



UNIVERSITY OF
SASKATCHEWAN

College of Nursing

Research & Scholarship Day 2021 Abstracts

Thursday, June 3, 2021

10:00 to 15:00



Community



Equity



Innovation

BE WHAT THE WORLD NEEDS

Land Acknowledgement

In Canada, we live, learn, and work on traditional Indigenous territories. We pay our respects to the First Nations, Metis and Inuit ancestors and affirm our commitment to respectful relationships with one another and this land.



Agenda

10:00 to 10:05	Welcome & Land Acknowledgement
10:05 to 10:25	Opening Remarks & Prayer Judy Pelly, Knowledge Keeper, Cote First Nation
10:25 to 11:10	Keynote Address Dr. Holly Graham, Indigenous Research Chair in Nursing & Assistant Professor, College of Nursing
11:10 to 11:15	<i>BREAK</i>
11:15 to 11:50	Presentation Session: Health Equity Research Dr. Anthony de Padua Dr. Susan Fowler-Kerry Shawn Emard (Masters student) Kerry Marshall (Masters student) Solomon Asayah (Masters student)
11:50 to 12:30	<i>LUNCH BREAK</i>
12:30 to 13:10	Presentation Session: Community-Engaged Health and Nursing Research Dr. Hua Li Uchechi Opara (PhD student) Dr. Mary Ellen Walker (PhD student) Aliya Abbasi (Masters student) Steven Hall (Masters student) Glory Udoh (Masters student)
13:10 to 13:45	Presentation Session: Innovation in Health Systems and Education Research Michelle Pavloff (PhD student) Ivan Aldrich Urcia (PhD student) Rachel Johnson (Masters student) Gillian Nkemtendong (Masters student)
13:45 to 14:00	<i>BREAK</i>
14:00 to 14:45	Keynote Address Dr. Angela Bowen, Emeritus Professor, College of Nursing
14:45 to 15:00	Student Award Announcements & Closing

Invited Speakers

Opening Remarks and Prayer: Judy Pelly, Knowledge Keeper

Judy Pelly is Anishinaabe-Saulteaux and was born and raised in Cote First Nation. She is a mother to three sons and Kohkum to five grandchildren. She is involved in a variety of health research projects and is currently a cultural advisor with the SHA. An alumna of the University of Saskatchewan, Judy spent 15 years as an Indigenous Education Manager for Alberta Learning. She later returned to Saskatoon where she worked in various capacities with several Federation of Sovereign Indigenous Nations (FSIN) institutes. In 2015, and after 21 years of service, Judy retired from Saskatchewan Indian Institute of Technologies as the Dean of Community and Health Studies. She is also a Cultural Advisor for the Saskatchewan Health Authority's Mental Health and Addictions Services Adult Outreach.



Keynote Address: Dr. Holly Graham, Indigenous Research Chair in Nursing & Assistant Professor, College of Nursing

Dr. Holly Graham is a member of the Thunderchild First Nation, SK. She has worked as a Registered Nurse (RN) in northern communities and various other health care environments since 1985. Currently, Holly is an Assistant Professor in the College of Nursing at the University of Saskatchewan. She also maintains an active practice as a Registered Doctoral Psychologist, working primarily with individuals who have experienced trauma and symptoms of posttraumatic stress disorder (PTSD). Holly's research is strength-based with a focus on Indigenous health, mental health, and wellness. Most recently, she was awarded an Indigenous Research Chair in Nursing by the Canadian Institutes of Health Research (CIHR), Saskatchewan Health Research Foundation (SHRF), and the Canadian Nurses Foundation (CNF). Dr. Graham's research project, entitled *wahkohtowin* (We are all Related), will support and mentor undergraduate and graduate nursing students to engage in advancing reconciliation within nursing practice, research, education, and administration. The overarching goals of *wahkohtowin* are to 1) do no harm, 2) create the space and opportunity for personal, community, and collective healing, and 3) transform relationships between Indigenous & non-Indigenous peoples.



Keynote Address: Dr. Angela Bowen, Emeritus Professor, College of Nursing

Dr. Angela Bowen is a Registered Nurse, trained midwife, with a PhD in Community Health and Epidemiology, with a focus on socially vulnerable, including Indigenous, mothers. She has extensive clinical, educator, and administrator experience in Obstetrics and Mental Health and is a trained midwife. Her research focus, Maternal Mental Health, brings these areas together.

Angela has been successful as Principal Investigator on several Canadian Institutes for Health Research funded projects. She was awarded Patient-Oriented Research Leader Award by the Saskatchewan Health Research Foundation and the Saskatchewan Centre for Patient-Oriented Research to address and improve Indigenous birth experiences with patient and community partners in Saskatchewan.





Health Equity Research

Dr. Anthony de Padua & Danielle Cousin

DOES SPIRITUALITY PLAY A ROLE FOR INDIGENOUS PEOPLE LIVING WITH HIV?

It has been suggested that spirituality can play an important role in how a person deals with their illnesses and outlook on life. Unfortunately, little research has been done in this area as it relates to people living with HIV. This project builds on previous research with Indigenous populations and included patients during the inception and development of the project. Patient inclusion helped ensure a more equal partnership between patients and researchers. The project utilized a patient oriented approach and a narrative inquiry research methodology to explore whether spirituality plays a role in the lives of Indigenous people living with HIV. The objectives of this research are to 1) engage Indigenous individuals living with HIV to understand how they view spirituality in relation to how they make sense of their HIV; 2) engage family members who have or are caring for individuals living with HIV to understand the role spirituality plays; 3) engage interested community members (e.g. Indigenous Elders, health care workers) who have worked with individuals living with HIV to understand the role of spirituality with those living with HIV; 4) develop an interactive workshop for research participants living with HIV. The project tries to understand the role of spirituality from a variety of perspectives and take place in two locations. The first is in a smaller urban city in Saskatchewan and the second is in a Saskatchewan First Nations community. This presentation will share a preliminary set of research findings on the first three objectives and an update on the fourth. In addition, there will be a discussion on how the research findings point to opportunities on improving the health of people living with HIV.



Dr. Susan Fowler-Kerry & Dr. Yolanda Palmer-Clarke

ASSESSING THE PSYCHOSOCIAL AND ACADEMIC IMPACT OF COVID-19 ON CANADIAN NURSING STUDENTS

COVID-19 and the closure of universities globally has changed the way training for nursing students is accessed. For over a year, nursing candidates globally have been thrust into remote learning because of the COVID-19 pandemic. Given the restrictions on mobility and the inability of most students to function normally, this research will explore the psychosocial and academic well-being of nursing students during the COVID-19 lockdown, using an exploratory mixed-method case study design. The exploratory design will be based on gathering Quali. + Quanti. data. A mixed methods approach will yield stronger data and responses to the research questions (Creswell, 2014). Stronger data will ensure a deeper understanding of the impact of COVID-19 on nursing candidates. While research around this topic is emergent, there is an urgent need for further studies to unearth the impacts of COVID-19 on nursing students in Canada. The overarching research questions to be explored in this research are: how has COVID-19 and the subsequent lockdown affected nursing students' psychosocial and academic well-being? and how have students been able to make sense of and bounce back from these impacts? The research will use resilience theory to identify the coping strategies employed by nursing students during this unprecedented time to determine the pandemic's impact and their ability to bounce back. Martin and Marsh (2006) highlighted that academic resilience comprises students' strategy and ability to effectively deal with and recover from setbacks or pressures in the academic setting. Resilience theory will guide the process of unearthing how nursing students in Canada are impacted by COVID-19 conditions, the strategies they employ(ed) to deal these effects, and the consequences of their experience. All ethical procedures and protocols will be observed and strictly adhered to in conducting this investigation. The research findings will add to the literature surrounding how COVID-19 and remote or online learning has impacted Canadian nursing students.



Shawn Emard

A DISCOURSE ANALYSIS OF VISITATION RESTRICTIONS IN LONG TERM CARE HOMES IN 2020

While COVID-19 spreads indiscriminately in the population, it has greater health impacts on older adults living in long-term care. In response to the pandemic, Saskatchewan restricted visitations in long-term care homes. These policies were instituted without consideration of the impacts on residents and caregivers or the significant difference of value systems that underlie long-term care. When visitation restrictions persisted in long-term care, family members reported experiencing decreased access and communication, and increased worry, fear, guilt, complicated grief, loss, sadness, and distrust. Residents experienced increased geriatric complications, health and psychosocial declines, abuse, and neglect. Residents and families value quality of life and quality end of life care over life-prolonging interventions including pandemic protectionism. Systemically, families and residents of long-term care were disempowered, their autonomy in their own homes ignored. They were not consulted, collaborated with, or considered. This research was developed in collaboration with the Saskatchewan Long-Term Care Network, a multi-disciplinary patient-oriented team. Resident-family partners indicated they want to know: What were the text and implementation discourse that shaped the COVID-19 visitation restrictions and outcomes. Critical discourse analysis with a patient-oriented lens will be used to study the discourse that shaped the pandemic visitation policies and their implementation. The intertextuality and interdiscursivity between policies, the context surrounding policy production and operationalization, and the social aspects related to practice of the policy in the real world will be critically examined. The texts include visitation restriction policy and guidance documents and long-term care home implementation communications. The meaning and impact will be explored through the lens of long-term care families. This study aims to empower long-term care residents and families, promote culture shift in policymaking and policy implementation that is more friendly to autonomy, consultation, collaboration, consent, and quality of life, and improve visitor access during this pandemic and future pandemics.



Kerry Marshall

REPRODUCTIVE RAINBOW: EXPLORING FERTILITY INTENTIONS AND FAMILY PLANNING EXPERIENCES WITH THE 2SLGBTQ COMMUNITY

Background: Normative beliefs around gender and sexuality place individuals in the Two Spirit, lesbian, gay, bisexual, trans, and queer (2SLGBTQ) community at risk for poorer health outcomes within the health care system when compared with their heterosexual and cisgender counterparts. When accessing healthcare, members of the 2SLGBTQ community report feeling uncomfortable discussing health concerns and receiving care that is not specific to their needs. Accessing health care in highly gender-specific areas – such as family planning and fertility intentions – can be particularly challenging for those within the 2SLGBTQ community.

Methods: I used Stake’s case study methodology, arts-based research and social-ecological model and intersectionality framework to explore how the 2SLGBTQ community experiences fertility intentions and family planning. Virtually, I completed nine in-depth semi-structured interviews with eleven participants lasting on average one hour and six minutes.

Results: Participant’s represented diversity in their genders and sexualities and had a mean age of 24.6. From the data, I found that in the imagining phase, ideals of normal, lived experiences and intersections of identities form the fertility intentions of the 2SLGBTQ community. When participants moved towards auctioning fertility intentions, they experience nuances suppressive and supportive factors. Suppressive factors included financial, biological and societal, while supportive factors were community. Factors that were both supportive and suppressive included family, seeking information and health care systems.

Conclusion: Intersectionality allows further exploration of the effect that heteronormativity, cisnormativity and other aspects of identities like race, culture, and age overlap and interlock to create variations in ideals of normal, lived experience and suppressive factors. As nurses, our moral and ethical responsibility is to use our privileged position within society to advocate for safe and more inclusivity within education, practice, and spaces for our patients. Nurses can call for action at the individual, community and institutional levels.



Solomon Asayah, Dr. Arlene Kent-Wilkinson & Dr. Geoffrey Maina

EXPLORING THE IMPACT OF COVID-19 PANDEMIC AND ITS RESTRICTIONS ON THE MENTAL HEALTH OF INTERNATIONAL GRADUATE NURSING STUDENTS AT THE UNIVERSITY OF SASKATCHEWAN

Background: The Coronavirus (COVID-19) pandemic has affected millions of people worldwide. The Federal Government, Saskatchewan Government, Public Health Agency of Canada, and the University of Saskatchewan have responded to this pandemic by instituting the needed policy restrictions and recommendations to contain the spread of the virus. Such restrictions include international travel bans, closure of businesses, self-isolation and social distancing, and transitioning from in-person classes to remote learning. The COVID-19 itself and its associated public health restrictions have exposed international students to various vulnerabilities that were otherwise invisible. Like domestic students, international students have had to adjust to remote learning remotely but often lacked financial and other resources to make this transition. Moreover, the loss of on/off-campus jobs triggers financial crises for many international students who depend on them to meet their financial obligations. These changes inevitably cause emotional stressors to these international students who did not always have the resources to cope.

Research Questions: The study explores the impact of the COVID-19 pandemic and the public health restrictions on international graduate nursing students' mental health at the University of Saskatchewan (USask).

Methods: This study will utilize Thorne's interpretive description (ID), which allows the researcher to answer questions relevant to a clinical discipline to explore the experiences of COVID 19 on international graduate students in the College of Nursing. Semi-structured interviews will be conducted, recorded, transcribed verbatim, and analysed using the ID processes outlined. Data will be managed and processed using NVIVO 12 software.

Findings: Through this study, the magnitude of the impact of COVID-19 and the restrictions on international students' mental health at the University of Saskatchewan (USask) will be better understood. Moreover, the study may provide insight into how best to support international students during times of crisis.



Community-Engaged Health and Nursing Research

Dr. Hua Li, Alana Glecia & Dr. Lloyd Balbuena

CONFIRMATORY FACTOR ANALYSIS OF AFFECTIVE LIABILITY SCALE-18 IN PREGNANT AND POSTPARTUM WOMEN

Background: The assessment of mood symptoms in the perinatal period focuses largely on depressive and anxious moods while their affective instability tends to be neglected even though perinatal women experience a higher level of affective instability, especially validation of instruments in measuring affective instability during the perinatal period. The Affective Liability Scale-18 (ALS-18) is a widely used instrument to assess affective instability in general and clinical populations. Our research question was "is ALS-18 a reliable instrument in measuring affective instability among perinatal women?" To answer the research question, the study objective was to examine the factor structure and psychometric properties of the ALS-18 in a community sample of pregnant and postpartum women. Methods: 202 perinatal women were recruited from 9 Canadian provinces, and they completed the ALS-18 scale, the Depression, Anxiety, and Stress Scale-21 (DASS-21), and the Highs Scale, a measure of hypomania. Confirmatory factor analysis was performed to determine if a one-, three-, or six-factor solution was the best model. The factor scores were used as predictors in logistic regression models of depression, anxiety, and hypomania. Results: The six-factor solution showed the best fit to the ALS-18 data. The ALS-18 Anxiety/Depression factor predicted both DASS-21 Depression (OR: 1.41) and DASS-21 Anxiety (OR: 1.37). The ALS-18 Depression/Elation factor was inversely related to hypomania (OR: 0.90). Conclusion: The findings of this study suggest that ALS-18 can be a reliable and effective instrument in assessing affective instability in perinatal women.




Uchechi Opara & Dr. Pammla Petrucka

CULTURAL DETERMINANTS AND OUTCOMES OF THE USE OF TRADITIONAL BIRTH ATTENDANTS IN NIGERIA: AN INTEGRATIVE REVIEW

Background: Traditional birth attendants (TBAs) are culturally sensitive, informally educated caregivers who attend to women during pregnancy and delivery, especially in rural areas in many developing countries. However, TBAs care could also be associated with some harmful cultural practices that impact maternal health outcomes. This integrative review aims to identify and synthesize existing evidence and gaps in the literature on the positive, neutral, and negative cultural determinants and maternal health outcomes of using TBAs in Nigeria. The PEN-3 cultural model was also used as a theoretical framework to guide the study. Methods: An integrative review approach was employed, and a literature search was conducted using the MEDLINE, CINNAHL, ProQuest and PubMed databases. Keywords such as TBAs, lay midwives, midwifery, females, and culture, roles, determinants, and Nigeria were combined with the Boolean Operators OR/AND. Sixteen articles made up of 14 studies, one dissertation and an editorial article were extracted. Results: The review found that TBAs are accepted and respected in their communities due to their culturally competent care in pregnancy and birth. However, some aspects of TBAs care could be harmful and contribute to maternal complications. The review also identified that lack of acceptance and integration of TBAs in the formal health system could limit the referrals of women experiencing birth complications to the health facilities. Additionally, patriarchal practice, which is also associated with poverty, could also negatively impact women's use of health facilities. Conclusion: Integration and exploitation of TBAs cultural potentials in the health system could enhance TBAs role and skilled birth attendance by women to reduce maternal mortality. Furthermore, issues of patriarchy and the cost of health services need to be addressed by the health system to improve maternal health outcomes.

Keywords: Traditional birth attendants, culture, determinant of use, role, lay midwives, female, Nigeria



Dr. Mary Ellen Walker, Dr. June Anonson, Hyuna Baea, Jade Anderson, Sandy Galbraith, Dr. Brenda Mishak, Dr. Anthony de Padua, Dr. Arzu Sardalie, Dr. Girija Nair, Tracy Gobeil & Donna Brooks

A PARTICIPATORY ACTION RESEARCH STUDY OF HOMELESSNESS IN PRINCE ALBERT, SASKATCHEWAN

Homelessness is a major problem in Canada with especially important implications in rural and northern communities. Increased collaboration between the academic community, existing service providers, community leaders, and the homeless community is vital to ensuring initiatives addressing homelessness are well coordinated, effective, and efficient. The small, northern city of Prince Albert (PA) experiences challenges related to homelessness that larger cities may not, such as divided resources and isolated clients who move between PA and rural areas. This project aimed to enhance PA's ability to respond to homelessness by stimulating discussions and collaboration between researchers, community leaders, social agencies, front-line workers, and the homeless population. This project was conducted from community capacity building and participatory action frameworks. It was meant to engage homeless persons, connect them with community leaders, and help them to advocate for issues important to them. The goals of this research partnership were: 1) for all parties to better understand the needs and potential supports for the local homeless population; 2) to develop a greater awareness of the challenges and advantages that community agencies experience when providing supports and programming; and 3) to improve each parties' capacity for participatory action research. Data was gathered and knowledge was exchanged through a series of interviews and focus groups. This allowed participants to make recommendations and generate new knowledge. Some of the outcomes of the study included creation of a comprehensive list of services available in PA and surrounding areas and a video that highlights the importance of addressing homelessness in rural communities. The list of services was shared with organizations to provide to people needing services related to homelessness. Furthermore, knowledge gained through this project is being presented to community leaders and policy makers in the form of specific strategies to address identified barriers and priorities shared by all participants.



Aliya Abbasi, Dr. Jill Bally & Dr. Meridith Burles

EXPLORING THE EXPERIENCES OF INDIGENOUS FAMILY CAREGIVERS OF CHILDREN WITH LIFE-THREATENING AND LIFE-LIMITING ILLNESS IN SASKATCHEWAN THROUGH SYMBOL-BASED REFLECTION

Largely influenced by Canada's long history of European colonization, a multitude of social and health disparities between the Indigenous and non-Indigenous populations exist (Wilmot, 2018). In Saskatchewan, Indigenous caregivers of children with life threatening and life-limiting illnesses (LTIs/LLIs) face many complex healthcare inequities and their experiences have not been fully explored. In 2015, the Truth and Reconciliation Commission of Canada (TRC) developed "94 Calls to Action" to advance Canadian reconciliation. The 19th call to action (TRC, 2015), calls for the federal government to consult with Indigenous peoples and establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities. Additionally, the Canadian Pediatric Society (2014) has issued a call to address systemic barriers that negatively impact Indigenous children and enhance cultural safety in health care and support. Addressing these calls to action is imperative for increasing integration of cultural knowledge and practices into pediatric healthcare.

In collaboration with family and cultural advisors, our research team aims to pursue collaborative, patient-orientated research. Together, our priority is to engage Indigenous families to identify priorities for health care and support that is inequity-responsive, culturally safe, and trauma-informed. As one part of a two-phase study, the purpose of this qualitative study is to explore the experiences of Indigenous family caregivers navigating healthcare for their child with LLIs/LTIs. The findings will, in part, inform the development and testing of a symbol-based support intervention. Indigenous culture utilizes symbol-based arts such as visual art, drumming, storytelling, and journaling, to promote healing in all realms of wellness (Wright et al., 2016). Therefore, this research aligns with Indigenous research principles and employs a trauma-informed approach to produce awareness of Indigenous families' experiences. The knowledge obtained will support development of a meaningful culturally-based support intervention to promote safe, holistic pediatric healthcare



Steven Hall & Dr. Lorraine Holtslander

PRIORITIES FOR CAREGIVER SUPPORT IN SASKATCHEWAN

Background: An aging population corresponds with a need for informal caregivers. Caregiving burden is noted to be the most compelling problem affecting caregivers of older adults and predictors of caregiving satisfaction and interventions for caregiving support have been explored through previous research efforts. However, despite many years of research, a clear idea of what the goals of interventions for caregivers should be is still lacking. The goal of this study was to set priorities for future development of interventions for caregivers in Saskatchewan. Objective: Our objective was to engage caregivers in setting priorities for support that they may access. The specific research question we sought to answer was “What do the experiences of caregivers have to offer in setting priorities for caregiver support?” Methods: An environmental scan of caregiver programming in Canada was conducted. We then held two focus groups with caregivers to older adults, defined as 55 years or older for this study. 23 caregivers attended the first focus group, and 10 caregivers attended the second. We used a qualitative descriptive approach for this study. Data were analyzed using thematic analysis. Findings: Caregivers of older adults were eager to share what they found useful and what they thought was lacking regarding support in their role. Themes derived from data include (1) lack of access; (2) conflict with self and others; (3) the burden of caregiving; and (4) declining health and wellness. Conclusion: Caregivers may struggle to find resources to support them in their caregiving role. Findings from this study indicate that there is a need for more interventions to support caregivers. Furthermore, our data highlights what outcomes caregivers in Saskatchewan want from those interventions.



Glory Udoh, Dr. Geoffrey Maina, Dr. Marcella Ogenchuk & Dr. Vera Caine

**EXPLORING HOPE IN FAMILIES AFFECTED BY PROBLEMATIC SUBSTANCE USE:
AN INTERPRETIVE DESCRIPTIVE STUDY**

Problematic substance use is one of the greatest single mental and public health crises in modern society, and it affects individuals from all lifestyles. Problematic substance use affects the individuals engaged in it, as well as their family members. These impacts affect family ties making family members feel hopeless and disempowered. Hope is as a powerful life and society resource to assist families affected by problematic substance use to regain control over their lives. Hope is a key psychosocial tool for these families and caregivers, which can reduce their suffering. When utilized in periods of hopelessness and despair, hope helps individuals to develop resilience. There is limited or no research on the experiences of hope for family members affected by problematic substance use. In this interpretive descriptive study, I explored the experiences of 21 family members concerning hope and hopelessness in their lives. Major themes I found included the manifestation, impacts of, and factors countering hopelessness. Overall, my findings show that family cohesiveness, social structures, and the interplay of hope and hopelessness are significant factors that determine hope for family members of people who experience problematic substance use. The findings support evidence that despite the stress of caring for individuals with problematic substance use, family members can sustain hope. Appreciating the families' challenges gives health care professionals a better understanding of how to assist families in finding hope during uncertain and challenging times. Clinicians can assist families in identifying their strengths, agencies, and pathways of hope, which can support their self-care and enhance their resiliency. My personal and professional experiences as Registered Nurses both informed and shaped by this study. Specifically, this study has shaped my understanding of the role of hope in practising strength-based approaches.



Innovations in Health Systems and Education Research

Michelle Pavloff & Dr. Mary Ellen Labrecque

CONTINUING NURSING EDUCATION FOR RURAL AND URBAN HOME CARE NURSES: AN INTEGRATIVE LITERATURE REVIEW

Home care services include clinical skills and responsibilities that home care nurses (HCNs) autonomously perform. In order to provide safe client care, it is crucial that HCNs are supported with access to continuing nursing education (CNE). An integrative literature review was conducted to explore the current evidence on CNE for HCNs using Whitemore and Knafl's integrative review methodology (2005). There were articles included in this review representing six countries. Three themes were identified in this literature review: (1) learning strategies; (2) challenges and opportunities; (3) learning needs. There is limited literature that explores CNE for rural home care nursing or highlights the differences between urban and rural home care. As clients' medical needs are increasing and becoming more acute with an aging rural population, exploring the CNE experiences of rural home care nurses may lead to an improvement in the content and delivery strategies of required clinical knowledge for home care services. Although the body of literature is limited, research in this area supports the need for standards of education for HCNs, beyond their basic education program.



Ivan Aldrich Urcia

ATTRIBUTABLE OUTCOMES OF ACCOUNTABLE CARE UNIT

Among contemporary healthcare models, the accountable care unit (ACU) is gaining popularity worldwide. ACU is an innovative healthcare delivery that converts traditional nursing wards into managed micro-systems. The Saskatchewan Health Authority (SHA) adopted ACU and reported favorable outcomes. However, effectiveness remains unclear due to limited literature and contradictory evidence available. Since ACU is a relatively new model with limited studies, studying the individual ACU components is strategic to a holistic understanding. A focus on individual and combined ACU components (team-geographic cohorting, structured interdisciplinary rounds, unit performance reporting, and doctor-nurse-shared leadership) was explored to determine the evidence on attributable outcomes in an adult medical ward setting. An integrative review was employed to critically appraise literature from CINAHL, EMBASE, MEDLINE, Scopus, and PsychInfo from January 1, 2010, to June 15, 2020. The data were appraised and analyzed using the Mixed Method Appraisal Tool, constant comparative approach, and thematic analysis. About 33 out of 498 articles met the selection criteria. The attributable outcomes for ACU were encapsulated under three themes: clinical, staff, and patient. In terms of clinical outcomes, the standardization of the features and combination of all four ACU components can be associated with a reduction in mortality rates. The findings also suggest that ACU components, whether individually or combined, significantly influence staff outcomes. There is a consensus among studies in terms of improved staff satisfaction, productivity, and teamwork. However, the evidence indicates limited impact on patient satisfaction. There is also an existing gap in the qualitative literature for patient outcomes; thus, further studies on understanding patients' experiences are needed. ACU as an emerging healthcare model offers integration of different components that may offer some positive outcomes. However, further improvement of the components is imperative to achieve substantial clinical outcomes in the length of stay, 30-day readmission rates, adverse events, and falls.



Rachel Johnson

AN AUTOETHNOGRAPHY OF A NURSE PRACTITIONER USING REMOTE PRESENCE TECHNOLOGY IN AN ISOLATED COMMUNITY

There are many barriers to accessing healthcare services, particularly for people living in remote communities. Embracing innovation, such as remote presence technology (RPT), is one approach to reducing barriers. Innovations for healthcare service delivery can affect the care provided at the local level.

Research Questions and Methodology: I examined the effect of RPT on healthcare service delivery in a remote community. Employing analytic autoethnography, I took a three-pronged approach, considering a systems level, patient care level, and nurse practitioner (NP) practice level.

Outcomes:

Systems Level - In Saskatchewan, rural and remote dwellers experience a disparity in access to primary and specialist care, allied health professionals, and diagnostic services. Contributing factors involve the centralization of services, distance decay, transportation, and unfunded costs. Social determinants of health and systemic oppression contribute to the disparity. This results in patients receiving altered standards of care and poorer health outcomes.

Patient Care Level - RPT resulted in superior care provided to patients, resulting in a decrease in morbidity and mortality. Most patients were able to remain in the community rather than being transferred out, and patients and their families were actively engaged with developing the care plan.

NP Practice Level - Working directly with specialists through collaboration, mentorship, and coaching enhanced NP work confidence and competence. Professional isolation and decision fatigue decreased. Challenges included not having access to the necessary care providers, provider attitudes, inflexible policies, and having to shoulder the burden of care.

Conclusion

The introduction of RPT can have a drastic effect on the healthcare system, which is felt most at the local level. Patients can receive appropriate and timely care in their home communities. NPs have a unique role working in remote healthcare settings. This model of care could have a significant influence on NP practice. Initiatives should be community-driven and responsive to match needs with services.



Gillian Nkemtendong, Dr. Roslyn Compton, Dr. Natasha Hubbard Murdoch & Dr. John Sheard

THE IMPACT OF STAFF-TO-RESIDENT RATIO ON QUALITY OF LIFE IN LONG-TERM CARE HOMES: A SCOPING REVIEW

Background. Considering the increased number of older adults living in the long-term care homes and their cognitive ability, frailty, mobility, and interdependency it has been deemed crucial that adequate staffing be made available to offer maximum resident-centered care and meaningful activities. High staff to resident ratio reduces resident wait times and offers maximum time for comprehensive care. Increase staffing per shift allows maximum time for interaction, relationship building, and engaging in meaningful activities, consequently increasing quality of life. **Objectives.** This scoping review aimed to understand how the number of staff per shift impacted relationships and meaningful activities for residents in long-term care homes. **Methods.** Using the Arksey and O' Malley (2005) methodology, we conducted a literature search of several Online databases. Primary qualitative peer-reviewed articles published between 2009 to March 2019 in English were included. A total number of 1534 articles were retrieved, and seven articles were retained following the Arksey and O' Malley methodology. **Result.** The following themes were extracted from the retained articles; impact on relationship building, task-oriented to resident-centered, quality of resident-centered care, and meaningful care and meaningfulness. The findings indicated that staff spent most of their time on personal care and institutionalized tasks. Thus, most residents felt abandoned and loss of their personhood. **Conclusion.** Inadequate staffing led to poor relationship building and a lack of meaningful activities for older adults, which was a barrier to residents experiencing meaning in their life. Therefore, there was a relationship between a high staffing ratio relational and meaningful care provision. Hence, increasing the number of staff offered adequate time for meaningful activities, relationship building, and more resident-centered care. **Keywords:** staffing ratio, long-term care homes, older adult, relational care, meaning, quality of life.

Thank you to...

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