

## Conference Program

### Day 1: Monday, May 3, 2021

12:00-12:15	<p><b>Conference Opening with Land Acknowledgement</b> Myrna Kicknosway, Elder, Indigenous Student Center, Western University</p> <p><b>Welcome, Remarks, &amp; Introduction of Speaker</b> Victoria Smye, Director and Associate Professor &amp; Conference Co-Chair, Arthur Labatt Family School of Nursing</p> <p>Jay Laschinger, “proud son of Dr. Heather Laschinger”</p> <p>Ryan Chan, President-Elect, Iota Omicron Chapter, Sigma Theta Tau International &amp; PhD Student, Arthur Labatt Family School of Nursing, Western University</p>	
12:15-1:30	<p><b>Dr. Heather Spence Laschinger Inaugural Lecture</b> <i>What happens now? Nursing, technology, and society in a post-pandemic world</i></p> <p>Richard Booth, RN, PhD Associate Professor Arthur Labatt Family School of Nursing, Western University</p> <p>With the increasing use of technology in all areas of healthcare over the last few decades, combined recent effects of the SARS-CoV-2 pandemic, nursing must look to the future to help plot a course for the profession. To do this, the profession will need to re-image certain processes and roles that leverage the best elements of both humans and technology. To do this, the presentation will explore the various direct and indirect implications of emergent technology in society and upon the nursing profession.</p>	
1:30-1:45	<b>BREAK</b>	
1:45-2:45	<b>Concurrent Session A: Oral Paper Presentations &amp; Symposium I</b>	
	<b>A1 – Digital Health &amp; Parenting</b> (Moderator: Keri Durochers)	
	<b>1:45-2:00</b>	<b>An Investigation of the Transition to Parenting Within a Digital Health Context</b> Lorie Donelle, Jodi Hall, Kim Jackson, Ewelina Stoyanovich, Jessica LaChance
	<b>2:05-2:20</b>	<b>“Let me know when I’m needed”:</b> Exploring the Gendered Nature of Digital Technology use During the Transition to Parenting Bradley Hiebert, Jodi Hall, Lorie Donelle, Danica Facca
	<b>2:25-2:40</b>	<b>Parental Online Information Seeking to Inform Vaccine Decisions in North America: A Scoping Review</b> Sarah Ashfield, Lorie Donelle

	<b>A2 – Indigenous Health: Programs &amp; Services</b> (Moderator: Penny Tryphonopoulos)	
	<b>1:45-2:00</b>	<b>Biigajiiskaan: Indigenous Pathways to Mental Wellness</b> Victoria Smye, Bill Hill - Ro'nikonkatste (Standing Strong Spirit), Arlene MacDougall, Cindy Graeme, on behalf of the Biigajiiskaan Program team
	<b>2:05-2:20</b>	<b>Reforming Maternity Services for Indigenous Mothers and Newborns: A Scoping Review of Challenges and Successes Across Geographical Regions of Circumpolar Nations</b> Crystal McLeod
	<b>2:25-2:40</b>	<b>Exploration of Existing Integrated Mental Health and Addictions Care for Indigenous Peoples</b> Jasmine Wu, Victoria Smye, Arlene MacDougall
	<b>A3 – Intimate Partner Violence &amp; Women's Health</b> (Moderator: Karen Campbell)	
	<b>1:45-2:00</b>	<b>EMBRACE: Engaging Mothers in a Breastfeeding Intervention to Promote Relational Attachment, Child Health, and Empowerment</b> Emila Siwik, Samantha Larose, Tara Mantler, Kimberley Jackson
	<b>2:05-2:20</b>	<b>Sharing Personal Experiences of Accessibility and Knowledge of Violence: A Qualitative Study</b> Tara Mantler, Kimberley T. Jackson, Edmund J. Walsh, Selma Tobah, Katie Shillington, Brianna Jackson, Emily Soares
	<b>2:25-2:40</b>	<b>The PATH to Knowledge Mobilization: Expanding our Reach using the ABELE Method</b> Kimberley T. Jackson, Tara Mantler, Sheila O'Keefe-McCarthy
	<b>A4 – Symposium I</b> (Moderators: Ryan Chan & Victoria Smye)	
	<b>1:45-2:45</b>	<b>Developing Patient and Family Caregiver Partnerships in Care: An Organizational Approach</b> Karen Perkin, Roy Butler, Jacobi Elliott, Elizabeth McCarthy, Michelle Mahood, Carol Riddell Elson
<b>2:45-3:00</b>	<b>BREAK</b>	
<b>3:00-4:00</b>	<b>Concurrent Session B: Oral Paper Presentations &amp; Symposium II</b>	
	<b>B1 – Digital Health: Emerging Technologies</b> (Moderator: Heather Sweet)	
	<b>3:00-3:15</b>	<b>The Integration of Digital Health Technologies in the Clinical Environment and its Influence on Nurses' Care Delivery Process</b> Ryan Chan, Richard Booth

3:20-3:35	<p><b>Exploring Social Robots' Influence on Human Behaviours in Domestic Environments and its Potential Role in the Delivery of Homecare Nursing Services</b></p> <p>Justine Gould, Richard Booth, Josephine McMurray, Gillian Strudwick, Ryan Chan</p>
3:40-3:55	<p><b>The Application of Drones in Healthcare and Health-Related Services in North America: A Scoping Review</b></p> <p>Bradley Hiebert, Vyshnave Jeyabalan, Elyseé Nouvet, Lorie Donelle</p>
<b>B2 – Nursing Leadership: Education &amp; Practice (Moderator: Katie Shillington)</b>	
3:00-3:15	<p><b>Integrating Leadership Development Across Nursing Programs</b></p> <p>Carole Orchard</p>
3:20-3:35	<p><b>The Influence of Authentic Leadership and Workplace Bullying on the Mental Health of Experienced Registered Nurses</b></p> <p>Edmund J. Walsh, Alexis Smith, Carol Wong</p>
3:40-3:55	<p><b>Examining Critical Care Nurses' Affective Organizational Commitment: The Influence of Authentic Leadership</b></p> <p>Alexis Smith, Edmund J. Walsh, Carol Wong</p>
<b>B3 – Substance Use &amp; Harm Reduction (Moderator: Amanda McIntyre)</b>	
3:00-3:15	<p><b>The Use of Photo Narratives to Capture the Every Day Experiences of Overdose Prevention Site Clients</b></p> <p>Shamiram Zendo, Melissa McCann, Abe Oudshoorn, Michelle Sangster Bouck, Marlene Janzen Le Ber, Zayya Zendo, Helene Berman, Jordan Banninga</p>
3:20-3:35	<p><b>Use of Peers in Substance Use Harm Reduction Initiatives: Literature Review and Application to Northern Contexts</b></p> <p>Amanda Ruck, Deborah Scharf</p>
3:40-3:55	<p><b>A Better Way: Transforming Our Language and Perceptions of Substance Use</b></p> <p>Abe Oudshoorn</p>
<b>B4 – Symposium II</b>	
3:00-4:00	<p><b>Attending to Context and Complexity: Evolving a Promising Health Promotion Intervention for Women Separating from an Abusive Partner</b></p> <p>Marilyn Ford-Gilboe, Kelly Scott-Storey, Colleen Varcoe, for the iHEAL Team</p>

## ABSTRACTS

### Concurrent Session A and Symposium I

#### A1 – Digital Health & Parenting

##### **An Investigation of the Transition to Parenting within a Digital Health Context**

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

Jodi Hall, Arthur Labatt Family School of Nursing, Western University; School of Nursing, Fanshawe College, London, Ontario

Kim Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Ewelina Stoyanovich, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Jessica LaChance, Arthur Labatt Family School of Nursing, Western University, London, Ontario

**Background:** Digital technology use in pre-conception, pregnancy and the postpartum period (referred to as the transition to parenting) is largely understudied. The ubiquity of digital technologies creates the need for a deepened understanding of these technologies and how they contribute to the ecology of the transition to parenting; to understand the role these technologies play in organizing and structuring emerging pregnancy and early parenting practices, and to consider implications for practice. The research question was: What role does digital technology play in the lives of individuals in the transition to parenting?

**Methods:** This research was a qualitative description study using purposive sampling. Participants were eligible if they were new parents, up to one year postpartum; were aged 16 years and over, and English speaking. Focus groups were recorded and transcribed verbatim concurrently with thematic data analysis. **Results:** Data collection is ongoing. Emergent findings included four themes of: (1) Preferred hardware (e.g., smartphone; surveillance and monitoring devices) and software (e.g., Texting, Google, YouTube, Instagram, and specific apps for fertility tracking, prenatal / infant growth and development, baby product purchases); (2) Accessing information that was trustworthy, immediate, and focused on conception/birth control, normal growth and development of foetus and infant, pre and post-natal care; (3) Digitally-informed parenting included posting of baby announcements and monthly growth updates, the development of digital use among infants, real-time and all-time infant monitoring; remote surveillance of baby care interactions, enhanced online shopping of baby products (diapers), access to social network; (4) Reifying gendered roles where online activity changed among mothers who focused on pre/postnatal care whereas fathers online activities were relatively unchanged.

**Discussion:** These findings have important health implications for pre and post-natal care among parents. Digitally informed parenting practices include enhanced access to information regarding normal infant growth and development. Important implications of this work relate to the need for effective digital health literacy skills. Future research on the gendered use of digital technologies among parents is needed.

## **“Let me know when I’m needed”: Exploring the Gendered Nature of Digital Technology use During the Transition to Parenting**

Bradley Hiebert, Arthur Labatt Family School of Nursing, Western University; School of Nursing

Jodi Hall, Arthur Labatt Family School of Nursing, Western University; School of Nursing, Fanshawe College, London, Ontario

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

Danica Facca, Arthur Labatt Family School of Nursing, Western University; School of Nursing

The transition to parenting – the period from pre-conception through postpartum – is marked by significant health information needs for individuals and families. Understanding how digital technologies are used by individuals during their transition to parenting would allow health service providers to tailor health information delivery methods to better meet the needs of new parents. However, there is limited knowledge about the gendered nature of digital technology use for health information seeking during the transition to parenting. This paper presents results of a qualitative descriptive study conducted to understand parents’ experiences with digital technologies during their transition to parenting. Purposive sampling was used to recruit individuals in southwest Ontario who had become a new parent within the previous 24 months to participate in a focus group or individual interview. Participants were asked to describe the type of technologies they/their partner used during their transition to parenthood, and how such technologies were used to support their own and their family’s health. Focus groups and interviews were audio recorded, transcribed verbatim, and subjected to thematic analysis using inductive coding. 10 focus groups and three individual interviews were conducted with 26 heterosexual female participants. Participants primarily used digital technologies to 1) seek health information for a variety of reproductive health issues – e.g. ovulation, fetal development, infant feeding, infant health and developmental milestones, and maternal health – and 2) establish social and emotional connections. The nature of such health information work was markedly gendered and was categorized by 2 dominant themes. First, “Let me know when I’m needed”, characterizes fathers’ apparent avoidance of health information seeking and resultant creation of mothers as lay information mediaries. Second, “Information Curation”, captures participants’ belief that gender biases built-in to popular parenting apps and resources reified the gendered nature of health and health information work during the transition to parenting. Overall, findings indicate that digital technology tailored to new and expecting parents actively reinforced gender norms regarding health information seeking, which creates undue burden on new mothers to become the sole health information seeker and interpreter for their family.

## **Parental Online Information Seeking to Inform Vaccine Decisions in North America: A Scoping Review**

Sarah Ashfield, Arthur Labatt Family School of Nursing, Western University, London, Ontario

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

**Background:** Vaccination is a core mandate of public health in Canada and the United States. However, vaccination rates of North American children fall below the minimum vaccination levels required to prevent outbreaks of communicable diseases. Maintaining childhood vaccination levels helps minimize the spread of communicable diseases and reduce associated morbidity and mortality. Parents are looking online to locate information to aid in decisions about vaccinating their children. Examining where parents are looking online and how social media is utilized may help health care providers and researchers further understand the decision-making process focused on childhood vaccinations.

**Purpose:** Assess the current state of research literature of parent's online health information-seeking behavior to inform vaccination choices for their children and to identify gaps in the literature around parents' use of online health information resources and their vaccination choices.

**Methods:** A scoping review was conducted to identify relevant research literature published between January 2010 and December 31, 2020. The databases PubMed, CINAHL, Nursing & Allied Health Database, Scopus, PsycINFO, and Proquest Dissertation & Theses Global were utilized in this search. Included literature focused on parent's use of social media and the internet, parental decisions related to their child's primary immunization series, online vaccination information seeking, and social media and childhood vaccines.

**Findings:** A total of 34 articles were included in the review. The majority, 82% of the literature is from the United States, and 18 % is from Canada with 58% of the literature qualitative in nature, 32% quantitative, and 9% mixed methods. Four broad themes were identified in the reviewed literature: information seeking, online information sources, online vaccination information content, and trust in health care providers.

**Conclusion:** Parents are currently seeking vaccination information online regardless of their vaccination choices. Parents are utilizing online search engines such as Google and Yahoo as well as popular social media sites such as Pinterest, Instagram, Facebook, YouTube and Twitter as online resources for vaccination information. Information seeking online has implications for the way that parents perceive the health and safety consequences of vaccination. The influence of online misinformation may have implications for vaccine decision making. Trust in healthcare providers remains a fundamental part of parental vaccine decision making.

**Significance:** Findings from this review summarize the current state of literature in North America and gaps related to digital vaccination information seeking and how information sources impact parental vaccination decisions.

## A2 – Indigenous Health: Programs & Services

### **Biigajiiskaan: Indigenous Pathways to Mental Wellness**

Victoria Smye, Arthura Labatt Family School of Nursing, Western University, London, Ontario  
Bill Hill – Ro'nikonkatste (Standing Strong Spirit), Arlene MacDougall, Cindy Graeme, on behalf of the Biigajiiskaan Program team

Indigenous communities experience inconsistent and inequitable access to health services through mainstream systems of care. The impact of inequitable access to care is especially profound as it relates to mental illness and substance use issues. Despite interventions at the individual- and clinical-level, critical incidents continue (e.g., high suicide rates), suggesting the need for a clearly defined, Indigenous-led model of mental wellness to address structural barriers and offer culturally safe, consistent and high-quality care.

Biigajiiskaan: Indigenous Pathways to Mental Wellness, is a partnership between St Joseph's Healthcare London and Atlohsa Family Healing Services. The intention of this program is to create series of 'pathways' to support mental health and addictions within a family-based and community-oriented approach to care that integrates Traditional Indigenous healing modalities with bio-medical care. This system of care is designed to respond to the needs of Indigenous peoples experiencing serious mental illness including co-morbid substance use disorder (concurrent disorders) by connecting community services and hospital-based care, and integrating Indigenous Healing and clinical supports to advance equity-oriented health care (EOHC); i.e., services and supports tailored to the needs of individuals, families, and communities and underpinned by the key dimensions of EOHC – cultural safety, trauma- and violence-informed care and harm reduction. It is expected embedding EOHC at all levels of participating organizations will result in equitable and timely access to a higher level of coordinated, culturally-safe care for Indigenous peoples.

In this presentation, we will share the stories of how Biigajiiskaan came to be, including ongoing community consultation, program design, research and process evaluation findings, and the unforeseen challenges and opportunities along the way. These stories provide a glimpse into the journey, which has required making a space for ongoing learning and growth and a commitment to live the messiness of creating cutting-edge programs and services for Indigenous people in the context of a colonial past and neocolonial present.

## **Reforming Maternity Services for Indigenous Mothers and Newborns: A Scoping Review of Challenges and Successes Across Geographical Regions of Circumpolar Nations**

Crystal McLeod, Arthur Labatt Family School of Nursing

**Aims:** This two part literature review, acknowledging differences in health services can be dictated by geographic location, seeks to understand the challenges and successes of childbirth maternity services for Indigenous mothers and newborns in both rural and remote, and urban settings.

**Background:** Inequalities in health and healthcare service delivery have prompted decades-long calls for the reformation of childbirth maternity services for Indigenous mothers and newborns of circumpolar nations. Researchers, assisting stakeholders, have generated a large quantity of literature to assess the value of past and emerging practices within these maternity services. To make sense of this large quantity of literature dispersed across several countries, findings have been brought together in this literature review. Reviews of Indigenous maternal-newborn health have been performed in the past, but have been restricted to one nation or a specific area of study.

**Design:** Arksey and O'Malley's (2005) scoping literature review framework and subsequent enhancements guided all stages.

**Data Sources:** Eight electronic databases and five journals were hand searched for relevant primary studies published between 2000 and 2019, including Access Medicine, CINHALL, EMBASE (Medline), ProQuest (Nursing & Allied Health Database), Pubmed, Scopus, and Google Scholar. Research solely conducted in Australia, Canada, New Zealand, and United States was included for review.

**Results:** A total of 60 studies were included and thematically analyzed based on geographical location (36 rural and remote, 14 urban, and 10 mixed settings). Majority of studies were conducted under a qualitative focus, utilized a multidisciplinary research team, and sought to understand the birth experiences of Indigenous mothers. Collation of included studies identified 14 unique themes, geographic trends, and several international research recommendations. Policy was also considered to aide reform efforts.

**Conclusion:** Reformation of childbirth maternity services for Indigenous mothers and newborns is ongoing throughout the world's circumpolar nations. This review serves as a starting point for healthcare systems seeking to improve relationships, better support, and empower Indigenous mothers and newborns during childbirth.

## **Exploration of Existing Integrated Mental Health and Addictions Care for Indigenous Peoples**

Jasmine Wu, Department of Neuroscience, Western University, London, Ontario

Victoria Smye, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Arlene MacDougall, St. Joseph's Health Care, London, Ontario

Due to the persistent impact of colonialism, Indigenous peoples of Canada face higher rates of mental health and substance use disorders, and systemic barriers to accessing 'mainstream' mental health and addiction services. Moreover, these services are often unsuitable for Indigenous peoples due to embedded Eurocentric biases, such as the exclusion of Indigenous understandings of mental health in favour of Western biomedicine.

The need to better address Indigenous mental health has led to integrated care programs: services that incorporate both Indigenous and Western practices into their care delivery. Such a transition facilitates the Truth and Reconciliation Commission of Canada's Calls to Action by increasing collaboration with Indigenous peoples to meet their own mental health needs. As this research explores the inner workings of implementing the integrated care approach, it is a resource for future integrated care programs.

In terms of addressing research questions, this study describes common lessons, disjunctures, and solutions experienced by existing integrated mental health and addictions programs for Indigenous adults across Canada. This study also explores the particular challenges that these programs are facing due to the COVID-19 pandemic.

This study uses a postcolonial framework and narrative inquiry informed by Margaret Kovach's conversational method (2010) and Kincheloe & McLaren's reconceptualized critical theory of power (1994). In keeping with the premise of the integrated approach, an Indigenous Knowledge Keeper/Thought Leader was consulted in designing this study. The sample consists of mental health and substance use programs found on the Government of Canada website that work with Indigenous adults; however, only programs with an integrated care delivery were included.

With the study currently in progress, the preliminary results and discussion will be available for presentation in May 2021. The sample data is being collected through online surveys of factual questions administered to program staff. Moreover, key informants (e.g. Program Managers, Directors of Care, etc.) who have knowledge of the relational processes of their care delivery are being interviewed over the telephone. Finally, the data will be analyzed through collaborating with Indigenous Elders, practitioners, Thought Leaders, and Knowledge Keepers to highlight Indigenous values and interpretations, and knowledge co-production.

### A3 – Intimate Partner Violence & Women’s Health

#### **EMBRACE: Engaging Mothers in a Breastfeeding Intervention to Promote Relational Attachment, Child Health, and Empowerment**

Emila Siwik, School of Health and Rehabilitation Sciences, Western University, London, Ontario

Samantha Larose, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Tara Mantler, School of Health Studies, Western University, London, Ontario

Kimberley Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario

The promotion of breastfeeding is a public health priority. Breastmilk is universally recognized as the superior and most cost-effective form of human infant nutrition, with health benefits to both infants and women. While the World Health Organization recommends exclusive breastfeeding to 6 months of age, most mothers wean their infants earlier due to perceived difficulties, rather than by choice. Infant feeding practices are intimately tied to health inequities and are strongly influenced by social determinants of health. Studies have reported that women who are least likely to sustain breastfeeding tend to be young, of low income, have a history of intimate partner violence, and perceive a lack of social support. As such, community health care support is an important, modifiable variable to breastfeeding success. Effective and tailored support during the early postpartum period, such as scheduled visits by a health care provider, may be highly effective in breastfeeding promotion when there is prenatal intention to breastfeed. The Thompson Postnatal Wellness Clinic in London, Ontario, is a community-based team of family physicians whose mission is to provide trauma- and-violence-informed care (TVIC) to postpartum women without a primary care provider in the early postpartum period. This novel approach to early postpartum management has not been evaluated with respect to improving breastfeeding outcomes among a population of urban, at-risk women. As such, the goal of this mixed-methods study is to conduct a program evaluation of a community-based physician team providing TVIC-postpartum care in the first days postpartum, with specific attention being focused on its impact on breastfeeding outcomes, attachment, and mental health among at-risk women.

## **Sharing Personal Experiences of Accessibility and Knowledge of Violence: A Qualitative Study**

Tara Mantler, School of Health Studies, Western University, London Ontario

Kimberley T. Jackson, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Edmund J. Walsh, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Selma Tobah, School of Health and Rehabilitation Sciences, Western University, London, Ontario

Katie Shillington, School of Health and Rehabilitation Sciences, Western University, London, Ontario

Brianna Jackson, School of Nursing, Yale University, New Haven, Connecticut

Emily Soares, Arthur Labatt Family School of Nursing, Western University, London, Ontario

In Canada, the most common societal response to intimate partner violence (IPV) has been the establishment of women's shelters for temporary housing and security. Rurality further compounds the challenges women experiencing IPV face, with unique barriers from their urban counterparts. This study sought to explore the intersection of rural women's health care experiences within the context of IPV. Eight rural women living in Southwestern Ontario who had experienced IPV, had used women's shelter services, and who had accessed health care services in the preceding six months were interviewed. Using a feminist, intersectional lens, we collected and analyzed qualitative data using an interpretive description approach. Findings demonstrated that women were able to identify strengths and opportunities from their experiences, but significant challenges also exist for rural women seeking health care who experience IPV. Our findings underscore the need for filling of policy gaps between health care and the services women utilize. We propose that further research is needed on alternative, integrated models of shelter services that address health care needs for women experiencing IPV.

## **The PATH to Knowledge Mobilization: Expanding our Reach using the ABELE Method**

Kimberley T. Jackson, Arthur Labatt Family School of Nursing, Western University, London Ontario

Tara Mantler, School of Health Studies, Western University, London, Ontario

Sheila O'Keefe-McCarthy, Brock University, St. Catharines, Ontario

### **Problem Statement**

Despite growing recognition of the intersection of pregnancy and intimate partner violence (IPV) that threaten women's health and wellbeing, interventions designed to support those belonging to this social location remain largely underexplored. Promoting Attachment Through Healing (PATH) is a mixed-methods study evaluating the effect of CBT using a trauma and violence-informed lens (TVICBT) among pregnant women with a history of IPV on infant-maternal attachment and maternal mental health. Case study findings suggest that TVICBT during pregnancy may enhance maternal coping and the development of positive maternal-infant attachment.

### **Purpose**

Illuminating the influence of tailored interventions such as TVICBT on maternal and child outcomes may contribute to the enhancement of care for women. As such, novel and diverse approaches to mobilize key findings from this research may assist in raising awareness of the unique challenges faced by pregnant women with histories of violence, while stimulating attention of key stakeholders and decision makers. Our project aims to do just this. The PATH to Knowledge Mobilization presents science and art together in what promises to be a unique, transformative, and embodied glimpse into the lives of pregnant women who live(d) with IPV.

### **Study Design, Data Collection and Analysis**

We employed an arts-based creative research analysis – the ABELE method (Arts-Based Embodied Layered Exploration) to translate the journeys of three women through their pregnancy and postpartum care while receiving TVICBT. Women's experiences informed four works of poetry reflecting the themes of: 1) black deep corners, 2) triggering my thoughts, 3) breaking through the brokenness, and 4) perfectly imperfect. From here, volunteer artists recreated the poetry in works of art through a variety of mediums, to symbolically represent the women's journeys.

### **Results/Implications**

The works of poetry and art have been shared at knowledge mobilization events, where various artistic interpretations of the women's experiences with TVICBT were on display. It is hoped that this arts-informed research dissemination will provide an empathic and embodied introspection and reflection of the women's experiences. We hope this has the power to engage attendees to help these stories be heard, visualized, felt, and contemplated – to raise awareness and understanding.

## A4 – Symposium I

### **Developing Patient and Family Caregiver Partnerships in Care: An Organizational Approach**

Karen Perkin, Arthur Labatt School of Nursing, Western University, London, Ontario; St. Joseph's Health Care London, London, Ontario

Roy Butler, St. Josephs Health Care London, London, Ontario

Jacobi Elliott, St. Joseph's Health Care London, London, Ontario; School of Public Health and Health Systems, University of Waterloo, Waterloo, Ontario

Elizabeth McCarthy, St. Joseph's Health Care London, London, Ontario

Michelle Mahood, St. Joseph's Health Care London, London, Ontario

Carol Riddell Elson, Patient Family Caregiver

Patient, resident and family caregiver engagement is essential for improving health outcomes and experiences (Carmen et al., 2013). St. Joseph's Health Care London is a leading organization dedicated to providing exemplary care for patients, residents and family caregivers. The development of a corporate Care Partnership Framework, partnership with The Change Foundation, adoption of an experience-based co-design approach and co-developed resources and care processes were implemented and evaluated in multiple care settings using pre and post qualitative and quantitative evaluation measures. The involvement of leadership, from the Board to frontline, has been pivotal for organizational change and sustaining outcomes. This symposium will describe the journey of leadership engagement, the development of structures and processes to sustain efforts, specific examples of co-design methodology in practice and the evaluation measures used to determine outcomes in a multi-site, clinically diverse care environment.

## Concurrent Session B: Oral Paper Presentations & Symposium II

### B1 – Digital Health: Emerging Technologies

#### **The Integration of Digital Health Technologies in the Clinical Environment and its Influence on Nurses' Care Delivery Process**

Ryan Chan, Arthur Labatt Family School of Nursing, Western University, London Ontario  
Richard Booth, Arthur Labatt Family School of Nursing, Western University, London Ontario

**Background:** Although the rapid integration of digital health technologies in the clinical environment was intended to optimize the efficiency of nursing care and to promote patient safety, technologies' growing presence within the clinical environment (e.g., electronic medical/medication administration records, smart sensors/trackers, advanced monitoring/notification systems, and decision-support systems) has simultaneously generated multiple challenges. Despite extensive literature that identified many of the unintended challenges associated with increased digitalization and technology adoption in the clinical environment, such as the lack of system interoperability and disruption to existing workflow, as well as the introduction of artificial intelligence- and machine learning-based "smart" technologies, there continues to be a sizable gap of theoretical work to examine the care delivery process experienced by nurses and other healthcare workers.

**Purpose:** The purpose of this proposed study is to explore and develop theoretical insights related to the integration of advanced digital technology in the clinical environment and its influence on nurses' and healthcare workers' clinical practice.

**Methodology/Methods:** Guided by Constructivist Grounded Theory, a purposive sampling of nurses and healthcare workers who are currently employed in an acute care setting with a wide-scale implementation of technology in the clinical environment will be invited to participate in this study. A sample size of 30-35 participants is proposed and anticipated, and data will be collected via semi-structured and open-ended interviews. Further, the final sample size will be ascertained through data and theoretical saturation. As theoretically dense data is collected, the researcher will engage in constant comparative analysis where sampling, data collection, and analysis will occur simultaneously.

**Results:** The anticipated findings of this proposed study will provide valuable insights related to how the nursing and healthcare provider role has been influenced given the technological advances and integration within the clinical environment. In addition, findings and themes that emerge from the data will support the development/refinement of existing theories related to nurses' and healthcare workers' care delivery process within a technology-intense clinical environment. Further implications for nursing research, practice, and leadership related to the delivery of nursing care in technology-intense clinical environments will also be identified and discussed.

## **Exploring Social Robots' Influence on Human Behaviours in Domestic Environments and its Potential Role in the Delivery of Homecare Nursing Services**

Richard Booth, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Justine Gould, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Ryan Chan, RN, MScN, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Josephine, McMurray, Business Technology Management/Health Studies, Wilfrid Laurier University, Waterloo, Ontario

Gillian Strudwick, Centre for Addiction and Mental Health, Toronto, Ontario

**Background:** A recent report by the International Federation of Robotics estimated that more than 30 million social/automated robots are used within the domestic household environment in 2019. Given the continuous penetration of artificial intelligence-enabled technology in the domestic environment, such as the use of social robots, further exploration is warranted due to a current gap in the literature related to the integration of social robots in the domestic setting and the subsequent effects on human behaviour. Furthermore, the potential role and use of social robots within a domestic environment has yet to be explored through a healthcare lens.

**Purpose:** The purpose of this proposed study is to explore how humans conceive the presence, role, and behaviours of social robots in a domestic environment, and to develop additional insights related to the potential use and integration of social robots to facilitate the delivery and management of homecare nursing services for homecare recipients.

**Methods:** A purposeful sampling approach will be used to obtain a broad representation of participants who possess current/past experience with social robots and will be able to share their insights related to the presence and integration of social robots in their home. Approximately 30 participants will be recruited to participate in this study, and data will be collected via semi-structured, in-depth interviews guided by Fink's guide of social robot usage in domestic settings. Data analysis will occur simultaneously during both sampling and data collection to align with the tenants of Grounded Theory which will serve as the theoretical underpinning of this study.

**Results:** The anticipated findings of this study will provide meaningful insights into the presence and role of social robots within the domestic environment, as well as the impact and complexities of the human-robot relationship. The findings may also deepen our understanding and conceptualization of the common challenges that have surfaced from the integration of social robots in the domestic environment (e.g., issues related to trust, privacy, interpersonal dynamics, and communication). Further, potential opportunities for social robots to assist in the facilitation, delivery and management of homecare nursing services for homecare recipients will also be identified.

## **The Application of Drones in Healthcare and Health-Related Services in North America: A Scoping Review**

Bradley Hiebert, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Vyshnave Jeyabalan, Faculty of Information & Media Studies, Western University, London, Ontario

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The use of drone aircraft to deliver healthcare and other health-related services is a relatively new application of this technology in North America. For health service providers, drones represent a feasible means to increase their ability to provide healthcare and health-related services to individuals in difficult to reach locations. However, aside from the use of drones to improve access times to care, there is limited knowledge about the effectiveness of drones to deliver healthcare and health-related services in North America. This paper presents the results of a scoping review of the research literature that was conducted to determine how drones are used for healthcare and health-related services in North America, and how such applications account for human operating and machine design factors. Data were collected from Pubmed, CINAHL, Scopus, Web of Science, and IEEE using a block search protocol that combined 13 synonyms for “drone” and eight broad terms to capture the theme of healthcare and health-related services. A total of 4655 documents were retrieved from the five databases; following a title, abstract, and full-text screening procedure 29 documents were retained for analysis.

The most common healthcare and health-related service applications covered in documents retained for analysis included: reduction of emergency response times in urban and rural settings, delivery/transportation of medical supplies, treatments, and biological samples, and natural disaster/health hazard monitoring. In studies that assessed the drone technologies, measured outcomes included viability of biological samples and treatment supplies post-flight, security of drone payloads, time to access drone-provided services compared to existing best practice, and quality of images produced by drone-mounted cameras. In studies that assessed the drone operators, measured outcomes included operators’ speed and accuracy in identifying items through a drone-mounted camera, and the operators’ ability to navigate a drone over various terrains. A single document focused on information privacy considerations when using drones for healthcare-related applications. Overall, findings indicate that drones may promote healthcare and health-related service accessibility for those in difficult to reach areas, and that drones may be most successfully integrated into healthcare teams in North America if they are operated by specially trained drone pilots.

## B2 – Nursing Leadership: Education & Practice

### Integrating Leadership Development Across Nursing Programs

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Leadership has long been relegated to formal positions in organization such as health agencies and post-secondary education. Globalization with its foci on both increasing productivity and decreasing costs has impacted on how healthcare agencies need to find more effective means to guide and deliver their care and services often using team-based approaches. Leadership research is also being challenged as no longer solely focused on individual formal roles as decision makers in organizations but a combining of vertical (Pierce & Sims, 2002) leadership within teams using innovative collaborative thinking to address shared decision making around patient's complex issues needed in today's healthcare. Thus a shift in thinking of leadership as associated with the individual, but in a shared relationship with staff working in collaborative teams.

Healthcare organizations are seeking innovative leaders from our health professional education programs to meet these changes. In nursing education opportunities abound with current small group learning orientations to integrate leadership across courses. This presentation will provide an overview of new leadership studies and a theorized integrated model of this form of leadership (Orchard, & Rykhoff, 2014), and an introduction to constructs associated with collaborative leadership implementation (symbiotic relationships, mindfulness, shared assets, and capacity to lead) (Orchard & Sinclair, 2018). A beginning discussion on potential learning strategies for integration within existing courses will be provided. These strategies are theorized to guide student preparation as both team members who lead in collaborative practice as well as within informal leader positions (eg. project coordinator, in-charge nurse etc.) as they evolve towards entry into their graduate practice.

## **The Influence of Authentic Leadership and Workplace Bullying on the Mental Health of Experienced Registered Nurses**

Edmund J. Walsh, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Alexis Smith, St. Joseph's Health Care, London, Ontario

Carol Wong, Arthur Labatt Family School of Nursing, Western University, London, Ontario

### **Purpose**

This study's purpose was to assess the relationship between authentic leadership (AL) and mental health of experienced nurses and examine the role of workplace bullying as a mediator of this relationship.

### **Background and Significance**

Nurses' mental health is an important determinant of their ability to provide high-quality patient care in the context of growing complexity in healthcare demands. To empower nurses to cope with the challenges of increasing patient acuity, decreasing length of stay, and substantial fiscal constraints, significant emphasis has been placed on the work environment in which nurses work. Leadership is proposed as an important factor in cultivating positive work environments in which nurses experience positive outcomes. AL specifically has been associated with many positive work environment outcomes and positive impacts on nurses' personal well-being. This study is the first known published study to explore the relationship between AL and mental health outcomes in experienced registered nurses with workplace bullying as a mediator.

### **Methods**

This study used a non-experimental, correlational study design and is a secondary analysis of data collected in 2015 for the AL for New Graduate Nurse Success study. Participants were mailed survey packages using a modified Dillman (2007) method. This study analyzed a sample of nurses working in direct care mental health settings with three or more years of nursing experience (n = 478). It was hypothesized that AL is positively linked to better mental health and that this relationship is mediated by less frequent workplace bullying. Analysis was conducted using SPSS and Hayes' (2018) PROCESS macro was used to test the hypothesized mediation model.

### **Conclusions**

The authors found that AL was positively associated with nurses' mental health and negatively associated with workplace bullying. Furthermore, workplace bullying was negatively associated with mental health and was a significant mediator of the relationship between AL and mental health. In this model, AL and workplace bullying accounted for 13.5% of the variance in mental health. The findings of this study support the importance of organizations working to address and prevent workplace bullying and employ policies and actions to promote the mental health of their experienced nursing workforce.

## **Examining Critical Care Nurses' Affective Organizational Commitment: The Influence of Authentic Leadership**

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Edmund J. Walsh, Arthur Labatt Family School of Nursing, Western University, London, Ontario

Carol Wong, Arthur Labatt Family School of Nursing, Western University, London, Ontario

**Purpose:** The authors sought to understand how affective organizational commitment is influenced by authentic leadership among experienced critical care registered nurses. Another aim of this study was to assess whether and to what extent that relationship is mediated by (i) emotional exhaustion (a component of burnout) and/or (ii) professional practice environment.

**Background:** Achieving a heightened understanding of affective organizational commitment among critical care nurses is an imperative undertaking. Turnover is a serious issue in the nursing profession, for instance, because of the costs associated with hiring and training replacement nurses. This is especially challenging in critical care settings, where higher than average rates of turnover have been reported and where training can be more costly and care more highly specialized. Relational leadership styles, such as authentic leadership, have been shown to be positively influential on nursing workforce and work environment outcomes. Authentic leaders role model self-awareness, moral actions, and objective decision-making, which can lead to positive changes in their employees' work attitudes and behaviours.

**Methods:** The design of this study was non-experimental, correlational, and cross-sectional. Four hundred experienced (greater than 3 years of service) registered nurses were randomly sampled from each of Alberta, Ontario, and Nova Scotia for a total of 1,200 potential participants. Four hundred seventy-eight nurses participated in the primary study, and this secondary analysis involved a subsample of 138 critical care nurses. Data were collected through standardized self-report questionnaires mailed to the nurses' home addresses using a modified Dillman (2007) method. Hayes' (2018) PROCESS macro for SPSS was used to test the hypothesized double mediation model.

**Results:** Authentic leadership, emotional exhaustion, and professional practice environment accounted for 24.7% of the variance in affective organizational commitment. Authentic leadership was positively related to affective organizational commitment, and the relationship was mediated by lower emotional exhaustion and higher professional practice environment.

**Conclusions:** This study (1) provides support for healthcare organizations to adopt authentic leadership to guide their human resources processes, including annual performance reviews as well as manager training; and (2) helps healthcare organizations in developing strategies to promote higher commitment among the registered nurse workforce in critical care.

## B3 – Substance Use & Harm Reduction

### **The Use of Photo Narratives to Capture the Every Day Experiences of Overdose Prevention Site Clients**

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Anita Kothari, School of Health Studies, Western University, London, Ontario

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The Middlesex London Health Unit (MLHU) and Regional HIV/AIDS Connection (RHAC) opened Ontario's first legally sanctioned supervised consumption site (formerly known as The Temporary Overdose Prevention Site - TOPS) in February 2018. This was done to address the opioid crisis, which is a complex public health issue impacting many communities and taking the lives of many people. Following an initial evaluation, a need was identified to conduct more in-depth qualitative research with site users. A partnership between MLHU and the Centre for Research on Health Equity and Social Inclusion (CRHESI) was established to address this gap.

The research question that guided this evaluation was: How has the TOPS changed the lives of those who have accessed the site? The research team deliberately chose photo narrative as a method to add depth of understanding and visual images to the experiences of people who use this type of facility and how that use has influenced them.

Participants engaged in two interviews to answer the research question. In the first interview, participants were asked questions that captured the influence that the site had on their day-to-day life. At the end of this interview, participants were provided with a camera and asked to take photos that reflected their feelings and experiences in relation to the site. During the second interview, participants were asked to share the meaning of the photos to help researchers understand how the site had impacted their lives.

The intent was to produce photo-based narratives to share with the community to deepen the community's understanding of the experiences of people who use the site. The hope is that increased understanding may bring about transformative societal change. These sites were established to prevent overdoses and reduce harms associated with drug use, the findings demonstrate that they also enhance clients' self-worth and self-value. These findings offer important implications for transformative changes in other health and social services.

The research team aims to showcase the findings from this study, including photos, and illustrate to the audience the value of using photo narratives as a method for knowledge exchange purposes. We will also share our social media and website strategy.

## **Use of Peers in Substance Use Harm Reduction Initiatives: Literature Review and Application to Northern Contexts**

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**Problem Statement:** Northwestern Ontario (NWO) is facing a public health crisis due to increasing rates of opioid related morbidity and mortality. In response, a community health-centre developed a peer-delivered harm reduction program: Harm Reduction by Peer Mentorship (HRxPM). Peers (individuals with lived substance-use experience) are well suited to work in these programs given their knowledge and relationships that can engage otherwise hard-to-reach populations. Like many northern communities, NWO has a diverse population yet limited resources for health care programs. Peers might help fill staffing shortages in northern communities, yet, little research describes barriers and facilitators to employing peers in this unique context.

**Purpose:** The purpose of this research is to update and extend the current literature on the roles and experiences of peers in substance-use harm reduction initiatives through a review of recent literature (last 5 years) and critical application to the NWO context.

**Method:** We searched databases (PubMed, PSYCHinfo, CINAHL, and Proquest) using the following terms: peer, peer mentorship, peer support, harm reduction, people with lived experience, substance use, and addiction. We then use HRxPM as a case study to provide illustrative examples of how the literature might apply or not to a northern context. Case study data come from a program evaluation project and include interviews with project coordinators, peer outreach workers, and volunteer peers.

**Analysis:** Interviews were transcribed and analyzed for themes.

**Results:** Recent literature defined peers, described their training and experiential knowledge, what they do (activities/role expectations), and how they are affected by their work. Overall, we found that HRxPM services aligned with recent peer definitions, the importance ascribed to experiential knowledge, and motivations for pursuing peer work. In contrast, peer requirements, training programs, and workplace tasks may be evolved differently in northern contexts. For example, given the small program and wide range of lived experience among peers, staff work closely with peers to determine learning goals, peer work activities and provide training on an as needed basis.

**Implications:** This research suggests avenues for aligning northern peer harm reduction programs with existing best practices and extending empirical research to reflect the realities of northern community contexts.

## **A Better Way: Transforming Our Language and Perceptions of Substance Use**

Abe Oudshoorn, Arthur Labatt Family School of Nursing, London, Ontario

The purpose of this presentation is to suggest an ongoing evolution as to how nurses speak to and perceive the issue of substance use. The re-framing of addiction/problematic substance use/substance use disorders as a disease has served its purpose of highlighting the biological complexities of substances and substance use. This has pushed the narrative away from individual choices to factors beyond personal control. However, this biomedical grounding creates new challenges as perceivably normal human behaviours are deemed as requiring medical correction. Little room is left for human experiences such as trauma.

In this presentation I will explore some of the historical conceptualizations of substances and substance use. I will look at the varying ways that language has shaped our role as a profession in considering substance use. Consideration will be given to current “best practices” in addiction medicine and mental health nursing, including both congruencies and inconsistencies with how individuals with lived experience of drug use speak to addiction. This will lead into a consideration of the current ‘moment’ of responses to substance use such as supervised consumption, the declaration of an opioid crisis, and prescription of a safe supply. Ultimately, I will propose a pathway forward for Nursing to take the lead on more effective and pragmatic ways to respond to substance use that incorporate harm reduction as a philosophy across all domains of practice. Participants will be challenged to consider both the professional and the policy implications of such a transformation.

## B4 – Symposium II

### **Attending to Context and Complexity: Evolving a Promising Health Promotion Intervention for Women Separating from an Abusive Partner**

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Kelly Scott-Storey, Faculty of Nursing, University of New Brunswick, Fredericton, New Brunswick  
Colleen Varcoe, University of British Columbia School of Nursing, Vancouver, British Columbia  
for the iHEAL Team

The negative effects of Intimate Partner Violence (IPV) are broad, linked, and often continue after separation, impacting women's safety, mental and physical health, social relationships, economic situation, and parenting. Women's differing needs, priorities, resources, and living conditions affect how they seek help and the types of support that might be helpful. As such, comprehensive interventions that consider the context and complexity of women's lives and are tailored to their unique circumstances, priorities and needs are most likely to show benefits. These types of interventions are congruent with relational nursing practice approaches and can provide a way of operationalizing research evidence and theory, including concepts such as Trauma- and Violence-Informed Care (TVIC). Importantly, evaluations of 'complex' interventions should retain a focus on complexity and context; that is, they should be designed to capture more than group differences on main outcomes, but also account for who benefits, how, and why. However, few such nursing interventions have been developed and tested, particularly in the context of separating from an abusive partner.

To address these gaps, we developed *iHEAL*, a comprehensive, trauma- and violence-informed intervention for women who are in the transition of separating from an abusive partner. Supported by a Clinical Supervisor, community health nurses, who have completed standardized *iHEAL* Education, work in partnership with women for ~ 6 month (10-18 sessions) to address a broad range of issues that affect women's safety, health and well-being. *iHEAL* is tailoring *iHEAL* to woman's priorities, needs and context, and to the community in which she lives, and *woman-led*, with a strong focus on complementing and extending, rather than duplicating, existing services. These features make it flexible enough to fit the with needs of *all* women, with potential to reduce inequities.

In 3 separate studies using before-after designs (including one with Indigenous women), women found *iHEAL* safe and acceptable; substantial improvements in women's mental health, quality of life, confidence and control were maintained 6 months after *iHEAL* ended. The effectiveness and cost-effectiveness of a revised version of *iHEAL* is being tested in a randomized controlled trial of 331 Canadian women from 3 provinces conducting using the CONSORT Guidelines. Eligible women were randomized to either *iHEAL* nurse visits or to receiving information about community services. Outcomes were assessed using online surveys at 4 points in time (baseline/pre-intervention, 6, 12, 18 months). Using data from women's surveys and qualitative interviews with women and nurses, we are also exploring who benefits from *iHEAL* and why, how *iHEAL* education and experience shape the nurses' practice, and the conditions needed to support effective implementation and sustainability of *iHEAL*.

**Aims:** In this session, we draw on over two decades of research to:

- describe the theoretical and empirical foundations of *i*HEAL and its' unique delivery model, summarizing key lessons from research to date
- illustrate the principles, strategies and processes used to develop, test, adapt and evolve *i*HEAL in ways that attend to complexity and context
- explore how insights from this research could strengthen interventions and services for women experiencing IPV and complex interventions more generally

**Content Outline:** This session includes brief presentations addressing: a) initial development of *i*HEAL and adaptation for Indigenous women, along with 'lessons' from 3 initial studies; b) an overview of the current version of *i*HEAL, including expanded theoretical grounding to incorporate relational practice and TVIC; principles, delivery model and resources; c) our approach to evaluating the process and impacts of *i*HEAL in ways that consider complexity and context, along with selected trial results; d) current planning to implement *i*HEAL in real world health care settings in ways that maintain fidelity and effectiveness. Participants will be invited to consider how our processes and 'lessons learned' might apply to their own work, particularly methodological decisions in intervention research and practice implications.