IT IS A GREAT PRIVILEGE TO JOIN Linda McGillis Hall, Bloomberg Nursing’s Associate Dean, Research & External Relations, in presenting the 2015-2016 Research Report.

The research that Bloomberg Nursing generates has an enormous impact. It influences political decisions and healthcare policies. It changes the way Canada cares for its most vulnerable. Around the globe, research from Bloomberg Nursing affects everything from the care of newborns, to the rehabilitation of adults who have experienced a myocardial infarction.

Our faculty members and graduate students roll up their sleeves and put a tremendous amount of effort into their research studies. But they don’t work alone. The Faculty is in the enviable position of partnering with world-leading clinical institutions. It also has a tradition of excellence in healthcare research on which to build.

I’m proud to say that Bloomberg Nursing is at the forefront of innovative research. As you’ll learn in reading this report, it’s making gigantic strides forward.

Linda Johnston, PhD, FEANS, FAAN
Dean, Bloomberg Nursing

#1 IN WORLD FOR NURSING RESEARCH

This year, QS World University Ranking by Subject ranked Bloomberg Nursing third in the world among Faculties of Nursing. On examining the specific criteria used in QS’s evaluation, Bloomberg Nursing is #1 for citations and uptake of research.

The Faculty of Nursing at the University of Toronto has a longstanding reputation for leadership and innovation in nursing research. Throughout our history, our faculty researchers have been significant voices in international discussions of health issues.

This Faculty led the way in Canada with the first chair in nursing research, and currently hosts eight research chairs in nursing, along with two professorships.

Today, Bloomberg Nursing has an even greater presence on the world research stage. In this report, we proudly introduce some of our professors and students whose research is influencing policy and practice in Canada and around the globe.

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**PUBLICATIONS & AWARDS SUMMARY**

- **152 JOURNAL ARTICLES**
- **9 AWARDS AND DISTINCTIONS**
- **10 BOOK CHAPTERS**
In 2015, the Lawrence S. Bloomberg Faculty of Nursing welcomed four new faculty members: Laurie Conway, Lisa Cranley, Samantha Mayo and Kristin Cleverley.

Assistant Professor Laurie Conway earned her Doctorate in Nursing at Columbia University School of Nursing in New York City. Originally from Canada, Conway received her Bachelor’s degree from the University of Western Ontario in London before relocating to the United States and earning a Master of Science in Nursing (Clinical Research Management) at the University of Maryland Baltimore. She is an expert in infection control, and her research interests focus on the prevention of healthcare-associated infections in acute care settings. Her doctoral research examined the prevalence, predictors and costs of such infections.

Assistant Professor Lisa Cranley earned her Doctorate in Nursing at the University of Toronto, where she examined how critical care nurses make decisions in the face of uncertainty. She returned to Bloomberg Nursing from the University of Alberta in Edmonton, where she had been an Assistant Professor in the Faculty of Nursing, following completion of postdoctoral studies there. Cranley has extensive clinical experience in the medical-surgical critical-care field. Her broader research interests include knowledge translation, clinical decision-making and uncertainty, facilitation, staff retention and healthcare delivery.

Assistant Professor Samantha Mayo also earned her Doctorate in Nursing at the University of Toronto. She joined Bloomberg Nursing in November 2015 after completing a post-doctoral fellowship in the Department of Medical Oncology and Hematology at the world-renowned Princess Margaret Cancer Centre. Mayo has an extensive background in clinical oncology and oncology research, and her research interests focus on neurocognitive functioning; personalized supportive care interventions; and the effects of cancer treatments for haematological malignancies, including stem cell transplantation.
**IMPROVING YOUTH MENTAL HEALTH**

New faculty member appointed to Chair in Mental Health Nursing Research

Kristin Cleverley joined the faculty in 2015 in two capacities. Newly appointed as an Assistant Professor, she was also named the Centre for Addiction and Mental Health (CAMH) and Lawrence S. Bloomberg Faculty of Nursing Chair in Mental Health Nursing Research.

Cleverley obtained her Doctorate from McMaster University’s Department of Psychiatry and Offord Centre for Child Studies in Hamilton. She received a four-year Canadian Institutes of Health Research/Public Health Agency of Canada Clinician-Scientist Fellowship, during which time she pursued research to understand the developmental trajectories of aggression in adolescence and outcomes in emerging adulthood. Most recently, Cleverley was the Director of Practice Research and Innovation at CAMH. Her research program focuses on youth with mental illness and the enablers and barriers they face as they transition into adulthood.

“The CAMH chair is a huge acknowledgement that mental-health nurse research is valuable,” notes Cleverley. The chair builds capacity for research in mental health, providing the opportunity to further develop the evidence base needed to improve the move from paediatric to adult mental health services. “Research shows that about 50 per cent of youth accessing mental health services drop out during this transition. Those who disengage from care tend to resurface later, often when they’re in crisis. “We have no choice but to improve our mental health practices for adolescents,” she continues. “Canadian youth have high rates of mental illness and addictions, yet limited access to specialized mental health treatment. Suicide is the leading cause of non-accidental death in those aged 15 to 24.”

Many healthcare funding models enforce an age boundary in which at 18 you can no longer access a paediatric service-provider. “Eighteen is arbitrary,” says Cleverley whose research suggests the need for a service structure that aligns with patients’ developmental stages. “Eighteen is the most vulnerable age because it’s full of transitions – it’s when you typically move from high school to post-secondary education and/or work, and from living with your family to living on your own.” It is also around the time when symptoms of a mental illness start to surface; 75 per cent of all mental health and addiction disorders begin in adolescence.

**MYRIAD PERSPECTIVES**

In a longitudinal study on the topic, Cleverley is tracking, over a three-year period, youth who have been receiving paediatric mental health services. She is interviewing not only the youth, but their parents, service providers and siblings in this mixed-method study. “No one has asked siblings,” she says, “but siblings are often a youth’s support person. They can be who the youth turns to in the middle of the night for help.”

In the investigation, Cleverley hopes to gain insights into a number of pressing questions: What are the barriers to continuity of mental healthcare? What barriers are there in the healthcare system for youth? How does a change in care providers at age 18 affect functioning? What do family members need? What are the youths’ perspectives? “In mental health, you need to look at the whole person and their whole environment,” she says.

“The onset of mental illness is at its peak between the ages of 16 and 20.”

– Assistant Professor Kristin Cleverley

~50% THE PERCENTAGE OF YOUTH ACCESSING MENTAL HEALTH SERVICES WHO DISSENGAGE FROM CARE IN THE TRANSITION TO ADULT SERVICES
Scientists have determined that if a woman has a mutation in the recently discovered PALB2 gene, she is at an increased risk of developing breast cancer. But that’s about all that is known about it at this time.

In September 2015, Kelly Metcalfe was awarded a Bloomberg Professorship (Cancer Genetics) that provides her with the opportunity to be among the first in the world to explore how to prevent and treat breast cancer in women with the PALB2 mutation. “The professorship will help me develop a database of women with breast cancer and a PALB2 mutation so we can look at the impact of treatments on survival,” explains Metcalfe.

Professor Metcalfe’s research focuses on the prevention and treatment of hereditary breast cancer. She has earned international acclaim for her groundbreaking research on how to prevent and treat breast cancer in women with a BRCA1 or BRCA2 mutation. That research involved testing for only single genes. “Now that the cost of genetic testing has come down, we’ll be testing gene panels that include PALB2. We’ll test 25 genes that are specific to breast and ovarian cancer,” explains Metcalfe, who is also an Adjunct Scientist with Women’s College Research Institute. “While we know quite a bit about the BRCA1 and BRCA2 genes, the problem is that we don’t know that much about the other 23 genes.

“Along with the professorship, I have funding to do genetic testing on 800 women across Canada with a breast cancer diagnosis at the age of 40 or under,” she continues. “It’s not common to get breast cancer under the age of 40. We’re trying to determine if there’s a genetic contribution to this young-onset breast cancer.”

Clinical Relevance

Metcalfe started her research in 1997, when the BRCA genes had just been discovered. “We didn’t really know what to tell women if they had the mutation,” she recalls. “We’ve made great progress, especially in terms of cancer prevention in women who have this genetic mutation.”

The presence of a BRCA mutation increases breast cancer risk dramatically – from 11 to 87 per cent by the age of 70. By following women who have been diagnosed with breast cancer and have this mutation, Metcalfe determined that they are at very high risk of developing a new breast cancer in the opposite breast. She began proposing a double mastectomy to treat the current breast cancer and prevent a second breast cancer. “We found that women with BRCA-related breast cancer who have a double mastectomy are nearly 50 per cent less likely to die of breast cancer within 20 years of diagnosis compared to women who have a single mastectomy,” she notes.

The risk of ovarian cancer in women with a BRCA mutation is also exceedingly high, rising to nearly 60 per cent by the age of 70. Metcalfe’s research determined that they could reduce their

FROM RESEARCH TO PRACTICE

Kelly Metcalfe’s research has had an impact on the lives of countless women with a BRCA mutation. Now she’s exploring the effects of the PALB2 mutation.
cancer risk further by having an oophorectomy. “Removing the ovaries in women with a BRCA mutation is the best way to prevent ovarian cancer, and it also reduces the risk of breast cancer by about half because you’re removing the body’s main source of estrogen. We can prevent cancer from developing,” says Metcalfe.

MOVING FORWARD

Typically, it takes six to eight weeks to receive genetic results in a clinical setting. Long before the genetic test results are in, a woman with a breast cancer diagnosis would likely have had a lumpectomy and started radiation therapy. But new technology called “rapid genetic testing” (RGT), which is currently only available through a research study, offers test results in just 10 days. Metcalfe is about halfway through a study of 1,000 women that is assessing the impact of receiving RGT at the time of breast cancer diagnosis. She wants to know if RGT influences surgical decision-making and psychosocial functioning.

Two years into the study, Metcalfe and her team have the preliminary results for 464 women. The results indicate that RGT affects surgical choice for many of the women identified with a BRCA mutation, with the majority electing for bilateral mastectomy. “We’re saving lives,” she reports, “and we’re also saving healthcare dollars. We would expect that the great majority of these women would go on to develop another breast cancer that would require another operation. So it’s one surgery for the woman and typically she’s not having radiation, which opens options for her in terms of breast reconstruction.”

“We know that learning you have breast cancer is a very difficult time for the majority of women,” she continues. But the study’s preliminary results indicate that women identified with a BRCA mutation at the time of breast cancer diagnosis do not experience greater levels of cancer-related distress, anxiety or depression compared to women with a negative genetic test result. “This research speaks to the importance of a woman being offered genetic testing at the time of breast cancer diagnosis and receiving those results quickly, before they decide on what surgery to have,” says Metcalfe. “I’m hoping the results of my study will influence policy, and RGT will become part of clinical care for women who have been diagnosed with breast cancer.”

“My goal is to take this genetic information and use it to save lives.” – Professor Kelly Metcalfe
Martine Puts believes it’s essential – and possible – to include elderly cancer patients with comorbidities and impairments in research.

The Canadian Institutes of Health Research (CIHR) honoured Assistant Professor Martine Puts with a highly competitive New Investigator Award. In addition, she received the New Investigator Prize of Excellence in Research on Aging. The awards acknowledge Puts’ commitment to improving cancer care in the elderly, as well as her advocacy for researchers to include elderly patients with comorbidities and impairments in their trials. Her findings will improve health outcomes for the frail elderly, a population that has been systematically excluded from most cancer research.

To understand how researchers can engage older adults with cancer more often in research, Puts is conducting the Senior Toronto Oncology Panel (STOP) study. As part of the investigation, she recently established a panel of older adults that’s accessible to all researchers interested in recruiting a diverse population of older adults with cancer. One of Canada’s few researchers to have trained both in geriatric oncology and epidemiology, Puts sees the need to better represent the elderly in cancer studies as simply logical: “The population is aging, and we’re about to experience a boom in cancer.

“Age is the #1 risk factor for cancer,” Puts continues. “Adults who are 65 and over are 11 times more likely to develop cancer than younger adults, yet there’s a lack of clear treatment guidelines for older adults with cancer. Practitioners don’t have large clinical trials to inform their recommendations. They don’t have the evidence.” What there is evidence for, though, is that older cancer patients are being under- or over-treated.
In the past, researchers have excluded patients from clinical trials for a variety of reasons. For example, investigators may not include patients with comorbidities and/or impairments because they would make the population less homogeneous, so the sample size would need to be larger. “Consequently, many studies do not take into account how comorbidity may affect the health and well-being of older adults with cancer,” says Puts. “Sixty-five per cent of people aged 65 and older have two or more chronic conditions, and that increases to 78 per cent in people aged 80 and older. So the older adults without comorbidities who are in clinical trials now are not representative of the typical older adult with cancer.”

In anticipation of the increase in cancer with the aging population, efforts are underway to make cancer treatments more elder friendly. For example, to address the transportation issues that many seniors face in accessing cancer treatment, one new treatment replaces IV infusions that require multiple hospital visits with oral medications that can be taken at home. But for the elderly, the problem with pills is that there may be too many of them. “On average, older adults take six or seven prescription drugs a day to manage their chronic conditions,” says Puts. And with a new diagnosis such as cancer, along with the physical, emotional and spiritual challenges of the disease come more pills that need to be taken in specific ways at precise times.

“Yet research shows that in the elderly, as the number of medications increases, adherence may decrease,” she argues. “The regimens are complex for anyone, and it’s a whole-day task to take the pills correctly. In the general population, one in two people don’t take their pills properly. With age comes cognitive decline, which may impact the ability to follow a complex medication regimen. However, we don’t know who is having trouble following their medication protocol.”

**ENGAGING OLDER ADULTS IN RESEARCH**

To help researchers enrol elderly cancer patients with comorbidities and impairments, Puts recently led a study that explored how to increase and improve the engagement of older adults in research. She invited caregivers to participate because many older adults depend on family members during the cancer treatment trajectory. For this study, she recruited individuals 60 years of age and older who had a cancer diagnosis in the past 10 years or who were caregivers of an older cancer patient.

There were a total of 54 older adults and caregivers who participated in one of three public meetings held at each of U of T’s three campuses. From there, 31 of these participants attended a focus group so the researchers could learn about the education and support older adults would need to become more engaged in research.

“The meetings were eye-opening,” says Puts. “The seniors had never been asked to participate in a research study before, yet they were so eager to share and be involved.” She also probed the participants about their priorities, believing that the uptake of the research findings will be better if the topics are relevant to them. Puts determined the two main priorities of older cancer patients are:

1. Finding a cure, and
2. Improving communication with the clinical team.

“They need to know how to combine complementary medicine with how to use food as part of their treatment.”

“We definitely saw the digital divide,” continues Puts. “Some access information on the Internet, but some can’t use a computer because of vision loss or because they don’t have access to one. These people want written materials sent by regular mail. These details are important if you want to include seniors in research.”

**LESSONS LEARNED**

By conducting research to explore how to engage older adults with cancer in research, Assistant Professor Martine Puts identified the following insights.

- **Explain what research is.** “Research is new to many seniors, and they may have misconceptions. Some of the participants in our study thought the only reason why you would be asked to be part of a study is because you are dying.”
- **Meet in person.** “They like the face-to-face contact, partly because it’s social. They also like hearing what others have to say.”
- **Make the meeting place easily accessible.** Puts held the initial meetings on U of T’s three campuses, but the seniors found it difficult to find the building and the room. In response, she changed the location of the focus groups to public libraries, locations that were well received.
- **Choose an older, experienced interviewer.** “One participant asked, ‘Why would I want to talk to someone half my age who has never had cancer?’”
- **Allow more time.** “As you get older, information processing is slower. Some asked for time to think about the topic, so they can prepare in advance.”
- **Emphasize how the research will benefit others.** “One participant said, ‘By being part of a research project, I’m leaving a legacy. I’d never thought of that before.’”

**THE #1 RISK FACTOR FOR CANCER: AGE**

**ANNUAL RESEARCH REPORT 2015-2016**
The Lawrence S. Bloomberg Faculty of Nursing hosted the inaugural Quality & Safety Summit: Leveraging Nursing Leadership on November 23 and 24, 2015. The Summit demonstrated Bloomberg Nursing’s commitment to nursing research, patient safety and quality care, as well as to the value of interdisciplinarity in the healthcare system.

Bloomberg Nursing’s partnerships with the Toronto Academic Health Science Network led to a rich collaboration with nursing partners and community panels at the Summit. It drew together an eminent panel of speakers and participants who examined the role of nursing in ensuring quality of care and patient safety across the healthcare continuum.

**DAY 1**

Linda Johnston (PhD, FEANS, FAAN, Dean and Professor, Bloomberg Nursing) opened the Summit and provided an overview of its goals. With welcoming comments from Ella Ferris (RN, MBA, Executive Vice-President, Programs and Chief Nursing Executive, Sinai Health System) and Kaiyan Fu (RN, CHE, CHRP, BScN, MHSc, Provincial Chief Nursing Officer and Director, Nursing Policy and Innovation Branch, Ontario Ministry of Health and Long-Term Care), the Summit embarked on two days of discussion about patient safety and quality of care through oral and poster presentations.

Jane Merkeley (RN, MSc, CNN(C), Executive Vice-President, Patient Care, Chief Nurse Executive, Sinai Health System) welcomed our Frances Bloomberg International Distinguished Visiting Professor Walter Sermeus (RN, PhD, FEANS). Sermeus, a Full Professor at KU Leuven, the Leuven Institute of Healthcare Policy in Belgium, opened the session with the presentation “Optimizing Safe and Quality Care Across the Healthcare System – a Policy Perspective.” Sermeus reviewed the history of quality and safety, particularly referencing research about nurse staffing. This research has traditionally centred on the educational attainment of nurses (baccalaureate prepared versus vocationally trained) and the nurse-to-patient ratio. He concluded that nurse staffing is a crucial component of patient safety and that the research to support this view is strong, both clinically and electronically. However, implementation lags behind and a better understanding of barriers is needed.

Lianne Jeffs (RN, PhD, FAAN, St. Michael’s Hospital Volunteer Association Chair in Nursing Research, St. Michael’s Hospital/Bloomberg Nursing) then continued with an examination of transitions, highlighting the challenges and difficulties of moving patients with complex needs across the healthcare system. Patient safety and quality of care can be adversely affected by poor transitions. Moderated by Ru Tagger (RN, MScA, Vice-President, Quality and Patient Safety, Chief Nursing Executive and Health Professions, Sunnybrook...
Health Sciences Centre), the “Transitions Across the Healthcare System” session provided insights into the risks related to patient transfers.

A panel of speakers addressed the real-world experience in a session titled “Engaging Patients and Lessons from the Field.” Moderated by Jane Mosley (RN, MSc, CNN(C), Chief Nursing Executive, Women’s College Hospital), the panel had four speakers: Gail Donner (RN, PhD, Professor Emerita, Bloomberg Nursing), Pam Hubley (RN, MSc, Chief, International Nursing, Hospital for Sick Children), Barb Mildon (RN, PhD, CNE, CCHN(C), Vice-President Practice, Human Resources, Research & Chief Nurse Executive, Ontario Shores Centre for Mental Health Sciences) and Maryann Murray (Mother, Member of Patients for Patient Safety Canada). Bringing a wealth of expertise to the topic, the speakers demonstrated that nurses have an important role in patient engagement, and in drawing patients and families into a collaborative decision-making process.

A key element of patient safety and quality of care relates to the environment in which nurses practise. Irene Andress (RN, MN, Chief Nurse Executive, Toronto East General Hospital) moderated the session titled “Creating Safe Cultures and Work Environments for Nurses – Interruptions, Missed Care and Work Environment.” Speakers Beatrice Kalisch (RN, PhD, FAAN, Professor Emerita, Shirley Titus Distinguished Professor of Nursing, University of Michigan School of Nursing), Linda McGillis Hall (RN, PhD, FAAN, FCÂHS, Kathleen Russell Distinguished Professor, Bloomberg Nursing) and Linda Silas (RN, BScN, President, Canadian Federation of Nurses Unions) reported research on how a safe working environment for nurses has a positive impact on patient safety and quality of care.

Lianne Jeffs moderated the day’s final session “What’s Hot in Patient Safety and Quality Improvement.” Kaven Shojania (MD, Scientist, Sunnybrook Health Sciences Centre) raised important questions about the utility of incident reporting (obtaining too much data but not acting on it), the role of newer technologies such as wireless reporting of physiological alarms and the place of checklists in an increasingly complex system.

DAY 2

The Summit’s second day heralded several important presentations that showed the need to move forward and act decisively on questions of patient safety and quality of care. Jennie Pickard (RN, MScN, Director, Strategic Partnerships, Health Quality Ontario) moderated the session “Leveraging Data to Drive, Spread and Sustain Quality and Safe Care.” Pamela Mitchell (RN, PhD, FAHA, FAAN, Executive Associate Dean, Professor, Biobehavioral Nursing and Health Systems, University of Washington) gave a comprehensive address, pointing to the challenges of collecting and analyzing data, making the findings accessible, implementing evidence and affecting change in complex healthcare systems. Jack Needleman (PhD, FAAN, Fred W. and Pamela K. Wasserman Professor, Chair, Department of Health Policy & Management, UCLA Fielding School for Public Health) followed with a discussion titled “The Economic Business Case for Quality and Safety.” He noted that management and others rarely recognize that nursing is cognitively and managerially complex. Yet appropriate nurse staffing – including the nurse-patient ratio and education of nurses – can make a significant difference in patient safety, affecting multiple outcomes including falls, length of hospital stay and mortality.

Joy Richards (RN, PhD, Vice-President, Patient Experience and Chief Health Professions, University Health Network) led the panel presentation “System Transformation: What Needs to be on the Quality and Safety Agenda.” The panelists were Ross Baker (PhD, Professor, Institute of Health Policy, Management and Evaluation, University of Toronto), Peter Pisters (MD, MHCM, CPE, FACHE, FACS, President and Chief Executive Officer, University Health Network), Shirlee Sharkey (RN, BScN, MHSc, CHE, ICD, President and CEO, St. Elizabeth) and Jeff Turnbull (MD, FRCPC, Chief of Staff, The Ottawa Hospital). They highlighted the importance of high-quality data collection, support and collaboration from all sectors of the healthcare system, as well as well-defined targets and deliverables as organizations move forward in addressing quality of care and patient safety.

Co-chairs Linda McGillis Hall and Lianne Jeffs concluded that the Quality & Safety Summit achieved important goals in highlighting the importance of nursing and nursing-led research in moving forward to address quality of care and patient safety. It also set the stage for an ongoing program of events in this area.
Through her doctoral research, international student Priscilla Boakye is giving a voice to nurses and midwives in Ghana.

"Being a midwife or nurse in a maternal healthcare environment in Ghana is morally stressful," says Priscilla Boakye, who came from Tamale, in the Northern Region of Ghana, in September 2015 to start Bloomberg Nursing’s PhD program. "Healthcare systems in Sub-Saharan Africa are extremely under-resourced. There are a very limited number of physicians, nurses and midwives," says Boakye, who earned a Master of Philosophy in Nursing at the University of Ghana in Accra. "Maternal health settings are particularly under-resourced."

Recalling her own maternal nursing experiences in healthcare facilities across northern Ghana, she says, "In maternal health settings, the midwives and nurses are the frontline staff and strive to care for women with the limited resources available. Working conditions are characterized by a high patient volume, overcrowding, very limited staff, an inadequate supply of essential drugs and insufficient medical equipment. The healthcare environment leaves midwives and nurses in a helpless situation and negatively affects patient care."

"In remote and rural communities, midwives and nurses are the only staff," she continues. "They work under difficult situations with dire consequences on patient outcomes. They are often overburdened and emotionally drained." When it becomes difficult if not impossible for the midwives and nurses to enact their core professional values, ethical drift may occur, a phenomenon characterized by the rationalization of an unethical practice. "As emerging literature from Sub-Saharan Africa describes the widespread abuse, disrespect, neglect and abandonment of women during childbirth, this may be an indication of a healthcare system in distress."

**SHINING A SPOTLIGHT ON CHALLENGES**

Under the supervision of Associate Professor Elizabeth Peter, Boakye is using a critical social theory approach to explore ethical distress among midwives and nurses practising in maternal healthcare settings in the Northern Region of Ghana. In a literature review, she learned that nurses experience moral distress in circumstances in which they know the right thing to do but institutional constraints render them unable to perform the right action. From these North American and European studies, she also learned that moral distress leads to moral apathy and a decreased moral conscience, both of which inhibit the ability of nurses to provide professional care.

But Sub-Saharan Africa is not North America, nor is it Europe. In Ghana, understaffing, the high patient volume and the lack of resources are extreme. And compounding the challenges is the prevalence of traditional cultures that attribute illness to superstition, says Boakye. "In most rural communities, culture and religion have a dominant influence on health-seeking behaviour; women giving birth do not report to the hospital unless they're in critical condition."

Against this backdrop, midwives strive to balance possibilities and constraints. "The restraints in the environment render nurses and midwives morally incapable of meeting their professional responsibilities and obligations," she says. "The unaddressed challenges confronting nurses..."
Undergraduate Student Summer Research Program students

Undergraduate Student Summer Research Program students

and midwives in Sub-Saharan Africa are inhibiting the capacity of nurses to care.”

A CALL TO ACTION

In 2000, the United Nations made improving maternal health one of its eight millennium development goals. “As the global community strives to meet its maternal health target and sustain the progress made over the last decade, midwives and nurses are seen as a valuable human resource,” says Boakye, “but what remains elusive is the need for favourable, supportive healthcare environments in which midwives and nurses can work.”

Boakye plans to use her research to urge the government in Ghana and other Sub-Saharan countries to examine the healthcare environment in which their midwives and nurses practise. She believes that to improve the quality of maternal care, governments need to address the ethical challenges confronting midwives and nurses. The list of government agencies she plans to approach is lengthy and starts with the Ministry of Health for the Republic of Ghana, Ghana Health Service, and the Nursing and Midwifery Council of Ghana. “I’m hoping my research will be a wake-up call about the conditions under which midwives and nurses are working,” she says. “The conditions are undermining their moral and professional integrity.”

She points out that in North America, nurses will quit if the environment doesn’t support their goals, as evidenced by the high turnover of nurses on the continent. “In Ghana, we value perseverance,” says Boakye. “Nurses feel they have to sacrifice, they have to persevere.”

BUILDING FUTURE RESEARCHERS

In summer, our undergraduates can engage in research with faculty members

Bloomberg Nursing offers research opportunities for its first-year BScN students through its Undergraduate Student Summer Research Program. Last year, 44 undergrads applied for the 37 places. The program matches students and faculty members according to their areas of interest. Evelyn Craig from the Class of 2016, who hopes to practise in mental health, was matched with Assistant Professor Kristin Cleverley whose research focuses on youth mental health.

“Evelyn was instrumental in completing several literature searches that supported grant applications, research study protocols and manuscripts,” says Cleverley, pointing out that Craig was pivotal in preparing an annotated bibliography and in supporting the development of a Research Ethics Board application. “I was thoroughly impressed with her research knowledge,” she says.

The praise speaks to Craig’s depth of experience. Prior to entering our undergraduate program, Craig earned a Master’s of Science in Pharmacology. “I was involved with planning and conducting experiments, which provided me with a foundation in technical research skills,” she explains. Cleverley introduced Craig to clinical nursing research. “I learned that the clinical practice experience can help researchers develop research questions and areas of focus,” Craig says. “I got to see some of the things that a nurse researcher does and was surprised by how broad the role can be.”

Impressed with Craig’s commitment and contributions over the summer, Cleverley nominated her for a Registered Nurses’ Foundation of Ontario (RNFOO) Tribute Award. This award is given to students who demonstrate excellence in clinical care and a commitment to their future professional goals. Due in part to her research contributions in the Undergraduate Student Summer Research Program, RNFOO honoured Craig with a 2016 Tribute Award.
INTERNATIONAL RECOGNITION

Class of 2016 students Arden Azim and Thifya Veluppillai were partnered with Dean and Professor Linda Johnston over the summer of 2015. Johnston’s research interests centre on neonatal care and child development, and the two students share this interest. Through the Undergraduate Student Summer Research Program, they had the opportunity to work with Johnston on developing systematic literature reviews about neonatal palliative care and the detection of developmental delays. Azim drew on her experiences working at the Sunnybrook Breastfeeding Clinic, while Veluppillai drew on her experiences as an undergraduate working on a research project related to pertussis.

The two students’ hard work paid off. Johnston encouraged them to submit abstracts to the Council of International Neonatal Nurses Conference, which was held in Vancouver in the summer of 2016. The international conference accepted both of their abstracts for oral presentations at the event.

Azim, who has a particular interest in palliative care for infants, presented “Evidence-Based Palliative Care for Babies and Their Families,” which reviewed clinical practice guidelines that inform best practices in neonatal palliative care. Veluppillai presented “Parent Self-Report Instruments of Early Detection of Developmental Delay in High-Risk Populations.”

Johnston commented, “The Undergraduate Student Summer Research Program is an exceptional opportunity for our students to explore what nursing research is. Arden and Thifya worked hard on their projects over the summer, and the quality of that work was high, as demonstrated by the acceptance of their abstracts by a major international conference.”

BIG DATA, BIG QUESTIONS

“We have to rethink everything we’re doing,” says Walter Sermeus, our 2015/16 Frances Bloomberg International Distinguished Visiting Professor. “We have a lot of clinical data, but we don’t necessarily know what to do with it.”

In April, Sermeus gave a presentation titled “Leveraging Health Informatics as a Nursing Leader” to Toronto Academic Health Science Network (TAHSN) nurse executives as well as several Bloomberg Nursing professors and doctoral students. The presentation and discussion that followed revealed the challenges in utilizing the large amounts of healthcare data that most hospitals collect.

QUALITY CARE

“Our biggest challenge is to make healthcare a hundred to a thousand times safer than it is today,” begins Sermeus, a healthcare management professor at the University of Leuven in Belgium. “Healthcare is more dangerous than driving, and our ambition should be to obtain safety levels comparable to highly reliable organizations, such as the aviation industry.”

Can informatics, or big data, lead to safer healthcare? “It allows us to make decisions on credible evidence; it can inform practice,” he says. Big data can drive decision-making by, for example, identifying patients at risk for pressure ulcers, heart failure and stroke. “The data presents opportunities to improve care and eliminate medical errors. It can contribute to quality care.”

FROM BEDSIDE TO BOARDROOM

Sermeus would also like the data to be used to improve management; in particular, for bridging the clinical room...
The Frances Bloomberg International Distinguished Visiting Professor shares insights on informatics with nursing executives

with the boardroom. “Board members often come from a business background and are interested in money and investments, such as buildings. They know business, but they also need to know about quality. If quality is under control, costs will come under control as well,” says Sermeus.

He notes that the patient record software that most hospitals use to document is mainly designed to support clinicians in their daily practice, and not to inform management and improve their decision-making.

MAKE DATA-COLLECTION RELEVANT

“There is no perfect hospital information system,” he continues. While some data-collection systems cost more, those that are less expensive may require more training. Some systems are more suited to physicians than nurses. “But what about data from the interprofessional team?” asks Sermeus, adding that most systems have grown out of in-patient care. “What about ambulatory care? The system should link with outpatient clinics and primary care. And what about health beyond the walls of the institution? Population health?”

Adding to the complexity is the lack of standardized terminology. Medical terms are not only defined differently, they tend to reflect the healthcare system of the country where the system was developed.

“The patient story gets lost in the data,” remarked one TAHSN participant. “There is a need for the narrative.”

“The data looks at the numbers, not the patient experience,” echoed another participant. “How do you capture compassion? How do you capture the contributions of nurses? Nurses are vigilant monitors, but monitoring is not a discrete action that is captured.”

The participants stressed that no one wants to collect more data. “The amount of time spent in documenting is a major complaint of doctors and nurses,” says Sermeus. He closed by emphasizing the need for real-time data. “The most powerful systems can provide information with only a two-hour lag. More typical is a six-month to one-year lag. What use is that?”
INDUCTED INTO THE AMERICAN ACADEMY OF NURSING

Five Bloomberg Nursing professors named International Fellows

In June 2015, Bloomberg Nursing was delighted to learn that the American Academy of Nursing had invited five of its professors to be International Fellows, raising the Faculty’s total number of International Fellows to nine. The induction ceremony was in October 2015 in Washington, D.C.

The American Academy of Nursing advances health policy and practice through the generation, synthesis and dissemination of nursing knowledge. Fellows of the Academy represent the epitome of nursing. They are nursing leaders in education, management, practice and research. More than 90 per cent of Fellows have doctoral degrees.

An invitation to fellowship is a great honour and privilege; applicants must demonstrate they meet the Academy’s high standards. Fellows are expected to contribute to nursing and the Academy on several levels: by enhancing the quality of health and nursing care; promoting healthy aging and human development across the life continuum; reducing health disparities and inequities; shaping healthy behaviours and environments; integrating mental and physical health; and strengthening the nursing and health delivery system, nationally and internationally.

The American Nurses Association began the Academy in January 1973 with an initial membership of 36 Fellows. Each year since then, the Academy has welcomed new Fellows. Beginning in 2007, Canadian nurses could be nominated as International Fellows. An invitation to become a Fellow is recognition of a nurse’s accomplishments within nursing.

THE FELLOWS

Lianne Jeffs, RN, PhD, FAAN, is the inaugural St. Michael’s Hospital Volunteer Association Chair in Nursing Research. She was recognized for her work on generating and translating evidence to enhance quality patient care, care transitions, organizational learning and health system performance.

Kathy McGilton, RN, PhD, FAAN, was recognized as a leader in enhancing quality of care and nurse-client relationships for elderly people in long-term care. She has a particular interest in contributing to the care of elderly individuals with cognitive dementia.

Lynn Nagle, RN, PhD, FAAN, has been a leader in building the vision and capacity for health and nursing informatics in Canada; her leadership is not only national, it extends internationally. Conceptual and practical, her contributions were acknowledged by the Academy as being developmental and leading edge.

Louise Rose, RN, PhD, FAAN, was recognized for her seminal contributions in critical care and emergency nursing, particularly those related to improving the experience of mechanically ventilated patients across the spectrum of care and in diverse patient populations. She is the TD Nursing Professor in Critical Care Research, Sunnybrook Health Sciences Centre.

Bonnie Stevens, RN, PhD, FAAN, was acknowledged for her extensive and exemplary research as the inaugural Signy Hildur Eaton Chair in Paediatric Nursing Research. She has made many significant contributions in the broad field of paediatric nursing, and more particularly in the field of pain assessment and management in children and infants in the hospital setting.

The Lawrence S. Bloomberg Faculty of Nursing is honoured to be home to nine Fellows including Linda Johnston (2014), Sioban Nelson (2012), Judith Shamian (2009) and Linda McGillis Hall (2007).
In 2016, Professor Kelly Metcalfe, RN, PhD, was awarded the Council of Ontario University Programs in Nursing’s Scholarship into Practice Award in recognition of the excellence of her research program. Metcalfe is a full Professor at Bloomberg Nursing and the Limited-Term Bloomberg Professor in Cancer Genetics (2015-2020).

Her research program centres on the prevention and treatment of breast and ovarian cancers in women who have a BRCA1 or BRCA2 genetic mutation. Her work has led to practice and policy changes, and she has made significant contributions to providing guidance on decision-making for affected women and their families. Metcalfe continues to develop her research and is now looking at newly discovered genes, such as PALB2, and their role in breast cancer.

Sigma Theta Tau International (Honor Society of Nursing), Lambda Pi-at-Large Chapter

Award of Excellence in Nursing Research

Associate Professor Lianne Jeffs, RN, PhD, FAAN, was awarded the Dorothy M. Pringle Award of Excellence for Nursing Research in 2015 in recognition of her dedication to research on patient safety, quality improvement, knowledge translation and health services research. Jeffs’ research leads to evidence on how best to improve the quality of care for patients, particularly those requiring complex care, as they transition across the healthcare sector from the intensive care unit, to a medical/surgical ward, to a long-term care facility or home.

Registered Nurses’ Association of Ontario

Leadership Award in Nursing Research

Associate Professor Jennifer Stinson, LRN-EC, PhD, CPNP, was awarded the 2016 RNAO Leadership Award in Nursing Research in recognition of her work in helping manage pain in children. Stinson leads an innovative research program that develops and evaluates eHealth and mHealth applications that help children and adolescents self-manage their pain.
## RESEARCH FUNDING AWARDED, 2015-2016

<table>
<thead>
<tr>
<th>INVESTIGATORS</th>
<th>SPONSOR</th>
<th>PROGRAM</th>
<th>TITLE OF RESEARCH PROJECT</th>
<th>AWARDED</th>
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</thead>
<tbody>
<tr>
<td>J. Henderson, P. Szatmari, K. Cleverley (Co-PIs)</td>
<td>Government of Ontario</td>
<td>Ontario Strategy for Patient-Oriented Research (SPOR) Support Unit IMPACT Award</td>
<td>A pragmatic randomized controlled trial of an integrated collaborative care team (model for youth with mental health and addiction challenges)</td>
<td>$1,800,000</td>
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<tr>
<td>K. Cleverley</td>
<td>Connaught (University of Toronto)</td>
<td>New Investigator Award</td>
<td>Transitioning from adult mental health services: Qualitative exploration of youth perspectives</td>
<td>$35,000</td>
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<tr>
<td>K. Cleverley (PI), J. Henderson, P. Szatmari</td>
<td>Centre for Addiction and Mental Health; McCain Centre for Child, Youth and Family Mental Health</td>
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<td>Understanding transitions from child to adult mental health services: A pilot study</td>
<td>$65,904</td>
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<td>C. Dale</td>
<td>Sunnybrook Health Sciences Centre</td>
<td>Practice-Based Research and Innovation Seed Grant</td>
<td>Advancing patient-oriented outcomes in oral hygiene: Experiences and recommendations of critical care survivors</td>
<td>$10,000</td>
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<tr>
<td>C. Dale</td>
<td>Canadian Association of Critical Care Nurses</td>
<td>Research Grant</td>
<td>Predictors and prevalence of difficulty accessing the mouth as a result of oral hygiene barriers in critically ill adults: An observational study</td>
<td>$2,500</td>
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<tr>
<td>C. Dale</td>
<td>Connaught (University of Toronto)</td>
<td>New Investigator Award</td>
<td>Advancing patient-oriented outcomes in oral hygiene: Experiences and recommendations of critical care survivors</td>
<td>$10,000</td>
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<tr>
<td>C.-L. Dennis, B. Chzyzzy (Co-PIs), J. Stinson, S. Vigod</td>
<td>Women's XChange</td>
<td>$15K Challenge</td>
<td>Mobile phone based peer support to prevent postpartum depression in adolescent mothers: A pilot randomized controlled trial</td>
<td>$15,000</td>
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<td>C.-L. Dennis (PI), S. Lye, Y. Verafernandez and team</td>
<td>Government of Cuba</td>
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<td>Breastfeeding rates and risk factors among women in Cuba</td>
<td>$10,000</td>
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<td>X. Qi &amp; C.-L. Dennis (PIs), P. Xiongfei, L. Xinghui</td>
<td>Sichuan Province, China</td>
<td>Department of Science Technology</td>
<td>Impact of maternal and paternal postpartum depression on child development in China</td>
<td>$200,000 RMB (C$47,100)</td>
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<td>S. Mayo (PI), J. Kuruvilla, S. Rourke</td>
<td>Canadian Blood and Marrow Transplant Group</td>
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<td>Pilot study to test the feasibility of a brain fitness intervention after stem cell transplantation</td>
<td>$9,819</td>
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<tr>
<td>S. Mayo (PI), J. Kuruvilla, S. Rourke</td>
<td>Sigma Theta Tau International/Canadian Nurses Foundation</td>
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<td>A brain fitness intervention for adult lymphoma survivors: A pilot feasibility study</td>
<td>$4,994</td>
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<td>K. McGilton, A. Schrager, M.K. Andrew, L. Beaupre, J.E. McElhaney</td>
<td>Canadian Institutes of Health Research (CIHR)</td>
<td>SPOR Networks in Chronic Disease</td>
<td>Patient-centred interventions to promote the cognitive, physical, mental health and psychosocial function of community-dwelling older Canadians with multi-morbidity</td>
<td>$43,610</td>
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<td>M. McGillion, P.J. Devereaux (PIs), E. Peter (Co-PI), D. Bender, LK. Cooper, M.E. Harriman, K. Krull, S.L. Carroll, P.G. Ritvo, A. Turner, J. Yost</td>
<td>Hamilton Health Sciences/CIHR</td>
<td>eHealth Innovation Partnership Program (eHIPP) — Seniors with Complex Care Needs</td>
<td>The SMART VIEW, CoVeRed: TechnoLoogy Enabled Self-ManagemenT: Vision for patient remote monitoring and EmpoWerment following Cardiac and Vascular surgery</td>
<td>$1,049,876</td>
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<td>M. Puts</td>
<td>CIHR</td>
<td>Planning &amp; Dissemination Grant</td>
<td>The Canadian Network on Aging and Cancer: Meeting the needs of our aging population</td>
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<tr>
<td>INVESTIGATORS</td>
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<tr>
<td>L. Burry, L. Rose (Co-PIs), and team</td>
<td>Centre for Collaborative Drug Research</td>
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<td>Efficacy and safety of melatonin for prevention of delirium in critically ill patients; A multi-centre, randomized, double-blind placebo-controlled feasibility study</td>
<td>$50,000</td>
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<td>L. Burry, B. Hutton, L. Rose (Co-PIs) and team</td>
<td>CIHR</td>
<td>Knowledge Synthesis Grant</td>
<td>Sedation and delirium in the ICU: Network meta-analyses</td>
<td>$90,000</td>
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<tr>
<td>L. Rose</td>
<td>Post-Polio Health International &amp; International Ventilator Users Network</td>
<td>Research Grant</td>
<td>A Provincial Cough Assist Program: User educational and support needs and influence on health service utilization and user outcomes</td>
<td>$99,863</td>
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<td>L. Rose and team</td>
<td>Muscular Dystrophy Canada</td>
<td>Respiratory Care Grant</td>
<td>Translating recommendations for airway clearance from the Canadian Thoracic Society Home Mechanical Ventilation Guidelines (Phase 1)</td>
<td>$49,505</td>
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<tr>
<td>B.E. Hutton, C.M. Martin, L. Rose, L.D. Burry</td>
<td>CIHR</td>
<td>Knowledge Synthesis Grant</td>
<td>Sedation and delirium in the ICU: Network meta-analyses</td>
<td>$90,000</td>
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<td>R. Amin, L. Rose (Co-PIs) and team</td>
<td>Ontario Thoracic Society</td>
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<td>Health service utilization and costs in children receiving long-term mechanical ventilation in Ontario</td>
<td>$49,564</td>
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<tr>
<td>C. Chambers, J.N. Stinson</td>
<td>Canadian Cancer Society Research Institute</td>
<td>Knowledge to Action</td>
<td>Cancer pain assessment and management in children: Using social media to bridge the gap</td>
<td>$100,000</td>
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<td>J.N. Stinson</td>
<td>CIHR</td>
<td>Planning &amp; Dissemination Grant (Institute Community Support)</td>
<td>Towards a wireless post-operative pain diary support system for children and youth: A consensus conference</td>
<td>$11,455</td>
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<td>J.N. Stinson</td>
<td>Canadian Cancer Society Research Institute</td>
<td>Innovation Grant</td>
<td>Virtual peer-to-peer (VP2P) support mentoring for adolescents with cancer: A pilot pragmatic randomized controlled trial</td>
<td>$196,700</td>
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<td>J.N. Stinson</td>
<td>CIHR</td>
<td>Undergraduate: Summer Studentship Award — Institute Community Support</td>
<td>iCanCope with Pain: An integrated smartphone and web self-management program for adolescents and young adults with chronic pain</td>
<td>$5,000</td>
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<td>K. Widger (Co-PI), C. Earle, A. Kassam, K. Nelson, J. Pole, A. Rapoport, J. Wolfe</td>
<td>Garrno Family Cancer Centre</td>
<td>Pitblado Clinical Grant Competition</td>
<td>Using health administrative data to understand and improve end of life care among children with cancer: A population-based cohort and validation study</td>
<td>$50,000</td>
</tr>
</tbody>
</table>
**BLOOMBERG NURSING BY THE NUMBERS**

8 research chairs and professorships, more than any other Canadian Faculty of Nursing

More than 20 undergraduate students partner with faculty researchers every summer

3 CNA Orders of Merit for Nursing Research, the most of any Faculty of Nursing in Canada

7 Jeanne Mance Awards won by our faculty and alumni, the most of any Canadian Nursing Faculty

SEVEN fellows of the Canadian Academy of Health Sciences, more than any other Canadian Nursing Faculty

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**RANKED THIRD BEST IN WORLD AMONG FACULTIES OF NURSING**

**IN WORLD AMONG FACULTIES OF NURSING FOR RESEARCH CITATIONS**

**IN WORLD AMONG FACULTIES OF NURSING FOR H-INDEX CITATIONS**

(Lawrence S. Bloomberg Faculty of Nursing)
PUBLICATIONS – BOOK CHAPTERS
April 1, 2015, to March 31, 2016

- Clark AM, Neubeck L, Strachan PH, Currie K, & Angus JE. (2016). The contributions of qualitative research to cardiac conditions. In K Olson, RA Young, & I Schultz (Eds.), Handbook of qualitative health research for evidence-based practice (pp.107-21). New York: SpringerLink.

PUBLICATIONS – PUBLISHED ARTICLES
April 1, 2015, to March 31, 2016


April 1, 2015, to March 31, 2016


ANNUAL RESEARCH REPORT 2015-2016

April 1, 2015, to March 31, 2016


ANNUAL RESEARCH REPORT 2015-2016

April 1, 2015, to March 31, 2016


<table>
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<tr>
<th>Publication</th>
<th>Authors</th>
<th>Details</th>
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RESEARCH IMPACT SPOTLIGHT

The *Journal of Pediatric Oncology Nursing* published Professor Jennifer Stinson’s study examining the usability of an Internet-based self-management program for adolescents with cancer and their parents. The adolescents said that they “found the website really connects to how we feel during chemotherapy … sometimes you can feel a bit alone and even if you explain it to someone it’s not something that they’ll understand.”

An international consortium led by Professor Kathy McGilton developed recommendations for addressing concerns about the state of professional nursing practice in long-term care homes. The recommendations, which were published in the *Journal of Post Acute and Long Term Care Medicine*, includes defining the competencies of RNs required to care for older adults; creating an environment in which the RN role is differentiated from other team members and RNs can practise to their full scope; and preparing RN leaders to operate effectively in person-centred long-term care environments.

The *Journal of Advanced Nursing* published Professor Jan Angus' meta-synthesis of qualitative studies of gender and access to cardiac rehabilitation. The study identified that the language used to provide program information and referrals needs to be attentive to gender discourses in attempting to allay men’s and women’s concerns about threats to gender identity posed by illness and program attendance.

The results of Professor Martine Puts’ systematic review, which were published in *Cancer Treatment Reviews*, identified that the reasons why older adults with cancer accept or decline treatment vary considerably – from convenience and success rate of treatment, to seeing the necessity of treatment, concerns about the discomfort of the treatments, fear of side effects and transportation difficulties. However, the most consistent determinant was the physician’s recommendation.

Professor Craig Dale explored the experiences of men with coronary heart disease and Type 2 diabetes mellitus who are known to have lower attendance and completion of cardiac rehabilitation despite a poor prognosis. The findings, which were published in *Qualitative Health Research*, suggest that gender, age and employment status are powerful mechanisms contributing to variable cardiac rehabilitation participation.

Professor Kelly Metcalfe examined the impact of oophorectomy on survival in women with breast cancer and a BRCA1 or BRCA2 mutation. Removing the ovaries was associated with decreased mortality in women with breast cancer and a BRCA1 mutation. The study was published in *JAMA Oncology*, and the authors recommended that women with estrogen receptor–negative breast cancer and a BRCA1 mutation undergo oophorectomy shortly after diagnosis.