

GRADUATE STUDENT RESEARCH SYMPOSIUM

“Celebrating Nursing Knowledge”

Irving K. Barber Learning Center

8 AM - 5 PM WEDNESDAY MAY 4, 2016



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA
School of Nursing
Faculty of Applied Science

SIGMA THETA TAU



WELCOME

FROM THE SYMPOSIUM PLANNING COMMITTEE

Hello everyone,

Thank you for coming, and welcome to the fourth annual 2016 Graduate Student Nursing Research Symposium. The Graduate Students in Nursing Association (GSNA) has been engaged and committed to the facilitation of this research symposium for the purpose of empowering current nursing students, academics, and clinicians toward deep and practical collaboration. We appreciate your attendance and dedication to this event.

The research symposium gives both undergraduate and graduate level nursing students an exciting opportunity to present their ideas and plans for future research. It is important to be able to present research ideas and projects within a professional setting that encourages open dialogue about the impressive art and science that is nursing. This symposium is designed to inspire nursing scholars and clinicians alike. In our collective nursing work we strive for the betterment of overall human wellness.

The annual Graduate Student Nursing Research Symposium is intended to strengthen our connections with each other in order to build further capacity for our joint work for the betterment of human wellness.

Our student presenters for oral and poster displays have worked hard to build their knowledge in each of their specific areas of interest. The GSNA is honored that they have committed to presenting their work today. The GSNA is also thankful for our keynote speakers, Doctors Martha Mackay and Tarnia Taverner. We also thank Elder Roberta Price for committing her attendance at our event once again this year.

We want to thank those that have been in partnership with us this year in putting together this event. We acknowledge the UBC School of Nursing, STaRs, ONRTS of UBC, STTI Xt Eta Chapter, ARNBC, The University Women's Club of Vancouver at Hycroft and the BC History of Nursing Society, and a private donor.

Thank You for celebrating with us!

Sincerely,

<i>Kelly Newton</i>	<i>Hrag David Yacoubian</i>	<i>Lori Campbell</i>	<i>Jen McDougall</i>
<i>Michelle Hyndman</i>	<i>Natalie Chambers</i>	<i>Michaela Popa</i>	<i>Kaitlin Ellis</i>
<i>Stephanie Powell</i>	<i>Shukri Ahmed</i>	<i>Shannon Rooney</i>	<i>Catherine Haney</i>
			<i>Chantelle Recsky</i>

SCHEDULE FOR THE DAY

TIME	EVENT	LOCATION
0800	SETUP	GOLDEN JUBILEE ROOM
0830	REGISTRATION	
0915	WELCOME ADDRESS	
0930	Dr. Martha Mackay 1st KEYNOTE SPEAKER	
1030	REFRESHMENTS	
1050	CONCURRENT SESSIONS - MORNING	IKB CLASSROOMS 460 & 261
1230	LUNCH AND POSTER PRESENTATION VIEWING	GOLDEN JUBILEE ROOM
1330	CONCURRENT SESSIONS - AFTERNOON	IKB CLASSROOMS 460 & 261
1430	REFRESHMENTS	GOLDEN JUBILEE ROOM
1500	Dr. Tarnia Taverner 2nd KEYNOTE SPEAKER	
1600	AWARDS CEREMONY	
1615	Roberta Price CLOSING BLESSING	

The judges for the oral and poster presentations are:
 Dr. Wendy Hall, Dr. Patricia Rodney, Dr. Sandra Lauck, and Dr. Fuchsia Howard

KEYNOTE SPEAKERS



Martha Mackay, PhD, RN, CCN(C)
Clinical Assistant Professor, UBC School of Nursing

**Clinical Nurse Specialist (Cardiology),
 St. Paul's Hospital Heart Centre**

Dr. Mackay is a clinician-scientist, combining the roles of Clinical Nurse Specialist in Cardiology at St. Paul's Heart Centre and Clinical Assistant Professor at UBC School of Nursing. Completing her initial nursing education at George Brown College (Toronto), and earning her PhD at UBC, she has practiced for 37 years in critical care and cardiac nursing. Dr. Mackay's focus is on improving the care of patients with acute coronary syndrome and myocardial infarction.

Mackay has received several provincial and national research awards, and currently holds a Michael Smith Foundation for Health Research Scholar award. Her research examines sociodemographic and behavioural influences on cardiac health, such as sex/gender, ethnicity and depression. She serves on the Providence Health Care Research Ethics Board, several grant review panels, the Executive Committees of the Centre for Health Evaluation and Outcome Sciences and the BC Centre for Improved Cardiovascular Health as well as the Editorial Boards of *The Canadian Journal of Critical Care Nursing* and the *Canadian Journal of Cardiovascular Nursing*.



Tarnia Taverner, PhD, MSc. in Pain Management, RN
Director, Clinical Operations, Delta Hospital, Fraser Health

Dr Tarnia Taverner was appointed as Director for Clinical Operations for Delta Hospital in January 2016. Dr Taverner comes to Fraser health from University of British Columbia where she was an Assistant Professor in the school of nursing, faculty of applied sciences. During her tenure at UBC Dr Taverner taught in the undergraduate and graduate programs and most significantly course leading for the adult/older adult professional nursing course. Her research focus has been on pain management and she most recently developed and worked on a research project utilising virtual reality for chronic pain. During her time at UBC Dr Taverner acted as a director on the board of directors for PainBC and was also instrumental in the partnership between UBC and Baba Farid University of healthcare, Punjab India, where she travelled to Punjab on several occasions to set up a centre of nursing excellence. Dr Taverner continues to be actively involved with UBC as a Clinical Associate Professor. As well, she has successfully published numerous papers in peer reviewed scientific journals and has presented at scientific conferences globally.

Dr Taverner came to Canada from the UK, where she was Director/Matron of a community hospital and community services in the South of England for the NHS. She earned a diploma in registered nursing from Guildford University in Surrey UK. She completed her Master's degree in Pain management with the School of Anaesthesia at Leicester University and her PhD in the School of Medicine at Leeds University UK in 2010.

Previous to her role as Director/Matron, Dr Taverner has a wide and varied work history in leadership and healthcare; she has worked as a pain specialist in London and Leeds UK. As well, she has managed research projects partnering the pharmaceutical industry with clinical research. She has a critical care background with experience working in the emergency room at St Georges hospital in London UK, as well as the cardio/thoracic intensive care unit at St Georges Hospital UK. Dr Taverner has also worked in the operating room specifically with a focus on anaesthetics and recovery room nursing.

Since immigrating to Canada in 2009, Dr Taverner has lived in Tsawwassen community with her two sons George and Archie.

CONCURRENT SESSIONS -MORNING

ROOM 460

TIME TITLE

PRESENTER(S)

1-1 1050 Attending to the Wounded Healers:
Therapeutic Enactment as a Modality for Addressing
Nurses' Moral Distress and Moral Residue Ryan schut and Kelly Schutt

1-2 1120 Accessing Unpublished Clinical Trials:
How to Obtain the Hidden Data and What it Reveals Kendra Lawrence

1-3 1150 Incidence and Severity of Medical Adhesive-Related Injury:
A Feasibility Study Comparing Dressing Versus No Dressing of Healed Tunneled Central Venous
Access Exit Sites in Canadian Adult Outpatient Hematopoietic Stem Cell Transplantation Recipients Holly Kerr

ROOM 261

TIME TITLE

PRESENTER(S)

1-4 1050 Why are Women Struggling
to Adjuvant Endocrine Therapy in Breast Cancer? A Closer Look Leah Lambert

1-5 1120 "It Changes their Outlook on Everything":
Staff Perspectives on the Impacts of Trauma and Violence-Informed Care
Orientation and Training in Two Primary Care Settings Sarah Levine

1-6 1150 Dismantling the Culture of Fear
in a Baccalaureate Nursing Program with Student-Led Advocacy and Mentorship Initiative Charlsie Steele

CONCURRENT SESSIONS - AFTERNOON

ROOM 460

TIME TITLE

PRESENTER(S)

2-1 1330 Street Involved and Homeless Youth
Access to Primary Health Care Services: What Helps and What Gets in the Way? Claire Pitcher

2-2 1400 An Integrated Review of Anger and Postnatal Depression Christine Ou

ROOM 261

TIME TITLE

PRESENTER(S)

2-3 1330 Pediatric Obstructive Sleep Apnea in the Primary Care Setting Anita Davesar

2-4 1400 Social Media Use for Health in Developing Countries:
A Scoping Review Emily Hagg

CONCURRENT SESSIONS-ABSTRACT

1-1

Attending to the Wounded Healers: Therapeutic Enactment as a Modality for Addressing Nurses' Moral Distress and Moral Residue

Principal Investigator/Presenter: Ryan J. Schutt, BA. Graduate Student, MA in Counselling Psychology, Trinity Western University; Contact Information: 604 818 5197 or rjschutt@gmail.com

Co-Investigator: Kelly C.H. Schutt, BScN, RN. Graduate Student, MSc in Nursing, Trinity Western University; Registered Nurse, Hospice Palliative Care, Fraser Health Authority; Clinical Instructor, Trinity Western University; Instructor, Kwantlen Polytechnic University; Graduate Research Assistant, Trinity Western University;

Moral distress is widely understood to be a “feature of the clinical landscape” (Berger, 2014). Musto, Rodney, and Vanderheide (2015) have argued that nurses are embodied moral agents, situated in intricate relationships with persons and institutions. Thus, they conceptualize moral distress as a relational trauma, with biological, existential, and psychological manifestations and consequences. Moral residue, a build up of unresolved moral distress over time, may contribute to burnout and ethical disengagement amongst nurses (Epstein & Hamric, 2009). Despite a growing awareness of these negative impacts, few interventions and studies on their efficacy exist. Most interventions are psychoeducational, an approach that lacks the capacity to address the embodied and relational experiences of trauma (Beumer, 2008; Kälvemark Sporrang, Arnetz, Hansson, Westerholm, & Hoglund, 2007; Rogers, Babgi, & Gomez, 2008).

Therapeutic Enactment (TE), a form of group therapy that has been effectively used with veterans, enables clients to experience themselves as embodied persons who have interconnected physical, emotional, cognitive, and spiritual experiences during and after a relational trauma (Westwood & Wilensky, 2005). For some, trauma may be best healed through the embodiment of their self in a safe relational milieu where they can fully experience and express themselves, re-narrate their experience, and

develop self-awareness and resilience (Westwood & Wilensky, 2005, p. x).

Our research project aims to investigate the effectiveness of TE in healing nurses' moral distress and residue. Utilizing hermeneutic phenomenology, we aim to understand thparticipants' lived experience of TE group therapy and moral distress. We then aim to design a trial that involvesa pretest-posttest waitlist control group design to further test for therapeutic efficacy.

1-2

Accessing Unpublished Clinical Trials: How to Obtain the Hidden Data and What it Reveals

Presenter: Ms Kendra Lawrence (Masters of Health Leadership and Policy student, UBC; Therapeutics Initiative; Cochrane Collaboration)

Authors: Mr. Jonathan Beaumier (RN, BSN, Vancouver Coastal Health Authority), Dr. Tom Jefferson (Center for Evidence Based Medicine, Oxford University), Dr. Jim Wright (Therapeutics Initiative; Cochrane Collaboration; University of British Columbia, Department of Medicine), Dr. Lorri Puil (Therapeutics Initiative; Cochrane Collaboration), Dr. Barbara Mintzes (University of Sydney, Faculty of Pharmacy, Bias and Research Integrity Node)

Background/rationale: Selective reporting and publication bias in medical research are major obstacles to understanding and practicing evidence informed medicine. Unless there is access to all of the data from all of the trials, even high-quality systematic review will fail to minimize bias and enhance validity, and the true net benefit versus harm of an intervention will remain misrepresented.

Methods/implementation: Through the Access to Documents Policy, a formal request to the European Medicines Agency was submitted to release full, unpublished clinical study reports (CSRs) pertaining to olanzapine versus placebo for the treatment of schizophrenia. Similar requests for full CSRs were made

to the sponsors of the placebo-controlled trials that used olanzapine as a comparator (e.g. Eli Lilly, la Roche, Pfizer) by accessing their data sharing platforms. After comparing the published trials and the unpublished CSRs, we discovered that important outcomes such as suicides, adverse events and quality of life were selectively reported or not reported at all.

Findings/implications: It would appear that including data from unpublished CSRs is an important step in creating a more complete assessment of the true benefit versus harm of a medical intervention. However, there are obstacles to obtaining CSRs, such as the lengthy amount of time required and the subjective approval process of the pharmaceutical industry when using their data sharing platforms. We will provide practical guidance on how to avoid pitfalls inherent to obtaining unpublished trials. Furthermore we will demonstrate that relying entirely on data from published trials is inadequate to know the true benefits and harms of medical interventions.

1-3

Incidence and Severity of Medical Adhesive-Related Injury: A Feasibility Study Comparing Dressing Versus No Dressing of Healed Tunneled Central Venous Access Exit Sites In Canadian Adult Outpatient Hematopoietic Stem Cell Transplantation Recipients

Holly Kerr, Registered Nurse, Leukemia/BMT Ambulatory Care Unit, Leukemia/BMT Program of BC, Vancouver General Hospital

The use of central venous access devices (CVADS) in allogeneic hematopoietic stem cell transplantation (HSCT) is ubiquitous. The most commonly used type of CVAD in this population is the tunneled CVAD (T-CVAD) (Torro, 2007). T-CVADs are distinguished from other CVADs by the presence of a subcutaneous tunnel separating the exit of the catheter at the skin from the vein entrance, and an internal synthetic cuff. There is considerable variation in practice in Canada regarding management of T-CVAD exit sites. According to Keeler et al (2014), 60% of Canadian HSCT centres maintain a dressing on the exit site and 40% do not. The rationale

for maintaining a dressing on the site is prevention of blood stream infection (BSI) (ONS, 2012); however, research to date suggests this practice may not be necessary with respect to healed T-CVAD exit sites (Keeler, 2015); (Olson, 2004), (Petrosino, 1988); and (Lawrence, 2014). O’Grady et al (2011) state the issue of whether or not to maintain a dressing on a healed exit site is unresolved.

The Leukemia/BMT Program of BC (LBMTBC) follows a “dressing approach” to T-CVAD healed exit site care; however, nurses caring for patients at the LBMTBC have observed that skin irritation and/or breakdown occurs, in some cases, to skin covered by the exit site dressing. Skin breakdown around the T-CVAD exit site is a clinically important issue due to the potential for infection, patient quality of life and increased cost. There may be advantages to the “no dressing” approach with respect to the prevention of medical adhesive-related skin injury (MARS), *without* a significant increased risk of CVAD related BSI. A review of the literature supports the need for a feasibility study that will lay the groundwork for a randomized clinical trial comparing the “dressing approach” to a “no dressing” approach with a focus on MARS. The plan for the feasibility study is to enrol 30 participants receiving care at the LBMTBC Ambulatory Care Clinic, and to follow these participants for up to two months. Study procedures will be developed and evaluated with a view to conducting a larger RCT.

1-4

Why are Women Struggling to Adhere to Adjuvant Endocrine Therapy in Breast Cancer? A Closer Look

Leah K. Lambert, PhD Candidate (School of Nursing, University of British Columbia), Dr. Lynda G. Balneaves (School of Nursing, University of British Columbia), and Dr. A. Fuchsia Howard (School of Nursing, University of British Columbia)

Background: Adjuvant endocrine therapy (AET) significantly reduces recurrence and mortality in women with breast cancer. Despite the efficacy of AET in improving breast cancer outcomes, 50% of women do not adhere to prescribed AET regimens. While numerous demographic and clinical predictors have been found to

influence adherence, few studies have identified the patient-reported factors associated with AET adherence.

Purpose: The aim of this integrative review was to examine the patient-reported personal, social, and structural factors influencing breast cancer survivors' adherence to AET.

Methods: An integrative review was undertaken wherein PubMed and EBSCO databases were searched using key descriptors. The data extracted from eligible studies was entered into a matrix, and systematically compared and iteratively analysed by the research team.

Results: A total of 24 studies met the inclusion criteria (6 qualitative and 18 quantitative). Several personal, social, and structural factors were associated with AET adherence, including medication beliefs and misconceptions, perception of risk, the patient-healthcare provider relationship, unanticipated side effects, lack of symptom management, and continuity of follow-up care.

Conclusions: An increasing number of studies have focused on identifying the patient-reported factors associated with AET adherence. This review highlights important personal, social, and structural factors that act as facilitators and barriers in adhering to long-term AET. Understanding these factors in greater depth has several implications for nursing practice. Nurses are uniquely positioned to provide the supportive care needed to address many of the factors influencing women's AET adherence, including patient education, symptom management, and follow-up care. Acknowledging and addressing these person-centered factors is key to providing women with the support needed to improve suboptimal adherence rates.

1-5

“It Changes Their Outlook on Everything”: Staff Perspectives on the Impacts of Trauma- and Violence-Informed Care Orientation and Training in Two Primary Care Settings

Sarah Levine, RN, BScN, MSN (c), UBC

Background/rationale: Trauma and violence are common, and they are linked to multiple health problems. Trauma- and Violence- Informed Care (TVIC) is care that is safe and accessible to trauma survivors. While there is a growing body of literature on trauma-informed care (TIC), prior studies have not explored how health care staff understand TVIC, which has an explicit focus on structural violence and ongoing interpersonal violence. Furthermore, few researchers have studied either TIC or TVIC in primary health care (PHC) settings.

Purpose/focus: This study explored the perspectives of PHC staff on the impacts of orientation and training sessions on TVIC.

Methods/implementation process: This secondary analysis used interpretive description to analyze fourteen interviews with staff at two PHC clinics.

Findings/implications: While the impact of the TVIC sessions varied, all of the staff described enhancements in their awareness, knowledge and/ or confidence about trauma and violence. For some, this contributed to a shift in perspective that impacted multiple aspects of their lives. Intrinsic and contextual factors influenced how participants took up and enacted TVIC in practice. Recommendations include assessing and planning for diverse contexts for TVIC; explicitly attending to the biomedical paradigm that shapes practice, framing TVIC as a paradigm shift but incorporating concrete tools into TVIC sessions; attending to clients' voices; and research-practice collaborations for sustainability of TVIC.

1-6

Dismantling the Culture of Fear in a Baccalaureate Nursing Program with a Student-Led Advocacy and Mentorship Initiative

Charlsie Steele, BSN (Langara College), Crystal Montecalvo, BA, BSN (Langara College), Sara Howard, PTA, BSN (Langara College)

Background: The Student Nurse Advocacy Program (SNAP) is a student-driven advocacy initiative at Langara College. A lack of comprehensive student supports

existed in the Nursing program, the environment was difficult to navigate, and students faced complications when attempting to resolve issues. Students expressed fear of retribution if they brought forward concerns, specifically related to academic equity and instruction. Themes identified by students included, bullying, ‘nurses eat their young’, mentorship, academic equity, and community. Literature affirms that these themes permeate throughout nursing education.

Purpose/Focus: This presentation describes SNAP and how students perceived the culture of fear in the nursing education environment. Our intentions are for the audience to take away this knowledge and bring change to nursing education to improve student experiences. Additionally, through survey data, the need for, and effectiveness of SNAP was evaluated.

Method: A 10-item survey was directly administered to all Langara BSN students in each term of study (n=464). Langara College Research Ethics Board (REB) approval was obtained prior to survey administration. Existing anecdotal data was also reviewed, and both support the need for, and effectiveness of, SNAP.

Findings/Implications: A response rate of over 80% resulted in learning that 69% of students would not have taken any action regarding educational issues if SNAP did not exist. As well, 96.6% of students felt supported by SNAP’s presence at Langara College. Nursing education, and the profession, can benefit from student-led advocacy initiatives that produce positive change in nursing education.

2-1

Street Involved and Homeless Youth Access to Primary Health Care Services: What Helps and What Gets In the Way?

Claire Pitcher, Registered Nurse, UBC MSN Student

On any given night, thousands of Canadian youth face homelessness in either absolute (living on the street) or relative (couch surfing, staying in emergency shelters) terms. These youth experience disproportionately high rates of illness compared to their non-street peers. This

thesis is a 3-stage mixed methods Interpretive Descriptive study. The purpose of this project is to explore the social and structural influences on homeless and street-involved (HSIY) youth access to health care. These influences include structural oppression such as racism and sexism. The first stage of this project includes interviews with between 5-8 HSIY ages 14-19 years to learn, from youth’s perspectives, what influences their experiences accessing health care. In the second stage, I will conduct deeper analysis of an existing survey data set collected by the McCreary Center Society in 2014. This data includes survey responses from almost 700 HSIY ages 12-19 years from across British Columbia. My analysis will focus on those questions related to health care access. In the third stage of this project, I will hold two focus groups, one with HSIY and one with service providers, to share findings from the first two stages of this research and to generate solutions-focused conversation about how the current health care system could change to better meet the health care needs of HSIY. I am currently in the process of conducting the Stage 1 interviews. At the GSNA Graduate Student Research Symposium, I plan to present my thesis proposal and available findings.

2-2

An Integrated Review of Anger in Postnatal Depression

Primary Author: Christine Ou, PhD student, RN, MSN, UBC

Co-Author: Wendy Hall, Professor, Associate Director, Graduate Programs, RN, PhD UBC

Background: The perinatal period is recognized as a time of psychiatric vulnerability for women. One in 6 women will experience postnatal depression after childbirth. Women’s postnatal depression is commonly associated with sadness, fatigue, and feelings of worthlessness but women have also reported feeling irritable, angry, and like they are losing control. It has been said that depression is anger turned inward. Healthcare providers and the public have failed to recognize anger as a symptom of postnatal depression.

Research Question: How is anger addressed as a symptom of postnatal depression?

Methods: This presentation describes the integrated review process, which allows for the synthesis of knowledge of a phenomenon by the inclusion of qualitative and quantitative research. Five phases of conducting an integrative review are in various stages of completion including: 1) identifying the research problem, 2) performing a literature search based on a generated list of key terms, 3) evaluating, then 4) analyzing, and 5) synthesizing the data. In reference to phases 1, 2, and 3, I will briefly report the nature of the literature that describes women's anger ranging from irritability to rage.

Implications: A failure to recognize anger by clinicians and the public as an indicator of postnatal depression will lead to the under-diagnosing, and treatment of this psychiatric illness. Untreated depression can become chronic, cause problems with mother-infant attachment, and delay children's emotional and mental development. Unmanaged anger has also been linked with hypertension and heart disease.

2-3

Pediatric Obstructive Sleep Apnea in the Primary Care Setting

Anita Davesar, RN, NP(F)-Student (UBC)

Research question: What are the barriers to early assessment, diagnosis, treatment and management of obstructive sleep apnea syndrome (OSAS) in pediatric patients, aged one year to 7 years, in primary care?

OSAS is characterized as "prolonged upper airway obstruction and intermittent complete obstruction that disrupts normal ventilation during sleep and interrupts normal sleep pattern" (Armstrong, Kohler, & Lilly, 2009, p. 31). OSA and habitual snoring are fairly new diagnosis in the pediatric population (Keen, Mohon, Samples, Masini & Byington, 2010). Currently, there are clinical practice guidelines from American Academy of Pediatrics and evidence based tools from the Canadian pediatric society that aid and encourage assessment regarding sleep

patterns in the pediatric population. Research indicates long-term detrimental effects on the child if sleep disordered breathing is not corrected early (Tarasiuk et al., 2007). Even with the current clinical practice guidelines and evidence based tools to assist with the management of pediatric patients in the primary care setting, there still is not proper screening and diagnosis (Alonso-Alvarez et al., 2014). Sleep related concerns in pediatrics are highly preventable and highly treatable if assessed early (Mindell & Owens, 2003). Primary care providers need to assess regarding sleep patterns and sleep hygiene during every clinical visit. In most cases, the clinical presentation and treatment of OSA, in healthy pediatric population, presents very differently than those of adults. It is essential for primary care providers to have a heightened awareness so that early diagnosis and treatment can be implemented to avoid long-term health impacts.

2-4

Social Media Use for Health in Developing Countries: A Scoping Review

Primary Author: Emily Hagg, BN, RN, MSN(c)

Co-Authors: V. Susan Dahinten, PhD, MSN, MBA, RN; and Leanne Currie, PhD, RN

Background/rationale: Social media allows for instant access to and sharing of information around the globe. The advancement of information and communication technologies within low resource settings has been enhanced through the 'leap frog' effect, essentially jumping over earlier stages of development, which exists due to the reasonable cost of accessibility (Mansell, 2011). Developed, wealthy nations such as the United States currently use social media in almost every healthcare domain, with much research having been conducted within this context (Amrita, 2013). Within low resource settings however, small amounts of research have only just begun to emerge.

Purpose/focus: This presentation will describe the methods used and findings from a scoping review conducted for the purpose of exploring and summarizing

the current state of the literature on the use of social media in low resource countries in regards to health.

Methods/implementation process: A scoping review will be conducted on research available to date. Using a Boolean combination of keywords and medical subject headings, CINAHL, Medline, Web of Science, CAB Direct and Compendex Engineering Village 2 databases will be searched, along with grey literature from the search engine Google. Search terms include but are not limited to: social media, social networking sites, global

health, public health, developing countries, low income and middle income countries. Research will be included if it (1) has been completed within the last 10 years, (2) is published in English, (3) was conducted in a low or middle-income country, and (4) reports on at least one type of social media.

Findings/implications: Findings will be grouped into thematic categories and discussed along with potential applications of this information to decision-making within the nursing profession.

POSTER PRESENTATIONS - ABSTRACT

A

Clinical Nursing Education: Tailoring to Invisible Disabilities

Amal Alharbi, RN, BSN, Teaching Assistant, Current UBC MScN Student, University of Tabuk, and UBC Department of Nursing; and Meghan Cronin, RN, BA (Psychology), BScN, Specialty certificate in pediatrics from BCIT, Current UBC MSN Student

Background/rationale: Over the past few years, a growing number of students with invisible disabilities (SWID) have entered practice-based disciplines such as nursing (Ashcroft et al., 2008). Legally, a disability is defined as a condition that has a persistent, significant, and adverse effect on a person's ability to perform activities of daily living (HMSO, 2010). This definition includes a variety of chronic health problems ranging in severity which can be visible (e.g., physical illness) or invisible (e.g., learning disabilities) (Tee & Cowen, 2012). There is a paucity of literature addressing clinical mentors' awareness of SWID's needs, relevant legislation, and reasonable adjustments (Tee & Cowen). The increase prevalence of SWID has not translated into a greater understanding of related issues creating challenges for

nursing faculty and practice mentors to facilitate learning in clinical settings.

Purpose/focus: The purpose of this poster presentation is to foster a high level of understanding and on-going professional development addressing SWID's learning needs, barriers, reasonable adjustments, and relevant policies shaping the context of today's clinical learning environment.

Methods/implementation process: The methods for this presentation included a comprehensive review and a critical analysis of the current literature along with an interview with UBC's Access and Diversity Office.

Findings/implications: SWID are struggling with learning experiences due to social, cultural, attitudinal, and organizational factors. In order to exemplify a non-discriminatory health care culture promoting inclusivity and equality, we, as clinical educators, should help SWIDs overcome these barriers.

B

Experiences of Arab Immigrant Women in Emergency Departments in Halifax Regional Municipality

Amel Ali Algallaf, RN, MSN, UBC; Lisa Goldberg, RN, PhD, Assistant Professor, Caritas Coach, Dalhousie University, Andrea

Chircop, RN, PhD, Assistant Professor, Dalhousie University, and Amani Hamdan, PhD, Dammam University

This feminist phenomenological study explored the gendered experiences of Arab immigrant women when visiting Emergency Departments (EDs) in Halifax Regional Municipality (HRM), Nova Scotia, Canada. Six Arab immigrant women who visited EDs in HRM were recruited from the community. The purpose of the research was to provide a deeper understanding of this population while engaging with health care providers in EDs. Four themes emerged: Engagement in Cultural Care with Health Care Providers, Disengagement and Cultural Care, Suffering in Pain While Waiting, and I am lost! Help Me Please! Bringing these women's experiences to the attention of health care providers may assist in providing safe, ethical, culturally congruent, and equitable care. It also provides a basis for future studies which together may contribute to institutional policy development, best practice guidelines, and educational curricula. This may potentiate an improvement in this population of women's health outcomes and a better quality of life.

C

The Influence of Environments on Fear of Childbirth During Women's Intrapartum Hospital Stays

Jennifer Auxier RN, BSN, Masters Student, UBC School of Nursing

Background: Fear of Childbirth (FOC) is prevalent in developed countries, where the majority of women are delivering their newborns in hospital settings. FOC is associated with higher rates of cesarean sections, instrumental deliveries, and poor neonatal outcomes, such as low apgar scores. The more general influence of hospital birthing environments on women's perceptions of birth has been depicted in research, but effects of these environments on labouring women's FOC have not been studied. British Columbia's (BC) cesarean section rate is higher than the Canadian national average; higher rates of surgical interventions suggest BC is an important setting

for study. Additionally, BC's hospitals incorporate a variety of birth practitioners; obstetricians, general practitioners and midwives practice both collaboratively and independently in hospital settings with differing philosophies of care. **PURPOSE:** My research question is: What are women's perceptions of the influence of environments on FOC during intrapartum hospital stays?

Methods: I plan to conduct a qualitative inductive description study to investigate women's perceptions of the influence of environments on FOC during intrapartum hospital stays. I will sample multiparous and nulliparous women from Vancouver, British Columbia. Based on semi-structured interviews I will undertake thematic analysis.

Implications: Canadian women's perceptions of the effects of hospital environments on their FOC may vary from those of other countries. Women who have been exposed to portrayals in the North American media of birth as risky and requiring management by physicians might have particular perspectives about hospital environments and FOC. Increased understanding of women's perspectives about effects of hospital environments on FOC could lead to improved care practices.

D

Characteristics of Student Nurse Medication Errors in the Clinical Setting

Kaitlin Ellis, RN, MSN Student, UBC

The process of providing medications in the clinical setting is fundamental and complex. Errors in the process of preparing and administering medications can lead to adverse health outcomes for the patient and have lasting effects on the nurses that make these errors. There are challenges for clinical educators when a student nurse makes a medication error and there is limited guidance and evidence available as to how best use the medication error as a learning opportunity. A review of literature revealed evidence of the types of errors students make and potential contributing factors to these errors. Taking the focus away from deficits in knowledge and understanding reveals additional contributing factors

including: system factors, stress and fatigue, communication, and inexperience. The evidence suggests fundamental flaws in the way data on student-made errors is collected and how it may not represent the actual extent of errors by student nurses. Complete and accurate reporting of all medication errors that incorporates a standardized method of categorization of the types of error and contributing factors will allow for more thorough understanding of the characteristics of student-made medication errors. During the evaluation of an error, the clinical educator should consider the other factors that contributed to the student being vulnerable to error. The information gathered through investigation of these other

factors can help inform practice around how to teach medication administration more effectively, and how to evaluate and address medication errors.

E

Assessment and Management of Infertility in Primary Care: An Evidence Based Guide Supporting the Primary Care Nurse Practitioner

Becca Latimer, BSN, RN (C), MN-NP (in progress), UBC

Primary care providers are often the first point of contact men and woman seek with questions and concerns about fertility (Jose-Miller, Boyden, and Frey, 2007). Family nurse practitioners (NP's) working in primary care are likely to encounter these patients and need to be comfortable with the topic to educate and guide care of these individuals and couples (Barron, 2013).

Infertility is defined by the government of Canada as the inability to conceive in the absence of contraception after a reasonable period of intercourse defined as one year for woman under the age of 35 and six months for woman over the age of 35 (Government of Canada, 2013). In 2013 it was estimated that 16% of Canadian couples experience infertility increasing from 8% in the 1980's.

The research problem I will be focusing on for my culminating project is "how can the family nurse practitioner support patients with fertility concerns through prevention, promotion, screening and management?". Following completing a literature review I plan to create a 'fertility health care pathway for the

primary care nurse practitioner'. This care pathway will provide guidance and support to the NP in a condensed pamphlet or brief guideline; I will then transfer this onto a poster where I hope to present at the Graduate Student Research Symposium on May 4th, 2016. The goal of the project will be to enhance confidence of the NP and continuity of practice in managing the care of the patient or couple with fertility questions and concerns.

F

Integrating Evidenced-Based Information about Electronic Cigarettes into School-Based Smoking Prevention Programs

Primary Author: Paul Magennis, Undergraduate Student Nurse, UBC

Co-Author: Alysha McFadden, MSc, BSN, RN, CCHN(C), Clinical Instructor, VCH Public Health Nurse, UBC

Electronic cigarettes have quickly increased in popularity among school aged youth since being introduced into the North American market in 2006. At the present time there is a dearth of research on e-cigarette usage in youths and young mothers. While there is increasing evidence that electronic cigarettes (e-cigarettes) are not a safe alternative to smoking tobacco, this information has not yet been incorporated into current school-based smoking prevention programs.

Furthermore, there is a lack of evidence-based knowledge available to public health nurses regarding the basics of e-cigarettes and their safety. During my clinical placement at a public health unit, it became clear that there is a significant gap in health care providers' knowledge about e-cigarettes, in general, and their health impacts in particular.

In this report we propose a three-step approach to addressing this problem: first, we describe an education series aimed at providing public health nurses with the knowledge to talk confidently about e-cigarettes with their adolescent clients; second, we propose a strategy to integrate this knowledge into current school-based smoking prevention programs; third, we propose a position statement to be adopted by nursing organizations

in British Columbia that provides guidance to nurses regarding the use of e-cigarettes.

G

Does Social Media Use Impact Mental Health Outcomes in Today's Youth?

Kelly Newton, BSN, Current MSN/MPH Student, UBC

Background/rationale: Social media has exploded in popularity over the last decade (Simoncic, Kuhlman, Vargas, Houchins, Lopez-Duran, 2014). Societies' attachment to social media is a relatively new phenomenon and has become increasingly popular in adolescents and young adults. It is estimated that 88% percent of people using social networking sites (SNSs) are under the age of twenty-five (Landoll, La Greca, Lai, 2013). Perhaps the most powerful and widely used platform, Facebook, has increased its users from one million to one billion over the span of eight years (Simoncic et al, 2014). Although social media use has increased in popularity throughout all age groups, adolescents seem to be particularly apt to spending their time networking online. It is important to examine the consequences this might have on youth, as they are often more impressionable than adults and are in a critical developmental period with increasing emotionality and the need for self-regulation (Jetha & Segalowitz, 2012). The psychosocial development experienced throughout adolescence, in combination with the global trend of social media fixation, has raised recent concern in regards to the impact social media has on health outcomes. Some researchers argue that the current ubiquity of social media in the life of the modern teenager make its effects impossible to overlook (Nesi & Prinstein, 2015). Asking the question: "Does Social Media Use Impact Mental Health Outcomes in Today's Youth?" is highly applicable to the adolescent population in Vancouver, and will pose as an excellent discussion topic at the GSNA Research Symposium.

Purpose/focus: The primary aim of this review was to examine existing knowledge on the effect that social media has on mental health outcomes in the adolescent

population, and to discuss the overall breadth of current evidence and beliefs. The secondary aim was to present a narrative synthesis of the key themes that present themselves in the reviewed studies. By assessing current evidence and emerging ideas, this paper hopes to highlight gaps in knowledge and offer possible recommendations for further studies.

Methods/implementation: Systematic literature review.

Findings/implications: In general, most of the studies concluded that there was a correlation between the use of social media and negative mental health outcomes. However, some studies found the opposite, indicating that there was no correlation between social media use and perhaps even a correlation between social media use and positive health outcomes. This indicates that although for some adolescents' social media might prove to be associated with problematic health outcomes, it may offer positive outcomes for others. A thematic review was done to identify several common ideas expressed throughout the literature. The most prevalent themes found throughout the studies were depressive symptoms, gender differences and psychological distress.

H

Nursing Entrepreneurship: Professional Empowerment and Health Care Transformation

Brenda Smith RN, BSN, BA, MSN (student), Trinity Western University, Dr. Sheryl Reimer-Kirkham RN, PhD, Trinity Western University, and Dr. Sarah Stahlke RN, PhD, University of Alberta

Nursing entrepreneurship reflects a return to nursing's traditional right to independent practice while engendering professional empowerment and health care transformation (ICN, 2004). Global estimates indicate that approximately 0.5% - 1% of working nurses are nurse entrepreneurs (ICN, 2004). Statistics specific to self-employed nurses in Canada are not readily available as their numbers are often embedded within the generic category of "other" which captures employed nurses in practice areas such as education, research, occupational health, and private insurance companies. With them practicing along the margins of the profession, it is

surmised that the number of self-employed nurses in Canada likely reflects the global experience (Wall, 2013). So, what are the reasons for the limited uptake of nursing entrepreneurship?

A preliminary review of the current literature reveals a paucity of research regarding nursing entrepreneurship performed by registered nurses yet entrepreneurship presents as a viable alternative for addressing health care gaps within the current public health system. The existing literature - predominantly anecdotal, motivational, or editorial in nature - may be insufficient as a driver for health policy that serves to support nursing entrepreneurship.

The aim of this qualitative study is to acquire the perspectives of practicing Canadian nurse entrepreneurs and nurse leaders with respect to current nursing practice, contexts, and issues that serve to inform and guide the development of national and provincial policies that support nursing entrepreneurship. This poster will present this study's initial literature review using Garrard's matrix method (2011).

Purpose/focus: The purpose of this research is to explore the value of clinical educational experiences in expanding nursing students' understanding of – and perceived ability to address – the social determinants of health to uphold their social justice mandate.

Methods/implementation process: An integrated mixed research synthesis is being conducted. A comprehensive search strategy is guiding the identification and retrieval of the articles for synthesis. A thematic analysis will complement the integrated synthesis by providing a more substantive grounding of the emerging findings.

Finding/Implications: In this poster, a preliminary description of our mixed method findings, to date, will be presented. It is hoped that the findings from this research will provide a clearer understanding of nursing students' perceived ability to address the social determinants of health in their clinical nursing practice.

I

Upholding Social Justice in Nursing: The Value of Clinical Educational Experiences

Primary Author: Flavia Bughiu, MSN student, BSN, RN, Trinity Western University. Second Author: Dr. Barbara Astle, PhD, MN, BSN, RN, Trinity Western University. Third Author: Dr. Sheryl Reimer-Kirkham, PhD, M.Sc.N., B.Sc.N., RN, Trinity Western University.

Background/rationale: Social justice has been held as a fundamental tenet to the profession of nursing. Implicitly embedded within the notion of upholding social justice is that of addressing the social determinants of health. As a result, nurse educators have been incorporating theoretical knowledge and clinical experience to teach nursing students about the social determinants of health and social justice. Yet, little is found in the literature regarding nursing students' views of whether they feel competent to address the social determinants of health.

CLOSING BLESSING

Elder Roberta Price - Coast Salish - Snuneymuxw and Cowichan Nations

Roberta is the mother of 4 children and grandmother to 6 grandchildren. Roberta has worked for many years as an Elder for the Richmond, Delta, and now most recently, Burnaby School Districts as well as an Elder Visiting Program for BC Women's and Children's Hospital. She has facilitated cultural teaching circles in lower mainland schools for 28 years and within communities and at St. Paul's Hospital, the UBC Learning Exchange and wherever she is called upon. She has also worked with the UBC School of Nursing as an Adviser/Research Partner and Elder and now for over 10-years providing Indigenous leadership and support in research projects such as women's intimate partner violence and mental health. Roberta is the Elder for Critical Research in Health and Health Care Inequities (CRiHHI) School of Nursing, University of British Columbia. She frequently responds to respectful requests to speak at local, national and international conferences.



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