Conference Program
Day 3: Tuesday, May 25, 2021

12:00-12:10	**Welcome & Announcements** Edmund Walsh, PhD Student and Conference Planning Committee Member Arthur Labatt Family School of Nursing, Western University	
12:15-1:30	**Concurrent Session D: Oral Paper Presentations**	
	D1 – Violence Against Women: Considerations for Health & Social Services (Moderator: Logan Kennedy)	
	12:15-12:30	**Violence Against Women Services in a Pandemic: A Multi-Method Research & Knowledge Mobilization Project** Nadine Wathen
	12:35-12:50	**Impacts of COVID-19 Related Changes in Income on Women Experiencing Intimate Partner Violence** Cara A. Davidson, Tara Mantler, Andrew M. Johnson
	12:55-1:10	**Association Between Intimate Partner Violence and Functional Gastrointestinal Disease and Syndrome Among Adult Women: Systematic Review** Ohud Banjar, Marilyn Ford-Gilboe, Deanna Befus, Bayan Alilyyani
	1:15-1:30	**Lifetime Prevalence of Emotional/Psychological Abuse Among Qualified Female Healthcare Providers** Azmat Jehan, Rozina Karmaliani, Tazeen Saeed Ali
	D2 – Chronic Disease & Pain Management (Moderator: Maureen Leyser)	
	12:15-12:30	**Effectiveness of Home-Based Cardiac Rehabilitation and Its Importance During COVID-19** Hannah Pollock, Anna Garnett
	12:35-12:50	**Understanding the Social Determinants of Health from the Standpoint of Patients: An Institutional Ethnography of Mental Health, Addictions and Poverty in the Lives of People with Chronic Pain** Fiona Webster, Laura Connoy
	12:55-1:10	**Exploring Patient Engagement and the Use of Opioids in Managing Chronic Pain: A Scoping Review** Bayan Alilyyani, Ryan Chan, Laura Connoy, Fiona Webster
	D3 – Promoting Practice & Education Across Diverse Contexts (Moderator: Cara Davidson)	
	12:15-12:30	**Midwifery/Nurse Collaborative Approach to Community Genetic Screening in the Old Order Anabaptist Community** Cynthia Soulliere, Jane Leach, Victoria Mok Siu, Julie Van Bakel
	12:35-12:50	**Beyond Inclusion: A Review of Risk Factors of Social Isolation Among Older Adults in Long-Term Care** Sheila A. Boamah, Rachel Weldrick, Tin-Suet Joan Lee, Nicole Taylor
	12:55-1:10	**Enhancing Advanced Practice Nursing: The Value of Role Clarity and Mentorship** Lisa Morgan, Alexis Smith, Amanda Thibeault

	1:15-1:30	**The Challenge and Potential of Trauma- and Violence-informed Care for Nurses Working with Women who have Experienced Intimate Partner Violence** Noël Patten Lu, Marilyn Ford-Gilboe, Lorie Donelle, Victoria Smye, Kimberley Jackson
	D4 – Mental Health & Homelessness (Moderator: Victoria Smye)	
	12:15-12:30	**From Hospital to Homelessness: Preventing Discharge to "No Fixed Address"v2** Cheryl Forchuk
	12:35-12:50	**Mental Health Experiences and Pathways to Homelessness Among Refugee Claimants** Bridget Annor
	12:55-1:10	**Factors Influencing Access and Utilization of Health Service Among Substance Using Homeless Youth: A Scoping Review** Vanisa Ezukuse
	1:15-1:30	**A Scoping Review of Promising Structural Reforms to Support Youth Mental Health** Abe Oudshoorn, Michelle Virdee, Joseph Adu, Ross Norman, Eugenia Canas, Romaisa Pervez, Arlene MacDougall
1:30-1:45	**BREAK**	
1:45-2:40	**Concurrent Session E: Oral Paper Presentations & Science Pitch Sessions**	
	E1 – Digital Health: Smartphones & Mobile Applications(Moderator: Penny Tryphonopoulos)	
	1:45-2:00	**Evolving a Personalized, Online Safety & Health Resource for Women Experiencing Intimate Partner Violence to a Publicly Available App: My Plan Canada** Marilyn Ford-Gilboe, Colleen Varcoe, Kelly Scott-Storey, for the iCAN Team
	2:05-2:20	**Using Snapchat to Promote STI Screening at a Rural Public Health Unit** Bradley Hiebert, Annie O'Dette, Marian Doucette, Rita Marshall, Chisomo Mchaina, Kate Underwood
	2:25-2:40	**Nurses' Use of Smartphones and Mobile Phones in the Workplace: A Scoping Review** Andrea de Jong, Lorie Donelle
	E2 – Policies for Health Care Providers (Moderator: Nadine Wathen)	
	1:45-2:00	**Transforming Education for Health Care and Social Service Providers: Developing Competencies to Advocate for Healthy Public Policy** Amy Lewis, Abe Oudshoorn, Helene Berman
	2:05-2:20	**The Environment as Patient: A Content Analysis of Canadian Nursing Organizations and Regulatory Bodies Policies on Nurses' Role in Environmental Health** Courtney Allen, Lorie Donelle

	E3 – Science Pitch Session I (Moderator: Fiona Webster)	
	1:45-2:40	**Harm Reduction Services in Ottawa: The Culture of Drug Use** Marlene Haines, Patrick O'Byrne **Opioid Crisis: A Qualitative Analysis of Financial Influences and Addiction** Nicole Naccarato, Noah Wacker, Lissa Gagnon **Mental Health and Addictions Care Provided by Nurses in the Emergency Department** Shubhjit Gabhi **Investigating Physiological Determinants of Mental Health in Children with Cerebral Palsy** Daniela Testani, Laura Brunton, Carly McMorris **Implementing Breastfeeding Education in Pediatric Settings** Keri Durocher, Jody Ralph **Promoting Attachment Through Healing (PATH): Results of a Retrospective Feasibility Study** Cara A. Davidson, Tara Mantler, Kimberley T. Jackson, Jessi R. Baer, Sarah Parkinson
	E4 – Science Pitch Session II (Moderator: Abe Oudshoorn)	
	1:45-2:40	**The Impact of Social Media Use on Youth Self- Perceived Mental Health** Chantal Singh **Meditating in Virtual-Reality: Investigating Affect Responses of Mindfulness Through a Trauma-Informed and Instructor Present Approach** Madison Waller, Paul Frewen **Intersectoral Collaboration: A Literature Review** Patrick Ellis **Examining the Impact of Managers' Authentic Leadership on Long-Term Care Nurses' Job Turnover Intentions** Edmund J. Walsh, Michael S. Kerr, Carol A. Wong, Emily A. Read, Joan Finegan **The Context and Consequences of Being Turned Away from a Domestic Violence Shelter** Rachel Colquhoun **Health-Seeking Behaviour Related to Selected Dimensions of Wellness in Community Dwelling Older Adults** Navjot Gill, Denise Connelly **A Narrative Review of Post-Trauma Resilience and Optimism Frameworks, and Proposal of an Integrated Framework for Musculoskeletal Trauma** Wonjin Seo, Dave Walton, Deanna Befus, Marnin Heisel
2:40-3:00	**BREAK**	

3:00-4:00	**Concurrent Session F: Oral Paper Presentations**	
	F1 – Mental Health: Suicide & Schizophrenia (Moderator: Heather Sweet)	
	3:00-3:15	**Trends and Factors Associated with Suicide Deaths in Older Adults** Eada Novilla-Surette, Salimah Shariff, Britney Le, Richard Booth
	3:20-3:35	**Zero Suicide: St. Joseph's Health Care London and Beyond** Amy Van Berkum, Shauna Graf
	3:40-3:55	**Engagement, Partnership & Participation in Self-Management in Outpatient Services for People with Schizophrenia** Mary-Lou Martin, Susan Strong, Heather McNeely, Lori Letts, Alycia Gillespie
	F2 – Violence in the Workplace (Moderator: Edmund Walsh)	
	3:00-3:15	**Putting the Brakes on Aggressive Behaviours: Empowering Nurses Using the "Traffic Light Process"** Chantal Singh, Karen Laidlaw
	3:20-3:35	**Part of the Job? Gender as a Determinant of Workplace Violence Against Nurses** Andrea Baumann, Sioban Nelson
	3:40-3:55	**Implementing a Workplace Violence Reporting System for Nurses in a Healthcare Setting in Pakistan** Rozina Somani, Carles Muntaner, Edith Hillan, Alisa J. Velonis, Peter Smith
	F3 – Understanding Health: A Global Perspective (Moderator: Logan Kennedy)	
	3:00-3:15	**Nurses and Midwives' Experience of Providing Fertility Awareness-based Methods including Natural Family Planning Methods in Rwanda** Pauline Uwajeneza, Marilyn Evans, Pamela Meharry, Donatilla Mukamana, Yolanda Babenko-Mould, Agnes Mukabaramba Kanimba, Patrici Munezero
	3:20-3:35	**The Correlation Between the Quality of Life and Self-Efficacy of Parents who have Children with Cancer in Turkey** Sibel Kusdemir, Rana Yigit
	3:40-3:55	**A Feminist Narrative Inquiry into Being a Child Bride in Nigeria** Olubukola Sonibare, Marilyn Evans
	F4 – Digital Health: Information & Data Science (Moderator: Nadine Wathen)	
	3:00-3:15	**A Scoping Review: Understanding Health Information Exchange Processes Within Canadian Long-Term Care** Kendra Cotton, Rianne Treesh, Richard Booth, Josephine McMurray
	3:20-3:35	**E-health Decision Support Technologies in the Prevention and Management of Pressure Ulcers: A Systematic Review** Justine Ting, Anna Garnett
	3:40-3:55	**"You have to be careful": Examining Children's Perspectives Related to Digital Device and Social Media Use Through a Digital Health Lens** Danica Facca, Lorie Donelle, Shauna Burke, Bradley Hiebert, Emma Bender, Stephen Ling

ABSTRACTS

Concurrent Session D: Oral Paper Presentations

D1 – Violence Against Women: Considerations for Health & Social Services

Violence Against Women Services in a Pandemic: A Multi-Method Research & Knowledge Mobilization Project

Nadine Wathen, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Services for women experiencing violence are always tightly squeezed – the COVID-19 pandemic has made this worse. On the one hand, they are an essential service, often making the difference between safety and severe injury or death; on the other, they've had to account for coronavirus-related health risks to women, their children, staff and volunteers. Throughout the pandemic and as recovery begins, they actively implemented new protocols for physical distancing, knowing the toll this would take on women, children and staff in the context of their compassion-centric, high-touch work. We collected data to understand these changes, and their impact, on the violence against women (VAW) service ecosystem, both to feed data back into services, and also to support future planning for a stronger, more resilient sector.

In partnership with five VAW services in Ontario, Canada we conducted a multi-component, mixed method study to examine: 1) the direct impact on women using these services, and on staff, of physical distancing and new technology-mediated service protocols; 2) existing and emerging physical space planning, service design and other structural factors that enable or impede COVID-19 (and future) protocols; and 3) the evolving impact of rapid change and decision-making on service mandates, mission and consideration of these in light of the traditional values of women-serving organizations.

This paper will report on selected findings from the six sub-studies, as well as ongoing knowledge mobilization efforts.

Impacts of COVID-19 Related Changes in Income on Women Experiencing Intimate Partner Violence

Cara A. Davidson, School of Health Studies, Western University, London, Ontario
Tara Mantler, School of Health Studies, Western University, London, Ontario
Andrew M. Johnson, School of Health Studies, Western University, London, Ontario

Problem: Public emergencies are well-evidenced to result in increased intimate partner violence (IPV); COVID-19 is no exception according to crisis line use and police reports. IPV is any form of physical, sexual, or emotional abuse within the context of coercive control perpetrated by an intimate partner. Financially dependent women are particularly vulnerable, including those facing the pandemic's economic repercussions. In combination with stay-at-home measures, abusers have unfettered access to their partners while women may be unable to leave because they lack financial resources.

Purpose: The objectives of this project are threefold:
(1) To provide evidence of the anticipated increase in abuse experienced during COVID-19 by women who experience violence at home;
(2) to determine how personal income loss during COVID-19 is related to an increase in abuse for women who experience violence at home;
and, (3) to identify whether the Canadian Emergency Response Benefit (CERB) had a health-protective effect for women who experience violence at home.

Hypotheses: It is hypothesized that because of COVID-19, (1) IPV has increased; (2) personal income loss is responsible for increased abuse; and, (3) the CERB was health protective. This research aims to quantify the impacts of income on experiences of IPV during COVID-19 for Canadian women.

Proposed Methods: A quantitative survey will be administered to 95 women using Qualtrics to collect demographics, experiences of IPV, and income data. IPV will be assessed using the validated Abuse Assessment Screen (AAS) and Composite Abuse Scale (CAS) and scored according to protocol. Measures of central tendency and dispersion for demographics and income will be computed. A one-way dependent t-test will compare pre-COVID total CAS scores to during-COVID total CAS scores and repeated for each subscale, inclusive of corresponding effect sizes and confidence intervals. A linear regression analysis will determine whether loss in income can predict experiences of abuse during COVID-19. An independent sample t-test will determine if CERB was health protective, by comparing the CAS total scores during COVID-19 for CERB-accepting and CERB-non-accepting women.

Future Directions/Implications: This research will inform economically and socially empowering policy and institutional responses for women who experience IPV during public emergencies.

Association between Intimate Partner Violence and Functional Gastrointestinal Disease and Syndrome among Adult Women: Systematic Review

Ohud Banjar, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Marilyn Ford-Gilboe, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Deanna Befus, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Bayan Alilyyani, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Functional gastrointestinal disorders (FGIDs) and symptoms have been identified as possible health consequences of intimate partner violence (IPV). However, whether specific types of abuse (i.e., psychological, physical and sexual) affect the health of women in different ways, and the mechanisms that explain how these forms of abuse affect their health and quality of life (QOL) are not well understood. The aims of this systematic review were to examine the association between the different types of IPV and the risk of FGIDs and symptoms among adult women, identify the factors that mediate and/or moderate these health effects, and assess the impact of FGIDs and symptoms on women's QOL. Seven electronic databases were searched using the following criteria: English language studies of adult women (15 years or older) who had experienced IPV and reported FGIDs and symptoms; both quantitative descriptive and qualitative studies were included, and the timeline search was based on the first record from each included database until December 31, 2019. A quality assessment of each included study was completed using either published guidelines from Hoya et al. (2012) for quantitative studies or the Critical Skills Appraisal Program (CASP; 2010) tool for qualitative studies. A total of 15 studies satisfied our inclusion criteria. Results suggest that there is an association between various types of IPV and FGIDs and symptoms but none of the included studies examined factors that might mediate and/or moderate this association. Further, limited attention was given to examining the association of FGIDs and QOL in the context of IPV. The findings of this study emphasize the importance of adapting nursing practice, education, and research to improve care for women who have experienced IPV and are suffering from FGIDs.

Lifetime Prevalence of Emotional/Psychological Abuse among Qualified Female Healthcare Providers

Azmat Jehan, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Rozina Karmaliani, University of Minnesota, U.S.
Tazeen Saeed Ali, Medical Science, Karolinska Institute, Sweden

Purpose: The purpose of this study was to determine the lifetime prevalence of emotional/psychological abuse among married female healthcare providers in tertiary care hospitals in Karachi, Pakistan.

Methods: A descriptive cross-sectional study was conducted in a sample of 350 married female nurses and doctors, recruited from three tertiary healthcare hospitals (one public and two private). This study used the self-administered modified truncated WHO multi-country questionnaire. Descriptive and univariate analysis was performed.

Results: Of the total sample of 350 female married healthcare providers, 97.7% (n = 342) were reported with one or more forms of domestic violence at some point in their married life, whereby 62.6% (n = 214) lifetime prevalence of emotional abuse was found due to any forms of violence. The univariate analysis showed that those female healthcare providers who had done their diploma were more prone to emotional abuse 46.7% (n = 100). And, nurses experienced more emotional abuse 57.9% (n = 124) in their life than doctors. Moreover, there was a significant difference in emotional abuse among those participants' husband who used and do not use alcohol (p = .009). The most common study participants responses against emotional abuse were: 62% (n = 212), verbally fighting back, 15.2% (n = 52) keeping quiet, 27.2% (n = 93) talking to husband, family/friends, 7% (n = 24) returning to parents' home and 5.8% (n = 20) attempting suicide.

Conclusion: Domestic violence leads to emotional scars and should be considered an inhuman act. However, its prevalence exists in every culture and more so in underdeveloped, economically challenged cultures. Emotional abuse is frequent among nurses and doctors. Socio-demographic factors of women have been identified as one of the determinants of emotional abuse among healthcare professionals. Future research should investigate emotional abuse patterns not only for professional women but also for housewives.

D2 – Chronic Disease & Pain Management

Effectiveness of Home-Based Cardiac Rehabilitation and Its Importance during COVID-19

Hannah Pollock, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Anna Garnett, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background: Cardiac rehabilitation is a critical disease management and health promotion intervention for individuals recovering from cardiac events and living with heart disease, proven to reduce the risk of mortality, morbidity, and hospitalizations. The current COVID-19 pandemic has caused disturbances in every aspect of life including the postponement or cancellation of many health services, including 41% of cardiac rehabilitation programs in Canada. Without access to cardiac rehabilitation, individuals face many challenges trying to recover from cardiac events and improve their health and well-being. Education, resources and support normally provided in a traditional centre-based program are limited due to COVID-19 closures, placing participants in a potentially risky situation to suffer adverse health outcomes.

Purpose: This position suggests that transitioning from a centre-based cardiac rehabilitation program to a home-based program during the COVID-19 pandemic and the foreseeable future is a more effective health strategy to provide continuous care to cardiac patients.

Evidence: Home-based cardiac rehabilitation programs have been utilized in Canada prior to the pandemic but vary in structure and function. They are typically defined as those in which the majority of exercise is performed without direct, hands-on, line-of-sight supervision. Programs utilize a variety of resources, including technology, to regularly monitor participants and allow them to engage in education and counselling resources remotely. The program's flexibility and convenience overcome many of the multi-level barriers which normally impede participants from accessing centre-based programs. Home-based programs have proven to be equally effective, if not more effective than centre-based programs in improving mortality, cardiac events, exercise capacity and modifiable risk factors.

Implications: Home-based cardiac rehabilitation programs are a valid alternative to support and protect a vulnerable population, especially those at high risk of complications if diagnosed with COVID-19. Transitioning to a home-based platform may be a challenge, however, home-based rehabilitation is better than none at all. The Canadian Cardiovascular Society has provided some practical approaches to support programs in their shift towards home-based programs. Adapting current plans and developing new ones, utilizing appropriate resources, having a conservative exercise program, monitoring clients, emphasizing education, being flexible and enhancing safety are key steps for a successful transition.

Understanding the Social Determinants of Health from the Standpoint of Patients: An Institutional Ethnography of Mental Health, Addictions and Poverty in the Lives of People with Chronic Pain

Fiona Webster, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Laura Connoy, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Chronic pain (CP) is a significant health problem and is the most prevalent chronic condition in Canada. Increased rates of opioid prescribing have followed this high prevalence of CP, contributing to an increase in opioid-related deaths. Based on our previous research, which examined CP care in Ontario from the perspective of primary care providers, many patients who suffer from CP also suffer from poverty, poor mental health, and addiction – particularly to opioids.

The goal of this presentation is to highlight how we can and why we must aim to understand the experiences of patients with CP who are also living with low socio-economic status (SES). We do this by detailing the importance of institutional ethnography (IE), an ethnographic approach that entails multiple methods like observations, interviews, and textual analysis, to explore the invisible social relations that shape the daily lived experiences of patients. This in turn offers a novel approach in that it aims to describe the work that patients with CP, as well as antecedent issues (i.e. mental health, addiction and poverty), undertake in order to manage both their medical and social issues.

This discussion of IE is contextualized within our current research project—Understanding the social determinants of health from the standpoint of patients: an institutional ethnography of mental health, addictions and poverty in the lives of people with chronic pain (COPE II)—which aims to understand the experiences of patients with CP and low SES so as to explicate and draw attention to the existing gaps between clinical understandings of medical complexity and the social complexity of patients' lives. Understanding the social determinants of health from the standpoint of patients: an institutional ethnography of mental health, addictions and poverty in the lives of people with chronic pain.

Exploring Patient Engagement and the Use of Opioids in Managing Chronic Pain: A Scoping Review

Bayan Alilyyani, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Ryan Chan, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Laura Connoy, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Fiona Webster, Arthur Labatt Family School of Nursing, Western University, London, Ontario

With chronic pain a key research topic in the health sciences, our interest lies in the role of patient engagement in managing chronic pain. To document and classify current research trends in this area, we conducted a scoping review as part of a larger study aimed at understanding the experiences of patients of low socio-economic status (SES) with chronic pain. Our primary research question for the scoping review is: what frameworks and other tools have been developed in relation to patient engagement in relation to chronic pain management among low SES patients who are using opioids?

Conducted between March and July 2019, our search strategy included 7 electronic databases (PubMed, CINAHL, Embase, Education Database, PsycINFO, Scopus, and ProQuest Dissertations & Theses) which yielded 483 titles and abstracts. After removal of duplicates, a total of 425 titles and abstracts were screened using inclusion and exclusion criteria, resulting in 41 studies as eligible for full-text screen. After final full text review, 34 studies were included in this review.

Following the Arksey and O'Malley (2005) and Levac, Colquhoun, and O'Brien (2010) framework, findings of this review were analyzed through description and themes. The description element includes study selection, study characteristics, and study design. The themes that came to define our findings include: 1) Patient engagement is poorly defined; 2) Increased focus on opioids through a medical lens; 3) Negative/narrow characterization of patients; and 4) a focus on biomedical aspects of chronic pain.

Findings of this review suggest a need for studies that address patient engagement in relation to people living with low SES (in addition to other marginalized and oppressed groups) and that define operational definitions for patient engagement and patient engagement in chronic pain management specially. Lastly, findings of this review suggest much more attention is needed on the structural or social issues that come to define and shape experiences of chronic pain.

Midwifery/Nurse Collaborative Approach to Community Genetic Screening in the Old Order Anabaptist Community

Cynthia Soulliere, Countryside Midwifery Services, Milverton, Ontario
Jane Leach, Perth District Health Unit, Stratford, Ontario
Victoria Mok Siu, Western University, London, Ontario
Julie Van Bakel, Perth District Health Unit, Stratford, Ontario

The Amish newborn screening program has evolved over 20 years from an initiative to test for a small number of genetic conditions common in the Millbank Amish community to a full service population genetic screening program for Old Order Anabaptist (Mennonite and Amish) families across Southwestern Ontario. This successful collaborative project in community genetic screening has involved: community leaders, midwives, and public health nurses working alongside specialists in London, Ontario. This program brings specialty genetic screening for rare disorders directly into client homes improving health access and outcomes for a paediatric rural population. It has transformed understandings of rare conditions and has evolved as community members have requested broader services that are provided in culturally-appropriate ways close to home.

Midwives and nurses who work in the community have been vital to this process, by using their local knowledge and community connections to build and expand this program with a focus on: culturally-competent care, identifying and removing access barriers, forming relationships with Church leaders, and knowing what is important to families.

This presentation will chart the evolution of the Amish newborn screening program and how the relationships between public health nursing and midwifery has built and maintained a successful program. It offers a model for the ways interprofessional collaboration can transform health care services.

Beyond Inclusion: A Review of Risk Factors of Social Isolation Among Older Adults in Long-Term Care

Sheila A. Boamah, School of Nursing, McMaster University, Hamilton, Ontario
Rachel Weldrick, Department Health Aging and Society, McMaster University, Hamilton, Ontario
Tin-Suet Joan Lee, Faculty of Health Sciences, McMaster University, Hamilton, Ontario
Nicole Taylor, School of Rehabilitation Science, McMaster University, Hamilton, Ontario

Objectives: A wealth of literature has established risk factors for social isolation among older people, however much of this research has focused on community-dwelling populations. Relatively little is known about how risk of social isolation is experienced among those living in long-term care (LTC) homes. We conducted a scoping review to identify possible risk factors for social isolation among older adults living in LTC homes. Methods: A systematic search of five online databases retrieved 1535 unique articles. Eight studies met the inclusion criteria. Results: Thematic analyses revealed that possible risk factors exist at three levels: individual (e.g., communication barriers), systems (e.g., location of LTC facility), and structural factors (e.g., discrimination). Discussion: Our review identified several risk factors for social isolation that have been previously documented in literature, in addition to several risks that may be unique to those living in LTC homes. Results highlight several scholarly and practical implications.

Enhancing Advanced Practice Nursing: The Value of Role Clarity and Mentorship

Lisa Morgan, St. Joseph's Health Care London, London, Ontario
Alexis Smith, St. Joseph's Health Care London, London, Ontario
Amanda Thibeault, St. Joseph's Health Care London, London, Ontario

Problem Statement: Advanced practice nurses (APN), defined by clinical nurse specialist and nurse practitioner roles, have become vital to meet the needs of our growing health care system (Canadian Nurses Association, 2019). There are several documented challenges faced when implementing APN roles, including lack of role clarity and professional boundary-setting, unsupportive leadership, and reduced job satisfaction, which contribute to variable role optimization and retention (Contandriopoulos et al. 2015; Kilpatrick et al. 2016). Evidence supports that successful APN role implementation requires strong support from operational leadership, and formalized on-boarding processes including a comprehensive mentoring framework, however this type of formalized support is often not adopted within healthcare organizations (Canadian Nurses Association, 2019; Winnipeg Regional Health Authority, 2016; Goldschmidt & Torowicz, 2011).

Purpose: To address these challenges and cultivate a strong APN professional practice environment, St. Joseph's Healthcare London designed a toolkit to facilitate successful APN role development and implementation, to support APN practice to meet the specific needs of the patient population, and working to their optimized scope of practice. This project incorporated the development of this toolkit and process, along with the evaluation of implementation with new/revised APN roles.

Study Design: This quality improvement project is designed using the Deming Plan-Do-Study-Act Cycle. The project included: literature review, facilitated engagement of APN staff and clinical leadership, development tools to support needs-based role design, role implementation, learning plan development, and mentoring relationship development, along with a comprehensive evaluation plan.

Sample: The toolkit and evaluation plan will be implemented with all open APN roles in a 12-month period.

Data Collection Approach: Evaluation data will be collected through semi-structured interviews with the APN, mentor APN, and clinical leader at two time points.

Analysis: A qualitative analysis of interview data will be completed to identify themes to inform ongoing APN onboarding support.

Results: This research is in progress. Results from an expected sample of 2-4 APNs will be available for presentation.

Implications: The findings from this project are important in understanding the influence of role clarity and mentorship in facilitating successful APN role implementation. This will support a strong professional practice environment for APN leadership.

The Challenge and Potential of Trauma- and Violence-informed Care for Nurses Working with Women who have Experienced Intimate Partner Violence

Noël Patten Lu, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Marilyn Ford-Gilboe, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Lorie Donelle, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Victoria Smye, Arthur Labatt Family School of Nursing, Western University, London, Ontario
Kimberley Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Background and Purpose: Intimate partner violence (IPV), one of the most common forms of violence against women, is a serious public health issue that affects 1 in 4 women in Canada. As the first and possibly only point of contact in the healthcare system for women who have experienced IPV, nurses can have profound effects (positive and negative) on women's health, safety, and how they engage with health services. However, healthcare providers, including nurses, often lack appropriate training to deal with IPV, which can contribute to further harms and re-traumatization. One possible path to better care is to support nurses to take up trauma- and violence-informed care (TVIC), a promising approach that has yet to be extensively studied or widely implemented. Consequently, its potential for nursing practice with women who have experienced interpersonal and structural violence is not well understood. This study endeavours to fill this gap by examining how nurses experience, understand, and take up the concept of TVIC in the context of practice with women who have experienced IPV.

Methodology: In this critical ethnography, key informants are 12 nurses hired and trained to offer the Intervention for Health Enhancement and Living (iHEAL), a community-based health promotion intervention for women in the transition of separating from an abusive partner. As part of their role, these nurses received standardized education about TVIC and how to integrate it into practice, along with support from a clinical supervisor. Repeat, in-depth qualitative interviews were conducted with participants at 3 points in a 20-month period in order to capture their experiences over time. Transcribed interviews were analyzed using inductive thematic analysis informed by post/decolonial theory.

Findings and Implications: Preliminary findings suggest that, despite recognizing the potential of TVIC, nurses experience multiple tensions and challenges in adopting it in the context of practice norms that emphasize efficiency, individualize problems, and overlook structural factors that shape women's health. This research offers insights into the complexity of TVIC, and suggests strategies that could support the successful adoption of this exciting approach to care.

D4 – Mental Health & Homelessness

From Hospital to Homelessness: Preventing Discharge to "No Fixed Address"v2

Cheryl Forchuk, Lawson Health Research Institute; Arthur Labatt Family School of Nursing, Western University, London, Ontario
Jeffrey Reiss, London Health Sciences Center, London, Ontario
Sherri Lawson, London Health Sciences Centre, London, Ontario
Sandra Northcott, St. Joseph's Health Care London, London, Ontario
Rebecca Vann, St. Joseph's Health Care London, London, Ontario
Dan Catunto, Ontario Works Operations, City of London, London, Ontario
Sarah Collins, Salvation Army Centre of Hope, London, Ontario
Richard Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario

The discharge of psychiatric patients from the hospital into homelessness is a prevalent issue despite research indicating social, safety, health and economic detriments on both the individual and community level (Forchuk et al., 2008; Gaetz, 2012). Lack of stable housing for discharged inpatients results in long-term consequences including exacerbation of health problems and costly health care service use and hospital readmission (Mikkonen & Raphael, 2010; Munn-Rivard, 2014). Patients experiencing homelessness are four times more likely to be readmitted within a month of discharge and hospitals must spend $2,559 more per client (Hwang et al., 2011; Saab et al., 2016). Finding safe housing for these individuals is imperative to their recovery and transition back to the community.

The "No Fixed Address" version 2 (NFA v.2) project has tested the efficacy of a potential best practice program that finds safe housing for inpatients, preventing discharge from hospital into homelessness. Forchuk and colleagues developed a system that streamlines housing and social supports using on-site access. Housing Stability Workers and Ontario Works are brought directly into hospital, allowing inpatient access via drop-in or by appointment.

Findings of the NFA v.2 project will be discussed. In a previous pilot project, Forchuk et al., (2006) found that all seven participants randomly assigned to the intervention remained housed at 3 and 6 months' follow-up, while individuals in usual care were unhoused or had entered the sex trade. In a following scaled-up phase of the project involving 219 acute psychiatric clients and 32 tertiary care clients (Forchuk et. al, 2008), 92.5% of those who accessed the service and were at risk of homelessness were connected with affordable accommodation.

Since homelessness has a detrimental effect on recovery, client and community safety, and healthcare expenditure, locating safe housing for psychiatric patients may have a positive impact on treatment, rehabilitation, and the system as a whole. The findings of this project may offer safe policy alternatives for the prevention of homelessness for at risk individuals.

Mental Health Experiences and Pathways to Homelessness Among Refugee Claimants

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BACKGROUND: Canada remains a global destination of choice for refugees and asylum seekers, yet many refugees especially refugee claimants experience homelessness upon arrival into Canada. Refugees are particularly at risk of experiencing mental health challenges, and this risk may both be aggravated in the context of homelessness or increase the risk of experiencing homelessness. However, to date, very few studies have examined the link between mental health and pathways to homelessness for refugees most especially refugee claimants.This study therefore explored how mental health challenges among refugees influence their pathways to homelessness.

METHODOLOGY: Positioned within the critical theoretical perspective and using an intersectional lens, this study is a qualitative secondary analysis of a primary study exploring the pathways into homelessness for refugees in Canada. Analysis involved a thematic analysis approach (Braun & Clarke, 2006) of 15 in-depth interviews with participants purposefully sampled and recruited through emergency shelters in London and Toronto.

FINDINGS: In noticeable contrast to Canadian citizens experiencing homelessness, refugees in this study did not consider mental health challenges to be a cause or a pathway to homelessness. Rather, they identified the lack of financial resources and housing options as leading them to utilizing emergency shelter. Participants also indicated that being homeless decreases their sense of mental well-being.

FUTURE DIRECTIONS: This study highlights that homelessness diversion and prevention will differ from population to population. Whereas mental health supports might be of high priority for homelessness prevention among the Canadian population, for refugees, qualitative reports demonstrate other areas of higher priority.

Factors Influencing Access and Utilization of Health Service among Substance Using Homeless Youth: A Scoping Review

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In Canada an estimated 35,000 to 40,000 youth (ages 13-24) experience homelessness yearly (Gaetz et al., 2014). As a diverse population with numerous stressors, stigmatization transient housing, homeless youth often use substances as a form of coping. Despite the higher rates of physical illness and mental disorders prevalent among homeless youth they have been shown to have lower utilization of and access to healthcare. (Abel-baki et al., 2019; Karabanow et al., 2018). As a result, it is critical to recognize and understand the factors that influence service use among this population.

The purpose of this paper is to: (1) Review the literature on substance using homeless youth's access to health care services, (2) Identify and synthesize factors that influence health service access and use, and (3) Discuss and make recommendations regarding practical interventions that will increase the access and use of health services. The method used was a scoping review according to the PRISMA-ScR standard. The databases searched were Google Scholar, CINAHL, SCOPUS, PubMed, and PsycINFO (ProQuest). Out of 306 identified studies, 6 articles were chosen for full data extraction after title, abstract, and full article review.

The common themes that arose as barriers to access and utilization of health services (including medical, mental health, and drug treatment) are: financial costs, stigmatization, organization of services, lack of tailored care, perception of compromised confidentiality, and social isolation related to drug use. The facilitators and motivators to accessing health services include: availability of free, flexible, culturally competent, confidential, timely, harm-reduction focused, and nonjudgmental services. Strategies to reduce barriers and support facilitators include: structural changes, promoting the pairing of a mentor or peer navigators, and increasing policy that accommodate for the nature of transient living.

A Scoping Review of Promising Structural Reforms to Support Youth Mental Health

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The purpose of this presentation is to share the findings of a scoping review on structural reforms to support youth mental health. The mental health experiences and needs of transitional age youth has been identified as a priority both for research and for clinical interventions. While promising programs are being enacted globally, these are often delivered in the context of systems that are not functioning optimally, thus being a form of down-stream response. Therefore, true transformation of youth mental health supports needs to come for structural reforms rather than simply "working around the margins". As part of a larger social innovation lab aimed at shifting mental health outcomes for transitional age youth, this scoping review was designed to provide an evidence-based foundation for considering structural reforms. The search included EMBASE, CINAHL, PsychInfo, Medline, Socialogical Abstracts, Proquest Dissertations and Theses, and the Nursing and Allied Health Database. Search terms focused on interventions at the structural, system, or policy level, anywhere in the world, and including both empirical and theoretical work. A team of 6 researchers worked through an initial pool of 5,652 articles through title, abstract, and full text screening. Ultimately, 61 articles were included in the data extraction with priority put on articles that scored high in a rating of congruence, relevance, innovation, feasibility, and clarity. This presentation will focus on key findings from the review, highlight potential opportunities for structural reforms in a Canadian context to enhance youth mental health.

Concurrent Session E: Oral Paper Presentations & Science Pitch Sessions

E1 – Digital Health: Smartphones & Mobile Applications

Evolving a Personalized, Online Safety & Health Resource for Women Experiencing Intimate Partner Violence to a Publicly Available App: My Plan Canada

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for the myPlan Team

Personalized, online interventions have potential to reduce barriers to support for women experiencing intimate partner violence (IPV) and may have other benefits for women, including enhancing health, safety and well-being. We developed iCAN Plan 4 Safety as the first interactive, online health and safety resource for Canadian women experiencing IPV. By completing a series of questions and activities, the online tool helps a woman weigh the risks in her relationship, reflect on her priorities and then provides a personalized action plan with strategies and resources (e.g. services and online information) she can use to promote safety, health and well-being for herself and (where applicable) for her children.

Initially, we adapted and extended a US-based online tool to fit the varied needs and living situations of diverse groups of Canadian women, including increasing attention to women's physical and emotional safety, health and well-being. A randomized controlled trial testing the effectiveness of ICAN with 462 Canadian women living in 3 provinces (BC, ON, NB) produced encouraging results. Over a 12-month period, women who completed both the personalized ICAN and a generic online tool both improved on most outcomes (e.g. mental health, feelings of coercive control) and reported high acceptability, fit with needs and no evidence of harms. The tailored online tool was more beneficial for 4 specific groups; qualitative interviews provided insights about varied ways women used the online tool and the importance of the affirming, non-judgmental tone.

Working with partners in the U.S., we drew on lessons from the trial to shift the online resource to a new mobile first APP (myPlan Canada) that is publicly available at no cost to Canadian women in both English and French (https://myplanapp.ca/en/). We are now studying how this app can complement the work of service agencies and focusing on broad dissemination and sustainability planning. In this session, we present initial findings from our current research and discuss lessons and challenges encountered in this process, highlighting implications for scale up and sustainability of effective interventions more generally.

Using Snapchat to Promote STI Screening at a Rural Public Health Unit

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Annie O'Dette, Huron County Health Unit
Marian Doucette, Huron County Health Unit
Rita Marshall, Huron County Health Unit
Chisomo Mchaina, Huron County Health Unit
Kate Underwood, Huron County Health Unit

BACKGROUND & OBJECTIVES: Since 2013 in Huron County (a predominantly rural region), males under 30 years old have had the highest positivity rates for gonorrhea and chlamydia compared to any other age-sex group. Evidence suggests that rural males under 30 years old may access and engage with health information regarding STIs, STI screening, and STI prevention, when it is located on social media platforms, when the content is engaging and entertaining, and when the messages are embedded within a photo. Based on this, the Huron County Health Unit (HCHU) Sexual Health Team and Communications Team designed a set of health information-based Snapchat advertisements containing a brief message about STI screening embedded in an image. The advertising campaign ran in Huron County from October to December 2019. The Snapchat advertising campaign will be evaluated to determine how sexual health information directed at rural males under 30 years old affects the number of individuals attending the HCHU sexual health drop-in clinics for STI screening.

METHODS: A mixed-methods design was used to determine the scope and reach of the Snapchat advertisements and the effect that advertising STI screening on Snapchat had on clinic visits for Huron County males 30 years old or younger. User traffic data collected from the Snapchat advertisements will include user demographics, number of impressions and interactions, and number visits to the sexual health drop-in clinic website that occurred because of the advertisements. Anonymous clinical data will for the 3-month advertising campaign will be analyzed and compared to the 3-month period preceding the advertising campaign and the same 3-month period in 2018 to estimate how the advertisements influenced visits to the HCHU drop-in clinics.

RESULTS: Findings will present the first known application of Snapchat to disseminate sexual health information to a predominantly rural population. In doing so it will provide a baseline understanding of how rural males under 30 engage with sexual health information on Snapchat, which can in turn inform their future sexual health programming and health information dissemination strategies. As rural males are a known difficult-to-reach population, these findings may inform how health service providers understand the health information needs and preferences of their rural male populations.

Nurses' Use of Smartphones and Mobile Phones in the Workplace: A Scoping Review

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Michael S. Kerr, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Introduction: There has been a significant increase in technological infrastructure of many healthcare organizations to support the practice of healthcare providers; however, many nurses are using their personal digital devices, smartphones and mobile phones while at work for personal and professional purposes. Despite the proliferation of smartphone use in the healthcare setting, there is limited research available on the clinical use of these devices by nurses. This study aimed to understand the current breadth of research on nurse's personal smartphone use in the workplace and identify implications for research, practice, and education.

Methods: A scoping review was conducted and the following databases were used in the literature search: CINHAL, PubMed, Dissertations and Theses, EMBASE, MEDLINE, Nursing and Allied Health Database, Scopus, Web of Science, and Cochrane Reviews. Search terms used were: Nurs* AND (personal digital technology OR smartphone OR cellphone OR mobile phone OR cellular phone).

Results: Sixteen of 1765 articles met inclusion criteria. All but three articles focused on personal device use in acute care settings. Three main themes from the thematic analyses of the reviewed literature included: personal smartphone use for patient care, personal smartphone use for personal reasons, and implications of personal smartphone use. Nurses used their smartphones to locate information about medications, procedures, diagnoses, and laboratory tests. Nurses reported improved communication between health team members and used their personal devices to communicate patient information via text messaging, calling, and picture/video functions. Yet, nurses expressed insight into personal smartphone use and challenges related to distraction, information privacy, organizational policies, and patient perception.

Conclusion: Nurses are bringing their smartphones to work and see these devices as an efficient method to gather patient care information and to communicate with the healthcare team. This review highlights knowledge gaps regarding nurses' personal device use and information safety, patient care outcomes, and communication practices among healthcare teams. The current breadth of research is focused on acute care, with little to no research focus in other practices settings. Research initiatives are needed to explore personal device use across the continuum of workplace settings, such as homecare, long-term care, and public health.

E2 – Policies for Health Care Providers

Transforming Education for Health Care and Social Service Providers: Developing Competencies to Advocate for Healthy Public Policy

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The ability to advocate for healthy public policy is an entry-to-practice competency that is expected of graduates from health care and social service programs. However, the academic literature, as well as students, faculty, and professionals in the field, reveal that they lack the knowledge and skills to engage in policy advocacy work. Competencies in policy advocacy are infrequently taught in professional programs to the extent where they can be practiced without additional education, and a lack of curricular guidance interferes with effectively teaching policy advocacy in these programs. Overall, the lack of standards to support students, providers, and professors to learn, understand, and actively engage in policy advocacy in real-world settings can lead to significant errors in practice, or no participation at all.

This research is a subset of the broader research study, Mobilizing Narratives for Policy and Social Change. The purpose of this current study was twofold: to identify the knowledge and skills that healthcare and social service providers require to engage in public policy advocacy, and to translate this knowledge and these skills into educational competencies for university curricula in Ontario. The following research questions were asked: a) How do health care and social service providers from community-based organizations conduct public policy advocacy? b) What knowledge and skills do health care and social service providers from community-based organizations identify as key to being effective in public policy advocacy? and c) How can the knowledge and skills for public policy advocacy identified by community-based organizations be translated to enhance or support competencies for undergraduate education?

Using a qualitative, exploratory case study methodology, semi-structured interviews were completed with staff from community-based organizations who were participating in the larger study, Mobilizing Narratives for Policy and Social Change, and who regularly engaged in public policy advocacy. Comparative case analysis is being used to synthesize findings across cases. Preliminary findings will be presented. The core knowledge and skills identified here will serve as building blocks for creating evidence-based competencies and learning activities for educators teaching public policy advocacy in health care and social service programs.

The Environment as Patient: A Content Analysis of Canadian Nursing Organizations and Regulatory Bodies Policies on Nurses' Role in Environmental Health

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Lorie Donelle, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Individual, community, and societal health is impacted by the environment which is impacted by pollution of air, water and soil, and climate change. Poor environmental health conditions have been associated with various illness exacerbations. While global nursing organizations have increased their environmental health focus, evidence is lacking that Canadian nurse leaders/ organizations are similarly supportive.

The aim of this analysis was to explore the extent to which Canadian nursing regulatory bodies and associations have created policies advocating for nursing practice in environmental health.
A content analysis of nursing focused position statements and competency documents was conducted to assess Canadian nurse leadership in environmental health. Publicly available position statements and competency documents regarding health and the environment were retrieved from the websites of nursing regulatory colleges and nursing associations across Canada, the Canadian Nursing Association, and from the International Council of Nurses. All documents were coded inductively and thematically analyzed.

Twenty-two documents were retrieved which consisted of twelve policy statements from nursing associations and ten competency documents from nursing regulators and national associations. Four themes were generated; Collaboration, Language of Engagement, Nursing Actions and Social Justice. Environmental health and sustainable health care practices were identified to be within nurses' scope of practice.

Nursing policies and competencies directing nursing action and care of the environment are absent within most Canadian provinces and territories. Nursing leaders appear to have missed an upstream opportunity to acknowledge the impact of the environment on human health. Research implications include studies to understand nursing students' perspective on environmental sustainability as part of their scope of practice. Further research implications include exploring how nurses engage in environmental activism and advocacy. Educational implications from this research include improving ecoliteracy in Canadian undergraduate and graduate nursing curriculums though knowledge and skill development in environmental health, advocacy and health activism.

E3 – Science Pitch Session I

Harm Reduction Services in Ottawa: The Culture of Drug Use

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Between January 2016 and June 2019, there were over 13,900 apparent opioid-related deaths in Canada, solidifying the need for appropriate and effective services for people who use drugs (PWUD). Within government initiatives and policies, PWUD are often inappropriately considered a homogeneous group of individuals, with implementation of services nationally often being guided by these governmental bodies without meaningful consultation and collaboration with PWUD. However, recent harm reduction research and best practice guidelines have emphasized the importance of tailoring services to local drug scenes. Despite this, very little research on the cultural norms of PWUD exists in the literature. In an attempt to explore the local culture of drug use in Ottawa, a literature review ultimately uncovered very few articles on this topic. However, by expanding the search beyond Ottawa and using a social determinants of health framework, the factors of culture, income and social status, physical environment, and access to services were revealed as unique experiences for PWUD. Further, through four in-depth interviews with current harm reduction providers in Ottawa, the themes of 1) uncertainty and concerns surrounding the overdose crisis; 2) lack of flexibility in resources and access issues; and 3) diversity in the culture of drug use in Ottawa were explored. Recommendations surrounding partnering with PWUD, policy changes, and a safer supply were subsequently discussed. These findings helped to validate the reality of the unique drug-use culture in Ottawa, and the requirement for harm reduction services to be adapted to the local needs of PWUD.

Opioid Crisis: A Qualitative Analysis of Financial Influences and Addiction

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Lissa Gagnon, Laurentian University, Sudbury, Ontario

The province of Ontario is currently engaged in a public health crisis centered around the use of prescription and non-prescription opioids. According to Public Health Ontario (2018), the number of harms related to opioid misuse has risen steadily for over a decade. Opioid overdose has claimed the lives of over 8000 Canadians and has been predicted as the leading cause of death among Canadians aged 30 to 39 in the years to come (Government of Canada, 2019). Considerable evidence in healthcare literature proves that providing deeper understanding of the motives of opioid use is essential in developing effective prevention and treatment strategies. In review of the literature, there were scant frameworks on the proposed topic for study. However, the literature identifies a conceptual framework (Jones, Spradlin, Robinson, & Tragesser, 2014) which describes a four-factor model for the motives of opioids. Although the model provides general insights on why individuals are using opioids, it fails to isolate the different motives in terms of different demographics (age and gender) and reason for initial contact (prescribed versus recreational). Therefore, the proposed study will examine the differences in motives for opioid use among different age groups, genders, and circumstances for initial use. The research team is curious to determine how the results of the proposed study will complement the identified framework.

Mental Health and Addictions Care Provided by Nurses in the Emergency Department

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Seminal pieces of literature from various countries throughout the world including Canada, Australia and the United States of America report that Emergency Departments (ED) are not suitable for people with specialized Mental health and addictions (MHA) needs and that ED nurses do not feel well-equipped to care for this patient population (Fleury et al., 2020; Innes et al., 2014; Marynowski-Traczyk & Broadbent, 2011; Reed & Fitzgerald, 2005; Thomas et al., 2018; Wolf et al., 2015; Zolnierek & Clingerman, 2012; Zun, 2012). A valid reason as to why nurses feel this way may be related to a gap in nursing education and training. Many nursing regulators in Canada including the College of Nurses of Ontario take a generalist approach to nursing education required to practice as a Registered Nurse (RN) or Registered Practical Nurse (RPN) (College of Nurses of Ontario, 2019). Generalist prepared nurses have the knowledge, skill and judgement to provide safe care to people of all ages and genders in a wide variety of practice settings (CNO, 2019). This means that nursing students receive some exposure to theoretical knowledge and clinical practice in the area of MHA; yet this may not be sufficient in preparing future nurses to care for this population in the settings where they are now receiving care. I propose enacting a qualitative research methodology to engage emergency nurses to describe their mental health practices. Recognizing that nursing curricula are already packed, the goal of this research will be to develop practical, structured education and training programs for ED nurses that can be completed by practicing nurses.

Investigating Physiological Determinants of Mental Health in Children with Cerebral Palsy

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Background

Fifty-seven percent of children with cerebral palsy (CP) experience mental health symptoms including anxiety and depression.1 Although CP is non progressive, the development of secondary conditions can have progressive effects on an individuals' functional abilities. Particularly, untreated mental health symptoms can have a negative effect on children's quality of life. Children with CP are more likely to experience fatigue, chronic pain and sleep disturbances. Identifying modifiable risk factors that contribute to the progression of depressive and anxiety symptoms can be vital in preventing lifelong challenges into adulthood. While it is theorized that the combined presence of these secondary symptoms may worsen the effects of mental health, that is yet to be systematically examined.

Objectives and Hypotheses

My objective is to better understand the relationship between fatigue, pain and sleep on mental health symptoms for children with CP. In addition, as a secondary objective we are observing the relationship between physical activity and its association with mental health. We hypothesize that moderate to severe levels of pain and/or fatigue, as well as sleep difficulties will be associated with the presence of anxiety and depressive disorders and/or symptoms.

Proposed Methods

I will conduct an observational study to measure physiological factors including fatigue, pain and sleep and physical activity in children with CP. To objectively measure these daily risk factors, participants will respond to different questionnaires and visual analog scales. In addition, participants will wear an accelerometer around their waist for 7 days and nights to provide non-invasive data on physical activity patterns and sleep cycles of these children. Using pairwise correlations and hierarchical logistic regression analyses, we will examine the relationships between secondary conditions in those participants who meet criteria for anxiety or depression compared to those that do not.

Future Applications/ Directions

This will be the first study to systematically investigate the relationships between these physiological factors and co-morbid anxiety and depression symptoms. By understanding their associations, this study will be able to provide recommendations for the development and implementation of evidence-based interventions to treat these factors. In addition, the results of this study have the potential to inform clinicians on the determinants of mental health and provide a starting point for individualized treatment of modifiable factors that threaten the health and wellbeing of children with CP and their families.

Implementing Breastfeeding Education in Pediatric Settings

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Breastfeeding adherence rates in community and acute hospital settings are substandard across many developed nations, despite the development of programs to support them. For example, the Baby-friendly Hospital Initiative program was developed by the World Health Organization to enhance breastfeeding success. Based on a narrative review of the literature relevant to community and acute pediatric healthcare settings, it is evident that enhanced education for interdisciplinary team members needs to be implemented to support breastfeeding. Findings from twenty-eight articles are included in this practice initiative, including systematic reviews, randomized control trials, case control, cohort, descriptive, and qualitative studies, as well as opinion articles. After synthesizing the study results into content themes, it is evident that initiation and management of breastfeeding within these settings can be improved through increased healthcare provider knowledge. A narrative summary of the evidence reveals that issues related to breastfeeding promotion in community and acute pediatric settings are due to complacency with early cessation, inadequate healthcare provider knowledge, and overreliance on Internationally Board-Certified Lactation Consultants® (IBCLCs). Innovative recommendations from gathered studies include educational approaches that can be implemented through managerial and clinical strategies, structured breastfeeding education programs, and module-based learning. Hands-on learning of healthcare professionals with assistive devices to troubleshoot breastfeeding issues will also assist with breastfeeding success in pediatric settings. If pediatric healthcare leaders can adopt the outlined strategies to their organizational needs, breastfeeding success will be enhanced in the future.

Promoting Attachment Through Healing (PATH): Results of a Retrospective Feasibility Study

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Intimate partner violence (IPV), broadly defined as any act of coercive control within the context of an intimate relationship, is a pervasive public health concern that impacts one in three women worldwide. The positive correlation between IPV and the prevalence of post-traumatic stress disorder (PTSD), depression, and anxiety is well-documented, with some research suggesting that such diagnoses are intensified perinatally due to the unique pressures of pregnancy. Unfortunately, therapeutic interventions targeted towards specialized perinatal mental health care for women who have experienced IPV are under-explored.

The Promoting Attachment Through Healing (PATH) intervention compared the effects of trauma and violence-informed cognitive behavioural therapy (TVICBT) with standard care on mental health, coping, and maternal-infant attachment among pregnant women with a history of IPV. A mixed-methods, retrospective medical chart audit used inductive content analysis, measures of central tendency and dispersion, and Fisher's Exact Test to compare the intervention group who received TVICBT (n = 37) and standard care group (n = 32).

The analyses revealed that women who receive TVICBT are more empowered to articulate their needs and concerns during the prenatal period and cope more effectively during labour and delivery. Additionally, when examining the impact of TVICBT exclusively among women with PTSD, only 8% of women in the intervention group displayed inappropriate attachment compared to 50% in the control group. These findings build upon existing nursing and allied health literature that support the positive impact of TVICBT for women who have experienced IPV and are living with mental illness.

E4 – Science Pitch Session II

The Impact of Social Media Use on Youth Self-Perceived Mental Health

Chantal Singh, London Health Sciences Centre Children's Hospital, London Ontario

In a digital age, the use of social media has infiltrated our daily lives and the way in which we connect with one another in a societal context. The creation of social media platforms such as Facebook, Instagram, Snapchat and Twitter have changed the way we communicate, reducing challenges with other forms of communication such as geographical location and response time. Social media allows for discussion among individuals and facilitates the sharing of content and media in a timely manner worldwide.

Children and adolescents are especially immersed in the culture of social media use as many are exposed to technology from early on in life, due to current societal practices. In parallel, youth populations also encounter many challenges through their stages of growth and development around self-image, self-esteem and perception by their peers. Youth populations are particularly influenced by how they believe they are perceived by their peers namely in terms of appearance and popularity. Social media platforms facilitate connection with other youth on a constant basis, and generate a sense of “immediate feedback” among peer groups. While interactions among social media users can positively influence the mental health, these platforms also have the potential to negatively affect youth in the context of negative interactions online, causing feelings of anxiety, negative self- image, and low self esteem.

This presentation will outline current available literature on this topic, and a current study to inform paediatric nursing practice and develop appropriate health promotion resources for this population to enhance health and support youth through these critical years of growth & development.

Meditating in Virtual-Reality: Investigating Affect Responses of Mindfulness through a Trauma-Informed and Instructor Present Approach

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Mindfulness meditation (MM) as a therapeutic intervention is increasingly being investigated as a possible treatment for a variety of psychological disorders, including depression, anxiety, and most prominently, posttraumatic stress disorder (PSTD). One form of MM that has received little empirical attention, however, is virtual reality (VR) based MM interventions. For treating PTS symptoms, VRMM interventions may be a potential alternative to standard trauma-focused treatments, like VR-exposure therapy, given MM possesses higher compliance rates and similar desired effects, while still being a more feasible and accessible VR option to that of in-vivo therapy. Recent research, however, has only conducted tests using VR-based MM applications that neglect the presence of the instructor (Navaro-Harro, 2017; Mistry, Zhu & Frewen, in submission) which could affect user's meditative experience, especially for novice meditators.

Therefore, the present study aims to assess a didactic, trauma-informed care approach to mindfulness meditation (MM) by comparing affective and meditative responses to a 360 video of a MM to an in-vivo MM. We also intend to be the first study to create and explore 360 guided MM video with an instructor present, using the Meditation Breath Attention Scores (MBAS) as the meditation exercise. Participants are recruited through an online research pool for undergraduate students studying at Western University in London, Ontario, in which they experience the VR exercise, and then are randomly assigned to either the tablet or the in-vivo condition while controlling for order effects. Positive affect, negative affect, and mindfulness experience will be recorded in addition to the self-reported levels of focused attention participants experience throughout the exercise.

We hypothesize that 1) participants when experiencing VR will report similar, if not greater levels of positive affect and meditative experiences as compared to experiencing in-vivo; and 2) during an open-response discussion, individuals will report feelings of closeness, comfort or general positive affect when being asked about the instructor.

Intersectoral Collaboration: A Literature Review

Patrick Ellis, Arthur Labatt Family School of Nursing, Western University, London, Ontario

With the introduction of the Ontario Health Teams model, there exists a need to understand the level of importance that teamwork will have across healthcare agencies. The new model is proposed to introduce improved continuity of care with increased patient involvement. Although there is discussion over implementation of this system, organizations have not focused on how teamwork surrounding intersectoral collaboration will improve. Intersectoral collaboration "occurs when all parties across a 'community' gather together with a clients to design the means for clients to create their own environment that supports their management of their activities of daily living and interactions with others in a meaningful way" (Orchard, 2012).

Changing the structure of healthcare delivery without improving the collaborative teamwork seems to be a limited approach. There is little discussion on how intersectoral collaboration can make a difference in this model. Consequently, the question of what is known in the literature about success factors related to intersectoral collaboration and how these factors should be applied to healthcare must be addressed. To address the question a literature review was undertaken using the stages suggested by Rowley & Slack (2004) including: scanning, making notes, structuring the review, writing the review and building a bibliography on the topic.

An extensive review of journal articles, books, and web-based resources was undertaken for this review. The goal of this presentation is to analyze the steps taken to utilize better intersectoral collaboration by, what Rowley & Slack refer to as "[building] an understanding of theoretical concepts and terminology" surrounding this topic (p. 32). Furthermore, the insights gained from this review will likely function to inform future academic work. The findings will be used to develop a continuing education module on intersectoral team collaboration

Examining the Impact of Managers' Authentic Leadership on Long-Term Care Nurses' Job Turnover Intentions

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Joan Finegan, Faculty of Social Science, Western University, London, Ontario

Purpose: The purpose of this proposed study is to attain an understanding of whether and to what extend the job turnover intentions of long-term care registered nurses and registered practical nurses are influenced by managers' authentic leadership, structural empowerment, workplace bullying, and job satisfaction.

Background: Turnover is an issue that is problematic for long-term care organizations for a variety of reasons, including the substantial costs (e.g., hiring/training new staff) associated with replacing nurses who leave the organization as well as the negative impact of nursing turnover on resident outcomes. Moreover, turnover is an issue that deserves attention because of Canada's shifting demographics; Canada's population is aging, and it is anticipated that more long-term care beds and more long-term care RNs and RPNs will need to be educated, hired, and retained. In previous research, nursing staff work attitudes and behaviours have been impacted in a positive manner by authentic leadership, a leadership style that involves managers being self-aware, moral, ethical, and willing to listen to the thoughts of people with various viewpoints.

Proposed methods: Design: Nonexperimental, correlational, and cross-sectional. Setting/sample: Registered nurses (n = 1,200) and registered practical nurses (n=1,200) will be randomly sampled from the College of Nurses of Ontario's database. Data collection: These potential participants will receive a study package containing a standardized self-report questionnaire, a $2 gift card incentive, and a return-addressed envelope. Follow-up mailings will be used to promote a higher response rate as per Dillman (2007). Data analysis: The structural equational model will be assessed using Mplus while the univariate and bivariate analyses will be understanding using SPSS.

Anticipated outcomes: It is anticipated that higher authentic leadership is associated with higher structural empowerment and, in turn, less frequent workplace bullying, higher job satisfaction, and lower job turnover intentions. Findings from this study, if significant, may provide support for authentic leadership as a guide for how senior leaders in long-term care organizations can prepare their managers to create a work environment where nurses may be less likely to turnover.

The Context and Consequences of Being Turned Away from a Domestic Violence Shelter

Rachel Colquhoun, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Domestic violence (DV) shelters provide a wide range of supports for women experiencing violence, yet fewer than 20% of Canadian women access these services. Many do seek help from shelters but are turned away. Women's Shelters Canada (2019) reports that the turn-away rate in Canada is 79% and current research does not capture the unique challenges of women who are turned away. Little is known about the characteristics of women who are turned away; the context that shapes this experience; or the consequence for their health, well-being and safety. The purpose of this study is to understand variations in women's experiences of being turned away from a DV shelter in the context of shelter service delivery, and the impacts on women's future help seeking in both urban and rural communities, with particular attention given to how women's varied social locations affects the pathways that women navigated.

Study Design: This qualitative interpretive descriptive research study is guided by an intersectional perspective. A purposeful, convenience sample of between 20-30 English speaking women who have experienced IPV and have been turned away from accessing shelter services at any point in the previous five years will be recruited. Executive Directors (ED) and administrators of DV shelters in Ontario will be invited to participate.

Data collection: The first phase of this study involves semi-structured interviews with women who have experienced IPV and attempted to access shelter services at any point and have been turned away for any reason. Arts-based mapping strategies of the women's choice will engage women to create a help-seeking map and to further understand turn-away context and experience(s). The second phase will attempt to understand the perspective of shelter EDs and the context that shapes shelter responses. Data analysis will occur concurrently with data collection using principles of thematic analysis and ID to understand relationships and associations.

Health-Seeking Behaviour Related to Selected Dimensions of Wellness in Community Dwelling Older Adults

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Denise Connelly, School of Physical Therapy, Western University, London, Ontario

Background
Older people generally prefer to ‘stay-put' in their own home. Informed by the Seven Dimensions of Wellness, a component of the International Council on Active Ageing (ICAA) Model, measures of physical function (i.e. physical), fall risk (i.e. environmental), and psychosocial factors (i.e. emotional, spiritual and social) related to health have been selected with the assumption that they intersect to influence health-seeking behaviour of older adults and ageing-at-home.

Objective and Hypothesis
The objective of the study is to investigate the relationship among dimensions of well-being, including physical function, fall risk, psychosocial factors and awareness of community-support services, with health-seeking behaviour in community-dwelling older adults.

Null Hypothesis
The scores obtained on health dimension outcomes will not predict health-seeking behaviour in community-dwelling older adults

Alternate Hypothesis
The scores obtained on health dimension outcomes will predict health-seeking behaviour in community-dwelling older adults.

Proposed Methods
This project will use correlational design. A sample size of 98 subjects will be recruited. Subjects will be older adults living independently at home in the city of London, ON, aged ≥ 65 years, ambulatory (with/without gait aid) and without executive function impairment. The sample size will be 98 subjects calculated with the formula for minimum sample size by Green (1991). Data will be analyzed using multiple linear regression.

Future Implications
The lack of awareness about community-support services becomes challenging when trying to access these community-support services. The resulting information may assist and/or guide the efforts to better help older adults age-in-place.

A Narrative Review of Post-Trauma Resilience and Optimism Frameworks, and Proposal of an Integrated Framework for Musculoskeletal Trauma

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Dave Walton, School of Physical Therapy, Western University, London, Ontario
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Resilience is generally defined as a capacity to maintain or bounce back to normal conditions/functionings in the face of adversity. However, because it is an abstract concept, researchers should specify an operational definition of resilience tailoring their research purpose (e.g., pain-resilience). This presentation focuses on resilience in a traumatic context. Although many studies investigated resilience in traumatic situations, there has not established a post-traumatic resilience; most of them used 'general resilience' concept. In addition, many researchers who examined post-traumatic resilience employed the Connor-Davidson Resilience Scale (CD-RISC) which is not related to post-traumatic resilience directly. One poster presentation was made with this issue using COSMIN Checklist (for scrutinizing psychometric properties) in the American Psychological Association 2019, indicating that the CD-RISC is not sufficient in measuring a 'post-traumatic resilience.' Since trauma-related attention and issues are increasing, and paramount, this presentation is to present: a new concept, post-traumatic resilience and optimism, using a narrative review.

Concurrent Session F: Oral Paper Presentations

F1 – Mental Health: Suicide & Schizophrenia

Trends and Factors Associated with Suicide Deaths in Older Adults

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Salimah Z. Shariff, ICES Western, London, Ontario
Britney Le, ICES Western, London, Ontario
Richard Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Suicide in older adults is a significant problem that is overlooked worldwide, especially in Canada where a national suicide prevention strategy has not yet been established. Due to this practice and policy gap, factors related to older adult suicide require further evaluation. The aims of this study are to better understand risks and preventive factors related to suicide in the older adults (aged 65 years and older) living in Ontario, Canada. In order to accomplish this, we completed a population-level analysis using linked administrative health care databases available at ICES (formerly referred to as the Institute for Clinical Evaluative Sciences) to (1) describe the incidence of older adult suicide in Ontario, Canada from 2011 to 2015; (2) develop profiles of older adult suicide and non-suicide deaths; and (3) identify factors associated with suicide deaths in older adults.

Our findings suggest that suicide remains a persistent cause of death in older adults in Ontario, Canada (with an average annual suicide rate of 0.1 per 1000 people over the 5-year study period); the risks include being male, living in rural areas, having a mental illness, having a new diagnosis of dementia, and increased emergency department visits; while the preventive factors include increased age, living in long-term care, having chronic health conditions, and increased interactions with primary health care.

The insights from this study could potentially generate evidence-informed suicide prevention programs/policies for older adults in Canada.

Zero Suicide: St. Joseph's Health Care London and Beyond

Amy Van Berkum, St. Joseph's Health Care London, London, Ontario
Shauna Graf, St. Joseph's Health Care London, London, Ontario

St. Joseph's Health Care London (St. Joseph's) is leading the way in the implementation of Zero Suicide across Canada. On average, ten Canadians die by suicide each day, making suicide the ninth leading cause of death in Canada. Suicide impacts those across the lifespan and is a major public health concern. St. Joseph's Zero Suicide program involves reducing stigma around suicide; building a "just culture" within organizations; educating staff on assessment, management, and treatment of suicide; and developing a system of support for patients during their mental health care and before and after transitions. In this way, we are guiding the way to suicide awareness, education, and support.

For the purpose of this presentation we will briefly introduce the overall framework for Zero Suicide and discuss St. Joseph's' experience with intra-organizational implementation (i.e. Phase 2). We will discuss organizational culture, patient populations, and how our decisions were made regarding tools and processes, training, education, and change management. As we transition to Phase 3 of the Zero Suicide program, we are planning to promote spread of this initiative within our local and regional community. In particular, we will identify core community partners in transitions of care, and those working alongside high risk populations. St. Joseph's is striving to transform systems of care to develop a suicide safe community, province and nation.

Audience engagement will be incorporated throughout the presentation and the conferences structured question and answer period will allow for further topic discussion.

Engagement, Partnership & Participation in Self-Management in Outpatient Services for People with Schizophrenia

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Susan Strong, St. Joseph's Healthcare Hamilton/McMaster University, Hamilton, Ontario
Heather McNeely, St. Joseph's Healthcare Hamilton/McMaster University, Hamilton, Ontario
Lori Letts, McMaster University, Hamilton, Ontario
Alycia Gillespie, St. Joseph's Healthcare Hamilton, Hamilton, Ontario

Project Goal & Description: To operationalize, implement and evaluate SET for Health, a model of self-management support within the case management care process of specialized outpatient services for people with schizophrenia.

Methods: A mixed method feasibility study examined to what extent SET for Health: added value from clients' and providers' perspectives; and influenced individuals' engagement in treatment, participation in self-management, symptom distress, hope, and quality of life. Facilitation tools/procedures operationalize the intervention derived from standardized self-management programs. 10 case managers (registered nurses, social workers, occupational therapists) are delivering the intervention to 50 clients.

Phases of the project: Clients, families and staff are involved in the evaluation and giving recommendations.

Results: At 75% retention, SET for Health offered mechanisms for client participation, engagement and voice; self-management discussions of illness and health; and provider recovery orientation. Delivery variations were noted across case managers related to challenges in changing usual practices, particularly client directed goal-setting, problem-solving and review.

Lessons Learned: Self-management support can be delivered and benefit clients with complex living challenges. Support (institutional, education, environmental) was needed to integrate self-management into routine care. The ability to engage and work together with clients and deliver an accessible, feasible model of self-management support valued by clients and providers, coupled with Health Quality Ontario's 2018 standards and Lean and colleagues meta-analysis (2019) findings make a case for this type of partnership and routine delivery. Self-management commands attention as an intervention option for high risk clients with limited insight, negative symptoms and medical co-morbidities. Significant pre-post paired measures of self-management, social and occupational functioning, and illness severity need replication in a controlled study.

Sponsors: Dr. Ian & Shirley Rowe Research Award, Research Institute of St. Joseph`s Healthcare Hamilton.

F2 – Violence in the Workplace

Putting the Brakes on Aggressive Behaviours: Empowering Nurses Using the "Traffic Light Process"

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Karen Laidlaw, London Health Sciences Centre Children's Hospital, London, Ontario

Due to a documented increase in instances of both verbal and physical aggression, the PCCU Patient safety team was tasked with developing management strategies to address concerns around these incidents. A survey distributed to staff yielded an overwhelming response that staff often feel unsafe and unprepared to deal with these conflicts due to gaps in communication amongst staff and subsequent management. Based on these survey results, the "Traffic Light Process" was developed and launched in Spring 2019, providing a concrete tool to facilitate objective communication within care teams, facilitating patient and family centered care and safe work environments. This presentation/poster will explore this pilot project as well as concurrent education to support staff provide high quality and family centered care.

Part of the Job? Gender as a Determinant of Workplace Violence Against Nurses

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The problem of workplace violence against nurses is well documented in the academic and policy literatures. However, existing studies tend to conceptualize violence as a problem between individual health care workers and patients, largely failing to examine underlying power structures that may be contributing to nurses' exposure to workplace violence. As a result, interventions tend to focus on individual behaviour or organizational policy-level solutions. My doctoral research examines the broader social relations that precipitate violence in health care settings, including gender relations. As a predominately female workforce, nursing has historically been overshadowed by medicine and nursing work has been devalued, leading to lower status and less autonomy. Gendered assumptions about care work and its value can lead to normalization of violence in health care settings where it becomes accepted as 'part of the job'. In this presentation, I will share the preliminary findings of a scoping literature review that maps the available evidence and provides an overview of what is currently known about impact of gender on workplace violence against nurses. The scoping review will also help identify gaps in the literature in order to guide future research. Given the importance of the nursing workforce in providing health care to the public, nurses' exposure to workplace violence is a significant problem that we cannot afford to misunderstand or ignore. By applying a gender-focused analysis to the problem of workplace violence against nurses, the findings of this scoping review will contribute to a fuller understanding of its root causes, including the extent to which gender is a determinant of risk for workplace violence, and will inform solutions through collective action and changes to public policy.

Implementing a Workplace Violence Reporting System for Nurses in a Healthcare Setting in Pakistan

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Background: Workplace violence (WPV) is a serious occupational problem in any society. The magnitude of WPV is high in hospitals, due to a stressful environment and the nature of the work. Nurses are prone to WPV as they work closely with patients and their family members. Implementing interventions to reduce WPV have remained challenging for healthcare organizations due to the under reporting of incidents of WPV.

Primary Objective: To establish a WPV reporting system for nurses in a healthcare setting in Karachi, Pakistan. Secondary Objectives: (a) To assess nurses' understanding of, and ability to recognize WPV, as well as their level of awareness surrounding the importance of reporting WPV incidents, (b) To identify both potential barriers and facilitators around the implementation of a WPV reporting system by considering the impact of all stakeholders, (c) To explore the mechanisms for the sustainability of the WPV reporting system for nurses in the healthcare setting in Karachi, Pakistan.

Methodology: This study will follow the implementation science approach. To achieve this purpose, the study will utilize a qualitative exploratory design for the data collection.

This study will be guided by the Active Implementation Frameworks (AIFs), which is recommended by National Implementation Research Network (2005). Implementation stages include in this study are: (a) Exploration, (b) Installation, (c) Initial implementation, (d) Full Implementation. Online In-depth Interviews (IDIs) will be conducted with nurses and nursing supervisors during the exploration phase. The interventions that will be utilized in this study are: (a) The introduction of the Violence Incident Form (VIF), by Arnetz, 1998, and (b) Training (champions, nurses, supervisors). After the initial implementation, IDIS will be conducted with nurses, nursing supervisors and hospital administrators.

Conclusion: Interventions to reduce WPV will only be achieved if hospital management is aware of the severity of the issue and are involved in creating a violence-free environment for healthcare providers. Overall, a safe work environment encourages nurses to remain in the nursing profession and provide quality care to patients, which will lead to a positive impact on health within society.

Nurses and Midwives' Experience of Providing Fertility Awareness-based Methods including Natural Family Planning Methods in Rwanda

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Purpose: Access to effective family planning (FP) services is an important reproductive health intervention to reduce maternal and neonatal deaths and prevent unwanted pregnancies. The purpose of this study was to gain an in-depth understanding of nurses and midwives' experiences of offering FP services and teaching fertility awareness- based methods (FABM) including natural family planning (NFP) to clients in Rwanda.

Methodology: A descriptive qualitative design was used with a purposeful sample of 10 nurses and midwives, who provided FP services at the health centers of Kicukiro district in Kigali, Rwanda. Face-to-face individual interviews were conducted using a semi-structured interview guide. All interviews were conducted in Kinyarwanda and lasted approximately 45 to 90 minutes. The interviews were audiotaped, transcribed verbatim into Kinyarwanda and then translated to English. Inductive content analysis was used for data analysis. The coding process included open coding and the development of a coding guide that served to generate categories and final themes. To assure the trustworthiness of this study, the criteria of credibility, dependability, transferability, and conformability were used.

Results: Three themes were identified: 1) FABM/NFP Facilitators and Barriers, 2) Advantages of FABM/NFP Methods, and 3) Nurses' and Midwives' Attitude and Teaching of FABM/NFP Methods. Our findings indicate that FP services are provided by faith-based health centers and public health centers, with the former only offering NFP. FABM/NFP preservice education and training are superficial, resulting in health care providers' inadequate knowledge and skills in teaching FP, particularly on FABM/NFP methods. The time required to effectively teach FABM/NFP method to clients, health care providers' limited knowledge of and negative attitude towards FABM/NFP, lack of both partners buy-in, and limited public awareness about FABM/NFP were revealed as key barriers to FABM/NFP service delivery.

Conclusion: Our results suggest that superficial training about FABM/NFP in pre-service nursing/midwifery education, and the lack of in-service FABM/NFP training contribute to nurses/midwives limited knowledge of and attitudes towards FABM/NFP methods. Nursing/midwifery schools need to improve the way they teach FABM/NFP, and health centers need to provide ongoing FABM/NFP training in-service education.

The Correlation between the Quality of Life and Self-Efficacy of Parents who have Children with Cancer in Turkey

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Cancer diagnosis for a child is one of the major life-changing experiences which is difficult and painful for the entire family. The negative effects of cancer on the child and the family lead to discuss the quality of life of the cancer child and the family. Parents' perception of self-efficacy in providing care and comfort for the child is valuable for nurses and other healthcare professionals involving in the treatment and care.

The study was conducted to search the relationship between quality of life (QOL) and general self-efficacy (GSE) of parents who have children diagnosed with cancer. It was run in Mersin University Research and Training Hospital Pediatric Oncology, Pediatric Hematology Polyclinics and Clinics between October 20, 2017and August 02, 2019, and the sample included 85 parents whose children were diagnosed with cancer in at least three months ago. The data was collected by using “Parental Demographic Information Form’’, “Quality of Life Scale – Family Version’’ and ’General Self-Efficacy Scale”. Descriptive statistics such as mean, percentage, frequency, independent sample t-test, one-way analysis of variance, and Pearson correlation coefficient were used to analyze data. In terms of statistical significance, the results were evaluated at the 95% confidence interval at the level of $p < 0.05$. The average QOL score of the parents was 108.30 ± 34.92 (min = 0, max = 310) and the average score of GSE score was 30.74 ± 4.96 (min = 10, max = 40).

It was revealed that there was a positive and statistically significant relationship between quality of life and general self-efficacy. In conclusion; the quality of life of parents who have a child with cancer will increase when they provide mental well-being services and psychosocial support. Providing educational programs or group therapies to increase self-efficacy can be helpful for this population. It may improve their quality of life when they receive substantial support from a non-profit organization for caregivers (i.e., caring for healthy siblings, house works). Moreover, creating an environment to express themselves plays an important role in increasing self-efficacy.

A Feminist Narrative Inquiry into Being a Child Bride in Nigeria

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Background: Child Early Forced Marriage (CEFM) is globally recognized as a pressing health issue that is associated with high maternal child morbidity and mortality rates as well as trauma. In Northern rural Nigeria, female children are betrothed at an early age and have been known to start giving birth as early as 9 years. These young girls have little access to health care, and the majority experience various birth complications. Studies have reported that the utilization of health services among women is higher in urban compared to rural areas. However, little is known about child brides' experiences of accessing reproductive health services and managing their health in an urban setting.

Purpose: To conduct a retrospective exploration of women's experience with managing their health and decision making as child brides living in urban areas of southern Nigeria.

Design/Methodology: The study used a narrative inquiry approach framed within a feminist intersectionality lens to further analyze structural, social, cultural and political realities that co-construct the child brides storied experiences of managing their health and use of health services. A purposeful sample of 15 northern Nigerian women who were child brides and now reside in urban setting participated in audio-recorded semi structured interviews. Data analysis was guided by the three-dimensional space (place, sociality, temporality) approach described by Cladinin and Connelly (2000).

Result: Preliminary findings reveal six storied patterns of socio-cultural factors sustaining CEFM as a social norm and gender inequality in an urban setting. (1) Age at marriage (2) traditional beliefs (3) essence of generational ethos as barrier (4) Faith (5) Low education (6) Social gender roles.

Conclusion: The narratives gave opportunity to broaden and make connections about how the women expressed preference of home birth and traditional care despite urbanization, modernization and proximity to health facilities. The study contributes to public policies to focus intervention on culturally sensitive programmatic development that would increase the use of health care services within this ethnic group.

F4 – Digital Health: Information & Data Science

A Scoping Review: Understanding Health Information Exchange Processes within Canadian Long-Term Care

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The care complexity to support the health of LTC residents naturally generates substantial amounts of health information, including the need for this information to be documented, shared, and acted upon by the various care providers within the circle of care. The purpose of this scoping review is to describe the current health information exchange (HIE) processes used to provide healthcare within Canadian LTC facilities so that research priorities to improve HIE are identified, especially around the increasing adoption of health information technologies. This scoping review analyzed 41 articles based on Arksey and O'Malley's (2005) scoping review methodology. Communication and collaboration are essential to LTC providers in the provision of safe and quality care; therefore, information exchange, or lack of, can mean the difference between safe and unsafe healthcare in LTC. Formal and informal health information exchanging processes are used by both regulated and unregulated care providers to observe, collect, exchange, document, coordinate, and pursue action on health information to fulfill their role. The reviewed literature reveals gaps between the expectations of HIE required for quality healthcare and the realities of HIE processes that influence the provision of care in LTC. Improvement in provider engagement and efficiency of HIE processes is strongly supported by the reviewed body of literature to have positive implications for the safety and quality of healthcare within LTC.

E-health Decision Support Technologies in the Prevention and Management of Pressure Ulcers: A Systematic Review

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Background: Pressure ulcers are problematic across clinical settings, negatively impacting patient outcomes while resulting in substantial costs to the healthcare system. E-health clinical decision support technologies can play a key role in improving pressure ulcer-related outcomes.

Purpose: The aim of this systematic review was to assess the impact of e-health decision support interventions on pressure ulcer management and prevention.

Methods: This review utilized the systematic review protocol outlined by the Joanna Briggs Institute Manual for Evidence Synthesis. The research question guiding this inquiry was: What is the impact of e-health decision support technologies on the prevention and management of pressure ulcers? This systematic review located 19 studies from January 2010 to October 2020 and identified a range of e-health clinical decision support technologies.

Results: Most interventions were integrated in electronic health records and were implemented primarily in long-term care and hospital settings. E-health clinical decision support interventions performed a variety of functions, including: generating tailored recommendations for care planning, creating automated pressure ulcer reports, and providing cues to promote adherence to practice standards. Image-processing software to generate measurement and staging recommendations was also identified as an emerging area of research. The findings of this review revealed promising results regarding the usability and accuracy of e-health clinical decision support tools. Results of the review also indicated improved adherence to pressure ulcer prevention practices and clinician staging accuracy. However, the studies included in this review did not consistently show reductions in pressure ulcer prevalence, incidence, or risk.

Implications: More high-quality studies are needed to establish the types of e-health clinical decision support tools that can drive sustainable improvements to pressure ulcer-related patient outcomes. These may include randomized controlled trials, large-scale studies spanning multiple institutions, or targeted studies exploring the applications of e-health decision support tools for specific patient populations. Qualitative studies may clarify how clinicians perceive and apply clinical decision support tools in their practice. Such research would be well-placed to identify some of the implementation issues encountered by studies in this review. These issues may diminish the expected positive patient safety outcomes of e-health clinical decision support systems.

“You have to be careful”: Examining Children’s Perspectives Related to Digital Device and Social Media Use through a Digital Health Lens

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Children are becoming regular users of digital devices and, by extension, social media. This pilot study used a cross sectional survey design to explore how 42 young children (aged six to ten years) in Ontario, Canada perceived their access to, use of, and privacy associated with digital device and social media at home and school. From a digital health perspective, it is important for parents, educators, and researchers to understand children’s digital practices in order to best support their learning, growth, and wellbeing within the digital age.