



RESEARCH IN *nursing*





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UNIVERSITY OF MANITOBA | Rady Faculty of Health Sciences

Nursing research provides knowledge and solutions about healthcare. Our researchers work collaboratively with clinical and community partners, as well as other researchers, to provide 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 healthcare system.

LEADERSHIP MESSAGE

The College of Nursing, part of the Rady Faculty of Health Sciences, is the province's leading research-intensive nursing education institution, offering the only Masters of Nursing and PhD programs in nursing in the province.

The College of Nursing is recognized nationally and internationally for excellence in several research areas, including:

- Ground-breaking research in cancer and the provision of palliative care
- Innovative work aimed at improving the health of mothers, babies, children, and families
- Building partnerships to improve access to quality health services for diverse and vulnerable populations, including immigrants, those with low incomes, First Nations, and people living with mental illnesses, disabilities, and complex care needs
- Interventions targeted to meet the needs of a growing population of informal and formal caregivers

As you read the stories in this booklet, you will discover how research in the College of Nursing is advancing the science of caring and making a positive impact on health and healthcare delivery!

BEVERLY O'CONNELL | DEAN, COLLEGE OF NURSING

BEVERLEY TEMPLE | ASSOCIATE DEAN, RESEARCH, COLLEGE OF NURSING

COLLEGE OF NURSING BY THE NUMBERS*

\$8.7M 
in research funding

121 
GRANTS AND
CAREER AWARDS

24 
—
RESEARCHERS
SUPPORTED


265
PEER
reviewed
publications

* Within the last five years



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.



RESEARCHER PROFILE

NAME: Roberta Woodgate, RN, PhD

TITLE: Professor, College of Nursing, CIHR Applied Chair in Reproductive, Child and Youth Health Services and Policy Research

FEATURED RESEARCH: Communication strategies for children and teens experiencing serious illness

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 and most of them don't find it hard at all to pick a graphic that lets you know exactly where they're at.

"It's easy to say things like, 'I feel cranky!'" says Roberta Woodgate, a researcher and professor at the College of Nursing and CIHR Applied Chair in Reproductive, Child and Youth Health Services and Policy Research. Of course, there are many more things you can express this way, 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."

That's why she's currently developing a website that gets kids to share their "feels." It's just one way—and there are many—that she's helping young people find a voice and take a role in their own care. Woodgate is engaged in multiple projects that include an interactive web platform similar to a video game, as well as YouTube videos, photography, and an upcoming 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 *about* them." That means an advisory group made up of teens and adolescents is beside her every step of the way. It's not just helpful. Woodgate says it's invaluable. "There was a time when kids wouldn't have been involved in this way. People said they didn't have

anything to share," says Woodgate. "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. In the case of a video game she's currently developing, she says she's also seen improvement in communication. "It offers a new way to connect with family members, friends, and other children who are facing serious illnesses."

It's research like this that Woodgate says gives healthcare professionals a fresh tool to add to their practice. "Symbolic communication offers new possibilities for therapeutic interactions," she says. "It's one more way we can enhance care for young patients and their families."



Sparing the Rod and Respecting the Child: Building Healthy Relationships Through Positive Parenting

Your toddler is screaming and kicking because you turned off the TV. Your 5-year-old daughter has dropped your cellphone in the toilet. Again.



RESEARCHER PROFILE

NAME: Christine Ateah, RN, PhD

TITLE: Professor, College of Nursing
Vice-Dean, Education, Rady Faculty of Health Sciences

FEATURED RESEARCH: Positive Discipline in Everyday Parenting (PDEP) program

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—especially when you feel like you’re at the end of your rope.

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 Dr. Christine Ateah says it’s an important shift. She’s a researcher and professor at the College of Nursing. “Research findings consistently show that physical punishment is harmful to parent-child relationships,” says Ateah. “There’s no benefit 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 parents 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,” says Ateah.

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!”

A Flood of Tears: The Aftermath of the Little Saskatchewan First Nation Displacement

In 2011, members of the Little Saskatchewan First Nation were told a flood was coming. They had 24 hours to pack—just two suitcases each—and they'd have to leave everything else behind, even their pets.



RESEARCHER PROFILE

NAME: Donna Martin, RN, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH:

The micro- and macro-construction of induced displacement: experiences, health outcomes, and future plans of Little Saskatchewan First Nation

They didn't know exactly where they would be staying, or when they would be allowed to go home. Many thought it would only be for a few weeks. Five years later, there are still over 2,000 former residents of the Little Saskatchewan First Nation (LSFN) who haven't seen their community since.

Although they were told to evacuate immediately, not everyone followed orders. About 350 community members stayed behind, trying to fight the flood and pick up after the devastation that followed. They've kept their connection to the land, but precious little else. "The lake is polluted, so you can't fish, can't swim. There's no meeting hall; it's all mouldy," says Dr. Donna Martin, a researcher and associate professor at the College of Nursing. "These are traumatized people with limited economic resources, no prospects of a job, and nothing to do."

At home at LSFN or in temporary housing in Winnipeg, members of the flooded First Nation have been in turmoil and despair since the day the water started rising. Mental health issues have taken root, with depression, loneliness, and post-traumatic stress disorder at the forefront.

Those who remained behind are experiencing other health problems as well, either new or worsening. Respiratory problems have a clear link to the mould and decay that lingers throughout the community. The most vulnerable citizens, Elders and those already diagnosed with conditions like kidney disease, Type 2 diabetes or arthritis, are now increasingly experiencing co-morbidities like heart attack, stroke, and cancer.

"We know from previous studies and literature about survivors of natural disasters that marginalized people are the ones most profoundly affected by these events. They're the ones who will struggle the most, and in Canada, our largest marginalized population is Indigenous," says Martin.

In 2015, she and Dr. Shirley Thompson, associate professor at the Natural Resources Institute at the University of Manitoba, and their research team were awarded a grant by the Canadian Institutes of Health Research (CIHR) for a three-year study focusing on the First Nation community's experiences, health outcomes, and future plans.

Martin anticipates that the project will have considerable implications for future flooding and disaster preparedness and response. "Right now there's a real lack of current policies that recognize and mitigate the effects of induced displacement of First Nation communities," Martin says.

"Detailed descriptions and firsthand accounts of how community members understand and experience induced displacement are really necessary to develop comprehensive and inclusive policies and procedures for supporting evacuees in respectful, effective, and relevant ways."

Learn more by viewing [S 25-minute video \[https://www.youtube.com/watch?v=PQTubc1LjY\]](https://www.youtube.com/watch?v=PQTubc1LjY) produced by Myrle Ballard, Postdoctoral Fellow at the College of Nursing. This video has been officially released with approval and blessings from the Chief and Council of Little Saskatchewan First Nation.

Trauma in the Classroom: Aboriginal Students and the Lessons of the Past

“We’ll have better health outcomes—and social outcomes as well—if we can honour Aboriginal history and recognize that some problems in both health and education are related to intergenerational trauma.”





RESEARCHER PROFILE

NAME: Elaine Mordoch, RN, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: Exploring intergenerational trauma as a factor in Aboriginal post-secondary students' progress

She asked the students to open up about themselves, to get in touch with their own assumptions, to explore where they come from, and to uncover why they think about things the way they do. It was a classroom of Aboriginal students from across the province, from teenagers to some in their sixties. 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 Elaine Mordoch, an associate professor and researcher at the College of Nursing. “I remember one student talked about eating lard sandwiches, because that was all they had in the house.”

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,” recalls Mordoch, telling of children who were doing nothing more than playing by the lake. “How traumatic that was.”

Mordoch was shocked by what she heard, but she was also in awe at the strength of her students. “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 at the University of Manitoba’s Division of Extended Education. 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 and how it can affect their success.

“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?” There are many sides to the topic, explains Mordoch, but some findings are immediately evident. Many students report at the outset that their confidence has been shaken. They may have had negative experiences in school, which can make it hard to trust faculty and fellow classmates. And they may feel anger or other negative emotions as well.

While Mordoch and Gaywish worked to explore the student perspective, Mordoch points out that it was equally important to survey educators and administrators. “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 break down assumptions. Mordoch knows it won’t always be easy. “But we need to start by having a discussion about it,” she says. “It will be a learning journey for everyone.”

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 Aboriginal 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.”



Dignity and Care: Finding the Respectful Balance

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.



RESEARCHER PROFILE

NAME: Genevieve Thompson, RN, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: Excellence in delivering person-centred intimate care: what makes a difference?

Dr. Genevieve Thompson, associate professor and researcher at 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 healthcare 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 restraints, with more and more being asked of caregivers each day. "In some cases there's not enough staff; care gets rushed." For example, Thompson points out that 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," says Thompson. "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 is also exploring how quality of care affects families and care-providing staff members. "Families worry about the kind of care their family members are receiving in hospitals and care homes," says Thompson. "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 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 healthcaring environment" that supports patients, their families, and healthcare 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."



Instant Replay: Medical Visits at the Push of a Button

You've been diagnosed with cancer. Now it's time to talk to your doctor about what happens next.



RESEARCHER PROFILE

NAME: Tom Hack, B.Comm., B.Sc., MA, PhD

TITLE: Professor, College of Nursing

FEATURED RESEARCH: Impacts of treatment consultation recording on oncology patient outcomes: a prospective parallel randomized control trial

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 and researcher at 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.

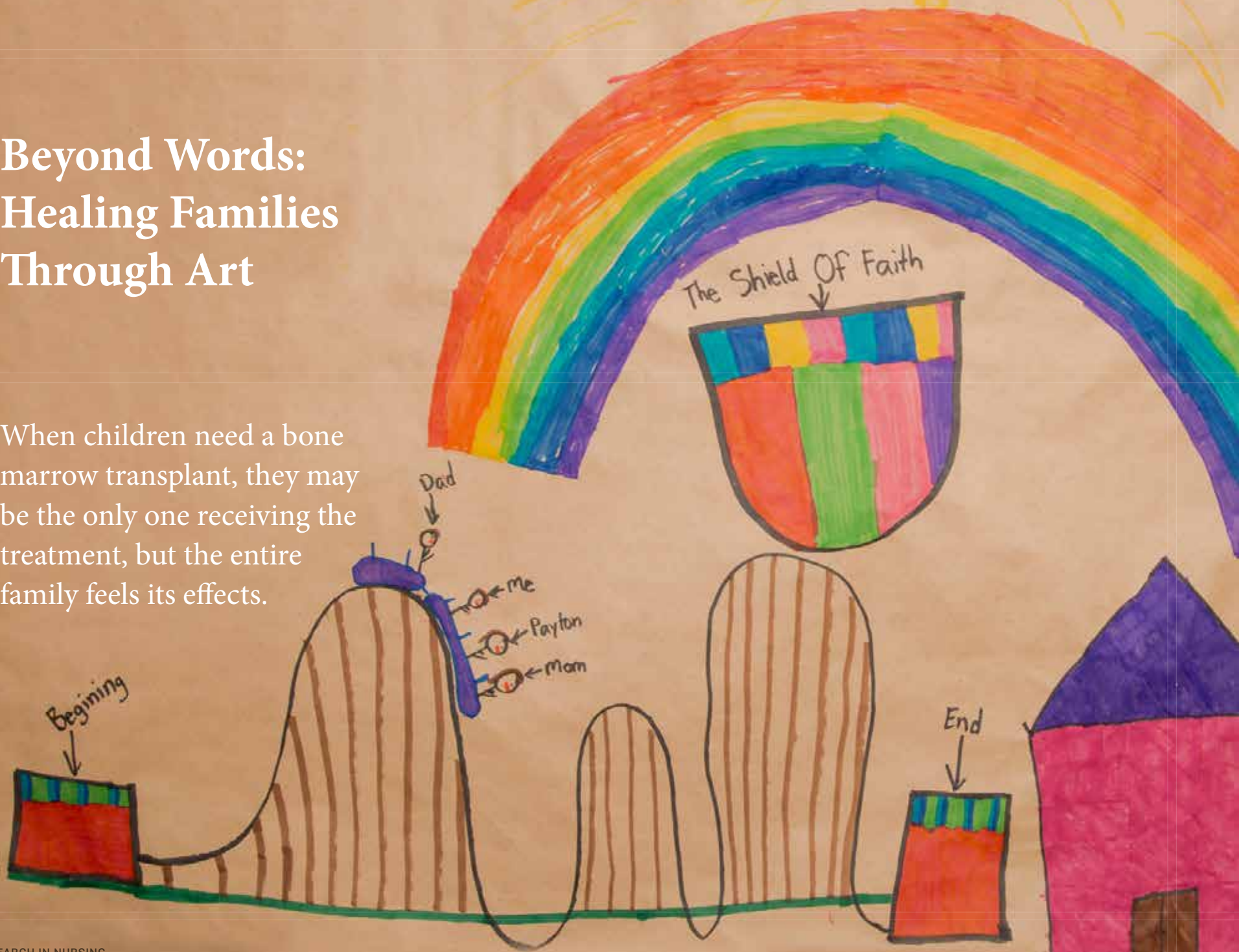
His study focuses on patients with brain or neuroendocrine tumours, addressing a gap in current research on these two populations that often have poor prognoses as well as cancer-related cognitive impairment.

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."

Beyond Words: Healing Families Through Art

When children need a bone marrow transplant, they may be the only one receiving the treatment, but the entire family feels its effects.





RESEARCHER PROFILE

NAME: Christina West, RN, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH:

The family transition through pediatric bone marrow transplant

Routines are disrupted. Nerves are frayed. And every family member—from the child in hospital to the siblings at home—experiences stress and worry that is uniquely their own.

“As a healthcare professional, you can’t begin to understand what that’s really like,” says Christina West, a researcher and assistant professor at the College of Nursing. “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.”

A bone marrow transplant involves intensive radiation or chemotherapy that destroys diseased bone marrow. It’s a particularly vulnerable time because at a certain point, the patient has no immune system to protect them from opportunistic diseases. 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, seven days a week,” explains West. “They’re witnessing their child going through some pretty difficult treatments. 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 families to talk to one another 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 their life 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, said 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,” explains West.

Seeing a child experience a serious illness is always going to be very challenging; that isn’t going to change. West says that what we can do better is to support every member of the family—not just the patient.

“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. I really believe that’s where we need to go next.”

This research was supported through an operating grant from the Children’s Hospital Research Institute of Manitoba (CHRIM).





Caring for Caregivers: Improving Training and Safety for Support Workers

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.



RESEARCHER PROFILE

NAME: Beverley Temple, RN, PhD

TITLE: Associate Dean, Research and Associate Professor, College of Nursing;
Researcher, St. Amant Research Centre

Tasks that caregivers take on are wide-ranging, from providing assistance in the bathroom to offering support when clients join in on recreational activities. They're trained to understand the unique 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 roles as associate dean, Research and associate professor at the College of Nursing, Temple is also 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, ranging from situations in which workers are pushed down or struck to more serious cases where there are broken bones or skin breaks from biting.

She's careful to point out that most interactions between clients and their support worker are without incident, but the fact remains that safety is an important concern. "It's a difficult role," she admits. "Imagine if you've been hurt, thinking about facing that every time you go to work."

The ultimate goal of Temple's current project is 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 the situations they encounter on the

FEATURED RESEARCH:

A knowledge translation intervention with supervisors: can we reduce injury by improving knowledge translation strategies for direct support workers of people with intellectual disability who display challenging behaviour?

job. She says it's important to note that when something does go wrong, it's necessary 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.

"The administration at St. Amant and at the Worker's Compensation Board has been really supportive about this research," says Temple, adding that her current work follows on an earlier initiative to track and examine injury reports, a study requested by St. Amant's human resources and risk management departments. "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 points out. "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."

Ultimately, Temple says, the modules will be made available publicly for 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."

Charting the Progress of Women's Healthcare

From the time a woman learns she's pregnant to the day a new baby arrives, there are hundreds of questions to be answered and countless decisions to be made.





RESEARCHER PROFILE

NAME: Kellie Thiessen, RM, RN, PhD

TITLE: Assistant Professor and Director, Midwifery Program,
College of Nursing

FEATURED RESEARCH: Identifying innovative models of maternity care to improve perinatal and system level outcomes

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 over 20 years of experience in health-care, she knows first-hand what it means to guide a woman through the first months of a pregnancy all the way through to labour.

“There are a number of key differences between various models and philosophies of maternity care,” explains Thiessen. For starters, women who want a choice of 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.

“When you show up at a client's door for an appointment, often she'll just kind of melt,” says Thiessen. “They look forward to someone coming to their home.” Travelling 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 mom's healthcare visits. 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,” says Thiessen. The first days and weeks are critically important, says Thiessen. “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. Ultimately, while midwifery has seen a great deal of reported success since it became regulated in Manitoba in June 2000, it's time to ensure we're getting a clear picture.

Her research project, entitled *Outcomes and Costs of Maternity Services in Manitoba*, analyzes outcomes and costs associated with three types of maternity care providers in Manitoba: family practice physicians, obstetricians/gynecologists, and registered midwives.

“The reality is, we work in a system that has fiscal budget restraints,” Thiessen points out. “It's clear that mothers and babies are receiving a great deal of hands-on care, but is it cost effective? 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 that this study is the first time that 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 interprofessional team of researchers will help provide significant insight and depth going forward.”

MANITOBA CENTRE FOR NURSING AND HEALTH RESEARCH (MCNHR)

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 30 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 and editing service, statistical and research consultation. The MCNHR also offers a complete suite of post-grant award services that include management of research grant accounts, assistance with ethics and access applications, 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 through its research events, including the research seminar series and the annual Dr. Helen Glass Researcher in Residence Program. 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 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 training events that build research capacity and are tailored and responsive to the current needs of researchers and graduate students. These sessions have included advanced literature searching, online surveys, using SPSS for quantitative data analysis and systematic reviews, among others, with over 200 attendees annually.

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 hosts an annual Graduate Poster Competition and PhD Student Showcase.

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. As part of its Summer Research Program, the MCNHR also offers a Graduate Student Research Training Award (\$5,000) to provide graduate students with the opportunity to work one on one with a research mentor on a research project. 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*

263 MEMBERS  • 96 research affiliates
• 55 professional affiliates
• 112 graduate student affiliates

2000+  requests for services and information annually

\$163,811 grants awarded to **35** collaborative research teams in last **5** years

 **32**

students trained
**THROUGH THE
SUMMER RESEARCH
INTERNSHIP
PROGRAM***

20 

research events
**AND TRAINING
workshops a year**

* Since 2010

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