

# Nursing Research Day

## 2010



**Keynote Speaker: Dr. Kathryn King, Professor, Nursing,  
University of Calgary**

***Saturday, October 2, 2010, 9:00 a.m. – 4:30 p.m.***  
*Memorial University of Newfoundland, School of Nursing  
Health Sciences Complex (Please note this is a scent-free environment)  
Prince Philip Drive, St. John's, Newfoundland*

**Presented By:**  
**Memorial University of Newfoundland School of Nursing**  
**Centre for Nursing Studies**  
**Western Regional School of Nursing**  
**(Collaborative) Program**



## Welcome from the Nursing Research Day Planning Committee

Once again the planning committee of the Collaborative Research Committee consisting of members from the Centre for Nursing Studies (CNS), Memorial University School of Nursing (MUNSON), and Western Regional School of Nursing (WRSON) extend a special welcome to those of you attending the 5<sup>th</sup> Biennial Nursing Research Day. It is hard to believe that it is two years since our last conference. Our Collaborative Research Committee is a venue for promoting nursing research among the member schools of nursing and allows us to get together and share our research. We enjoy our time together and planning this special event.

We are indeed honoured to extend a warm welcome to Dr. Kathryn King from the University of Calgary to be our keynote speaker and for her to share her research findings and insights on the topic '*Ethnic Differences in Acute Coronary Syndrome Presentation*'. Dr. King has an established program of research in cardiac health and care and will be speaking to us on some of her latest research.

We also invite you to attend research presentations through our concurrent sessions or posters. As with previous conferences we have a good cross section of nursing research from education to practice. These presentations are just a sampling of some of the research work we are engaged in at present. Find out what your colleagues across the collaborative sites are doing in their research time.

We would like to welcome any colleagues from practice settings and especially our future colleagues – our nursing students – who may be attending our research conference. We hope that you see the relevance of our research work to your lives and that of your patients as we seek to understand issues that confront all of us in one way or another.

### **Nursing Research Day Planning Committee Members are:**

**CNS: Patricia Grainger & Nicole Snow  
MUNSON: April Manuel, Joanne Smith-Young,  
& Shirley Solberg  
WRSON: Carla Wells & Judy Wells**

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## Keynote Speaker

### **Kathryn King, RN, PhD** **Professor**

**Dr. Kathryn King** is a Professor and Heritage Health Scholar jointly appointed to the Faculty of Nursing and Department of Community Health Sciences at the University of Calgary. She earned a BSc Nursing from McMaster University in 1980 and a Masters and PhD in Nursing from the University of Alberta in 1993 and 1997 respectively. She undertook post-doctoral training in the Faculty of Medicine, Division of Cardiology (EPICORE Centre) between 1997 and 1999 and was appointed to the University of Calgary in 1999.

Dr. King is well known for her multi-methods program of research which focuses on cardiac recovery and determinants of heart health decisions. She has recently completed a multi-centre clinical trial investigating the use of a novel undergarment to aid women's recovery from cardiac surgery and is currently investigating the influence of gender and ethno-cultural affiliation on acute coronary syndrome presentations, access to care, as well as secondary prevention decision-making.

Her research interests include: cardiac surgery recovery, cardiac risk factor modification, health decision-making, and cardiac recovery.

## Keynote Address

### **“Ethnic Differences in Acute Coronary Syndrome Presentation”**

Obtaining life saving therapies for heart attack or unstable angina (acute coronary syndrome; ACS) depends on early and rapid treatment in emergency departments (ED) and appropriate allocation of interventions/resources thereafter. Atypical presentation of symptoms can lead to delay in patients as well as healthcare providers recognizing symptoms and responding appropriately, and result in delayed treatment, receipt of fewer evidence-based therapies, and higher in-hospital morbidity and mortality. Patients may not recognize emergent symptoms of ACS and seek medical attention outside the ED; or worse, no medical attention at all. Healthcare providers in primary care and/or EDs may not easily identify those who present with atypical ACS symptoms. These factors, which may be further amplified in ethnic patient populations and women, can cause critical delays in treatment of ACS.

Chinese and South Asian ethnic populations are among the largest and most rapidly growing ethnic groups within Canada. Building on previous work by our group, we are currently undertaking a multi-centre study aimed at systematically examining ethnic variations in ACS symptoms, the care pathway (including access to care) and contextual factors associated with the care pathway among 1,827 European (Caucasian), Chinese and South Asian patients. The study surveys (also translated into Cantonese, Mandarin, Punjabi, Tamil, Urdu, Hindi and Gujarati), will focus on presenting ACS symptoms but will also include questions identifying the pre-hospital care (i.e., what care, if any; how care was accessed).

Ethnicity and sex lead to variability in symptoms and mechanisms of presentation of ACS. The nature of ACS means that an accurate and timely diagnosis is vital. Earlier recognition, particularly by patients themselves, of atypical presentations or absence of chest discomfort may allow for more timely diagnosis and earlier therapeutic interventions. Further, identification of facets associated with care access (which will include potential facilitators and barriers) and the care pathway with will enable targeted patient- and provider-based interventions to be developed.

## AGENDA

### NURSING RESEARCH DAY 2010

*Memorial University of Newfoundland, School of Nursing*

*Saturday, October 2, 2010*

*9:00 a.m. – 4:30 p.m.*

*Hosted by:*

*Memorial University of Newfoundland School of Nursing*

*Centre for Nursing Studies*

*Western Regional School of Nursing*

#### **SATURDAY, OCTOBER 2, 2010**

**8:00 – 8:45 a.m.**      **Coffee & Registration - Professional Schools Lobby**

**9:00 – 9:15 a.m.**      **Welcome - Health Sciences Main Auditorium – C. Wells**

**9:15 – 10:30 a.m.**      **Introduction to Keynote Speaker – Dr. J. McFetridge-Durdle**  
**Keynote speaker – Dr. Kathryn King, Professor, Nursing,**  
**University of Calgary**  
***“Ethnic Differences in Acute Coronary Syndrome***  
***Presentation”***

**10:35 – 11:00 a.m.**      **Coffee Break – Lecture Theatre D**  
**Book Display– Lecture Theatre D**  
**Poster Presentation – Professional Schools Lobby**

#### **Concurrent Sessions**

**11:05 – 12:00 p.m.**      **Session 1: Room 2956**  
**Moderator: A. Manuel**

**11:05 – 11:30 a.m.**      **Victor Maddalena and Anne Kearney**  
***“Quality of Work Life of Novice Nurses: A Qualitative***  
***Exploration”***

**11:35 – 12:00 p.m.**      **Anne-Marie Lewis, Patricia (Tish) Grainger, and**  
**Erin Glynn**  
***“Implementation and Evaluation of a ‘Faculty Resource***  
***Model’ in Preceptorship”***

OR

11:05 – 12:00 p.m.    **Session 2: Room 2908**  
Moderator: S. Solberg

11:05 – 11:30 a.m.    Lan Gien, Stephen Bornstein, Scott MacKinnon, Sandra LeFort, and Cheryl Haslam  
*“Health Promotion Profile and Well-Being of Nurses in NL”*

11:35 – 12:00 p.m.    Judith Wells, Kelli O’Brien, Carla Wells, and Darlene Hutchings  
*“Change in Functioning of Older Adults Following Relocation to an Alternate Level of Assisted Living”*

12:05 – 1:00 p.m.    Hot Lunch (Provided) – Health Sciences Cafeteria

#### Concurrent Sessions

1:05 – 2:30 p.m.    **Session 3: Room 2956**  
Moderator: D. Lanphear

1:05 – 1:30 p.m.    Judith McFetridge-Durdle, B. Tucker, C. O’Connell  
*“The Impact of the Hypertension Education Program on Blood Pressure and Self-Efficacy to Change Health Behaviors in Men and Women with Hypertension”*

1:35 – 2:00 p.m.    Jill Bruneau  
*“Achieving a Balance: Strategies to Improve Heart Health for Multi-Tasking Women”*

2:05 – 2:30 p.m.    Doreen Dawe, Lorna Bennett, Doreen Westera, and Anne Kearney  
*“Psychosocial Needs of Women who have Surgery for Breast Cancer as an Out-Patient”*

OR

1:05 – 2:30 p.m.    **Session 4: Room 2908**  
Moderator: G. Colbourne

1:05 – 1:30 p.m.    Fran Abbott, Denise English, Patricia Grainger, Anne Marie Lewis, Gladys Schofield, Nicole Snow, Lorna Walsh  
*“Understanding and Recognizing Scholarship in a Nursing College”*

1:35 – 2:00 p.m.    Judith Wells, Darlene Hutchings, Kelli O’Brien, and Carla Wells  
*“From Institution to ‘Home’: Family Perspectives of a Unique Relocation Process”*

2:05 – 2:30 p.m. Nicole Snow  
*“Using Institutional Ethnography to Explore Community Treatment Orders”*

2:35 – 3:00 p.m. Coffee Break – Lecture Theatre D  
Book Display – Lecture Theatre D  
Poster Presentations – Professional Schools Lobby

**Concurrent Sessions**

3:05 – 4:00 p.m. Session 5: Room 2956  
Moderator: S. Solberg

3:05 – 3:30 p.m. Marilyn White, Paula Didham, Sue Froude,  
Madonna Manuel, and Linda-Norman Robbins  
*“College Students’ Perceptions of Barriers to Personal Health”*

3:35 – 4:00 p.m. Creina Twomey and Robert Meadus  
*“Why Men Choose Nursing: The Atlantic Canadian Perspective”*

OR

3:05 – 4:00 p.m. Session 6: Room 2908  
Moderator: C. Wells

3:05 – 3:30 p.m. Cindy Murray  
*“Trying to Find Peace in the War Between Beauty Ideals and the Sanctity of Motherhood: The Experience of Low Gestational Weight Gain”*

3:35 – 4:00 p.m. Wendy Young and the Healthy Weights: Halton Takes Action Research Team  
*“Healthy Weights: Halton Takes Action” Evidence-Informed Policy and Program Development, Implementation and Evaluation*

4:05 – 4:30 p.m. Wrap up – Health Sciences Main Auditorium – P. Grainger  
Prize Presentations

*Thank you for attending Nursing Research Day 2010!*

## Paper Presentations

1. **Quality of Work Life of Novice Nurses: A Qualitative Exploration** (*V. Maddalena, A. Kearney*)
2. **Implementation and Evaluation of a 'Faculty Resource Model' in Preceptorship** (*A.M. Lewis, P. Grainger, E. Glynn*)
3. **Health Promotion Profile and Well-Being of Nurses in NL** (*L. Gien, S. Bornstein, S. MacKinnon, S. LeFort, C. Haslam*)
4. **Change in Functioning of Older Adults following Relocation to an Alternative Level of Assisted Living** (*J. Wells, K. O'Brien, C. Wells, D. Hutchings*)
5. **The Impact of the Hypertension Education Program on Blood Pressure and Self-Efficacy to Change Health Behaviors in Men and Women with Hypertension** (*J. McFetridge-Durdle, B. Tucker, C. O'Connell*)
6. **Achieving a Balance: Strategies to Improve Heart Health for Multi-tasking Women** (*J. Bruneau*)
7. **Psychosocial Needs of Women who have Surgery for Breast Cancer as an Outpatient** (*D. Dawe, L. Bennett, D. Westera, A. Kearney*)
8. **Understanding and Recognizing Scholarship in a Nursing College** (*N. Snow, F. Abbott, D. English, P. Grainger, A.M. Lewis, G. Schofield, L. Walsh*)
9. **From Institution to 'Home': Family Perspectives of a Unique Relocation Process** (*J. Wells, D. Hutchings, K. O'Brien, C. Wells*)
10. **Using Institutional Ethnography to Explore Community Treatment Orders** (*N. Snow*)
11. **College Students' Perceptions of Barriers to Personal Health** (*M. White, P. Didham, S. Froude, M. Manuel, L. Norman-Robbins*)
12. **Why Men Choose Nursing: The Atlantic Canadian Perspective** (*C. Twomey, R. Meadus*)
13. **Trying to Find Peace in the War between Beauty Ideals and the Sanctity of Motherhood: The Experience of Low Gestational Weight Gain** (*C. Murray*)
14. **"Healthy Weights: Halton Takes Action" Evidence-Informed Policy and Program Development, Implementation and Evaluation** (*W. Young and the Healthy Weights: Halton Takes Action Research Team*)

## **Quality of Work Life for Novice Nurses** ***(Victor Maddalena, BN, MHSA, PhD, Memorial University; Anne Kearney, RN, PhD, MUNSON)***

**Dr. Victor Maddalena** is an Assistant Professor in Health Policy and Health Service Delivery in the Faculty of Medicine, Division of Community Health and Humanities at Memorial University. He is also an Adjunct Professor in the School of Health Administration, Faculty of Health Professions and the Department of Community Health and Epidemiology in the Faculty of Medicine at Dalhousie University. He is also a faculty member in the Atlantic Regional Training Centre. He is also a Co-Investigator with the World Health Organization Collaborating Centre on Health Workforce Planning and Research Centre in Halifax, NS.

Dr. Maddalena has held several positions in the health care system over the past 27 years including Registered Nurse in the Burn Unit of the Victoria General Hospital and the Intensive Care Unit at the Izaak Walton Killam Hospital for Children. He has worked as a Policy Analyst in the Health Human Resources for the Nova Scotia Department of Health from 1988 to 1991. From 1991 to 1995 he served as Administrator of Sacred Heart Hospital in Chéticamp, a community hospital in rural Nova Scotia. During the period from 1995 until 2000 he served as the Chief Executive Officer of the Western Regional Health Board. He began his doctoral studies in 2000. He has completed two Post-Doctoral Fellowships in Palliative and End of Life care.

He has served as a consultant to government agencies and health organizations on a wide range of health policy issues, including strategic planning, health human resources policy, primary health care, and health systems. Victor is a member of the Editorial Advisory Board for "Leadership in Health Services". He has taught graduate level courses in ethics and decision-making, strategic planning, health policy and quality management. His research interests are in the areas of qualitative research in vulnerable populations, assessing and serving the health needs of vulnerable populations, palliative and end of life care, health human resources planning, and health policy.

**Purpose:** Novice nurses experience unique challenges as they enter the workforce. No attending to the concerns of novice nurses as they enter practice can be a source of burnout, job dissatisfaction and attrition from the profession. The purpose of our study was to explore the factors influencing the quality of work life for novice nurses in Eastern Health, NL.

**Sample:** A novice was defined as a nurse who graduated from an approved School of Nursing (or re-entry to practice) within the previous two years.

**Method:** This qualitative study employed a naturalistic inquiry approach. Data collection consisted of in-depth, semi-structured interviews with 10 novice nurses to explore: their transition into the workplace, the factors that influence their quality of work life, the factors that influence the decisions of novice nurses to remain in their current position and the profession of nursing. Thematic and descriptive analysis of interview transcripts was conducted.

**Findings:** We found that novice nurses are highly motivated to provide quality patient care. Novices encounter many sources of workplace stress including “difficult personalities”, inadequate orientation and mentoring and horizontal violence from other nursing and medical colleagues. These stressors are compounded by staffing shortages and heavy workloads. Supportive mentoring and adequate orientation are key factors to successful transition.

**Conclusions:** The novice period is a stressful and exciting time in the life of a professional nurse.

**Nursing Implications:** Organizations need to be aware of the stressors affecting novice nurses and provide adequate support and mentoring to assist with the transition from student to professional nurse.

## **Implementation and Evaluation of a 'Faculty Resource Model' in Preceptorship**

***(Anne Marie Lewis, RN, MN, CNS, Patricia Grainger, RN, MN, CNS, Erin Glynn, RN, MN, MUNSON)***

**Anne Marie Lewis** is a nurse educator with the Centre for Nursing Studies. She has a keen interest in preceptorship and has been teaching in preceptorship for the last 10 years and participated in a poster presentation at ARCASN on Conflict in Preceptorship in 2010.

Securing clinical placements for preceptorship in undergraduate nursing education is becoming increasingly difficult. Factors impacting placement issues and access to preceptors include increased enrolment, increased numbers of preceptors assigned to new graduate orientation, preceptor burnout, and competition for placements. In an effort to secure sufficient placements for preceptorship this year, the Centre for Nursing Studies (CNS) implemented a pilot project, the 'Faculty Resource Model', in cooperation with the medicine unit on 4West, St. Clare's. In traditional preceptorship, students are assigned to one preceptor whose responsibilities include student schedules and completion of student evaluations. With the Faculty Resource Model, students are co-signed to a staff RN per set of shifts and the clinical faculty member takes responsibility for student scheduling and evaluations. Participants in the pilot project included seven Year 3 CNS students, a clinical faculty member assigned to 4West, the course leader, and RN staff and management of 4West. Roles and responsibilities for those involved in the pilot, orientation for students, faculty and 4West management and staff, and project evaluation components were developed and implemented. Anecdotal reports from students, faculty and 4West management/staff were very positive, and findings from the project evaluations are currently being collated. The focus of this presentation is to discuss the implementation and evaluation of the pilot project, in an effort to determine the utility of the Faculty Resource Model for future use in the BN program.

## Health Promotion Profile and Well-Being of Nurses in NL\* (L. Gien<sup>1</sup>, S. Bornstein<sup>2</sup>, S. MacKinnon<sup>3</sup>, S. LeFort<sup>1</sup>, C. Haslam<sup>4</sup>)

At the School of Nursing of Memorial University, **Dr. Lan Gien** has contributed to teaching in both undergraduate and graduate programs, supervising Master's theses and doctoral dissertation, conducting program and accreditation.

Internationally, Dr. Gien has garnered funds to strengthen nursing and social work education, promote primary health care, hence facilitating better access to health care and social services for the disadvantaged, thus reducing inequality in health and enhancing social justice.

Dr. Gien's funded research has been in the area of **health promotion** covering a broad range of topics including medication use among the elderly, unemployment and health, coping with chronic illnesses such as HIV/AIDS, and cancer. Some projects were international in scope and interdisciplinary in nature. Her research program has been funded by the National Research Councils (SSHRC, CIHR), Research Foundations, Provincial and Federal Governments.

Dr. Gien has contributed in leadership positions to various committees of the School of Nursing, the University and community organizations at the provincial, regional, national and international levels.

There is an impending labour shortage in general in Newfoundland and Labrador and a nursing shortage in particular. With the birth rate down, the baby boomers retiring, and the outmigration during the last 15 years, more people are leaving than entering the workforce. One way to forestall this labour shortage is for people including nurses, to extend their working lives. This study is part of a larger project funded by CIHR to look at helping older workers to remain in employment longer. To do so, we need to know the workers' wellbeing in the workplace and their

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\*funded for 3 years by the Canadian Institute for Health Research (CIHR)

**Acknowledgements:** The authors acknowledge the financial support from CIHR and the great contributions of Joanne Smith-Young and Renée Lawrence in conducting this study.

<sup>1</sup> School of Nursing, Memorial University

<sup>2</sup> Faculty of Art and Faculty of Medicine, Memorial University

<sup>3</sup> School of Human Kinetics and Recreation, Memorial University

<sup>4</sup> Work and Health Research Centre, Department of Human Sciences, Loughborough University, UK

experience of health promotion/occupational health services. The project involves collaboration with researchers from Loughborough University of UK.

**Objectives:**

- To compare nurses' well being and feelings towards work with that of other workers in NL
- To explore nurses' physical activity levels, their access to and experience of health promotion/occupational health services

**Method:** Current workers of 18 years and older from various institutions in NL were asked to complete a survey questionnaire either on-line or on paper. In total 686 questionnaires were completed and analyzed, including 264 nurses.

**Results:** This paper presents preliminary findings of nurses' health promotion activities including physical activity at work, exercises, smoking and usage of alcohol, their access to health promotion and occupational health services, and their feelings towards work. Nurses' findings will be compared with that of other workers in the sample.

**Change in Functioning of Older Adults Following Relocation to an  
Alternate Level of Assisted Living**  
***(Judith Wells, RN, MN, WRSON; Kelli O'Brien, MSc, Rehab, Western  
Regional Integrated Health Authority; Carla Wells, RN, MN,  
WRSON; Darlene Hutchings, MHS, Western Regional Integrated  
Health Authority)***

**Judith Wells** is currently a faculty member at Western Regional School of Nursing in Corner Brook, NL. She obtained her diploma in nursing from Western Memorial School of Nursing in Corner Brook in 1975, her BN from MUN in 1996 and her MN from MUN in 2004. She has a nursing background in Obstetrics, Hemodialysis, and Nursing Education. She is currently involved in several research projects related to the relocation of adults with mild to moderate dementia to the new Protective Care Residences in Corner Brook, NL, including the impact of relocation on residents' functioning, family perception of the relocation process, staff perception of individualized care and family involvement in care. In addition, she is involved in projects involving changes in models of care delivery in nursing practice and the use of reflection in nursing education. Her most recent achievement is the receipt of the ARNNL Award of Excellence in Nursing Research in June 2010.

A quantitative, repeated measures study was used to examine change in functioning of older adults who were relocated to the Protective Care Residences (PCR), an alternate level of assisted living for clients with mild to moderate dementia. Data were obtained on the initial 41 residents who were relocated to the PCR from private homes, personal care homes, institutional based dementia care, and acute care. Repeat data were collected 6 – 8 weeks following relocation. Instruments used to determine change in functioning included the Mini Mental Status Exam (MMSE), the Global Deterioration Scale (GDS), the Disability Assessment for Dementia (DAD), and the Neuropsychiatric Inventory (NPI). While there were some variations in scores observed across the two time periods the tests of differences revealed no significant change in the functioning of the residents. These findings will be discussed as well as the implications and recommendations for nursing.

## **The Impact of the Hypertension Education Program on Blood Pressure and Self-efficacy to Change Health Behaviors in Men and Women with Hypertension**

***(Judith McFetridge-Durdle, RN, PhD, MUNSON; Brenda Tucker, RN, CCN (c), QEII Health Sciences, Halifax, NS; Colleen O'Connell, PhD, IWK Hospital for Sick Children, Halifax, NS)***

**Dr. Judith McFetridge-Durdle** earned a PhD in Nursing, with a minor in Physiology from the University of Florida and completed postdoctoral work in behavior medicine at Duke University. Dr. McFetridge-Durdle has an extensive background in cardiovascular nursing and cardiovascular nurse practitioner education. Observations of persons recovering from acute cardiovascular events laid the foundation of her research program on the role of psychological stress in the etiology of heart disease.

Data from randomized controlled trials support the causal relationship between hypertension and lifestyle including obesity, excessive salt intake, smoking, alcohol consumption, and physical inactivity. The Hypertension Education Program (HEP) was developed to enhance self-efficacy for positive lifestyle changes and to improve blood pressure (BP) control. This randomized controlled trial evaluated the impact of the HEP on self-efficacy for lifestyle change, BP, serum lipids, weight, body mass index (BMI), waist/hip ratio, and hemoglobin A<sub>1c</sub> (in diabetics). Ninety-eight men and women with hypertension controlled to target were randomized to HEP (intervention) or pamphlet (control). In both groups, measures were taken immediately after randomization (time 1), 2 months later (time 2), and 4 months later (time 3). Repeated measures analysis of variance and covariance tests were used to evaluate the impact of the HEP on general self-efficacy, health-specific self-efficacy, physiologic and laboratory measures. Intervention group (HEP versus pamphlet) were modeled as a between-subject factor and time (1, 2, and 3) was modeled as within-subject (repeated) factors. Sex and age were entered as covariates. General self-efficacy scores did not differ by group over time but health-specific self-efficacy increased three-fold in the HEP group compared to control. In both groups, BP, serum lipids, weight, BMI and waist measures did not change significantly over time. However, compared to control, urinary sodium in the HEP group decreased significantly from time 1 to time 3 ( $p=0.05$ ). The HEP may improve health-specific self-efficacy and sodium intake. Additional interventions are needed to address obesity and other lifestyle risk factors.

## **Achieving a Balance: Strategies to Improve Heart Health for Multi-tasking Women**

***(Jill Bruneau, NP, BN, MHSc, CCNC, CNS)***

**Jill Bruneau** is currently a faculty member at the Centre for Nursing Studies, Bachelor of Nursing/Nurse Practitioner Program. She is a Nurse Practitioner in clinical practice in the pre-admission clinic with the Cardiac Program, Eastern Health and is the Provincial Director of the Canadian Council of Cardiovascular Nurses. She is also a Nurse Practitioner caring for cardiovascular clients for over 13 years. At home she is raising three children that include her son Alex aged 8 and twins Timothy and Samantha aged 3.

Achieving a balance in life is vital for women's heart health. Multi-tasking occurs because women have multiple responsibilities, including caring for young children, aging parents, managing households and working outside the home. Many women have chosen to begin a family in their 30s and 40s, often mid-career. The choice to have a family at this stage of life impacts the socioeconomic determinants of health. The lives that women lead are shaped by the environments in which they live and there are implications for heart health.

Utilizing strategies to improve heart health such as regular exercise, healthy eating and smoking cessation are vitally important. These strategies have varying levels of success because they are not always affordable or feasible for women. Other determinants of health that can impact women's health are culture, social support, income, employment and working conditions, and social environment. Strategies that specifically target multi-tasking women can empower women and decrease levels of stress, anxiety, and depression and can significantly influence heart health.

This presentation will examine the issue of multi-tasking by women with many responsibilities and its effect on heart health. Strategies that may reduce stress and help achieve a balance for everyday living will be presented.

It is important for nurses to be aware of the many demands and stressors that affect today's working women with multiple responsibilities. Nursing support can positively impact the heart health of women and their families ultimately affecting the health of the next generation.

## **Psychosocial Needs of Women who have Surgery for Breast Cancer as an Outpatient**

***(Doreen Dawe, RN, MSc, MUNSON; Lorna Bennett, RN, MN,  
MUNSON; Doreen Westera, RN, MEd, MUNSON; Anne Kearney RN,  
PhD, MUNSON)***

**Doreen Dawe** is Associate Professor at Memorial University School of Nursing. Doreen's main areas of teaching include Mental Health and Therapeutic Relations. Her current research has involved Women's Health Issues.

Women who have surgery for breast cancer on an out-patient basis have post-operative emotional and informational needs but may not have access to the appropriate support to address these needs. Past research on the post-operative needs of such women provides evidence of positive physical and psychological recovery (Kambouris, A., 1996; Purushotham, A. et al., 2002); however, the psychosocial needs are not consistently defined or reported in the literature. There is an urgent need to identify interventions focused on the emotional needs of women following day surgery (Allard, 2007).

The purpose of this qualitative study was to: 1) explore the emotional and informational needs of women who have had surgery for breast cancer as an out-patient, and 2) to compare the needs of women living in rural and urban areas of Newfoundland and Labrador. Participants (20) were selected based on an outpatient breast cancer surgical experience and the ability to articulate their experiences. Participants were invited to engage in a face-to-face or phone interview which was audio taped. Data were analyzed using a qualitative thematic approach as outlined by Hsieh and Shannon (2005).

Several key themes revealed in this study were: the value of choice, the role of meaningful social support and recognition of personal strengths. In addition, issues and informational needs related to specific time periods during recovery were also identified. There is an urgent need to identify such needs so that appropriate interventions can be developed for women following day surgery.

**Understanding and Recognizing Scholarship in a Nursing College**  
*(Fran Abbott, RN, MEd, CNS; Denise English, RN, MN, CNS; Patricia Grainger, RN, MN, CNS; Anne Marie Lewis, RN, MN, CNS; Gladys Schofield, RN, MEd, CNS; Nicole Snow, RN, PhD(c), CNS; Lorna Walsh, RN, MEd, CNS)*

**The authors** are faculty members at the Centre for Nursing Studies who teach across the BN, PN, and Continuing Education programs. They are all members of the Centre's Scholarship Committee.

It can be challenging to define scholarship in a practice-based profession such as nursing. Historically, there has been a strong emphasis on research and publication as being the hallmarks of scholarly activity. However, with the Canadian Association of Schools of Nursing's (2004) adaptation of Boyer's Model of Scholarship (1990), there has been a greater interest in recognizing and promoting all areas of scholarship in nursing education (i.e. integration, application and teaching, in addition to discovery).

Locally, a provincial government White Paper issued in 2005 initiated the process of consolidating nursing education under university governance. This has led the faculty at the Centre for Nursing Studies (CNS) to engage in self-reflection. What direction will nursing education take in Newfoundland and Labrador as a result of consolidation? How will the new accreditation standards influence scholarly activity? How can the University's promotion and tenure criteria based upon research and publication be successfully blended with CNS' emphasis on teaching and clinical practice?

As a result of these events, a faculty committee at the CNS was created to explore the concept of scholarship. This presentation will identify the steps taken in fulfilling the committee's mandate to work with faculty to foster and recognize the many ongoing scholarly activities at the CNS.

## **From Institution to “Home”: Family Perspectives of a Unique Relocation Process**

***(Judith Wells, RN, MN, WRSON; Darlene Hutchings, MHS, Western Regional Integrated Health Authority; Kelli O’Brien, MSc Rehab, Western Regional Health Authority; Carla Wells, RN, MN, WRSON)***

**Judith Wells** is currently a faculty member at Western Regional School of Nursing in Corner Brook, NL. She obtained her diploma in nursing from Western Memorial School of Nursing in Corner Brook in 1975, her BN from MUN in 1996 and her MN from MUN in 2004. She has a nursing background in Obstetrics, Hemodialysis, and Nursing Education. She is currently involved in several research projects related to the relocation of adults with mild to moderate dementia to the new Protective Care Residences in Corner Brook, NL, including the impact of relocation on residents’ functioning, family perception of the relocation process, staff perception of individualized care and family involvement in care. In addition, she is involved in projects involving changes in models of care delivery in nursing practice and the use of reflection in nursing education. Her most recent achievement is the receipt of the ARNNL Award of Excellence in Nursing Research in June 2010.

The purpose of the current phenomenological study was to explore participants’ experiences with the relocation of their family member from institutional based dementia care to the new Protective Care Residences (PCR), an alternate level of assisted living for residents with mild to moderate dementia. Semi-structured interviews were conducted with 10 family members. Analysis of the data revealed six themes: communication, comfort, activities, environment, functioning, and staffing. Overall family members were quite positive about the relocation process due in part to the ongoing, open communication prior to and during the relocation. They also perceived that the relocation contributed to improved functioning of the residents, most likely related to the recreational activities and the homelike environment of the PCR. The adaptation and improved functioning of the residents led to a sense of comfort and contentment for the family members. The participants did identify some areas that could be improved. These findings have significant implications for care delivery and future program planning in caring for residents with special needs. It also supports the concept of family involvement in relocation.

## Using Institutional Ethnography to Explore Community Treatment Orders

*(Nicole Snow, RN, PhD (c), CPMHN (c), CNS)*

**Nicole Snow** is a faculty member at the Centre for Nursing Studies where she teaches in the BN, PN, and Continuing Studies Programs.

Institutional Ethnography is a research method that seeks to elucidate the everyday life experiences that occur within an institution. The everyday work of individuals is influenced by the social structures and discourses known as ruling relations inherent within an institution. These ruling relations exist often without people's overt knowledge or awareness (Smith, 2005).

This presentation will discuss the use of Institutional Ethnography in a proposed study to explore the consideration and use of Community Treatment Orders (CTOs) in Newfoundland and Labrador. CTOs are controversial in that they involve mandating community treatment in which individuals with a mental illness are expected to engage in medication (or other therapy) against their will (Canadian Mental Health Association, 1998). The information obtained in this study will be examined for evidence of the social web of influence that governs everyday actions concerning the consideration and use of CTOs. These social and ruling relations will be mapped in accordance to their relationship to and influence over one another. It is anticipated that the results obtained will be of considerable interest to practitioners, advocacy groups, families, and individuals with mental health concerns.

In bringing these social patterns and structures to light, there is hope that the resulting awareness will foster a greater willingness for individuals involved with the mental health system to ethically engage with one another on a more meaningful level.

**College Students' Perceptions of Barriers to Personal Health**  
**(*Marilyn. White, RN, MN, WRSON; Paula Didham, RN, MEd,***  
***WRSON; Sue Froude, RN, MN, WRSON; Madonna Manuel, RN, MN,***  
***WRSON; Linda Norman-Robbins, RN, MSc (A), WRSON*)**

**Marilyn White** is currently a nurse educator at WRSON. Her committee work includes being an active member of the NL Provincial Breastfeeding Coalition, Coalition Health Professional Education Working Group, Regional Breastfeeding Action Group, ARNNL ad hoc committee to draft Breastfeeding Position Statement, SWGC sub-committee of the Senate Committee on Undergraduate Studies, as well as several WRSON committees. She is one of four faculty who run the Wellness Clinic at SWGC. Her current research interests include college student's health, breastfeeding, and teaching strategies.

Faculty members from Western Regional School of Nursing have been running a Wellness Centre at Sir Wilfred Grenfell College for approximately 10 years. The mission of the Centre is to enhance awareness of issues around wellness, lifestyle and risky behaviour for the college student aggregate. Nursing faculty and fourth year nursing students (through clinical placement at the center) develop, deliver and evaluate innovative programs to address health needs and promote wellness education within this group. With changing technology and generational changes the group felt it was timely to re-evaluate program content and delivery strategies. In the winter of 2009, faculty conducted an exploratory study using focus group methodology to further assess the health needs and learning preferences of this aggregate in order to validate their work or determine the need for change. A non-probability convenience sample of 19 students was stratified into three groups using the parameters of living off campus, living in chalets, and living in residence. The faculty team conducted a thematic analysis of the data. In this presentation they review the methodology used in the study and discuss findings of the research. They also highlight implications related to program planning, make recommendations for future research in this area, and highlight how they use the Population Health Promotion Model as a framework to guide their work at the Centre.

**Why Men Choose Nursing: The Atlantic Perspective**  
**(*Creina Twomey, RN, MN, MUNSON;***  
***Robert J. Meadus, RN, BVocEd, MSc(N), PhD, MUNSON***

**Creina Twomey** is a graduate of the General Hospital School of Nursing, 1988, Memorial University of Newfoundland (Bachelor of Nursing, 1993, Master's of Nursing, 1996) and is currently enrolled in a PhD program in Clinical Epidemiology. She has been employed by Memorial University for the past fourteen years and teaches in the BN, Post RN BN and the Master's program. Her main areas of interest are Health Assessment, Med/Surg and Nursing Research. Creina's research interests are in: Psychosocial Adaptation to Chronic Illness; Quality of Life; Psychometrics; Men in Nursing; Clinical Epidemiology, and Community Health Assessment.

**Dr. Robert (Bob) Meadus** graduated from the General Hospital School of Nursing, St. John's, NL in 1978. He has worked in a variety of practice areas: medical/surgical, psychiatry, staff education, and nursing education. Currently Dr. Meadus is an Assistant Professor at Memorial University School of Nursing, St. John's, NL. He graduated from Memorial University, 1989 with a Bachelor of Nursing and in 1995 with a Bachelor of Vocational Education. He completed a Master of Science (Nursing) from the University of Toronto, 1996 and a PhD (Nursing) from Barry University, Miami, Florida in 2006. Dr. Meadus has been teaching at Memorial since 2000, teaching in the undergraduate, post-RN, and graduate programs. His areas of research foci are psychiatry/mental health nursing, families experiencing mental illness, adolescents coping with psychiatric illness and men in nursing. He has presented at provincial, national and international conferences and has published several articles in peer-reviewed journals.

Nursing and the health care industry are facing a crisis, the nursing shortage. One possible solution to the shortage is the recruitment of men, an underutilized section of our population. Men in the profession are a minority and in 2007 only 5.8% of the 274,274 registered nurses in Canada were men.

Several authors have suggested that greater efforts are needed to increase the proportion of men in nursing (Meadus, 2000; Poliafico, 1998; Sherrod, Sherrod, & Rasch, 2005). This initiative may produce a workforce that reflects the diversity of the population. Thus, men who may be interested in nursing as a career are an untapped resource of potential nursing school applicants. Currently the movement of men into nursing is slow. Therefore, it is important to have knowledge of the reasons why men choose nursing as a career, and to be aware of the challenges they encounter in nursing programs.

This research study was designed to examine why men choose nursing as an occupation, to assess barriers they experienced in practice and to find out what strategies they recommend to recruit more men into nursing. This presentation will outline the quantitative and qualitative responses from the 240 respondents in Atlantic Canada. The findings may lead to identification of new strategies that can be used during recruitment.

## **Trying to Find Peace in the War between Beauty Ideals and the Sanctity of Motherhood: The Experience of Low Gestational Weight Gain**

***(Cindy Murray, RN, PhD, MUNSON)***

**Dr. Cindy Murray** is an Assistant Professor at Memorial University of Newfoundland, School of Nursing. She received a Bachelor of Nursing degree and a Master of Nursing degree from Memorial University. In 2009 she received her PhD in Nursing from the University of Alberta. Her doctoral dissertation was in the area of foetal programming of chronic diseases later in life. Dr. Murray has extensive experience in community health nursing. She has worked in nursing education for the past 10 years.

Even though it is now accepted that prenatal under-nutrition plays a critical role in the development of chronic diseases later in life, there is a paucity of research investigating the maternal experience of gaining less weight than medically recommended during pregnancy. Babies born to mothers with low gestational weight gain are at higher risk for undernourishment in utero and up to one-quarter of pregnant women in developed countries continue to undergain in pregnancy.

In this Heideggerian interpretive phenomenological study, the meaning and experiences of weight gain for pregnant women with low gestational weight gain were explored. Data were collected through narrative sessions with 10 pregnant women from St. John's, Newfoundland and Labrador.

A hermeneutical spiral of interpretation was used to identify six patterns or major themes: confronting one's mortality; defending oneself against a permanent metamorphosis into a stranger; playing with fire and brimstone; slipping under the radar; trying to find peace in the war between beauty ideals and the sanctity of motherhood; and riding an emotional roller coaster.

The participants in this study reported on a silent war that is being waged over pregnant bodies that has pitted women against women. The participants elucidated that weight gain means much more than a number on the scale. Pregnancy weight spoke to who they were as women, human beings, and mothers. It influenced how they perceived themselves and how others, including nurses and other health care professionals, perceived them. Implications of the findings for nursing practice, education, and research are discussed.

**“Healthy Weights: Halton Takes Action” Evidence-informed policy and program development, implementation and evaluation**  
**(*Wendy Young, BSc, MA, PhD, MUNSON, and the Healthy Weights: Halton Takes Action Research Team*)**

**Dr. Wendy Young** completed her PhD training in the Department of Healthy Policy, Management and Evaluation, University of Toronto and a CHSRF/CIHR Post Doctoral Fellowship at the University of Toronto and York University. Her research focuses on what makes for healthy aging in the community, and on reducing the effects of common age-related chronic diseases such as diabetes and cardiac disease. She is co-director of a research interest group ‘Socio-Ecological Strategies for Chronic Disease Prevention & Management’ supported by the Centre for Urban Health Initiatives (CUHI). Currently, she holds a Canada Research Chair in Healthy Aging at Memorial University.

**Objective:** The objective of this presentation is to describe the research-based development, implementation and evaluation of the “Healthy Weights: Halton Takes Action” program. This presentation will highlight how this initiative bridges research, policy and practice perspectives. The Healthy Weights program is being introduced within the “Sustainable Halton” policy context. Sustainable Halton sets the strategic direction for the creation of environments that make it easy for children and their families to make healthy choices. “Healthy Weights: Halton Takes Action” is being introduced in response to a 2004 report from the Ontario Chief Medical Officer of Health. The report highlighted alarming obesity rates and the factors that affect weight, reviewing environmental factors such as urban design.

**Target Groups:** Students residing in Halton Region

**Activities:** HRHD and community partners have examined research on the obesity issue, identified possible ways to promote healthy weights, and have agreed to focus on the built environment and on ways to improve walkability and access to healthy foods. Geographic Information System (GIS) data are being examined. The baseline data collection and analysis is funded by CIHR.

**Deliverables:** A Healthy Weights Report Card will be distributed in February 2010. Analyses and recommendations will be presented to Municipal Councillors in April, 2010. Halton Region is committed to using the data to inform policy about neighbourhoods and intensification and to target programming to high need areas. These baseline data will be used in an outcome evaluation.

## Poster Presentations

1. **Constant Negotiating: Working with Chronic pain from Work-Related Musculoskeletal Disorders** (*J. Smith-Young, S.M. Solberg, A. Gaudine, MUN*)
2. **A Knowledge Transfer Project for Families with an Adult Member Suffering from Chronic Pain** (*S.M. Solberg, S. LeFort, J. Smith-Young, S. Gordon, MUN*)
3. **Sustaining Information Technology Use by Older Adults to Promote Autonomy and Independence** (*W. Young, S. Bornstein, V. Gadag, G. Farrell, L. Gien, G. Klima, S. Tomblin, J. Clarke, MUN*)
4. **Welcomed Visitors: An Evaluation of the Janeway Therapy Dog Program** (*L. Cooze*)
5. **Promoting Safe Drinking Water** (S. MacDonald, J. Blakeley, L. Bennett, D. Best, C. Twomey, MUNSON)
6. **Community Health Needs and Resources Assessment in NL, Canada: Seniors Issues** (S. MacDonald, J. Blakeley, L. Bennett, D. Best, C. Twomey, MUNSON)
7. **Community Health Needs and Resources Assessment of the Central Region in NL, Canada** (S. MacDonald, A. Ross, D. Best, J. Blakeley, L. Bennett, C. Twomey, MUNSON)
8. **Targeting Essence: Pragmatic Variation of the Therapeutic Relationship** (*C. Porr, MUNSON*)

## **Constant Negotiating: Working with Chronic Pain from Work-Related Musculoskeletal Disorders**

*(J. Smith-Young, RN, MN, S.M. Solberg, RN, PhD,  
A. Gaudine, RN, PhD; MUNSON)*

**Joanne Smith-Young** completed her nursing degrees at Memorial University. She is currently working as the Nursing Research Unit Coordinator in the School of Nursing at Memorial University. She provides research assistance to faculty on a variety of research projects. Her research interests include chronic pain and occupational health issues.

Work-related musculoskeletal disorders (WMSDs) and associated chronic pain are common in workplaces where repetitive work is performed. Although these pain conditions have been recognized for a long time and studied extensively there are considerable gaps in the research on how workers who have developed a WMSD are able to remain at work and the strategies they use to make this possible. The purpose of this research was to develop an understanding of the psychosocial processes and the strategies used by employed injured workers in dealing with these pain conditions. Specifically, the research question was, 'How are workers who have developed a WMSD able to remain at work and what strategies do they use to make this possible?' Grounded theory was used as the research methodology. Participants included twenty-five (16 male and 9 female) workers diagnosed with WMSDs who were currently employed in various workplaces in Newfoundland and Labrador. Constant negotiating was found to be the core category that was central to the process of remaining in the workplace and that enabled workers to respond to social, health, and occupational environments in dealing with their pain. The process included five main phases: Becoming Concerned, Getting Medical Help, Dealing with the Workplace, Making Adjustments to Lifestyle, and Taking Charge, as well as various sub-phases. Findings from this research have important implications for workers, employers and workplaces, as well as healthcare workers for dealing with chronic pain in the workplace.

**Acknowledgements:** This work was funded by the Canadian Institute of Health Research through the Community Alliance for Health Research Program. Support was also received from SafetyNet: A Community Alliance on Health and Safety in Coastal Work Environments.

## **A Knowledge Transfer Project for Families with an Adult Member Suffering from Chronic Pain**

*(S.M. Solberg, RN, PhD, S. LeFort, RN, PhD, J. Smith-Young, RN, MN, S. Gordon, BA, MLIS)*

**Drs. LeFort and Solberg** are Professors in the School of Nursing at Memorial. They are currently engaged in a knowledge transfer grant from CIHR under the CAHR program and working on developing educational material for families dealing with a member with chronic pain. **Ms. Joanne Smith-Young** is assisting with the project and **Ms. Gordon** helped ensure a thorough search of the literature was conducted.

Chronic idiopathic pain seriously affects people's lives. It can alter family roles and responsibilities and cause physical distress for other family members. While significant research has been conducted on families and chronic pain, little has been done to translate and transfer this knowledge into educational materials. The aim of this project was: (1) to systematically review qualitative and quantitative research reports as well as seminal papers on families and chronic pain in an adult member. We conducted a search of databases MEDLINE, CINAHL, EMBASE, PSYCHOINFO and SCOPUS for qualitative studies published since 1985 and quantitative studies that reported on outcomes such as family role changes, marital satisfaction, affective changes in other members, beliefs about chronic pain, and quality of life. A metasynthesis<sup>4</sup> of 20 qualitative studies of family and chronic pain found more in-depth descriptions about the nature of changing roles and relationships within the family, the impact on social functioning, and the restrictions placed on certain family members. Positive effects were also noted such as developing greater empathy or deepening relationships. The importance of open clear communication within the family was a consistent finding. Findings of systematic reviews of the family and chronic pain literature can be a useful approach to developing evidence-based materials to help family members understand and deal with the impact of chronic pain on their lives.

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<sup>4</sup> Paterson, B. et al. (2001). Meta-study of qualitative health research. A practical guide to meta-analysis and meta-synthesis. Thousand Oaks: Sage.

## **Sustaining Information Technology Use by Older Adults to Promote Autonomy and Independence**

*(W. Young, BSc, MA, PhD, MUNSON; S. Bornstein, PhD, MUN; V. Gadag, PhD, MUN; G. Farrell, PhD, MUN; L. Gien, PhD, MUNSON; G. Klima, PhD, MUN; S. Tomblin, PhD, MUN; J. Clarke, PhD, MUN)*

**Dr. Wendy Young** completed her PhD training in the Department of Healthy Policy, Management and Evaluation, University of Toronto and a CHSRF/CIHR Post Doctoral Fellowship at the University of Toronto and York University. Her research focuses on what makes for healthy aging in the community, and on reducing the effects of common age-related chronic diseases such as diabetes and cardiac disease. She is co-director of a research interest group ‘Socio-Ecological Strategies for Chronic Disease Prevention & Management’ supported by the Centre for Urban Health Initiatives (CUHI). Currently, she holds a Canada Research Chair in Healthy Aging at Memorial University.

**Dr. Jared Clarke** is a post-doctoral fellow with the Division of Community Health & Humanities, Faculty of Medicine and the School of Nursing at Memorial University. He recently completed a PhD Medicine (Neuroscience) at Memorial University, and received a Healthy Aging Research Program post-doctoral fellowship from the Newfoundland and Labrador Centre for Applied Health Research. His current research interests revolve around healthy aging, with emphasis on enhanced recovery and independence following stroke. He is also collaborating, along with supervisor Dr. Wendy Young, on a study aimed at better understanding of the value of and obstacle to the use of information technology in older populations.

The use of information technology (IT) is increasingly integral in the lives of older adults. However, little research has been carried out to help understand the true value of IT use to seniors, the extent to which it has been adopted, or the obstacles that may challenge sustainability of use in older populations.

This study represents the North American cohort in a collaborative study with researchers from the United Kingdom. Our goal is to develop a better understanding of aging and IT usage that may lead to enhanced services and sustainability, promoting independence and autonomy for older adults.

**Phase 1.** A ‘digital engagement questionnaire’ will be administered by telephone to 600 older adults across Newfoundland and Labrador. This interview will determine the type and extent of IT usage in this population, as well as the apparent benefits and challenges associated with technology use. Participants will also be invited to take part in discussion forums in order to further investigate the benefits and challenges associated with IT usage, and especially potential solutions to the IT needs.

**Phase 2.** A multidisciplinary symposium will be held to discuss the results of Phase 1. Based on these discussions, an intervention will be designed and implemented. Participants will be non-randomly assigned to one of two groups – early or delayed intervention. The digital engagement questionnaire will be re-administered 6 months later in order to determine if the intervention promoted enhanced and/or sustained IT usage and potential benefits for independence and autonomy in these groups.

## Welcomed Visitors: An Evaluation of the Janeway Therapy Dog Program

(*L. Cooze, RN, MN, MUNSON*)

**Lynn Cooze** is an Assistant Professor in the School of Nursing at Memorial University. Her background is in pediatric/neonatal nursing. Research interests include Dog Visitation Programs for pediatric patients, the benefits of the human-animal bond and interprofessional education and patient safety.

**Introduction:** Child Life Programs have become the standard in pediatric health centers to facilitate the psychosocial adjustment of children to hospitalization. Therapy Dog Programs have become one of the many activities provided to facilitate this adjustment. According to the literature, dog visitation reduces stress by promoting play and social interaction and makes the atmosphere feel more homelike. In 2005, I proposed such a program as part of my Master of Nursing Practicum project and in collaboration with the St. John Ambulance Therapy Dog Program it has been in place at the Janeway Children's Health and Rehabilitation Centre since August 2006. An evaluation of this program was completed in August 2010.

**Process:** The intent of this evaluation was to determine how the program was being received by children and families, if changes or improvements needed to be made, and whether there was support for an expansion of the program within the hospital. Feedback was collected from staff and families primarily by voluntary questionnaires. Relevant departments at the Janeway were contacted for input and statistics on visits were collected from Child Life Department and St. John Ambulance records.

**Findings:** All survey respondents were supportive of the program and comments from staff indicated that children thoroughly enjoyed the program. Nurses and physicians are involved in assisting patients to participate and some physicians have even given blanket permission for their patients to attend. Comments obtained from children, families and St. John Ambulance volunteers have been heartwarming. There have not been any untoward incidences since the program began. The dedication of the Child Life staff to the program is commendable.

**Future Directions:** The results of this evaluation show widespread support for the Therapy Dog Program. The possibility exists to expand the program in the hospital so more children could enjoy the benefits in areas such as the Rehabilitation Department and Ambulatory Clinics. Bringing the program to the new Ronald Macdonald House being constructed near the Janeway may also be explored.

## Promoting Safe Drinking Water

(S. MacDonald, PhD, RN, J. Blakeley, RN, MBA; L. Bennett, RN, MN, D. Best, RN, MN, ACNP; & C. Twomey, RN, MN; MUNSON)

**Dr. Sandra MacDonald** has been teaching at the SON since 1989. Her clinical background is in Intensive Care and Intensive Coronary Care, with experience in management and leadership positions in hospital and university administration, and as the President of the ARNNL from 2004-2006. She completed her Master of Nursing from MUN and her PhD in Health Services from Walden University, Minneapolis, Minnesota. Sandra teaches in the areas of medical surgical nursing and leadership and management. Her research is in community health needs and resources assessment and she is the Primary Investigator with the Community Health Assessment Team. Sandra's research team recently received the Primary Care Researcher of the Year Award for their work in the area of community assessment.

Ensuring access to safe drinking water is a major public health concern. The outbreaks of disease from water-borne pathogens in communities like Walkerton and North Battleford alerted the federal government to the need for a standardized multi-barrier approach to managing public drinking water distribution systems. Although many provinces and territories have adopted such an approach, there are problems with water quality throughout Canada. Between 1997 and 2004, the authors conducted a community health needs and resources assessment study in Newfoundland and Labrador to assess health beliefs and practices, satisfaction with health and community services and concerns in relation to community health. The data collection methods used were a random household survey ( $N = 2,842$ ), key informant interviews ( $N = 86$ ) and focus group sessions ( $N = 22$ ). The results indicated that the quality of drinking water was of serious concern. This poster presents the study findings and the implications for nursing practice in relation to developing healthy public policy and population health initiatives.

## **Community Health Needs and Resources Assessment in Newfoundland and Labrador, Canada: Seniors Issues**

(S. MacDonald, PhD, RN, J. Blakeley, RN, MBA; L. Bennett, RN, MN,  
D. Best, RN, MN, ACNP; & C. Twomey, RN, MN; MUNSON)

**Dr. Sandra MacDonald** has been teaching at the SON since 1989. Her clinical background is in Intensive Care and Intensive Coronary Care, with experience in management and leadership positions in hospital and university administration, and as the President of the ARNNL from 2004-2006. She completed her Master of Nursing from MUN and her PhD in Health Services from Walden University, Minneapolis, Minnesota. Sandra teaches in the areas of medical surgical nursing and leadership and management. Her research is in community health needs and resources assessment and she is the Primary Investigator with the Community Health Assessment Team. Sandra's research team recently received the Primary Care Researcher of the Year Award for their work in the area of community assessment.

Community health needs and resources assessment studies are critical when planning healthy public policy and population health initiatives, especially when considering initiatives for healthy seniors in the community. This study is based on the Population Health Framework and supports the belief that partnerships between community representatives and health care professionals provide valuable information upon which to base decisions regarding policy and program formation. The purpose of this study was to assess the community health needs and resources of five regions within the province of NL. The study used a descriptive, exploratory design to gather qualitative and quantitative data regarding health needs and resources. The research objectives included assessing health beliefs and practices, determining satisfaction with existing community health and related services and determining utilization of selected health and community services. A triangulation of methods (general public household survey, key informant telephone interviews and focus group sessions) was built into the study in an attempt to provide both a convergent validity and a broad understanding of the data collected.

A random sample of households were surveyed using the international tool 'Community Health Needs and Resources Assessment Guide' (CHNRG) developed by the Association of Registered Nurses of Newfoundland and the Danish Nurses Organization and modified for use in this study. The findings indicate that seniors wanted a primary health approach to community care. Issues arising included the need for improved home care, elder abuse and social isolation. This poster will focus on recommendations for addressing seniors' issues and concerns and will discuss implications for healthy public policy and population health initiatives for healthy seniors.

## **Community Health Needs and Resources Assessment of the Central Region in Newfoundland and Labrador, Canada**

(S. MacDonald, PhD, RN; A. Ross, PhD; J. Blakeley, RN, MBA; L. Bennett, RN, MN, D. Best, RN, MN, ACNP; & C. Twomey, RN, MN; MUNSON)

**Dr. Sandra MacDonald** has been teaching at the SON since 1989. Her clinical background is in Intensive Care and Intensive Coronary Care, with experience in management and leadership positions in hospital and university administration, and as the President of the ARNNL from 2004-2006. She completed her Master of Nursing from MUN and her PhD in Health Services from Walden University, Minneapolis, Minnesota. Sandra teaches in the areas of medical surgical nursing and leadership and management. Her research is in community health needs and resources assessment and she is the Primary Investigator with the Community Health Assessment Team. Sandra's research team recently received the Primary Care Researcher of the Year Award for their work in the area of community assessment.

Community health needs and resources assessments are critical when planning healthy policy and population health initiatives. This study is based on the Population Health Framework and supports the belief that partnerships between community representatives and health care professionals provide valuable information upon which to base decisions regarding policy and program formation. The purpose of this study was to assess the health needs and resources of the identified region. The study used a descriptive, exploratory design to gather qualitative and quantitative data regarding needs and resources of the region. The research objectives included assessing health beliefs and practices, determining satisfaction with existing community health and related services and determining utilization of selected health and community services. A triangulation of methods (general public household survey, key informant telephone interviews and focus group sessions) was built into the study in an attempt to provide both a convergent validity and a broad understanding of the data collected.

A random sample of households were surveyed using the international tool 'Community Health Needs and Resources Assessment Guide' (CHNRG) developed by the Association of Registered Nurses of Newfoundland and the Danish Nurses Organization and modified for use in this study. Twenty telephone interviews were also conducted with key informants in the region. Four focus groups were formed to address key areas including: issues surrounding seniors' health, mental health issues, and issues for families of pre-school and school-aged children. This poster will focus on the results of the study and recommendations for healthy public policy and population health initiatives.

## **Targeting Essence: Pragmatic Variation of the Therapeutic Relationship**

(C. Porr, BScN, RN, MN, PhD; MUNSON)

**Dr. Carolyn Porr** graduated with her BScN from McMaster University. She has worked in a medical-surgical unit, a remote northern First Nations community as an outpost nurse, and in a community health centre in Toronto as a primary health care practitioner. She then completed a Master of Nursing degree at University of Calgary and was soon conducting evaluation research for Health Canada. Teaching undergraduate nursing students came next, in universities in both Canada and USA. She pursued doctoral studies at the University of Alberta focusing on establishing therapeutic rapport with vulnerable and potentially stigmatized clients. Now as a new assistant professor at MUN, Caroline is excited about the possibilities of expanding her relationship building model with practice and academic colleagues internal and external to nursing.

I employed classical grounded theory methodology to formulate a theory of establishing therapeutic relationships in the context of public health nursing practice. Targeting Essence: Pragmatic Variation of the Therapeutic Relationship emerged as the theoretical model that elucidates how public health nurses develop therapeutic rapport with vulnerable and potentially stigmatized clients, specifically lower income lone-parent mothers. Data sources consisted of interview transcripts and dyadic observations. Public health nurses and lower income lone-parent mothers were the primary participants. During analysis, other sources for data were sought to achieve saturation of conceptual categories and theoretical integration. Targeting Essence: Pragmatic Variation of the Therapeutic Relationship is a six-stage process that evolved from theoretical interpretive analysis of the participants' general pattern of relating. Public health nurses strategically modify the therapeutic relationship during their efforts to ascertain main concerns of mothers within the constraints of contemporary practice. Lower income lone-parent mothers with heightened sensitivities enact interactional behaviors to discern the intent of public health nurses. The study's focused context elicited a nuanced explanation of the dynamic process that builds on the fundamentals of communication. Targeting Essence: Pragmatic Variation of the Therapeutic Relationship has the potential to enhance relational practice capacity, to advance nursing communication training curricula, and, ultimately, to promote maternal/child health and well-being.

## NOTES

## NOTES