maternal and perinatal health require strategies that involve the community and reflect their knowledge, attitudes and practices. Advocacy and educational initiatives should be designed to target knowledge gaps and incorporate cultural understandings of disease. This study achieved its aim of describing the knowledge, attitudes, and practices related to pre-eclampsia and eclampsia among communities in Karnataka State.

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## Community Perceptions of Pre-eclampsia in Sindh Province, Pakistan: A Qualitative Study

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**Introduction:** They hypertensive disorders of pregnancy are the second leading cause of maternal mortality globally, of which >99% occur in less developed countries.

**Objectives:** This study aimed to explore community perceptions, and traditional management practices surrounding the pre-eclampsia and eclampsia in Pakistan.

**Methodology:** A qualitative study was conducted in Matiari and Hyderabad Sindh, Pakistan from February to July 2012. Altogether 26 focus group discussions were held with women of reproductive age and female decision makers (N=173) and male decision makers (N=65). The data was transcribed verbatim in Sindhi and Urdu, the data were then analyzed for emerging themes and sub-themes using QSR NVivo-version10.

**Results:** High blood pressure in pregnancy was mainly recognized as severe headache, and there was no local name to describe either this condition or the seizures of eclampsia. The majority of participants were aware that a woman can develop hypertension in pregnancy; however, progression of illness from pre-eclampsia to eclampsia was poorly understood. It was widely believed that mental stress and worries in pregnancy cause pre-eclampsia. Hypertension in pregnancy was considered to be dangerous as it could result in death of mother and baby; whereas, very few believed further complications could occur after birth. Seizures during pregnancy were thought to be caused by weakness, anaemia, and stress. Many perceived seizures to be a health emergency for both mother and fetus. Self-medication for pre-eclampsia symptoms was common; in addition, some used alternative treatments for pre-eclampsia and eclampsia.



**Conclusion:** Community-based participatory health education strategies are recommended to address myths and misperceptions about the hypertensive disorders of pregnancy. These educational initiatives should include information on the presentation, progression, and treatment of pre-eclampsia and eclampsia.

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### **The meaning of care at a Brazilian pre-hospital emergency service**

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This case study aimed to identify the meaning of care at a mobile pre-hospital emergency service. The participants were six physicians and six nurses. Data were collected through face to face in-depth interviews and an interpretative analysis was performed. The meanings assigned to the process of care were: the difficulties to achieve professional performance and the technical and humanistic aspects of care. For the participants, care in a pre-hospital setting involves technical aspects related to clinical competence, performing administrative tasks related to the provision of material and human resources, as well as coordinating and supervising the team. They highlighted humanistic skills related to communication, leadership, experience, self-control, objectiveness, critical judgment, and sensitivity to deal with different situations of care. The reported humanistic aspects were related with the need for a comprehensive view of the patients and their relatives, doing the best they can, and providing high-quality care without any social distinctions. It was identified that care in the pre-hospital setting involves balancing the actions aimed at technical competency with the embracement of users who require comprehensive care to their health needs.

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### **Storying relationships and the art of being present at end of life: A dialogical narrative inquiry with palliative care nurses**

*Lacie White*

*University of Ottawa*

Caring for those who are dying and their loved ones places palliative care nurses in a vulnerable position, in which they continuously encounter suffering and highly emotional and relational exchanges. Being with suffering is an embodied experience, and the ways in which palliative care nurses relate to themselves and others within these experiences are not easily understood through descriptive and conceptual means. As a result, it is difficult to share the nuances of palliative care nursing practice, and to subsequently support other nurses and students in ways to be present in the midst of providing end of life care. One response to this challenge has been the increasing recognition of stories as a valuable tool to enhance palliative care practice, education and research.

This poster presentation introduces an innovative dialogical narrative inquiry study. In this study I will explore how palliative care nurses story being present to the complexities of experiences and relationships inherent at end of life. Informed by the theoretical perspectives of sociologist Arthur Frank, this dialogical narrative approach encourages the researcher to let the many capacities of stories guide their methods; therefore, ways in which to value and maintain focus on the stories throughout the research study will be discussed in the methods of data collection, analysis and (re)presentation of the research. To conclude, the practical application of this study to generate narrative resources for nurses working in end of life care will be suggested.

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### **The Great Caesarean Debate: The concept of fear of childbirth as a potential indication for caesarean delivery**

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*Cynthia Mannion*

*University of Calgary*

*Graham McCaffrey*

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**Introduction:** Increasing debate has followed the rising caesarean rate, on whether maternal choice is justifiable to perform the medical procedure. In cases related to mental health conditions, such as fear of childbirth, there are no clinical guidelines available. Fear of childbirth can contribute to a devastating and debilitating mental health condition. Fear is commonly associated with other mental health conditions such as anxiety or depression and can lead to severe psychological consequences. Clarifying the fear of childbirth through a concept analysis can further the understanding of fear of childbirth, its implications for patients, and potential treatment options to promote quality of patient care.

**Objectives:** This concept analysis aims to define fear of childbirth, determine the antecedents and consequences, and provide model cases with the empirical referents in accordance to Walker and Avant's (2005) model of concept analysis in order to influence change in practice and promote quality maternity care.

**Methods:** A literature search was conducted and a concept analysis was used to frame the findings from the literature. This process includes the sequential steps of: identifying uses of the concept, determining the defining attributes, identifying a model case, identifying additional cases, identifying antecedents and consequences, and defining empirical referents.

**Results:** In order to prevent the psychological sequelae from fear of childbirth, women seek out opportunities for positive birth experiences which can include caesarean delivery. A positive birth experience which is found to be curative of debilitating fear of childbirth. When women choose a caesarean delivery for fear of childbirth, it is an indication that the health care system is not providing effective screening or treatment for fear of childbirth. I suggest that maternal choice should be supported as a treatment for fear of childbirth since there are currently no screening tools or effective therapeutic interventions. Until there is further research done on screening, therapies, and treatments for fear of childbirth, health care providers should aim at providing the most supportive care.

**Conclusion:** Fear of childbirth is a relevant and pertinent concept in its practical application for clinical practice. It can contribute to serious mental health concerns for maternity patients. The potential negative psychological implications for women who experience fear of childbirth can be devastating and long lasting. As a preventative measure, caesarean

deliveries may be justified; however, further investigation is required to ensure women receive the support, information and help they need transition well into motherhood.

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### **What's the point of paramedics?: a qualitative exploration of the publics' understanding**

*Matt Capsey*

*Teeside University*

*Julia Williams*

*University of Hertfordshire*

This qualitative study explores the public's understanding of the paramedic role in the UK. Participants who had not had any previous experience of emergency paramedic care were recruited through the mailing lists of two community groups in a small rural market town. Eight participants (6 women and 2 men) took part in semi-structured interviews which were recorded, transcribed verbatim and analysed using thematic analysis. From the data it was apparent that paramedics were seen as 'helping in an emergency' and 'when you can't cope'. This understanding had been decoded from a range of sources but most strongly from what participants had actually seen themselves or heard about from friends and acquaintances. Participants did not consider media and fictional representations to be reliable preferring their own observations of emergency vehicles moving through traffic or seen waiting on the road side. Paramedics were identified as arriving first at an incident often in cars or on motorcycles, but they were seen as being different from ambulance crews. When constructing their understanding of the role, participants frequently compared paramedics to other healthcare professionals, especially doctors or nurses.

Participants would only call for assistance if they perceived it to be a 'real' emergency. however this was poorly defined and appeared to be related to a perceived ability to cope rather than based on experience of specific medical conditions. This finding requires further investigation to examine whether schemes to reduce calls to ambulance services may be better targeted at enhancing coping strategies rather than providing condition-specific information.

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### **Improving unscheduled, urgent and emergency care for older people with dementia: What is the way forward?**

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*Marina Buswell*

*University of Cambridge*

*Philip Lombard*

*East of England Ambulance Service NHS Trust*

*Jane Fleming*

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*Sarah Amador*

*University of Hertfordshire*

*Claire Goodman*

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We want to understand the use of emergency ambulance services by older people with dementia (OPWD) with the aim of developing workable and testable care models to support better use of emergency ambulance services by this group of vulnerable older people.

Currently East of England Ambulance Service (EEAS) alongside Cambridge Community Services (CCS), are piloting an innovative paramedic and therapy led service (AGIS), which aims to deliver holistic, person-centred assessment and intervention for older people with urgent care needs, wrapping care around the person in the most appropriate setting.

Our research programme 'Research into Older people with Dementia and their use of Emergency Ambulance Services' (RODES), is using the AGIS service as a case study as well as undertaking systematic evidence review, audit of routinely collected data and qualitative interviews with paramedics, General Practitioners, carers and care-home staff using critical incident technique.

Initial results from the audit indicates that over one third of ambulance call-outs are to people over 75, at least 15% of call-outs to patients aged 75+ are to older people with dementia, and around 15% of call-outs are to care homes. Particular challenges to this research are that service innovations and pilots such as AGIS are implemented in an unpredictable manner without full evaluation. This study aims to provide evidence to influence best practice in the provision of appropriate and effective unscheduled urgent healthcare services for older people with dementia.

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### **Ethical Implications of Community-Based Participatory Research: Researcher Experiences**

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*Amanda Kenny*

*La Trobe University*

*Virginia Dickson-Swift*

*La Trobe University*

In Australia, as elsewhere, there is an increasing focus in health policy on community participation. As a useful community participation tool, Community-Based Participatory Research (CBPR) is considered an equitable, empowering partnership approach to researching vulnerable communities requiring greater attention to ethical considerations.

We questioned the ethical implications of our own rural health CBPR study and conducted a scoping review to understand the state of knowledge about ethical issues in CBPR. We found studies that identified context or project specific challenges pertaining to a single study rather than drawing from a broad selection of studies and very little empirical work involving researchers. To address this gap in knowledge it was vital that first-hand accounts from CBPR researchers be gathered internationally.

We designed an empirical study based on qualitative descriptive methodology. A Wordpress.com blog was developed with dedicated use as the data collection site. Participants were recruited using Twitter, Facebook and ResearchGate to write on the blog about their experiences with ethical issues at key stages of their CBPR project.

Preliminary findings highlight the equivocal nature of conducting CBPR. Ethical challenges experienced related to ethics approval processes, achieving power balance, community consent and research integrity among others. These findings challenge the understanding of CBPR as an equitable approach said to redress power imbalances in community research and have implications for research training and best practice considerations for CBPR researchers in the future. Furthermore, our study will inform future recommendations to community participation health policy, to place it within an ethically sound framework.

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## **What is it like to teach on the edge? Experiences of nurse academics teaching at satellite campuses of Australian universities**

*Lisa Wirihana*

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*Anthony Welch*

*Central Queensland University*

*Moir Williamson*

*Central Queensland University*

Education has been deemed a priority for measurable community health and wellness. The value of university education as a crucial pathway for employment, culture, values and personal autonomy is also recognised. In the past, access to tertiary level education was often difficult for people who live in regional areas. To address that difficulty, the delivery of higher education in satellite campuses has become an increasing phenomenon in the international and Australian landscape. Satellite campuses of universities in regional areas have enabled access, research, economic development and local services to improve community outcomes. Consideration should be given to the fact that the cohort of students at satellite campuses starts their university journey with different attributes to their urban counterparts. They are predominantly mature age, first in family to attend university and low socio-economic status with family and time commitments. Academics who teach these students at satellite campuses provide a significant contribution to successful student outcomes. However, the role of an academic at a satellite campus is often misunderstood. It is multi-dimensional and frequently undervalued and poorly resourced. This research provides a new and essential insight into the experiences of nursing academics who teach at satellite campuses of Australian Universities. Using a phenomenological approach, 21 nursing academics from universities around Australia were interviewed to provide a detailed, descriptive explanation of this phenomenon through the eyes of those academics that live it.

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## **Using Practitioner Reflective Critical Inquiry to Manage Change in Adult Basic Education**

*Candace Witkowskyj*

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Adult Basic Education (ABE) practitioners within the Centre for Excellence in Foundational Learning Department of Bow Valley College engaged in a collaborative process that used reflective critical inquiry as a way to manage programmatic changes. Informed by adult learning principles (Mace, 1992), and framed as participatory action research (Brydon-Miller and Maguire, 2009) this project created a safe space for practitioners (instructors) to reflect on philosophical perspectives and tensions that emerge during large-scale program change. The objective of this project was to introduce reflective critical inquiry into ABE professional practices to build knowledge-sharing, reflective power analyses, and participatory decision-making as effective ways to manage program change. The project resulted in deeper understanding of the interconnections between structural changes, on personal mental health/well-being amidst institutional changes, philosophical perspectives on ABE, and instructional practices. The project participants (ABE instructors in Academic Preparation Program) contributed to the creation of a reference guide for instructors on how critical reflection and collaborative decision-making contribute to managing program change.

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## Patient perspectives on taking prescription treatments for osteoporosis: 'It was recommended, not required'

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Osteoporosis is a chronic condition associated with increased morbidity and mortality and decreased quality of life. Older adults who fracture have nearly a 20% risk of another fracture within 1-year; treatment with a bisphosphonate reduces this risk by 50%. Regardless, only 20% of people are treated for osteoporosis in the year post-fracture and approximately half will stop treatment within a year. Few studies have examined the process of long-term treatment persistence.

Using a grounded theory approach, this study aims to understand the processes older adults with recent fragility fracture go through in persisting with or stopping appropriately prescribed bisphosphonate treatment for osteoporosis over the year post-fracture.

To date, 10 patients have been identified from the C-STOP trial who started treatment with a bisphosphonate and persisted or stopped treatment 1 year after a fragility fracture. Theoretical sampling is ongoing. Data are being collected through in-person interviews and analyzed concurrently using constant comparison in ATLAS.ti.

Preliminary findings point to the importance of osteoporosis perceptions prior to and post-fracture. Both persisters and stoppers share some similar attitudes: osteoporosis is a natural part of aging; it is not a serious condition; the fracture was unavoidable and not related to bone health. However, stoppers tend to view osteoporosis treatment as recommended rather than required. Next steps include further exploration of these beliefs.

These findings will help clinicians understand patient attitudes regarding the value of prescription treatments for osteoporosis to prevent recurrent fractures and help inform and develop interventions that promote long-term persistence.

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## Cultural Context of Informed Consent: A Mexican American Older Adult's Perspective

*Herlinda Zamora*

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Globally, countries are experiencing an increase in the size of their older adult populations. For example, the 2010 United States census reflected that 20% of the older adult population of 40.4 million was comprised of minorities, of which, 6.9% were of Hispanic descent. The increasing number of multi-ethnic older adults highlights the need for a culturally sensitive understanding of the cultural context of informed consent. Thus, data analysis of a case study

conducted by this researcher about the experience of giving informed consent in an older adult was expanded to explore and describe the cultural context of informed consent from a Mexican American older adult's perspective. Immersion in the case study data was replicated to glean a Mexican American older adult's cultural context of informed consent within his described experience of giving informed consent. Two key themes emerged: (1) respect and value of family, and (2) trust in doctors and nurses. These culturally focused findings give support to the need for future research with a larger sample to further capture the cultural context of informed consent. Findings may be used to aid multi-disciplinary health care professionals, researchers, and policy-makers in developing culturally sensitive, age-appropriate strategies to improve the informed consent process among older adult populations.

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