RESEARCH IN nursing

COLLEGE OF NURSING

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Nursing research provides knowledge and solutions about health care. Our researchers work collaboratively with clinical and community partners, as well as other researchers, providing real-time solutions to the most pressing challenges faced by those receiving care, those providing care, and decision-makers who determine how care is delivered.

Our researchers are answering questions that lead to better quality care, better patient outcomes, and, ultimately, a better health-care system.
DEAN’S MESSAGE
It is with pride that we share inspiring stories about the exciting research of our College of Nursing faculty and the difference they are making in improving the lives of patients and families, optimizing health systems, and influencing health policy.

As the province’s leading research-intensive nursing education institution, our College of Nursing offers the only master’s and PhD programs in nursing in Manitoba. Our college is recognized nationally and internationally for excellence in research.

Our Manitoba Centre for Nursing and Health Research (MCNHR) is a catalyst for nursing-led research in the province and a place for building collaborative, multidisciplinary health research teams. Consistent with the three pillars of the MCNHR, we listen and discover and give voice where appropriate; we advocate and practise allyship, supporting evidence-informed practice and improving the patient experience; and we transform and inspire, influencing improved patient outcomes and inspiring innovation.

As you read these compelling stories, you will realize the tremendous difference the nurse researchers and allies are making in improving health outcomes and the experience of patients, families and communities.

DR. NETHA DYCK | DEAN, COLLEGE OF NURSING
Sparing the Rod and Respecting the Child: Building healthy relationships through positive parenting

"There are no benefits to be had in physically punishing children."
Your toddler is screaming and kicking because you turned off the TV. Your five-year-old daughter has dropped your cellphone in the toilet. Again.

If you were spanked as a child, there are times when you may find your palms getting itchy. After all, the discipline we received as children is often what we turn to when we grow up.

The Positive Discipline in Everyday Parenting (PDEP) program says there’s another way. It means some of us may need to relearn the lessons our parents taught us about how to manage conflict – but it’s an idea whose time has come.

In 2006, the United Nations Committee on the Rights of the Child called physical punishment “legalized violence against children” that should be eliminated in all settings through “legislative, administrative, social and educational measures.”

But if we’re going to do better at how we discipline our children, what are we supposed to do instead? That’s where PDEP comes in. The program was designed to address issues and conflict situations that are universal to all families, whether it’s respecting property, staying safe or just getting along with others. It’s currently being taught in over 20 countries, with a program book offered in 16 different languages.

PDEP is designed to help parents manage children’s behaviour effectively, while still respecting their rights. It also offers guidance on how to handle stressful situations, communicate with empathy and achieve long-term parenting goals.

That’s a tall order, but it’s an important shift, says Dr. Christine Ateah, professor in the College of Nursing and vice-dean, education for the Rady Faculty of Health Sciences. “Research findings consistently show that physical punishment is harmful to parent-child relationships,” says Ateah. “There are no benefits to be had in physically punishing children.” But if parents are going to use PDEP methods, they also need to understand them.

Ateah is working on an evaluation project with an international team of colleagues, including PDEP’s author, Dr. Joan Durrant, a child-clinical psychologist and associate professor of family social sciences at the University of Manitoba.

Through questionnaires – both before and after parents take the PDEP program – they’re examining key factors such as knowledge about children and child development, attitudes towards physical punishment, and their own use of physical punishment.

So, is PDEP working? Ateah says the findings to date are encouraging. “There have been significant reductions in parental approval of the use of physical punishment, greater normalization of non-violent problem-solving tactics for parent-child conflict, and increases in parents’ perceptions of parenting competence,” she says.

The goal of future research is to find out how program participants have gone forward to integrate what they’ve learned into their daily family lives.

“We like to say in a light-hearted way that our ultimate long-term goal for this program is ‘world peace,’ but in truth, we really do believe that if this kind of empathetic problem-solving approach to relationships and conflicts was taken up widely, it would make a great difference in the world.”
Shaking the Stigma: Mainstreaming complementary and integrative therapies

"There’s a huge need for balanced, nonjudgmental, evidence-based information about complementary therapies.”
If you take vitamins, use herbal supplements or seek treatments such as acupuncture or reflexology, you’re not alone.

According to the Public Health Agency of Canada, more than 70 per cent of Canadians regularly use therapies that are considered “complementary and alternative” by the mainstream health-care system. Despite the popularity of such treatments, Dr. Lynda Balneaves says that when it comes to talking with their doctors, many patients keep this crucial information to themselves.

“People may be spending hundreds, or even thousands of dollars using these therapies,” says Balneaves. “But when they want to talk to their physician about it, a lot of the time they’re told, ‘That’s silly. You’re throwing away your money. It’s going to hurt you.’”

Balneaves, who prefers the term “complementary and integrative,” is a leading expert on the use of such therapies. If patients fly under the radar instead of disclosing them, there can be serious health risks, she says. But it doesn’t help when health-care practitioners stigmatize complementary therapies and shame patients about them.

“What we want is for patients to be able to make balanced, evidence-informed decisions,” she says. “That can’t happen if they’re not comfortable talking about it.”

Balneaves joined the U of M faculty in 2016 after serving as director of the Centre for Integrative Medicine at the University of Toronto. The associate professor has conducted many studies on the use of complementary therapies by cancer patients. She has also studied patients who decline conventional cancer treatment entirely, in favour of alternative approaches.

Balneaves recently published a study of Chinese-speaking cancer patients in BC. “More than 65 per cent reported using complementary medicines, particularly traditional Chinese medicinal herbs,” she says. “But very few (18.5 per cent) spoke with their cancer specialist about it.

“The key finding was that patients need culturally appropriate information and support in deciding whether to use treatments that may be very popular in their ethnocultural group.”

Integrative oncology is an evidence-based approach to cancer care that uses proven complementary therapies in concert with standard biomedical treatments. Balneaves is president of the worldwide Society for Integrative Oncology, which promotes research.

“There’s a huge need for balanced, nonjudgmental, evidence-based information about complementary therapies and how to make decisions about them,” she says.

She currently leads a study at CancerCare Manitoba called the Complementary and Integrative Medicine Best Practice Guideline Project. It’s focused on standardized assessment and documentation of cancer patients’ use of natural products and complementary therapies.

“Patients are having their use recorded in their electronic medical record, so all the health-care professionals providing care to that individual are on the same page,” Balneaves says.

“What we mean by ‘integrative’ is that, ideally, both the patient and the practitioner are fully informed and agree on how the two approaches – conventional and complementary – can work in harmony. My work is all about leaving ‘either/or’ thinking behind and finding ways to maximize the well-being and dignity of the patient.”
“Residents living with dementia can have difficulties communicating. . . . Nurses need to be skilled communicators, as well as skilled care providers.”

Listen, Observe, Learn:
Good researchers hear their participants
There is a lot to learn from older adults. Just ask Dr. Lorna Guse, who has made gerontology the focus of her research.

“If you look at a group of 18-year-olds versus a group of 80-year-olds,” Guse says, “you see so much more diversity in the 80-year-olds who have gone through changes, illnesses, marriages, kids, divorces – things that teenagers just haven’t had time to experience.”

In 1974, Guse graduated with her bachelor of nursing from the University of Manitoba and went into community health nursing. She went on to complete a master of arts in anthropology. Eventually, the good relationships she had with her grandmothers and her experience in providing care to older people as a nurse inspired her to pursue an interdisciplinary PhD in gerontology, also at the U of M.

The associate professor’s research now focuses on the quality of life of older adults living in long-term care settings. In 2016, Riverview Health Centre called for applications to formally evaluate the transformation of its personal care home units into a more home-like and supportive environment for residents living with dementia. This was exactly the type of project to interest Guse.

Led by her colleague Dr. Michelle Porter, director of the U of M Centre on Aging, a multidisciplinary team is examining the effects of these transformations on the participating residents, family and staff. They are studying the effects of a staff intervention as well as physical renovations.

Guse’s research is performed through systematic observation of the residents, many of whom are living with dementia. Every five minutes for six hours, she codes and makes notes on everything the residents are doing. These codes are then put into a program that stores information on how these residents spend their days prior to the transformation.

A second set of observations will be taken in summer 2019, after the transformation is complete. Differences and similarities in the residents’ daily activities before and after the transformation will be illuminating.

“The results of this study could tell us a great deal about how residents spend their time, but more so, what can be done to enhance the way they spend their time,” Guse says, adding that there’s a lot to discover about how quality of life can be improved in long-term care settings. “This research will help us to evaluate some specific transformations.”

Guse believes it is extremely important for nursing students to interact and talk with residents during their clinical practice in long-term care settings. “Residents living with dementia can have difficulties communicating in the usual ways and may become agitated and frustrated. Nursing students and nurses need to be skilled communicators, as well as skilled care providers.”

Her advice to students new to research? “Listen to the people you are researching,” she says. “There is lots to learn and if you don’t carefully listen and observe, you won’t be a good researcher.”
Instant Replay: Medical visits at the push of a button

“My ultimate hope is that one day, cancer patients worldwide will be offered recordings of... consultations regarding their cancer care.”
When you first learn you’re facing cancer, there’s a lot of information to take in and big decisions to be made. But when someone asks you later what your doctor said about your diagnosis, you suddenly find you can’t remember a thing.

Dr. Tom Hack says that’s pretty normal.

“When cancer patients have their initial treatment consultations with their oncologists, they’re understandably anxious,” says Hack, a professor in the College of Nursing and former chair in psychosocial and supportive oncology research at the Canadian Breast Cancer Research Foundation.

“That anxiety makes it very difficult for patients to process and understand complex information as their doctor tells it to them, and to remember that information after the consultation.”

While it’s perfectly natural to be overwhelmed by medical discussions around a serious illness, forgetting or misunderstanding the details of your condition and your treatment plan can cause even more distress.

Hack believes that if patients were offered audio recordings of their initial consultations, it would be like “bringing the doctor home to the kitchen table.”

That way, you would have the opportunity to go over the information again as many times as you like – even share the session with family or friends so they could hear the details straight from the doctor’s mouth.

“It’s crucial that patients understand the information their oncologists give them,” says Hack.

It’s important for two reasons, he explains. It’s not just because we need to know about what’s happening to our bodies and what to expect in the days ahead. It’s also because it’s impossible to be engaged in your own care if you don’t have a handle on all of the facts. Hack says that’s something patients want. They often report that they’d like to play a bigger role in managing their own treatment, but they don’t feel as if they can.

“You’ll see them just defer entirely to their oncology team of medical professionals,” he says. With no formal education about cancer or treatments – combined with the anxiety-related lapses in memory – patients just don’t believe they can take a more active role.

Hack says it could make a big difference if they did.

His study focuses on patients with brain or neuroendocrine tumours, addressing a gap in current research on these two populations that often have poor prognoses as well as cancer-related cognitive impairment.

Hack and his research team are working to demonstrate that recording conversations between doctors and patients can reduce overall patient anxiety, increase patient recall of cancer treatment information, improve patients’ involvement in treatment decision-making, and enhance communication between patients and their families.

“My ultimate hope is that one day, cancer patients worldwide will be offered recordings of initial and other pivotal consultations regarding their cancer care,” says Hack. “The benefits of these recordings are undeniable.”
Rehearsing for the Real Thing: Clinical simulation for hands-on learning

“Students need to be able to make mistakes without fear of hurting someone.”
Dr. Nicole Harder’s interest in clinical simulation in nursing started with a 10-minute military exercise she participated in as a civilian. “I learned more in those 10 minutes, in the back of a bus, than I had ever learned before,” she says.

That simulation exercise, responding to a mock heart attack, inspires her research to this day. It showed Harder the importance of hands-on learning that is free of real-life consequences.

Lucina (named after the Roman goddess of childbirth) is one of the College of Nursing’s high-fidelity manikins, which Harder uses in her simulations for students to practise aiding in childbirth. From normal circumstances to breech delivery, Lucina has experienced it all while preparing students for the real deal. Unfortunately, Lucina is not always an easy patient, sometimes yelling things like “Get me an epidural!” or “Agghhhhh!”

Harder’s research focuses on maximizing the effectiveness of simulations. “Students need to be able to make mistakes without fear of hurting someone,” she says.

But the simulations are not all about the manikins. Harder, an assistant professor in the College of Nursing, has designed the simulation curriculum to reflect all areas of clinical practice and the patient populations that students will encounter.

That includes specific simulations tailored to the development of communication skills. The whole point of doing these realistic dry runs is for the students to apply their knowledge, and understand their thought process in applying that knowledge.

After every simulation, there’s a debriefing where the group discusses what happened. “It’s not just talking about what they did well or what they didn’t do well. That’s superficial; we have to get at their thinking. That’s what you have to draw out of them. Then our goal is to help them apply that to an actual clinical patient setting,” Harder says.

For communications simulations, standardized patients (or patient actors) convincingly portray various scenarios. These mock situations become an important component in a nursing student’s toolkit, Harder says. “It’s easy to say how you think you should and would respond to a difficult situation. It’s not so easy when you’re in the moment, such as a display of disinhibited sexual behavior by a dementia patient in a long-term personal care home. It’s scenarios like these that we work on with the students before they have those experiences.”

In addition to being an experienced nursing simulation researcher, Harder is editor-in-chief of Clinical Simulation in Nursing, an international, peer-reviewed journal published monthly online and the official journal of the International Nursing Association for Clinical Simulation and Learning. She is one of a handful of nurses in Canada who are also journal editors. Her research interests include inter-professional simulation experiences.

As simulation experiences become more realistic, Harder says there is a need to ensure that the emotional and psychological stress that can come from these experiences is debriefed appropriately.
Walk a Mile in your Patient’s Shoes: Understanding the importance of empathic communication

“Health-care providers . . . need to understand where the patient is coming from and then figure out the best way to help them.”
Consciously putting yourself in a patient’s shoes and then quickly putting yours back on to solve the problem is something Dr. Michelle Lobchuk believes is extremely important for students in the health professions to learn.

To that end, her research is focused on perceptual understanding. “To understand another person’s needs is key in practising health care,” says the associate professor in the College of Nursing.

While Lobchuk recalls very few communication lessons during her own training, she stresses how nursing education has evolved. “In my training, we focused so much on the technical skills. We need to know how to communicate with patients, especially in situations where people are angry or distressed,” she says.

Lobchuk’s research focuses on empathic communication, video-feedback, inter-professional team empathy, family caregiving and self-care management. She has developed an approach to teaching students empathic communication with patients, families and health professionals.

Lobchuk is co-principal user of the CAregiver Communication Research Environment (CAre) Lab at Grace General Hospital with Dr. Alan Katz, who is director of the Manitoba Centre for Health Policy and a family physician and researcher. The CAre lab mimics a home environment, complete with a kitchen and living room, and is equipped with one-way mirrors, video cameras and video-conferencing equipment.

Video-feedback enables learners (and instructors) to review footage of themselves interacting with patients and their families and debrief regarding their communication skills. It gives faculty members an opportunity to provide “empathy coaching.”

“In this harried world we live in, health-care providers can be quite judgmental because it takes discipline and practice to be able to understand someone else’s perspective,” Lobchuk says. “They need to understand where the patient is coming from and then figure out the best way to help them.”

She is currently developing an empathy-coaching video-feedback intervention for students in the health professions to engage in empathic dialogue with patients or family caregivers about at-risk health behaviours such as smoking, poor diet and lack of exercise.

Lobchuk is a proud University of Manitoba alumna. “I found opportunity for tremendous growth and support in the research I’m still doing today while I was pursuing an interdisciplinary PhD degree at the U of M,” says the professor, who also earned her bachelor’s and master’s degrees in nursing at the U of M.

Lobchuk credits Dr. Lesley Degner, distinguished professor in the College of Nursing, and Dr. Linda Kristjanson, now vice-chancellor and president of Swinburne University of Technology in Australia, with helping her and her fellow students learn the importance of interdisciplinary research and helping one another.

“We were expected to mentor each other and collaborate in an interdisciplinary way. It wasn't just about nursing research. Those were the formative years for me, and I was fortunate to be part of a research group early on, which is rare,” she says.

“Inter-professional collaboration, both in research and education, is the way of the future.”
Rising Resilience: The aftermath of First Nation displacement

“Despite the trauma of being displaced and disconnected, community members are incredibly resilient and plan to rebuild.”
In 2011, members of Little Saskatchewan First Nation, located about 260 km northwest of Winnipeg, were told that a flood was coming. They had 24 hours to pack – two suitcases each – and they’d have to leave everything else behind, pets included.

The flood affected 17 First Nation communities and displaced 4,525 First Nation people, including members of Little Saskatchewan First Nation (LSFN).

The evacuees didn’t know when they would be allowed to go home. Many thought they would only be in temporary housing in Winnipeg for a few weeks.

In LSFN, 350 people, or about half the community, stayed behind to fight the flood. They managed to keep their connection to the land and dedication to the community, but precious little else.

“The lake is polluted, so you can’t fish; can’t swim. There are no buildings available to meet for functions, recreation or social gatherings – they’re all mouldy,” Dr. Donna Martin, associate professor in the College of Nursing, said in 2017. Nonetheless, she said, “Despite the trauma of being displaced and disconnected, community members are incredibly resilient and plan to rebuild.”

Six years after the flood, 2,000 people were still displaced. Mental health issues had taken root, with depression, loneliness and post-traumatic stress disorder at the forefront.

Those who remained behind experienced other health problems as well. Respiratory problems had a clear link to the lingering mould and decay. The most vulnerable citizens, Elders and those already diagnosed with conditions like kidney disease, Type 2 diabetes or arthritis, increasingly experienced co-morbidities such as heart attacks, strokes and cancers.

“We know from previous studies and literature about survivors of natural disasters that marginalized people are the ones most profoundly affected by these events. In Canada, a marginalized yet resilient population is Indigenous peoples,” says Martin.

In 2015, Martin and Dr. Shirley Thompson, associate professor at the U of M’s Natural Resources Institute, and their research team were awarded a $100,000 grant by the Canadian Institutes of Health Research (CIHR) for a one-year study focusing on the LSFN Elders’ experiences, health outcomes and future plans.

In 2016, the team received $617,855 from the CIHR for a three-year study of the youths’ experiences, health outcomes and plans. Community members aged 18 to 25 years have participated in interviews.

“These individuals were teenagers during the flood and have experienced a different way of life in Winnipeg, far away from their home community,” Martin notes.

She anticipates that the findings of these studies will have considerable implications for future flooding and disaster preparedness and response.

“Detailed descriptions and first-hand accounts of how First Nation community members understand and experience induced displacement are necessary to develop comprehensive, inclusive policies and procedures for supporting evacuees in respectful, effective and relevant ways,” she says.

On a positive note, in June 2017, the provincial and federal governments announced a settlement of $90 million, compensating members of flooded-out First Nation communities, including LSFN.
Slumberland: Investigating sleep and health

“Sleep either impacted or affected their pain...or bad sleep exacerbated it.”
Dr. Diana McMillan is passionate about sleep. Not the way most are; she loves the science behind it.

“After working on my doctorate in Washington, Sleepless in Seattle has a whole new meaning for me because I was up all night collecting data,” she says. Her research focuses on sleep itself and how it relates to health, chronic pain, stress and coping.

Her passion for sleep research started with a study on the coping strategies of patients with back pain. She noticed something strange: all the patients had problems sleeping. It wasn’t something she was looking for initially in the study. However, one qualitative question in a survey, easily overlooked, sparked her curiosity.

McMillan went back to the literature about the interface between pain and sleep. She found very little information, deepening her interest. “The lack of writing about the interface was very surprising to me. Every single participant spoke about how sleep either impacted or affected their pain, or how bad sleep exacerbated it,” says the associate professor.

McMillan decided to attend a meeting of the Canadian Sleep Society. There, she was told that her questions were too difficult; too big. “That was the gauntlet. Now I had to figure it out,” she recalls. Since that day, she has been passionate about studying sleep.

McMillan says she always “leans into the discomfort.” Dr. Helen Glass, in whose honour the Helen Glass Centre for Nursing was named, taught McMillan that you sometimes have to be uncomfortable to do great work.

“Get comfortable not having all the answers. You have to be comfortable with not knowing how to solve the challenge right away. It’s never been studied before. You’re not following anyone. You’re creating solutions,” she says.

McMillan is the project lead for sleep on The Manitoba Personalized Lifestyle Research (TMPLR), an interdisciplinary study looking at chronic disease development in relation to lifestyle. It is one of five studies McMillan is currently involved in as a researcher.

TMPLR is supported by the University of Manitoba, Research Manitoba and the Richardson Centre for Functional Foods and Nutraceuticals. As project lead for sleep, McMillan is researching how sleep influences chronic health conditions independently, but also in relation to diet, physical activity, genetics and gut microbiome.

Her goal is to understand the relationship between sleep health and the development of chronic conditions. Patients can then develop effective lifestyle changes that promote healthy sleep, reducing the chances of developing chronic conditions like diabetes and cardiovascular disease.

McMillan mentored three undergraduate students this past summer, all winners of research fellowships to work with her on the TMPLR study. “I love sharing my passion for research. It’s an absolute joy,” she says. She believes students are integral to bringing a fresh perspective to every project.

Her motto? “Be curious, don’t make assumptions, have fun and don’t give up.” She also stresses the importance of a good night’s sleep.
Trauma in the Classroom: Indigenous students and the lessons of the past

“We’ll have better health outcomes – and social outcomes as well – if we can honour Indigenous history and recognize that some problems in both health and education are related to intergenerational trauma.”
More than a decade ago, Dr. Elaine Mordoch was teaching a counselling class. She asked the students to open up about themselves.

It was a classroom of Indigenous students from across the province, from teenagers to some in their 60s. She knew she would hear a broad range of stories, but she never expected to be so moved by what she heard.

“There were a lot of stories of abuse, foster child experiences, poverty, alcoholism,” says Mordoch, an associate professor in the College of Nursing.

Stories about the residential school system surfaced as well. “I heard stories of people who were just picked up without their families being told, taken away from the community,” says Mordoch, recalling an account of children being taken while playing by a lake. “How traumatic that was.”

The professor was shocked, but she was also in awe at the students’ strength. “They were so resilient, to be even taking courses after some of the experiences they’d had.”

In 2012, Mordoch began working on an ongoing project with Dr. Rainey Gaywish, former program director of Aboriginal Focus Programs for the University of Manitoba’s Extended Education Division.

They recognized that trauma can be passed on from one generation to the next, building on a history of oppression and carrying on to the future. Together, Mordoch and Gaywish are exploring how students who have inherited a legacy of inequity feel about their educational experiences.

“How do students feel in a formal educational setting? How does it affect their success? How does it impact how students learn? And what are their expectations of education?”

Many students report at the outset that their confidence has been shaken, Mordoch says. They may have had negative experiences in school, which can make it hard to trust faculty and classmates. They may feel anger or other negative emotions.

It’s equally important to survey educators and administrators, she says. “We need to understand what they know about intergenerational trauma and how that might affect their interactions with students. They may be well-intentioned, but it’s possible that they never learned about these kinds of experiences – and it’s right there in the room with them.”

Ultimately, the goal of the research is to bring awareness and to breakdown assumptions. “We need to start by having a discussion about it,” the professor says.

Mordoch recognizes that the connection between nursing and the impact of intergenerational trauma on education might not be immediately obvious. But she says that when you understand that nursing looks at health holistically, it becomes clear.

“People sometimes think, ‘Why is nursing even interested in that?’ But I truly believe we’ll have better health outcomes – and social outcomes as well – if we can honour Indigenous history and recognize that some problems in both health and education are related to intergenerational trauma. Then we can try and work at solutions from that understanding.
Supporting Family Caregivers: Fitting in fitness

“Caregiving can be an isolating and lonely experience.”
When we think of health care, our minds go to nurses, doctors, pharmacists. But what about your mom, or your son, maybe your sister-in-law or husband?

These are the people that Jamie Penner thinks about. Family caregivers play a crucial role in the care of those who are becoming frail or living with a life-limiting illness. But given the stressors that are often inherent in fulfilling the caregiving role and limited time to engage in activities for their own well-being, Penner has noticed that the health of the family caregiver often suffers.

Penner's interest in the well-being of family caregivers began when she was working as a nurse on an inpatient surgical oncology unit at the Health Sciences Centre, and later as a clinical nurse specialist at CancerCare Manitoba.

“I had many interactions with the families of my patients. I began to more fully appreciate the big role that family caregivers play in supporting and caring for patients, and just how much that role affects them and their own well-being,” she says.

Penner, an assistant professor in the College of Nursing, has dedicated her research to improving the health and wellness of family caregivers. Her PhD work focused on the development and pilot testing of an individually tailored physical activity intervention for family caregivers to promote their health. Participants chose to engage in a variety of activities, such as walking, swimming, climbing stairs or other home-based circuit training.

Often, caregivers are working or caring for children while juggling the responsibilities that come with the caregiving role. Those in Penner’s study were happy with the individualized physical activity routines. They were able to fit the exercises into their daily schedules, often reporting that it was because they didn't have to follow a rigid regimen of going to a gym for 30 minutes a day – time they just didn’t have.

Another important factor in Penner’s study was the relational aspect of the intervention. Caregivers received weekly phone calls for coaching and support with their physical activity plans.

“Caregiving can be an isolating and lonely experience. It's one thing to provide caregivers with a way in which to maintain their health, such as a physical activity plan, but I believe that actually caring for the caregiver as an individual plays an equally important part.”

Dr. Michelle Lobchuk, a College of Nursing colleague, has been a role model for Penner in this field. “Her commitment to rigorous intervention development and persistence in establishing a caregiver communication lab at the Grace Hospital is a testament to her dedication to caregivers and knowledge development in this area,” Penner says.

A guiding principle that Penner follows in her research is that people and relationships are most important. “Good research comes from having a good team, and maintaining your humility and passion for your research to remain mindful of why we're doing the research in the first place – for the caregivers.”
A Creative Angle on Nursing: The benefit of expressive arts

“We often experience deep emotions in our nursing practice…. The arts can provide a container for these emotions.”
A childhood experience living in Jamaica left Dr. Kendra Rieger with a desire to pursue a career in nursing.

“My parents were community development workers in a small village,” Rieger recalls. “Jamaica was like a developing nation at that point and it really impacted my life. I went into nursing because I wanted to make an impact in this world and improve the health not just of Canadians, but of people in other countries.”

In 2017, Rieger became the first-ever PhD graduate from the University of Manitoba College of Nursing. Prior to the PhD program being introduced in 2012, any nurse who wanted to earn a doctorate had to pursue it at another U of M college or faculty, or leave Manitoba. Rieger says being able to complete her PhD here was a major factor in her decision to pursue the degree.

She appreciated the close proximity to other researchers in the Manitoba Centre for Nursing and Health Research. “I was able to get involved in a number of really important projects that I learned a lot from, in addition to my thesis,” she says.

Rieger, who was a clinical nurse for 15 years before starting her doctorate, has a strong interest in forms of expression such as theatre, music and visual art. For her PhD research, she says, “I looked at how nursing students learned through the arts in undergraduate nursing education and developed a grounded theory that described that process for them.”

She learned that nursing students go through a creative process that can lead to transformative learning outcomes. “I really developed a deeper understanding of why and how the arts were powerful for nursing students who engaged with the arts,” she says. “We often experience deep emotions in our nursing practice because there are so many difficult things that we deal with, and there are few places to process those emotions. The arts can provide a container for these emotions.”

Rieger recently joined the College of Nursing faculty as an assistant professor. She is leading a study of mindfulness-based expressive arts among patients with cancer, funded by the Manitoba Medical Service Foundation. Her research team members are Drs. Tom Hack, Christina West, Heather Campbell-Enns and Miriam Duff.

With high levels of psychological distress among patients with cancer, there is growing interest in mindfulness-based expressive arts interventions for promoting patients’ well-being, Rieger says.

“Facing the burden of cancer is a life-altering experience, and mindfulness-based expressive arts interventions integrate two complementary, psychosocial interventions to help patients process their cancer experiences.”

Rieger has also received a grant from the George and Fay Yee Centre for Healthcare Innovation. It will enable her to obtain input from First Nations stakeholders on the design of a research project. This study will use digital storytelling to explore First Nations women’s experiences of breast cancer.
Diverse Ways to Understand Heart Health: An Indigenous worldview in collaboration with biomedicine perspectives

"I believe when we begin to work to heal our hearts and minds, we can begin to become the people we are meant to become."
- Elder Mary Wilson
Dr. Annette Schultz went back to school just to earn a degree in nursing. But through saying yes to opportunities, she walked out 10 years later with a PhD and into an academic career.

Schultz started on her career path at a young age. By 20, she had completed a diploma in nursing. She went on to work in acute care pediatrics for 12 years before pursuing her bachelor’s degree (and unexpectedly, her PhD).

“I never aspired to be an academic because I had not grown up around people who were university educated,” she says. “My initial drive to get a degree was to then get a management job so I could open doors to support different ways to see things.”

As a researcher, Schultz’s original focus was on smoking – for example, tobacco use issues related to clean air policies in hospitals.

Then five years ago, one of her grad students became interested in studying heart health among Indigenous people in Manitoba. The idea was brought to a council of Elders at the Assembly of Manitoba Chiefs, where it was encouraged.

Schultz plunged into the literature, held a facilitated community meeting, and wrote a Canadian Institutes of Health Research (CIHR) grant application. “This was a turning point in my program of research, and while unexpected, the transition has been rewarding,” says the associate professor.

Schultz currently leads Debwewin: the truth of our hearts, a four-year study funded by more than $700,000 from the CIHR Institute of Indigenous Peoples’ Health. The study is governed by a two-eyed seeing approach and decolonizing research principles. It aims to diversify the evidence available to inform how we collectively understand hearth health among First Nations People in Manitoba. Both Indigenous worldviews and biomedicine have informed the study.

To disrupt the common narrative rooted in the Western scientific/biomedical worldview, which focuses on physical symptoms, health interventions, and individual blaming for lifestyle choices, Schultz’s team wanted to bring in evidence concerning historical and ongoing colonization influences on Indigenous people’s health.

From what Schultz has learned through the Debwewin project and another heart health study called mite achimowin (“heart talk”), caring for one’s heart within an Indigenous worldview does overlap with biomedical perspectives, but moves beyond solely focusing on an individual.

“So by focusing only on biomedicine, considerable knowledge is dismissed and subjugated,” she says. Schultz looks for spaces where both worldviews can be considered, heard and respected.

The Debwewin study is working with Indigenous filmmakers to produce video and radio documentaries. The content for both draws on recorded feasts with First Nations Medicine People, Elders and people with heart conditions.

“In the North, radio is still a way to share information,” Schultz says. “The Debwewin radio documentary will aim to share narratives rooted in teachings, rather than instructional content steeped in biomedicine. Our hope is that people have new narratives about how to understand their own heart health.”
‘Hurrying Hard’ for Better Communities: Research that promotes equity and social justice

“Rural women will drive through a blizzard just to get to the curling rink . . . to connect with the community.”
Dr. Lynn Scruby has always cared about justice and equity for others. She jokes that it's because of her roots. Universal medicare in Canada originated in Saskatchewan, just like her.

All of Scruby’s work is performed with a focus on social justice and policy. “My research is done to give empowerment to participants, give them a voice and change policies, procedures and legislation,” says the assistant professor in the College of Nursing.

What she really believes influenced her from a young age were some words from her mother, who said about her own childhood, “We were not poor. The poor kids didn’t have shoes, and we had shoes.”

That perspective has always helped make Scruby aware of the experiences of marginalized and vulnerable people – such as low-income women and children in the inner city – and how poverty is just one of many social determinants of health.

Another woman who impacted Scruby’s research and passion for helping others was Margaret Haworth-Brockman, former executive director of the Prairie Women’s Health Centre of Excellence (PWHCE) in Winnipeg. “Centres like PWHCE held the government accountable for gender analysis in policies, and they did research that they could present on gender equity,” she says, adding that sadly, the centre was closed in 2013 due to lack of funding.

Scruby has completed many varied research studies, including one focused on the effect of curling on health promotion for rural women. The researchers equipped the female curlers with cameras and asked them each to create a visual journal about how the curling rink affected their health. Women were then asked to pick their top three pictures.

“The biggest thing we found was social support. Rural women will drive through a blizzard just to get to the curling rink. It’s not so much the game. It’s to connect with the community,” Scruby says. She also points out that although the rinks serve a vital function, they have a hard time staying open these days. “This study is important in showing Canada the value of curling in rural community health.”

Another area of Scruby’s research has explored how to create and expand collaborations across organizations in Winnipeg’s inner city. This work, funded by The Winnipeg Foundation and the Canadian Institutes of Health Research, has increased academic understandings and research on the topic of how community-based organizations promote health, equity and social justice in their communities.

Scruby is impressed by her graduate students and their research projects. From refugee health care to LGBT+ experiences with emergency nursing staff, her grad students are all involved in social justice-related research. “They are such bright, hard-working people with great questions that inspire me and my research.”

Scruby’s values are expressed in her passion for using a social justice lens in her research, teaching and service activities. “I love research,” she says, “and I’m always using it to further the goal of promoting equity.”
Caring for Caregivers: Improving education and safety for support workers

“If we don’t support the support workers, the people who are vulnerable can’t be supported well, either.”
Most of us want to be as independent as possible and to experience life to the fullest that we’re able. It’s no different for people with intellectual disabilities, but a support worker might need to be there to help along the way.

Tasks that caregivers take on are wide-ranging, from providing assistance in the bathroom to offering support for recreational activities. These workers are trained to understand the needs of people with disabilities and to manage a wide variety of personal interactions. But the fact is, every situation is different. There might be times when a client is frustrated and acts out physically. That’s when even the most experienced worker can get hurt.

“All kinds of scenarios can take place,” says Dr. Beverley Temple, pointing out that there are many reasons someone might display challenging behaviour. For example, “an individual may get upset – they may be in pain or struggling with a problem. So they lash out.”

In addition to her role as associate professor in the College of Nursing, Temple is a researcher at the St. Amant Research Centre.

She says that at St. Amant alone, there may be as many as 200 incidents a year in which a caregiver is injured. These range from situations in which workers are pushed down or struck to more serious cases where there are broken bones or skin breaks from biting.

Most interactions between clients and support workers are without incident, she says. Still, safety is an important concern.

“It’s a difficult role,” she says. “Imagine if you’ve been hurt, thinking about facing that every time you go to work.”

Temple’s current project aims to develop plans at St. Amant for better use of preventative training and supervisor response. Through her research, she’s exploring knowledge translation, the way in which support workers take the training they receive and apply it to situations on the job.

When something does go wrong, Temple says, it’s important not just to reflect on how the situation could have been managed differently, but to validate the staff member’s experience and ensure they get the support they need to heal and move forward.

“Ultimately, I think that the applications of this research project are much broader than to just our particular group of support staff and managers at St. Amant,” she says. “The training modules we’re creating could be immensely beneficial for staff working in hospitals and emergency departments, school systems, and other institutions and organizations that provide support to a variety of people.” Temple says the modules will be made available to any organization that needs them.

“Most people who do this kind of work don’t make a lot of money. They do it out of passion – they’re supporting the most vulnerable members of our society,” says Temple. “It’s critical to remember that if we don’t support the support workers, the people who are vulnerable can’t be supported well, either.”
Check Up on Midwifery: Charting the progress of women’s health care

“Midwives provide excellent care to their clients and . . . midwifery is a cost-effective model of care.”
Having a baby is a life-changing event, even when it’s not a first pregnancy. Many women say that having the right care—professionals who understand your needs and respect your choices—is vital.

Dr. Kellie Thiessen is an assistant professor and director of the midwifery program at the College of Nursing. With more than 20 years of experience in health care, she knows first-hand what it means to guide a woman through pregnancy.

“There are a number of key differences between various models and philosophies of maternity care,” Thiessen says. For starters, women who want a choice in birthplace outside the hospital won’t be given that option by most other health-care professionals.

Midwives have smaller caseloads, offer longer appointment times and develop a personal relationship with their clients, even visiting expectant and postpartum mothers in their homes.

That’s a great support for moms because traveling during pregnancy or with a newborn can be challenging—even more so if there are other children in the family who have to come along to appointments. In a rural or remote community, making it to an appointment can be challenging.

But even more important than overcoming practical challenges is the way an early postpartum visit can identify the onset of serious problems before they start. “With the standard model of maternity care, often a new mother won’t see her doctor again for two weeks after she gives birth,” Thiessen says.

The first days and weeks are critically important, the professor says. “If she’s in trouble, breastfeeding might have stopped. Postpartum depression can set in. A midwife can be there to see what’s happening before it’s too late.”

Anecdotal evidence like this about the success of midwifery is overwhelmingly positive, says Thiessen. Overall, she hears three key things. “One is that we don’t have enough midwives to fulfil client demands. Second, midwives provide excellent care to their clients, and third, midwifery is a cost-effective model of care.”

However, Thiessen points out that so far, there isn’t much grounded evidence supporting these sentiments. Her research project analyzes outcomes and costs associated with three types of maternity care providers in Manitoba: family practice physicians, obstetricians/gynecologists and registered midwives.

“It’s clear that mothers and babies are receiving a great deal of hands-on care, but is it cost effective?” Thiessen asks. “Are there innovative health-service delivery models that could provide optimal client outcomes and savings to the overall health-care system? We’re now more than 15 years into the service and haven’t looked at that piece at all.”

Thiessen says this study marks the first time the midwifery profession in Manitoba has really been engaged in this level of academic research.

“No midwife has ever held a formal tenure-track academic position who is actively leading research related to the midwifery profession and those related topics,” she says. “Our inter-professional team of researchers will help provide significant insight and depth going forward.”
Dignity and Care: Finding the respectful balance

“We’re supporting physical health, but we also need to be concerned about mental health, feelings of well-being and spiritual health.”
Bathing, dressing, brushing your teeth. They’re simple activities of daily life, and it’s easy to take for granted that you’ll always be able to do those things for yourself. The fact is, there may be a time when you can’t.

Dr. Genevieve Thompson, associate professor in the College of Nursing, is exploring what it’s like to experience intimate personal care and how health-care aides and nurses can help patients keep their sense of dignity.

She says it can be hard to allow another person to do things for you that are personal in nature, even in the best of circumstances. “But people get really upset when they feel certain kinds of care aren’t done sensitively,” says Thompson.

“We sometimes joke around as nurses or health-care aides when we’re providing personal care – it’s a way to deflect any discomfort in the situation or our own nervousness. Sometimes that goes well and sometimes it doesn’t.”

Quality care is also influenced by time constraints, with more and more being asked of caregivers each day. “In some cases there’s not enough staff, and care gets rushed,” Thompson says.

For example, Thompson says, an aide may be asked to bathe as many as 15 patients in one day. “But you always have to remember, it’s not just a task to be done. We need to educate people around the psychological impact this kind of care has. It can devastate patients. And it doesn’t have to.”

Thompson, a U of M alumna at the bachelor, master and PhD levels, has been involved in many research projects concerned with implementing a palliative approach to care in long-term care facilities.

When it comes to intimate personal care, she is investigating how quality of care affects those receiving care, their families and care-providing staff members. “Families worry about the kind of care their family members are receiving in hospitals and care homes,” she says. “At the same time, staff needs to feel valued in the care that they provide to their patients and residents. I think it really does come down to how we build relationships with people and the rapport that we have.”

Thompson says exploring the impact of what she describes as “mindful care” has implications far beyond the immediate physical needs of the patient.

“We hope that we can really highlight the ways in which this quality care has profound positive effects on patients,” she says. “We’re supporting physical health, but we also need to be concerned about mental health, feelings of well-being and spiritual health.”

In the end, Thompson says the ideal is to create “a health-caring environment” that supports patients, their families and health-care workers alike. “We should be attuned to holistic care in these environments, and if we are, I really feel that it will be to the benefit of everyone involved, at all levels.”
Beyond Words:
Healing families through art

“We need to understand and support each family member, not only because they’re so involved in the support of the ill child, but because they’re suffering, too.”
When a child needs a bone marrow transplant, he or she may be the only one receiving the treatment, but the entire family feels its effects. Every family member, from the child in hospital to the siblings at home, experiences stress and worry that is uniquely their own.

“We need to understand and support each family member, not only because they’re so involved in the support of the ill child, but because they’re suffering, too,” says Dr. Christina West, an assistant professor in the College of Nursing.

At a certain point in the transplant process, the patient has no immune system to protect them. That means strict isolation – no exceptions. It’s hard on the child, but painful for parents and siblings, too.

“One parent has to be at the hospital for the duration, pretty much 24 hours a day,” West says. “At the same time, you often have another parent caring for other children at home on their own.”

In many cases, it’s difficult for family members to talk about how they’re feeling. That’s why West and her co-researcher, Debra Dusome, use art to help families articulate their complicated relationship with the disease, and its impact on them as a family.

Dusome, an assistant professor in psychiatric nursing at Brandon University, is an expressive arts therapist. Together, West and Dusome invited children who had been through a bone marrow transplant, along with their parents and siblings, to pick up a crayon and draw an image of how they experienced the treatment.

In the process, West and Dusome saw families come to the realization that they had no idea what the others had been through.

One mother created a picture of her loved ones, but she couldn’t draw their faces, says West. “She told us she couldn’t begin to understand what the other family members were thinking or feeling, so she didn’t know what expression to choose.”

In another case, a little girl drew a house. “Her mother kept saying, ‘You know this is supposed to be about the transplant, right?’” But the girl was insistent. It was about the transplant. “She was saying that she just wanted to go home.”

Family members learned a lot about each other and how they were affected, says West. “Drawing and being supported in talking about the images they created helped them express themselves in a different – and sometimes more meaningful – way than words alone would allow.”

Seeing a child experience a serious illness is always going to be very challenging. West says that what we can do better is to support every member of the family.

“I think many of us are still thinking about including family in terms of how to support the one in hospital,” she says. “We don’t always ask parents or siblings, ‘What is your experience of this treatment and this illness?’ Because they’re going through it, too.”

This research was supported through an operating grant from the Children’s Hospital Research Institute of Manitoba (CHRIM).
Talking About Their Feels: Communication strategies for children and teens

"There was a time when kids wouldn’t have been involved in this kind of research. People said they didn’t have anything to share."
On a scale of 1 to 10, how would you rate how you feel today?

For many of us, it’s a tough question to answer with just a number. It’s even harder when you’re a child or teen living with a serious illness.

On the other hand, if you could use an avatar or emoticon – a kind of graphic stand-in for your feelings – well, that’s a different story. These types of images are part of the common language of youth. Most young people don’t find it hard at all to pick a graphic that expresses exactly where they’re at.

Choosing a symbol makes it easy to say things like, “I feel cranky!” says Dr. Roberta Woodgate, Canada Research Chair in Child and Family Engagement in Health Research and Healthcare. Woodgate has the distinction of being the first professor in the College of Nursing to be awarded a Canada Research Chair.

Children and teens can express many different feelings with symbols, and that’s the whole point, says Woodgate. “If we’re going to improve care for this population, we need to involve young people in what’s happening. And that means we need to hear about their experiences in their voices.”

Woodgate is currently developing a website that gets kids to share their “feels.” It’s just one way – and there are many – that she is helping young people find a voice and take a role in their own care. She is engaged in multiple projects that include an interactive web platform similar to a video game, as well as YouTube videos, photography and a dance project.

No matter what method she’s using, one thing remains the same. “It’s important to remember that we’re doing research with youth, not on them.” That means a youth advisory group is beside her every step of the way.

“There was a time when kids wouldn’t have been involved in this way. People said they didn’t have anything to share,” the professor says. “But the truth is, we can’t know what their experience is because we haven’t lived it. That’s what makes their input so vital.”

Research is ongoing, but Woodgate says there are already implications for clinical practice. In the case of youth with cancer, she says that using their imaginations can offer significant therapeutic value.

“It can help them explore, understand and manage their physical suffering, as well as the associated anxiety they live with,” she says. When they try the video game she’s developing, she has seen improvement in communication.

“It offers a new way to connect with family members, friends and other children who are facing serious illnesses.”

This kind of research gives health-care professionals a fresh tool to add to their practice, Woodgate says. “Symbolic communication offers new possibilities for therapeutic interactions. It’s one more way we can enhance care for young patients and their families.”
OVERVIEW
The College of Nursing is home to the Manitoba Centre for Nursing and Health Research (MCNHR). The MCNHR promotes and supports the conduct, dissemination and uptake of collaborative nursing and health research to benefit the health of Manitobans and beyond. For over 33 years, the MCNHR has helped grow collaborative nursing and health research by supporting its 250+ members in pursuing excellence in research and innovative research ideas.

RESEARCH SUPPORT AND CONSULTATION
The MCNHR offers a comprehensive system of research support services to foster the development of high-quality and competitive research grant proposals, including grant facilitation, grant writing and statistical and research consultation. The MCNHR also offers a complete suite of post grant award services that includes assistance with ethics and access applications, online survey administration, and assistance with data management and analysis. Research dissemination activities, such as preparing publications and presentations, are also supported through services of the MCNHR.

RESEARCH COLLABORATION AND RESEARCH PROMOTION
The MCNHR promotes research collaboration by hosting research events such as the Research Seminar Series and the Helen Glass Research Symposium. These events provide a forum for engaging researchers, educators and decision-makers in dialogue and discussion. These events have also proven to be an excellent forum for networking and for fostering new research collaborations. In addition to our events, the MCNHR promotes research through various channels including annual reports, weekly and monthly research announcements and by maintaining display boards housed in the College of Nursing that feature MCNHR members, their publications and recently presented research posters.

BUILDING RESEARCH CAPACITY
The MCNHR hosts several research educational events that build research capacity and are tailored and responsive to the current needs of its members. Sessions have included advanced literature searching, online surveys, using SPSS for quantitative data analysis and systematic reviews, among others, with over 200 attendees annually. In addition, the MCNHR has partnered with the Faculty of Kinesiology & Recreation Management, Faculty of Education and Centre on Aging to offer the Summer Research Training Institute (SRTI). This program offers 20 workshops from May to June designed to provide introductory research skills and knowledge for students, research assistants, research staff, and faculty members.
STUDENT ENGAGEMENT IN RESEARCH
The MCNHR has been the driving force for a number of new initiatives fostering nursing student engagement in research and increasing the number of experiential learning opportunities for students. A Summer Research Internship Program was launched in 2010 and provides research training and hands-on research experience for undergraduate and graduate students. The MCNHR also initiated an Annual Graduate Poster Competition which is now part of the Helen Glass Research Symposium.

RESEARCH GRANTS & AWARDS
The MCNHR runs an annual research grant competition that provides funds for small-scale or pilot projects conducted by MCNHR members. This competition has become an increasingly critical source of funding for MCNHR members, including graduate student members. The MCNHR also offers a Graduate Student Travel Award to support graduate student travel to present a paper or a poster at a research conference or scientific meeting.

MCNHR BY THE NUMBERS

276 members
- 107 research affiliates
- 58 professional affiliates
- 111 graduate student affiliates

36 students trained through the summer research internship program since 2010

2000+ requests for services and information annually

$234,323 in grants awarded to 19 researchers and 27 students*

* in the last 6 years