



RESEARCH IN
nursing



Research in Nursing

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.



The University of Manitoba campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota and Dene peoples, and on the homeland of the Métis Nation.

We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

DEAN'S MESSAGE

It is with pride that we share inspiring stories about the exciting research our College of Nursing faculty are engaged in. These dedicated researchers are making a difference 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 discover new knowledge by engaging in research and scholarship, we advocate and work with partners in our research to bring forward change, and we both inform and transform nursing practice, the health-care system and health policy.



As you read these compelling stories, you will realize the tremendous impact the nurse researchers and partners are making in improving the health outcomes, quality of life and experiences of patients, families and communities.

Dr. Netha Dyck | Dean, College of Nursing

COLLEGE OF NURSING BY THE NUMBERS*

\$10.1 M

in research funding



148

GRANTS and
CAREER AWARDS



670 PRESENTATIONS



28

RESEARCHERS
SUPPORTED



400

PEER-REVIEWED
PUBLICATIONS



** in the last 5 years*



Where Art and Science Meet: Arts-based approaches to research and knowledge translation

“In science, over-focusing on certainty limits our ability to explore new territory and maximize creativity.”



Researcher Profile

NAME: Mandy Archibald, RN, BScN, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH:

Perspectives of frailty and frailty screening: A collaborative knowledge translation approach and qualitative study of stakeholder understandings and experiences

HOW DO OLDER ADULTS UNDERSTAND “FRAILITY?”

Dr. Mandy Archibald, a nurse academic and professional artist who spent three years as a Canadian Institutes of Health Research postdoctoral fellow in Australia, was part of a study team that posed that question to a range of Australian seniors.

The researchers were studying the possible introduction of frailty screening in primary care. But they found a gulf between academics’ ideas about objectively measuring frailty and how older adults perceived the term.

“Older adults generally saw frailty as something that happens near the end of life, can’t be avoided and is associated with severe disability,” Archibald says. “Even though the majority of the research participants were frail, they didn’t see themselves that way.

“They were unaware that factors like protein intake, flexibility and strength training can improve or reverse frailty, so they didn’t see the point of being screened for it. They saw it as a label to be feared.”

One participant said “frailty” made him think of a cup falling to the floor and smashing.

The knowledge translation of these findings was done in an innovative way, aligned with the arts-based approach that Archibald is taking as a new assistant professor in the College of Nursing.

She and two other artists created an exhibition called *Beyond Measure*. For one of the works, *(Dis)repair*, she and artist John Blines broke dozens of ceramic teacups, then painstakingly – but imperfectly – repaired them. They strung the cups, along with some of the broken fragments, into a

suspended installation that evoked resilience, recovery, individual difference and community.

“It encouraged people to question what they thought they knew about frailty,” she says.

Archibald started her working life as a full-time artist in her home city of Edmonton. After taking an anatomy course to improve her drawing, she decided to pursue a nursing degree. Graduating in 2007, she practised as a pediatric nurse until she completed her PhD in 2016 at the University of Alberta.

Her work explores how the arts can be used to challenge dominant medical discourses, promote knowledge exchange and translation, and humanize health research. She’s passionate about using arts-based strategies – from music to poetry to painting – to help patients voice their experiences. “We are more than just our brains and cognition,” she says.

The U of M School of Art has given her a studio space to continue her interdisciplinary art practice. She hopes to facilitate collaboration between art students and nursing students, as well as faculty.

She has also joined the Children’s Hospital Research Institute of Manitoba as a researcher. Her planned projects will use participatory methods to work with youth living with chronic illness.

Research scientists, Archibald says, can learn much from artists’ methods – and their comfort with uncertainty.

“In the arts, you know through the process of making. In science, over-focusing on certainty limits our ability to explore new territory and maximize creativity.”

A close-up photograph of a woman with blonde hair smiling warmly at a young child. The child, who has light blonde hair, is looking down with a sad or angry expression, their mouth slightly open as if crying. The child is wearing a striped shirt with green, white, and red horizontal stripes. The background is dark and out of focus.

Sparing the Rod and Respecting the Child: Building healthy relationships through positive parenting

“There are no benefits to be had in physically punishing children.”



Researcher Profile

NAME: Christine Ateah, RN, BN, MEd, PhD

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

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

YOUR TODDLER IS SCREAMING because you turned off the TV. Your five-year-old has dropped your cellphone in the toilet. Again.

If you were spanked as a child, there may be times when you find yourself considering the same punitive response. 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.

What are parents 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. The culturally inclusive program has been delivered in more than 30 countries.

PDEP is designed to help parents guide children's behaviour effectively while still respecting their rights. It includes information on how to handle stressful situations, communicate with empathy and achieve long-term parenting goals.

“Research consistently shows that physical punishment is harmful to parent-child relationships,” says Dr. Christine Ateah, professor in the College of Nursing and vice-dean, education for the Rady Faculty of Health Sciences. “There are no benefits to be had in physically punishing children.”

But if parents are going to use PDEP methods, they 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 professor of community health sciences at the University of Manitoba. Durrant developed the program in partnership with Save the Children Sweden.

Through questionnaires – both before and after parents take the PDEP program – the study team is examining factors such as participants' knowledge about child development, attitudes toward physical punishment, and perceptions about their own parenting abilities and use of physical punishment.

Ateah says the findings to date are encouraging, and more results will be obtained from a randomized controlled trial funded by the Social Sciences and Humanities Research Council.

“There have been significant reductions in parental approval of the use of physical punishment, greater normalization of non-violent problem-solving for parent-child conflict, and increases in parents' perceptions of parenting competence,” she says.

The goal of future research is to find out how 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 goal for this program is ‘world peace,’ but we really do believe that if this kind of empathetic problem-solving approach to relationships and conflicts were 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-informed information about complementary therapies.”





Researcher Profile

NAME: Lynda Balneaves, RN, BN, MN, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: Complementary and Integrative Medicine Best Practice Guideline Project

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 or nurses, many patients keep this information to themselves. A common reason is that patients anticipate being told that the therapies are harmful or a waste of money.

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 British Columbia. "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 Society for Integrative Oncology, which advances research and evidence-based integration of complementary therapies in cancer care.


"There's a huge need for balanced, nonjudgmental, evidence-informed information about complementary therapies and how to make decisions about them," she says.

Therapeutic use of cannabis is a particular research focus for Balneaves. She's embarking on a study of cannabis use by Manitobans and how it impacts their use of health services.

Meanwhile, she is concluding a study at CancerCare Manitoba called the Complementary and Integrative Medicine Best Practice Guideline Project. It's focused on standardized 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."

A photograph of two young women laughing outdoors. The woman on the right is in the foreground, smiling broadly, wearing a blue denim jacket over a white top and a black lace choker. The woman on the left is seen in profile, wearing a black beanie and a dark jacket. They are standing in front of a background of dry, brown brush and trees, suggesting a natural, outdoor setting. The lighting is warm, indicating it might be late afternoon or early morning.

Seeking Meaningful Lives: The needs of young women with mental illness

“They want to establish
supportive relationships in
which they can be authentic
and feel accepted.”



Researcher Profile

NAME: Wanda Chernomas, RN, BSc, MA, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: Exploring the perspectives of young women living with a psychotic illness through narrative inquiry

PEOPLE LIVING WITH MENTAL ILLNESS want supportive relationships and meaningful lives, as most people do. But the physical, social and emotional effects of illness can make everyday life challenging.

Dr. Wanda Chernomas researches women affected by mental illness. She aims to help health-care and social service providers understand and meet these women's needs, and to raise awareness that women with mental illness should not be defined by it.

"Particularly with psychotic illness, there is a lot of stigma," the associate professor says. "My goal is to make visible the person beyond the mental illness."

For her PhD dissertation at the University of Maryland, Chernomas looked at women with depression and their views on recovering. "Women, no matter what their age, felt an overwhelming sense of loneliness and isolation," she says. "That finding set me on a path to look at social support and related issues."

After joining the University of Manitoba, Chernomas established a relationship with the Manitoba Schizophrenia Society (MSS). The education coordinator there observed that women were under-represented in the peer support groups. They tended to attend once or twice, then not return.

Chernomas participated as a research consultant on an MSS-led study of these women's information and support needs. "One of the things they wanted was 'women supporting women,'" Chernomas says. The findings led to the establishment of a women's program that is still running at MSS.

Recently, Chernomas and colleagues completed a systematic review of the literature, as well as a narrative study, of the experiences of young women living with psychotic illnesses such as schizophrenia. The

research participants described their day-to-day lives and talked about their goals and aspirations.

"As young people, they want to establish supportive relationships in which they can be authentic and feel accepted. They need healthy relationships, whether that's with family members, friends or an intimate partner. Some of the women said they needed to stay away from certain relationships in order to focus on their health.

"They also want education, so they can find meaningful work to support themselves."

Some women in the study weren't able to complete their high school education because hospitalizations for their illness prevented them from doing so. "Now they're trying to complete it, but they're still living with daily anxiety, in particular, that challenges their progress."

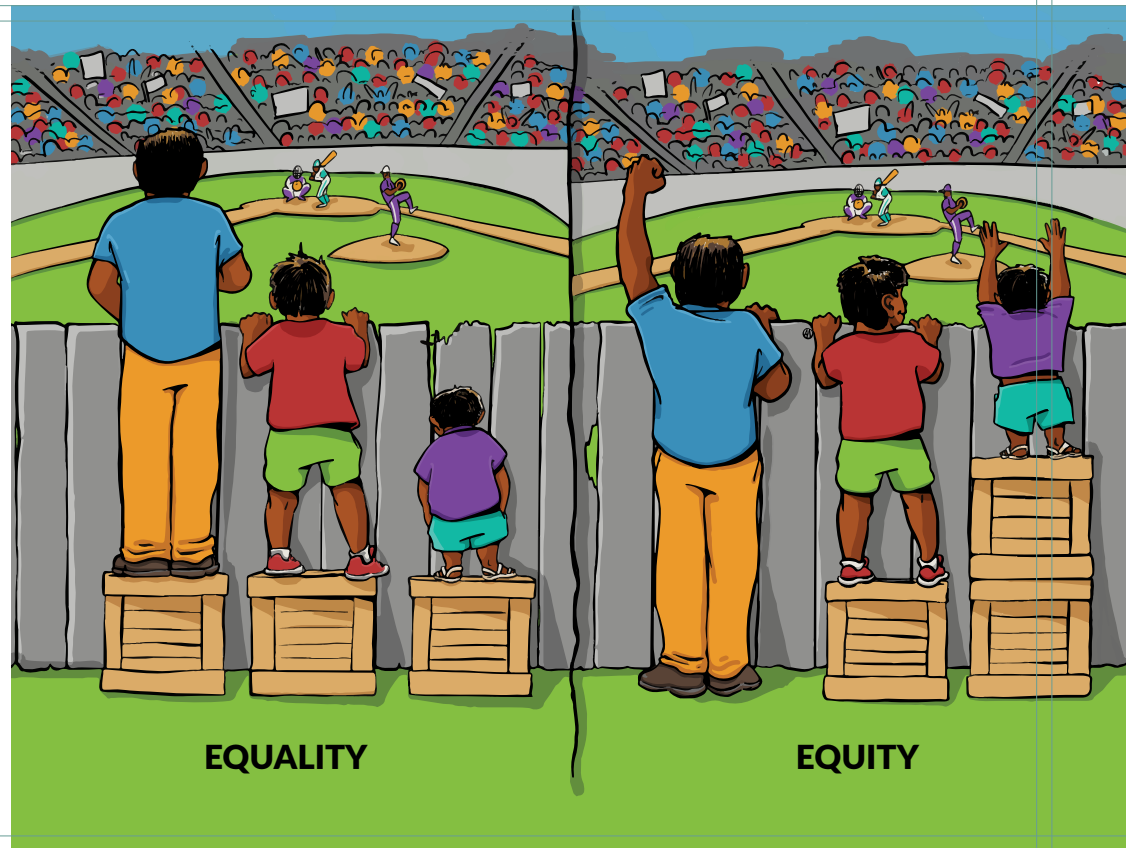
Chernomas has an additional research interest in trauma-informed care. She notes that it's not unusual for young women who are living with psychotic illness to have trauma and loss in their backgrounds.

"When mental illness intersects with these traumatic experiences, that can make developing as a young person and achieving your goals that much more difficult."

The study findings, Chernomas says, will help to illuminate the challenges faced by young women in living with psychotic illness, and the supports they require. Nurses who understand these needs, she says, will be better equipped to help women on their recovery journeys to healthy, fulfilling lives.

More than ‘Tweaking Curriculum’: Equity and social justice in teaching and learning

“Our education programs have a responsibility to equip future health professionals with values, attitudes and competencies that support social justice and equity.”





Researcher Profile

NAME: Benita Cohen, BA, BN, MSc, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: Social justice and health equity in the teaching and learning environment

EARLY IN HER CAREER, Dr. Benita Cohen was working as a public health nurse in the arctic community of Iqaluit. She was sent to a family's home to deal with the children's chronic head lice.

Cohen arrived to find conditions of extreme poverty and overcrowding. As she started to instruct the children's mother on eradicating lice, it suddenly struck her that this parent could not possibly manage this health issue in the way a more privileged person could.

"There were seven children sharing a bed," recalls the associate professor. "There was no washer, dryer or vacuum cleaner. They couldn't afford separate towels, combs and hats for the children. It was impossible."

Experiences like this one stayed with Cohen, fuelling her passion to address health inequity by making change at the systemic level. "People who are marginalized and socially disadvantaged have the worst health outcomes," she says. "Instead of treating the outcomes, I wanted to look upstream. I'm very much a systems thinker."

Since she first joined the U of M nursing faculty as a lecturer in 1997, Cohen's main research focus has been on strengthening health system capacity to promote health equity and social justice.

While "equality" means treating everyone the same, she notes, "equity" means providing people with what they need in order to redress disadvantage. "Some people need more – that's what it boils down to," she says.

In 2018, Cohen led a team that created a conceptual framework of the internal and external factors that are needed to build the capacity of the U of M's Rady Faculty of Health Sciences with respect to social justice and health equity.

"What we found in the literature is that there's a lot of emphasis right now on tweaking curriculum. But it takes much more – factors like recruitment and retention of diverse students, faculty and staff, strong relationships with community partners, structural supports for disadvantaged students and a climate of inclusion.

"We need to consider racism, homophobia, transphobia, exclusion of people with disabilities. Our education programs have a responsibility to equip future health professionals with values, attitudes and competencies that support social justice and equity."

Cohen's current research involves interviewing academic leaders from the five colleges of the Rady Faculty of Health Sciences, as well as the leadership at the Rady Faculty level.

"We're asking them, 'To what extent are our teaching and learning environments promoting social justice and health equity?' What barriers do they see? What is their vision for the future?"

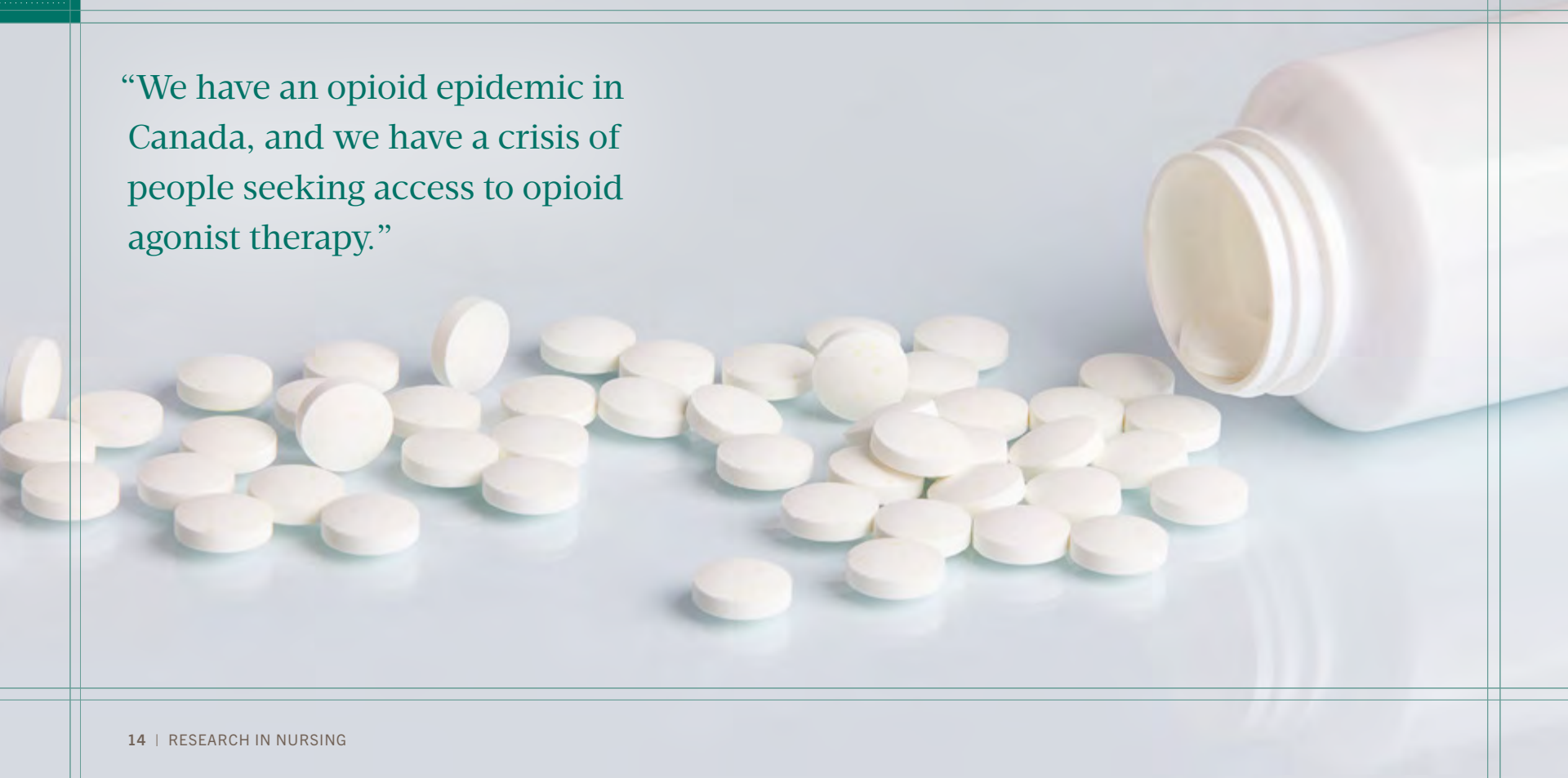
The next step in the project will be in-depth case studies of one or more colleges, including interviews with students, faculty and staff.

In 2013, Cohen received an award of merit from the Community Health Nurses of Canada in recognition of her work.

"Whether it's research, teaching or community service," she says, "my passion for social justice and health equity drives everything I do."

Filling a Community Need: Nurse practitioners' role in opioid harm reduction

“We have an opioid epidemic in Canada, and we have a crisis of people seeking access to opioid agonist therapy.”





Researcher Profile

NAME: Elsie Duff, RN, NP, BScN, MEd, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH:

Utilizing nurse practitioners to increase access to opioid agonist therapy: a cross-sectional study in the prairie provinces

IN CANADA, two kinds of health professionals – physicians and nurse practitioners (NPs) – are authorized to prescribe opioid agonist therapy (OAT).

The therapy is a form of harm reduction in which a substance use patient is prescribed a replacement medication.

“We have an opioid epidemic in Canada, and we have a crisis of people seeking access to opioid agonist therapy,” says assistant professor Dr. Elsie Duff, a nurse practitioner who rejoined U of M in 2018 after previously serving on the faculty from 2000 to 2013.

“This therapy helps people engaging in substance use avoid the risks of using street opioids, which include overdose and death,” she says. “It puts them in regular contact with health professionals and helps people lead more stable lives. We need to normalize it and not bring stigma to it.”

Duff, who grew up in rural Manitoba, is the only U of M faculty member who is both a nurse practitioner and a PhD. That combination, which is rare in Canada, has earned her prestigious appointments. She is the only nurse practitioner named by the Canadian Agency for Drugs and Technologies in Health to its advisory panel on creating a national drug formulary.

As a member of the Canadian Research Initiative in Substance Misuse, Duff is leading the first study of the OAT prescribing practices of nurse practitioners across the prairie provinces. “We want to identify the barriers and facilitators to OAT for NP prescribers,” she says.

It’s especially important, Duff says, to understand barriers to access in rural and remote communities, where many patients see nurse practitioners, rather than family doctors, for their primary care.

With the data collection nearly complete, she says, “I’ve found that very few NPs are prescribing OAT. NPs have the education, the training, the legal scope and the competency, but there are barriers at the regional policy level.

“We expect the data to reveal other reasons why NPs are not providing this service. That will help to inform OAT service delivery.”

In 2019, Duff co-authored a study of NP prescribing of controlled drugs and substances in Alberta, Saskatchewan and Manitoba. It found that when a nurse practitioner collaborated with a rehabilitation therapist – for example, to treat a musculoskeletal injury in an acute care setting – the NP was more likely to prescribe an opioid pain medication. When an NP teamed with a pharmacist, the NP’s opioid prescription rate decreased.

“We need to know more about collaborative prescribing. These findings are important for future studies, because problematic substance use is often a result of prescribed pain medication,” Duff says.

“We know that NPs are safe prescribers who are aware of the dangers. And my research shows that rural NPs are highly committed to providing access to health care.

“Now we need to understand how NPs can increase access to OAT, which is a safe, first-line therapy. There’s a vital community need for it.”

Muscle Cell Mystery: Investigating cellular dysfunction in the development of Type 2 diabetes

“When we see mitochondrial dysfunction, we see an increase in Nix. We want to understand what it’s doing.”





Researcher Profile

NAME: Joe Gordon, BKin, MSc, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: The impact of Nix on metabolic dysfunction in skeletal muscle

DR. JOE GORDON IS AT THE LEADING EDGE OF RESEARCH into what's happening inside muscle cells when a person is headed for Type 2 diabetes.

The associate professor says scientists have known for more than 20 years that a very early warning sign of Type 2 diabetes is dysfunction of the mitochondria – the parts of muscle cells involved in generating energy.

“We don't really know how this dysfunction leads to insulin resistance,” says Gordon, the lone laboratory scientist on the College of Nursing faculty. “That's the big medical mystery that I wanted to tackle.”

Gordon, who teaches pathophysiology and pharmacology to nursing students, is a researcher at the Children's Hospital Research Institute of Manitoba. He belongs to several research teams, including the Diabetes Research Envisioned & Accomplished in Manitoba (DREAM) team.

In a healthy person, Gordon says, the body's insulin “tells” the cells to take action to reduce sugar in the blood. If the cells stop responding properly, scientists call this dysfunction “insulin resistance.”

When this happens, the pancreas keeps producing even more insulin and the cells become even more resistant, setting the stage for diabetes.

Diet and exercise play roles in this process. Gordon conducts experiments with rodents, such as feeding them mixtures of high fat and sugar to induce insulin resistance, and having them run on treadmills.

He also uses sophisticated microscopes for live imaging of cultured human muscle cells. “We can put human muscle cells in a dish, put fat into them, and in 16 hours see signs of insulin resistance,” he says.

Human trials, he says, have found that an intensive, “boot camp” level of working out can reverse insulin resistance, but that's not practical for most patients, and some people are non-responders to diet and exercise.

Gordon has zeroed in on the role of a protein called Nix in “nixing” the healthy function of the mitochondria. “When we see mitochondrial dysfunction, we see an increase in Nix. We want to understand what it's doing.

“We think Nix is cleaning out the dysfunctional mitochondria and not replacing them. It's also stopping glucose from coming in, exacerbating insulin resistance. If we could target Nix with a drug and reverse that, it might reduce the damage enough to make patients' diet and exercise goals more achievable.”

Gordon will soon start testing mice that U of M scientists have purposely bred to lack Nix in their muscles. “We'll put them on a high-fat diet and see if lacking Nix provides some protection,” he says.

The professor is proud to be carrying on a legacy: Nix was discovered 20 years ago by a team led by Dr. Arnold Greenberg at CancerCare Manitoba.

“Most researchers are studying Nix in the heart or the red blood cells,” Gordon says. “I think I'm the only one in the world studying it in skeletal muscle in the context of insulin resistance. This is a real made-in-Manitoba story.”



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.”



Researcher Profile

NAME: Tom Hack, MN, PhD

TITLE: Distinguished 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 distinguished 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.”



Researcher Profile

NAME: Nicole Harder, RN, BN, MPA, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH:

Reducing psychological distress among health professionals by creating a psychologically safe debriefing framework for emotionally stressful palliative/end-of-life simulation-based and clinical experiences

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 in the classroom," she says.

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

Today, 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.

At the College of Nursing, Harder uses high-fidelity manikins such as "Lucina," a highly realistic, computer-controlled labouring mom who helps students practise aiding in childbirth. From normal circumstances to breech delivery, Lucina has experienced it all while preparing students for the real deal. She has even been known to yell, "Get me an epidural!"

The simulations are not all about the manikins, however. Harder, an associate professor in the College of Nursing and Mindermar Professor in Human Simulation in the Rady Faculty of Health Sciences, has designed the nursing simulation curriculum to reflect all areas of clinical practice and the patient populations that students will encounter.

That includes simulations tailored to the development of communication skills. The point of doing these realistic dry runs is for 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 didn't

do well. That's superficial; we have to get at their thinking. That's what you have to help them express. Then our goal is to help them apply that to an actual clinical patient setting," Harder says.

For communications simulations, standardized patients (actors playing the roles of patients) convincingly portray various scenarios.

"It's easy to say how you think you should and would respond to a difficult situation," Harder says. "It's not so easy when you're in the moment, such as a display of disinhibited sexual behaviour 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."

Harder's position as the Mindermar Professor in Human Simulation is focused on inter-professional research and education. She is currently surveying all faculty to determine their interest and expertise in simulation, and to develop clusters of faculty members to share knowledge and resources in these areas.

Harder is editor-in-chief of the journal Clinical Simulation in Nursing and serves on the board of directors of the International Nursing Association for Clinical Simulation and Learning, as well as the Réseau Simulation Canada Network. 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.

Learning from Failure: Helping students to cope and come back strong

“It’s about what you do with failure and how you continue to push and develop despite it.”





Researcher Profile

NAME: Marnie Kramer, RN, BN, MPA, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH: Interventions to promote coping and success in nursing education

DR. MARNIE KRAMER IS A CANADIAN EXPERT on failure among nursing students, and on remedial strategies to help students recover from setbacks, make adjustments and go on to succeed.

“I’m always coming back to this theme of failure,” says the assistant professor.

Kramer, who is originally from Alberta, joined the U of M faculty in 2020 in a distance-based position that enables her to live in Saskatoon and teach remotely.

She has extensive experience as a consultant who helps nursing graduates prepare to retake the national licensure exam after failing it. She specializes in study strategies, and in helping students to develop skills such as thinking critically.

“Every nursing graduate has to pass the five-hour National Council Licensure Examination (NCLEX) in order to have a nursing career,” Kramer says.

“About 15 per cent of Canadian-educated nursing graduates fail the NCLEX the first time they write it. When you fail, your nursing program can’t help you, but the regulator can’t help you either. You float in this terrible no man’s land.”

Kramer is working with PhD candidate Kim Mitchell on developing a clinical tool to predict nursing program failure, based on factors such as mindset. Those with “growth” mindsets, she says, are generally more successful than those with “fixed” mindsets.

“It’s about what you do with failure and how you continue to push and develop despite it,” she says.

Kramer’s current research also focuses on interventions to promote

coping in nursing education. One of her studies will look at coping by students as they navigate their senior practicum during COVID-19. Students will take an inventory to recognize their own style of handling stress.

“Are they a task-based copier, an emotion-based copier or an avoidance-based copier? Instructors can use their knowledge of how a student copes to better support them.”

Another study arose from Kramer’s experience of co-teaching a demanding nursing course during the 2020-21 academic year. When 25 per cent of the class failed the first midterm, Kramer and her teaching team organized a voluntary virtual study group.

“All the students who regularly attended the study group passed the course,” she says. “That was amazing. What worked was teaching them how to study differently and giving them a group for belonging.”

The research inspired by that outcome involves giving students a learning strategies assignment. Ultimately, the professor hopes her research will influence nursing education to be less “sink-or-swim,” and to give students more tools to maximize their learning potential.

“Let’s figure out how to build a good nurse, and reduce attrition in nursing programs,” she says.

Kramer keeps the rejection letter from her first application to the University of Alberta’s master of nursing program framed next to the master’s degree that she ultimately completed.

“The person who signed that rejection letter was the final examiner who signed off on my thesis defence,” she says. “I truly believe in learning from failure and being persistent.”

A high-contrast, black and white silhouette of a man and a pregnant woman. The man is on the left, leaning towards the woman on the right. The woman's belly is prominent, and her hair is visible at the top right. The background is bright, creating a strong silhouette effect.

Diabetes in Pregnancy: Bringing dads into the picture

“In many cases, the dad is the most important influence and support for the pregnant mom.”



Researcher Profile

NAME: Suzanne Lennon, BA, BN, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH:

Confirmatory factor analysis and psychometric testing of perception of pregnancy risk – diabetes questionnaire: Examining the impact of gender

IT WAS A PIVOTAL MOMENT in Dr. Suzanne Lennon's career in neonatal nursing.

A father in distress was sitting next to his newborn son. The infant was in an isolette, being treated for dangerously low blood sugar. He was breathing rapidly, hooked up to oxygen, intravenous fluid and monitors.

The birth had been induced because the baby had grown to a risky size, already weighing 10 lbs. at 36 weeks of pregnancy. The mother had uncontrolled gestational diabetes.

"The father told me, 'I had no idea this could happen,'" Lennon recalls. "He said, 'Now I think about all the ways I could have helped her or supported her, and I didn't. I think about every meal we ate together and what I should have done.'

"This big, burly dad was crying," Lennon continues. "Then I started crying. I thought, 'Why didn't he know?' The health-care system had failed him. That was the moment when I thought it might be time to leave bedside nursing and start finding some answers."

During Lennon's 17 years in obstetrical and neonatal nursing, she had seen similar bewilderment and guilt in many fathers who had not grasped the seriousness of gestational diabetes.

This gap in understanding inspired her PhD dissertation, a study of gendered risk perception of diabetes in pregnancy, which she defended in 2018. Her current study, which involves testing a questionnaire, is an extension of that research.

"In many cases, the dad is the most important influence and support for the pregnant mom," the assistant professor says. "He needs to understand how the fetus can be affected and the importance of behavioural changes for the mom, like exercise, managing diet and adhering to medication."

Lennon has found that men perceive and process pregnancy risks differently from women. Factors associated with higher risk perception of gestational diabetes among fathers – but not mothers – include higher levels of education and higher gestational diabetes knowledge scores.

Research insights of this kind, Lennon says, can help the health-care system improve how it targets information to fathers. Currently, she says, most "dad education" is offered for profit. There are hundreds of apps on the market that charge expectant fathers fees for information that ought to be provided as part of prenatal care.

Lennon would like to see her findings lead to policy changes. For instance, "Dads should get paid time off work to attend prenatal appointments. They should be included and encouraged."

As her focus on expectant dads suggests, Lennon has a strong interest in studying overlooked groups and under-researched experiences. She plans to investigate how health and well-being are impacted in both mothers and fathers when their children are seized by welfare authorities and taken into care.

Lennon also has plans for health-related research in the LGBTQ and Indigenous communities. "I'm motivated by the possibility that my work could actually make a difference in people's lives," she says.

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.”



Researcher Profile

NAME: Michelle Lobchuk, RN, BN, MN, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: The CAregiver Communication Research Environment (CAre) Lab

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 (CAreLab) at the Grace Hospital with Dr. Alan Katz, director of the Manitoba Centre for Health Policy. The CAreLab 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 to 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 a mobile app called In Your Shoes, based on a CAreLab exercise she created to help students practise empathic dialogue. She is also working with interdisciplinary hospital discharge teams on improving their empathic communication, both within the team and with patients and families.

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 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, now-retired 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.”



Researcher Profile

NAME: Donna Martin, RN, BN, MN, PhD

TITLE: Professor and Associate Dean,
Graduate Programs, College of Nursing

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

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, 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.



When a Meal Can't Heal: Understanding dying patients' refusal of food

“Family members experience
the rejection of food as a
rejection of them.”



Researcher Profile

NAME: Susan McClement, RN, BScN, MN, PhD

TITLE: Professor and Associate Dean, Research,
College of Nursing

FEATURED RESEARCH:

Explanatory models of cancer anorexia-cachexia: family members' perspectives

WHEN A PATIENT IS IN HOSPITAL, family members often make the loving gesture of bringing in meals.

A caregiver may go to extraordinary lengths to prepare the patient's favourite dish, or drive across town to pick up a restaurant specialty as an encouragement for the patient to eat.

But if the patient is terminally ill with advanced cancer, it's common for them to have no appetite, lose the capacity to metabolize food and become emaciated, says Dr. Susan McClement, associate dean of research at the College of Nursing. This wasting process at the end of life is called cancer anorexia-cachexia syndrome (CACS).

When a patient with CACS refuses food, McClement says, loved ones often feel upset or angry. They may believe that the patient is not trying hard enough to eat. That can lead to tension and conflict.

"Family members experience the rejection of food as a rejection of them," says the professor. "They realize on some level that the involuntary loss of weight and appetite are harbingers of death. It makes them feel helpless, and it's a reminder that this disease is going to win out."

It seems irrational, McClement says, but on palliative care units, families will continue to bring containers of food for patients who are no longer able to swallow, or are completely unresponsive.

McClement has been interested in the psychosocial care of terminally ill patients and their families since she first conducted research about nutrition in end-of-life care as a graduate student.

One of her most influential projects has been her study of the impact of CACS on patients and family members. "Families respond in markedly different ways to the symptoms of CACS, and I wanted to understand why they behave as they do," she says. "I also wanted to know how their behaviour was experienced by the patient."

McClement made an important contribution to knowledge about CACS by developing the first grounded theory about how families experience the syndrome in a loved one, whether in hospital or at home.

Based on her findings, she recommends that nurses anticipate family members' concern about the patient's rejection of food, normalize their distress, and listen supportively to their perspectives and feelings. Nurses can also correct families' misperceptions about the benefit of nutritional intervention at the end of life, such as intravenous feeding.

"It's an opportunity to ask questions such as, 'What has this experience been like for you?'" McClement says. "Nurses can then encourage family members to choose shared activities that are not focused on food, such as reading to the patient, or helping the patient to review their life story."

Recently, McClement has shifted from her own research to facilitating the research of other faculty members in her role as associate dean.

The CACS study, she says, "is an example of how researchers can find worthwhile topics for investigation by thinking critically about everyday interactions in clinical settings."

A photograph of a woman with dark hair sleeping peacefully in a bed. She is covered by a white duvet and resting her head on a white pillow. The bed has a dark wood headboard with vertical slats. The background is a light-colored wall. The overall mood is calm and restful.

Slumberland: Investigating sleep and health

“Every single participant spoke about how good sleep reduced their pain, and bad sleep exacerbated it.”



Researcher Profile

NAME: Diana McMillan, RN, BNSc, MN, PhD

TITLE: Associate Professor, College of Nursing
Health Sciences Centre Clinical Chair

FEATURED RESEARCH: The Manitoba Personalized Lifestyle Research (TMPLR)

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. “Every single participant spoke about how good sleep reduced their pain, and 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 derives great satisfaction from mentoring undergraduate students who receive summer research fellowships. “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.



Student-infused Health Care: Experiential learning in a community setting

“Students will work collaboratively, across disciplines, to meet the health service needs of underserved populations.”



Researcher Profile

NAME: Dan Nagel, RN, BScN, MSN, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH:

Developing innovative community-based health programs that integrate experiential learning and interprofessional practice with a view to creating a model for a student-infused community health centre

DR. DAN NAGEL STARTED OUT in health care as an emergency medical technician with an ambulance service in northern Alberta, the region where he'd grown up.

"I worked very closely with nurses in our small rural hospital," recalls the assistant professor.

That inspired Nagel to become a nurse himself. In the mid-1990s, he worked in downtown Vancouver with at-risk populations, including members of the LGBTQ2S+ community, street youth, sex workers and people using street drugs.

"I worked in a pilot community health centre that was one of the first storefront needle exchanges in Vancouver," he says. "Our team included physicians, counsellors and a range of other health professionals. We always had students working with us."

Those experiences planted the seeds for what has become Nagel's passion project: to develop student-infused community health centres in rural Manitoba.

His vision is that students from U of M's Rady Faculty of Health Sciences – future nurses, dentists, dental hygienists, pharmacists, physicians and rehabilitation therapists – will do rotations in an interprofessional environment, supervised by licensed practitioners and clinical instructors. The key goal is experiential learning in a community setting.

"Rady students already do placements and rotations in the health-care system, and they already receive interprofessional education," Nagel says.

"This model builds on that. Students will work collaboratively, across disciplines, to meet the health service needs of underserved populations. One goal is for students to learn how to support rural clients in managing chronic illnesses."

Prior to joining U of M in 2020, Nagel taught at the University of New Brunswick, where he worked with an interprofessional team to pilot a program involving students.

Clients with chronic obstructive pulmonary disease attended eight weeks of sessions for assessment, exercise and health education. The program was mainly delivered by health-care students, supervised by instructors.

"The clients had really good health outcomes, and they enjoyed having the students doing it," Nagel says.

Nagel is now collaborating with Jamie Penner, assistant professor of nursing, and faculty members from other Rady Faculty programs to lay the foundation for a student-infused pilot program in Manitoba's Southern Health-Santé Sud region.

"This will be planned in collaboration with the health-care system and community stakeholders," Nagel says. "One of the aims is to expose students to rural settings, with the hope that some will pursue rural practice when they graduate."

As part of the research phase, students from Rady Faculty programs have held summer research positions to review the literature and engage with rural stakeholders. They have also studied student-run services like the Winnipeg Interprofessional Student-Run Health (WISH) Clinic, which have some similarities to the proposed model, but are usually extracurricular.

It will likely take about five years to establish a student-infused health centre, Nagel says. Meanwhile, pilot programs will be launched and evaluated.

"There are complexities in bringing the players together," he says. "But this initiative will benefit both students' development and clients' health."

A photograph of a person's lower legs and feet as they walk on a brick path. The person is wearing white cargo-style pants and white athletic shoes with blue accents. The background is a blurred green lawn.

Supporting Family Caregivers: Promoting their health and well-being

“It’s important that we pay attention to the needs of caregivers ... whose own health is important simply because they are people, and they matter.”



Researcher Profile

NAME: Jamie Penner, RN, BPE, BN, MN, PhD(c)

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH:

Development and pilot randomized controlled trial of a home-based physical activity intervention for family caregivers of people with advanced cancer

WHEN WE THINK OF HEALTH CARE, our minds go to nurses, doctors, pharmacists. But what about your mom, or your son, or maybe your sister-in-law or husband?

These are the people 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 the caregiving role, as well as limited time for self-care, Penner has noticed that the health of the family caregiver can suffer.

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 Health Sciences Centre, and later as a clinical nurse specialist at CancerCare Manitoba.

"I had many interactions with the families of my patients," she recalls. "I started to more fully appreciate the big role that family caregivers play in supporting and caring for patients, and just how much that role may affect them and their own well-being."

Penner, an assistant professor in the College of Nursing, has dedicated her research to improving the health and well-being of family caregivers.

"It's important that we pay attention to the needs of caregivers, who not only make a significant contribution to the health-care system, but whose own health is important simply because they are people, and they matter," she says.

Penner's PhD work focused on the development and pilot testing of an individually tailored physical activity plan for family caregivers of

people with advanced cancer. Caregivers chose to engage in a variety of self-selected activities, such as walking, swimming or home-based circuit training. They set the frequency and duration of these activities to fit the context of their caregiving responsibilities.

"It was important to them to be able to engage in physical activity at or near home, and to do short bouts of activity more frequently throughout the week, to accommodate their busy – and sometimes unpredictable – caregiving schedules."

Participants were happy with the individualized plans, Penner says. They were able to fit the exercises into their daily schedules, attributing their success to the flexibility of the plans and the relational aspect of receiving weekly telephone calls for coaching and support. Caregivers reported that a short bout of exercise in their day also gave them a mental break, helping to alleviate stress.

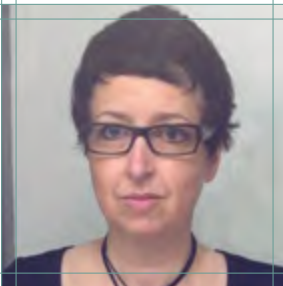
Throughout Penner's work, she has noted that many caregivers wrestle with conflicting feelings of wanting to pursue activities to maintain their own well-being and prioritizing the needs of the person they are caring for. This ambivalence toward self-care is what she is currently exploring in an effort to better understand factors affecting caregivers' engagement in healthy behaviours.

Penner says she strives to put people and relationships first. "To maintain humility and passion for your research, it's important to stay mindful of why you're doing the work in the first place – for the caregivers."

Supporting Safer Substance Use: The case for harm reduction services

“Manitoba is the only province west of Atlantic Canada that does not provide supervised consumption services, and it’s not because we don’t need them.”





Researcher Profile

NAME: Em Pijl , RN, BScN, MEd, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH: The value, integration and public acceptance of harm reduction services for people engaging in substance use

WHEN DR. EM PIJL STARTED her career as a community health nurse in her home city of Vancouver, she worked in the Downtown Eastside. It's a neighbourhood with high levels of poverty, substance use, homelessness, crime and mental illness.

Pijl was struck by how people who were experiencing problematic substance use could maintain a sense of dignity and selfhood, despite their trauma and pain.

"There was beauty in the way they carved out a nest for themselves, even though they were living in these cockroach-filled hotels, with violence all around them," she recalls. "It was an expression of humanity in the face of adversity."

Pijl went on to earn her master's and PhD in Alberta. She joined U of M as an assistant professor in 2021. Her research goes hand-in-hand with her advocacy for harm reduction services for people experiencing problematic substance use.

Part of what brought her to Winnipeg, Pijl says, is that Manitoba lags behind most of Canada on this aspect of health care. The province has yet to establish a supervised consumption site – a legally approved, hygienic facility, staffed by compassionate professionals, where people can bring street drugs and consume them safely.

"Manitoba is the only province west of Atlantic Canada that does not provide supervised consumption services, and it's not because we don't need them," she says.

Pijl is working with Manitoba community groups to strengthen the case for harm reduction services.

She is also conducting two studies of opioid agonist (replacement) therapy in rural Manitoba. In this form of harm reduction, people who are dependent on opioid drugs, such as oxycodone or fentanyl, are prescribed a replacement medication. Pijl's team is exploring the factors that help patients stay on these programs in resource-challenged rural communities.

"Substance use disorder is a chronic illness, so there are often stops and starts to treatment. I want to know how we can make this treatment work better for people in rural settings."

Pijl's research examines not only the clinical and social value of harm reduction services, but the public's acceptance of them.

Some Canadians, she says, view drug use as a moral failing and strongly oppose government funding of such services. She is interested in how to effectively inform the public that supervised consumption sites actually save taxpayers money.

"These services prevent drug overdoses, lowering emergency department costs. They reduce the spread of HIV and other blood-borne infections. They help people who use drugs to get their medical needs met before they get seriously ill, and to access other services, such as housing."

Pijl hopes that her research informs the successful integration of these services into surrounding communities. Acknowledging that neighbours sometimes push back against harm reduction services, she advocates an approach of mutual respect, listening and problem-solving.

"If there are unintended consequences, we need to be honest about them and strive to meet in the middle," she says.

Feeling Like a Fraud: Imposter phenomenon in graduate students

“If self-doubt and fear prevent some students from fulfilling their potential and thriving, we need to talk openly about that.”





Researcher Profile

NAME: Judith Scanlan, RN, BN, MEd, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: Imposter phenomenon in graduate nursing students

STUDENTS WHO PURSUE GRADUATE STUDIES IN NURSING are typically intelligent, capable and accomplished.

Yet some view themselves as phoney achievers who don't really deserve to study at the master's, doctoral or nurse practitioner level.

Associate professor Dr. Judith Scanlan became more aware of learners' tendency to feel unworthy and fear failure when she taught a leadership course for graduate students.

"They would say things like, 'I look around and everybody's smarter than I am,'" Scanlan remembers. "They discounted their achievements and doubted their ability to succeed, even though they had a track record of success.

"Many graduate students have said to me, 'Maybe I got into the program because they didn't have enough applicants.'"

Scanlan, a fellow of the Canadian Nurse Educators Institute of Canada, has a longstanding research interest in nursing education. She has published articles on topics such as grade inflation in nursing education, students who fail clinical courses and the self-efficacy of student nurses.

Her latest study is focused on the imposter phenomenon (also known as imposter syndrome) among graduate nursing students. The phenomenon – an internalized sense of inadequacy and fear of being seen as a fraud, even when there is evidence of authentic achievement – was first described in 1978.

People who experience the imposter phenomenon attribute their success to luck, chance or faulty judgment by others, rather than their personal ability.

The imposter phenomenon has been investigated in various professional and student groups, Scanlan says, but there are no published studies of its

prevalence among graduate nursing students and how it is experienced by this particular group.

"It's an important issue, because we need nurses with graduate degrees to take roles in leadership, administration, policy and academia.

"If self-doubt and fear prevent some students from fulfilling their potential and thriving, we need to talk openly about that and let them know that feelings of being a fraud are not unique to them."

Scanlan's study includes both quantitative and qualitative data collection. Graduate students will be asked to complete the best-known imposter phenomenon questionnaire in an online format. Focus groups will then be held to gather qualitative data from three groups of graduate students: nurse practitioner, master's and PhD students.

"We'll ask questions like, 'Do you sometimes shy away from challenges?' and 'Do you tend to feel crushed by even constructive criticism?'" Scanlan says.

Greater insight into the phenomenon, the professor says, could help nursing schools recruit, support and retain students who might not otherwise apply to graduate studies, or excel there.

"Our ultimate aim is to help educators develop strategies to enhance student and professional success," Scanlan says.

"I hope we can validate the feelings that graduate students have, and think about ways in which we can attract students who may not think they're capable. There are approaches we can use to build graduate students' confidence and help them understand that they do legitimately belong here."

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





Researcher Profile

NAME: Annette Schultz, RN, BSN, MN, PhD

TITLE: Professor, College of Nursing

FEATURED RESEARCH: Debwewin: the truth of our hearts

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," the professor says.

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 heart 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.”



Researcher Profile

NAME: Lynn Scruby, RN, BN, MS, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH: I can't imagine my life without it! Curling and health promotion:
A photovoice study

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."

A pregnant woman with long brown hair is shown in profile, looking out a window. She is wearing a grey long-sleeved shirt and has her hand resting on her belly. The background is a blurred view of trees and a building.

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.”



Researcher Profile

NAME: Kellie Thiessen, RN, BSN, MSN, PhD

TITLE: Associate Professor, Director, Bachelor of Midwifery Program and Interim Associate Dean, Undergraduate Programs, College of Nursing; Canadian Child Health Clinician Scientist

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 it's vital to receive care from professionals who understand their needs and respect their choices.

Dr. Kellie Thiessen is a registered midwife, associate professor and director of the bachelor of midwifery program at the College of Nursing, and researcher with the Children's Hospital Research Institute of Manitoba. She holds a career development award in the Canadian Child Health Clinician Scientist Program.

With more than 20 years of experience in health care, she knows firsthand 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.

Midwifery is generally the only model under which women can choose a birthplace outside the hospital. Midwives have smaller caseloads, offer longer appointments and develop a personal relationship with their clients, even visiting expectant and postpartum mothers in their homes.

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 to date, 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 health-care system?"

Thiessen is the first midwife in Manitoba to hold a formal tenure-track academic position and lead midwifery research at this level. She recently received funding from the Canadian Institutes of Health Research for a project with Elder Katherine Whitecloud of the Assembly of First Nations.

It will look at connecting Indigenous and Western health-care systems to improve maternal/child health care in remote Canadian communities. The project aims to identify maternity care models that are cost efficient, culturally appropriate, and support mothers in staying near home to give birth.

"We hope to analyze the intent of maternity care policies and programs in relation to the reality of their impact," Thiessen says. "We'll be looking through both an Indigenous lens and a Western lens."



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.”



Researcher Profile

NAME: Genevieve Thompson, RN, BN, MN, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH:

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

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 it, their families and care-providing staff members.

"Families worry about the kind of care their family members receive, whether it's at home, in hospital or in a care home," 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."



From Hospital to Home: Transitional care for cardiac patients

“We have to support the caregiver. ...
Otherwise, we risk having a second
person become ill.”



Researcher Profile

NAME: Sonia Udod, RN, BScN, MS, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH: Nurse managers' role for transitional care: supporting family caregivers and cardiac patients in the home

IF YOU'VE EXPERIENCED A HEART ATTACK, cardiac arrest or serious cardiac illness, you go home from the hospital to a “new normal.”

Leaving the hospital with hastily provided instructions to take medications, start an exercise program, reduce stress and make major dietary changes can seem overwhelming when you're in a physically weakened state, perhaps fearful of suffering another cardiac event.

On the other hand, you may receive very few guidelines or resource referrals, and leave with a panicky sense that your recovery is all up to you.

“There's a lot of stress and anxiety when you're going home,” says assistant professor Dr. Sonia Udod. “Some discharged patients end up coming to the emergency room because they don't know where else to turn. How can we help them manage at home, with the appropriate care and services, so that we reduce hospital re-admissions and adverse events?”

Udod is particularly interested in the main caregiver of a cardiac patient – often the patient's spouse or adult child. These family caregivers, she says, are often people with full-time jobs and other responsibilities who are thrust into closely monitoring and managing a recovering patient.

“In the past, the role of the caregiver wasn't seen as important and valuable, but now it is. We have to support the caregiver by giving them knowledge, skills and tools. Otherwise, we risk having a second person become ill.”

Udod, who joined the U of M from the University of Saskatchewan in 2017, is co-principal investigator of the Translating Evidence for Nursing

LEADership (LEAD) Outcomes Program, which has a central research focus on building the capacity of nurse leaders.

Her current study is part of a larger research project dealing with transitional care from hospital to home. “We'll be asking nurse managers, ‘What are your experiences? What do you see as the needs of cardiac patients and caregivers as they're being discharged?’”

She is also interviewing cardiac patients and family caregivers to identify their needs and expectations, and seeking input from health-care providers such as cardiologists and physiotherapists.

Udod expects to hear from nurse managers that the nurses they supervise aren't currently able to provide complete information upon discharge. “Nurses have many competing priorities and are not necessarily aware of all the resources in the community to fully orient the cardiac patient and the caregiver.

“In Winnipeg, there seem to be a lot of programs for after-hospital care, but they're fragmented. Also, tools and services may be readily accessible in urban areas, but what about rural and remote areas? We'll be including a rural health region in the study.”

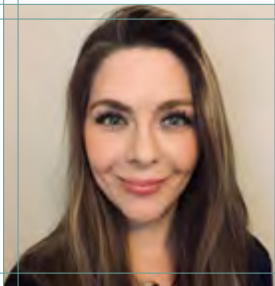
Udod will use the findings to create an integrative model of transitional care for cardiac patients and present it to Manitoba stakeholders.

“The goal is to strengthen organizational processes and bridge gaps in care, so we support the patient and caregiver to go home feeling calmer, more confident and more knowledgeable.”

Sage Wisdom: Indigenizing nursing education, practice and research

“Land-based learning transmits oral teachings about leadership, responsibility, sharing power and building relationships.”





Researcher Profile

NAME: Vanessa Van Bower, RN, BN, MN, PhD

TITLE: Assistant Professor, College of Nursing

FEATURED RESEARCH: Personal, educational and community impacts of the COVID-19 pandemic on Indigenous nursing students

DR. VANESSA VAN BEWER WANTS TO UNDERSTAND the personal, academic and community impacts of the COVID-19 pandemic on Indigenous students in the College of Nursing.

“We know that minority students have been more affected than others,” says the Métis assistant professor. “But it’s not just about identifying deficits or vulnerabilities. We also want to highlight resilience and strengths.”

Van Bower will use an Indigenous research method to conduct the study: she’ll bring students together in virtual sharing circles.

To ensure that the gatherings include ceremonial smudging, despite being held via videoconferencing, Van Bower went out medicine picking with Leslie Spillett, a Knowledge Keeper in the Rady Faculty of Health Sciences.

“Every research participant will receive their own smudge kit of locally picked, dried and bundled sage, so we can smudge together virtually,” Van Bower says.

The francophone nurse, who grew up in the Winnipeg community of St. Vital, has deep Métis roots. “I always call myself a daughter of the Red River,” she says.

After completing her master’s and PhD at U of M, she joined the faculty in 2021, becoming the first self-declared Indigenous professor appointed to the College of Nursing. “I feel very proud of that,” she says. “I think it’s an important step.”

Van Bower’s research focuses on the inclusion of Indigenous perspectives, methodologies and approaches in nursing education, practice and research. She supports Spillett’s vision to establish a sweatlodge on the Fort Garry campus.

Integrating Indigenous teachings, guided by Elders and Knowledge Keepers, is essential for the inclusion of Indigenous students and faculty, she says.

“We can increase diversity, but if people don’t find their knowledges, languages and practices reflected in the institution, they are not going to feel safe, comfortable and wish to remain.”

That’s only one of the compelling reasons to Indigenize the College of Nursing, says the professor. Her research indicates that Indigenous pedagogies are highly effective for teaching holistic skills that are foundational for all nurses.

“Participating in sharing circles, for example, teaches students to take turns respectfully, to listen with empathy, and not to dominate every conversation. Land-based learning – like the medicine picking I did with Leslie – transmits oral teachings about leadership, responsibility, sharing power and building relationships. It’s about more than just the land.”

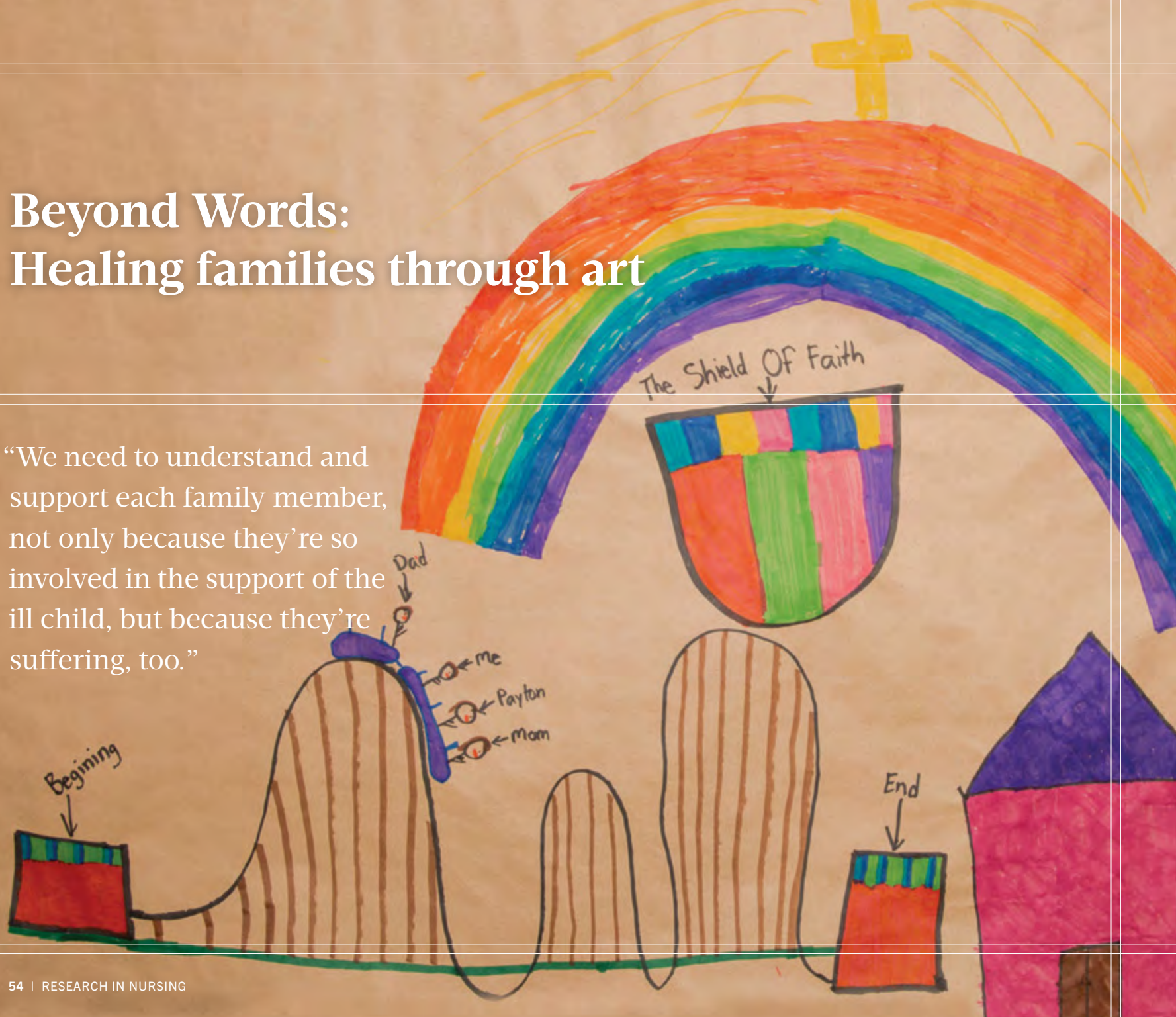
Van Bower is also a spoken word artist and storyteller with an interest in arts-based learning. Her PhD thesis project used forum theatre vignettes to illuminate Indigenous health-care providers’ experiences of racism. In forum theatre, audience members are encouraged to intervene in the action to change the story’s outcome.

“It’s a wonderful tool to help nursing students develop the skills to say ‘Stop’ and intervene when they see something racist,” Van Bower says.

“Giving health-care providers the skills to understand their own power and privilege, and to intervene when racist and harmful narratives are being perpetuated, is extremely important. It determines the cultural safety and health outcomes of patients.”

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.”





Researcher Profile

NAME: Christina West, RN, MN, PhD

TITLE: Associate Professor, College of Nursing

FEATURED RESEARCH: The family transition through pediatric bone marrow transplant

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 are 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.

At a certain point in the transplant process, the patient has no immune system to protect them. That means strict isolation. 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,” the associate professor 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 associate professor in psychiatric nursing at Brandon University, is an expressive arts therapist. 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.

The researchers 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, 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. What we can do better, West says, is to support every family member.

“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?’”

West has gone on to lead a subsequent study, funded by Research Manitoba, on the family experience of pediatric bone marrow transplant in both Winnipeg and Calgary.

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



Consulting Kids: Research informed by child patients and families

“In the past, research was more often performed ‘on’ children, as opposed to ‘with’ them. ... We need to hear about their experiences in their voices.”



Researcher Profile

NAME: Roberta Woodgate, RN, BN, MN, PhD

TITLE: Distinguished Professor, College of Nursing; Tier 1
Canada Research Chair in Child and Family
Engagement in Health Research and Healthcare

FEATURED RESEARCH: Engaging children in research using arts-based methods

DR. ROBERTA WOODGATE BELIEVES that bringing children onto a research team is a win for everyone involved.

“In the past, research was more often performed ‘on’ children, as opposed to ‘with’ them,” says Woodgate, a distinguished professor in the College of Nursing who holds a prestigious Tier 1 Canada Research Chair in child and family engagement in health research and healthcare.

Woodgate, who is also a researcher with the Children’s Hospital Research Institute of Manitoba, says neglecting to include kids’ and teens’ perspectives has left serious gaps in our understanding of child health. It has also denied participation to those who are most affected: the patients themselves.

She and her research team embrace a human rights-based approach that recognizes children’s right to be involved in decisions that affect them. “We need to hear about their experiences in their voices,” she says.

It’s not always easy, however, to find the words to talk about those experiences, especially when a serious illness is involved. That’s why Woodgate uses innovative, arts-based data collection strategies, offering children and their families alternative ways to express themselves.

In one technique, called photovoice, participants choose images to voice their pain, fear and other emotions.

One 18-year-old study participant chose a photo of a Halloween decoration – a menacing character with a black robe and a pumpkin head with glowing eyes. “This one is a picture of what anxiety sort of looks like in my head,” the participant said.

Another arts-based method is to provide patients with a computerized drawing tool. One participant was a teenage girl with leukemia who was spending weeks in hospital. She drew a sad-faced girl behind prison bars, with the label “Hospital.”

To share youths’ voices, Woodgate has developed an interactive web platform, YouTube videos, participatory film and digital storytelling projects, photography exhibits and a dance project.

The professor has the distinction of being the first-ever faculty member at the College of Nursing to receive a Canada Research Chair.

The seven-year funding that comes with the chair, she says, will enable her to make important contributions to the knowledge base of how to best engage child patients and their families.

Dialogue and collaboration with children and youth are fundamental to Woodgate’s work. She has recently received federal funding for three research projects in which young people and their families will play key roles, either as research participants or advisors.

The first project will study non-suicidal self-injury in youth, and ways to improve supports and services for youth who self-harm and their families.

The second will focus on designing a new model of respite care to provide relief for families of Manitoba children with complex care needs. The third project aims to improve services and supports for young people as they age out of the child welfare system.

“We can’t know what kids’ experience is, because we haven’t lived it,” Woodgate says. “That’s what makes their input so vital.”

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 36 years, the MCNHR has helped grow collaborative nursing and health research by supporting its 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 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 events, the MCNHR promotes and showcases the research and scholarship of its members through channels including annual reports, monthly research recognition and display boards 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 more than 200 attendees annually. In addition, the MCNHR partners with the Faculty of Kinesiology & Recreation Management, Faculty of Education and Centre on Aging to offer a Summer Research Training Institute. 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. The Summer Research Internship Program provides research training and hands-on research experience for undergraduate and graduate students. The impact of the students' research experience is illustrated at the Showcase and Celebration of Student Engagement in Research event, hosted by the MCNHR. The annual Graduate Student Poster Competition, which takes place during the Helen Glass Research Symposium, provides an excellent forum to showcase the remarkable research and scholarship of graduate students.

RESEARCH GRANTS & AWARDS

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

MCNHR BY THE NUMBERS

246

MEMBERS

- 80 research affiliates
- 31 professional affiliates
- 124 graduate student affiliates
- 11 advisory board members



2,000+

requests for services and information annually

\$273,500

in **56** grants awarded to **23** researchers and **33** students
(in the last 5 years)

63



STUDENTS

participated in the summer research internship program since 2010

30+



research events and educational workshops per year

College of Nursing, Rady Faculty of Health Sciences

Helen Glass Centre for Nursing

89 Curry Place

University of Manitoba

Winnipeg, MB R3T 2N2 Canada

Phone: 204-474-7452 Fax: 204-474-7682

Toll Free: 1-800-432-1960 ext 7452 (North America)

Email: nursing@umanitoba.ca

