International Journal of Qualitative Methods
Volume 17: 1–31
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DOI: 10.1177/1609406917748703
journals.sagepub.com/home/ijq
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Abstracts, Poster Presentation for Qualitative Health Research Conference, 2017

Nursing Students' Perspectives of Intercultural Communication: A Qualitative Descriptive Study

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Health disparities, increasingly reported among culturally diverse populations, have roots in problematic communication between health-care providers and consumers. Undergraduate nursing programs include information about cultural safety and cultural competence to enhance students' abilities to provide quality care to culturally diverse clients. Limited information exists about the inclusion and evaluation of intercultural communication (ICC) exercises in nursing education. This study aims to explore the perceptions of third-year nursing students regarding ICC following their clinical practicum. These students have received both didactic and simulation training related to ICC prior to their practicum. The proposed study will use a qualitative descriptive design to answer this research question, "What are undergraduate nursing students' perceptions of ICC?" The Integrated Model of Intercultural Communication Competence (IMICC) and critical social theory will guide the study. A purposive sampling technique will be used to access a target population of 100 ($N = 10$–15). Following ethical approval from the Education/Nursing Research Ethics Board, and permission to access students, a letter of invitation will be e-mailed via blind carbon copy on behalf of the researcher by an administrative assistant to eligible participants. Participants will be invited to participate in one-on-one interview sessions. The interviews will be digitally recorded, transcribed verbatim, coded with NVivo software, and content analysis done to generate themes for reporting. Another data source will be the researcher's reflexive journals. This study is significant in that it will describe nursing students' perceptions of their ICC experience. This information may be used to inform curricula development and research.

Exploring Discourses of Compassionate Care in an Age of Evidence-Based Practice

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Recently, health care and health professions have seen renewed calls to restore compassion to care. But do these calls compete with or complement the still-dominant health-care philosophy of evidence-based practice (EBP)? While EBP has led to improved health outcomes, its narrow privileging of research-based knowledge may discourage ways of knowing and learning needed for compassionate care. Therefore, we asked: (1) what discourses of compassionate care are at play in our system and (2) what happens when health professionals are required to reconcile these discourses with EBP? We situated this study in the context of clinical care for chronic pain because chronic pain management requires negotiation of research evidence with patient and practitioner experience in complex ways. We compiled and analyzed an archive of chronic pain texts: policies, hospital documents, patient blogs, and transcripts from interviews with clinicians and trainees at three pain clinics using critical discourse analysis methodology. We identified four discourses of compassionate care: curing the pain, alleviating suffering, returning to function, and validating the patient experience. These discourses produced particular subject positions, activities, practices, and privileged specific forms of knowledge. Compassionate care discourses resisted and responded to EBP; the compassionate care–EBP relationship was mediated by a number of other discourses (e.g., patient safety, professional liability, and patient-centered care). Efforts to restore compassion to care may need to acknowledge the complex web of discourses which carry with them their own expectations, material effects, and roles and support people in navigating this web.

Rehearsing the Research and Performing the Themes: Preliminary Qualitative Findings From a Theater-Based Health Research Knowledge Translation (KT) Initiative

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The presentation will highlight preliminary qualitative findings arising from a multidisciplinary project that harnesses the evocative techniques of theater-based knowledge translation (KT) to stimulate critical thinking among undergraduate students about the cultural, ethical, and political dimensions of international health volunteer work. We will speak to the iterative process of drawing from our qualitative health research data in order to produce a play for diverse undergraduate audiences as an interactive teaching tool in the classroom. The play itself offers a critical narrative of the nuances and social processes, such as neoliberalism and neocolonialism, that shape and influence the experience of health volunteer work for international volunteers and for organizations in host countries in the Global South. This presentation will discuss our KT process from an interdisciplinary lens, our methods for evaluating the impact and efficacy of theater as an alternative method for qualitative health research dissemination, and the preliminary themes arising from our content analysis of student focus group transcript data.

Patient Perspectives on Sexuality in Hypopituitarism

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The current article utilizes a constructivist perspective to explore patient perspectives on sexuality while living with hypopituitarism. Hypopituitarism implies partial or complete insufficiency of hormones normally produced by the pituitary gland. Such hormonal deficiency and the following treatment are known to change sexual functioning, yet the experiential aspects of this has not been described before. From a constructivist view, normative ideals of what is appropriate sexual capabilities and behavior, in particular social and cultural contexts, shape peoples sexuality. Thus, we suggest that besides problems with sexual functioning that these persons experience, normative ideals further increase the suffering. A purposive sample of 19 patients were interviewed and transcripts were analyzed using an interpretative, hermeneutic method. The analysis resulted in a main theme that concerned the informants struggle to pass of as normal. They described that the disorder and the subsequent treatment led to a changed sexuality with an increased or decreased sexual desire. This had consequences for their romantic relationships and personal identities. Both men and women described sexuality as something precious that is connected to having a fulfilled life and being close to another person. Furthermore, the informants described the difficulties in talking about their changed sexuality with others, which left them alone with their worry and ponderings. The normative sexuality as described by the participants, and from which they feared to deviate, resonates with cultural ideas in the contemporary Swedish society where sexuality is fundamentally understood as heterosexual and monogamous, connected to romantic love and a happy life.

Gut Feelings: Toward a Phenomenology of Irritable Bowel Syndrome

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Helena Dahlberg, *Institute of Health and Care Sciences and Gothenburg Centre for Person-Centred Care (GPCC)*

The present article reports from an ongoing study aiming to explore irritable bowel syndrome (IBS) from a feminist, phenomenological perspective. IBS is a common disorder with symptoms such as abdominal pain and disturbed bowel habits. Other symptoms, for example, migraine, muscle pain, anxiety, and depression, are also common. Furthermore, being subjected to trauma, abuse, and life stress is more common in IBS than in general populations. The pathophysiology behind symptoms is incompletely known and currently understood as multifactorial. The biopsychosocial model which is often referred to, describes how symptoms in IBS supposedly originate from an interplay between biological, psychological, and social factors. In the present study, we approach IBS from a different perspective by drawing on phenomenological and feminist theory of the body. It also includes an analysis of interactions between patients with IBS and their nurse. By doing so, we wish to overcome the mind–body dualism and decontextualizing tendencies inherent in the biopsychosocial model and contemporary health-care practices. We argue that such practices has detrimental effects for patients suffering from IBS as well as for other, female-dominated patients populations, vaguely described as suffering from “functional” or “psychosomatic” disorders. Such disorders do not neatly fit in to current diagnostic practices, separating the functional from the organic and the psychological from the somatic, and thus risks being marginalized and trivialized in both research and practice. We argue that a feminist, phenomenological perspective can inform new practices where IBS can be understood as a legitimate manifestation of a lived, gendered body in disequilibrium.

Cocreating Prosthetics as Fashion Accessories for Assisting People With Disability: The Case of Hearing Impairment

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People with prosthetics must integrate these into their daily lives. Such integration requires an adaptation on the part of the person by modifying the relation of the body in its intimacy to the environment throughout their daily lives. This poses many challenges among them, the risk of stigmatizing the person as a result of a prosthesis that draws attention to itself. This qualitative study concerns the effects of co-creation on the modes of appropriation of these prostheses. We examine the case of a pedestrian with a hearing impairment who moves freely about in city streets. Our objective is to use a co-creation process to develop a prosthesis that can be integrated into the person's fashion environment, in addition to supporting the realization of their life habits and to observe the effects of this co-creation process on the long-term appropriation of the prosthesis. Our design methodology is based on the integration of a self-narrative using formal aesthetics. We hypothesize that the commitment and active participation of the person with a disability and his or her entourage in the co-creation process will enhance their appropriation of the resulting prosthesis. Our design methodology juxtaposes the Theory of inventive problem-solving (TRIZ) theory and the theory of innovation based on the imagination. The results will lead to more inclusive and participatory development tools for citizens, creators, and multidisciplinary researchers whether or not they have a disability.

New Graduate Nurses' Perceptions of a Concept-Based Curriculum and Its Influence on Entry Into Practice

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Wanda Chernomas, *University of Manitoba*

Innovative pedagogical methods are needed to realign nursing education with the diverse and complex health-care environment. To improve student outcomes and prepare graduates for entry into practice, the faculty at the University of Manitoba are implementing a concept-based curriculum (CBC) in the undergraduate nursing program. A CBC is a student-centered approach that focuses on the transfer and application of knowledge across the health illness continuum. Currently, little is known about the influence of CBC on new graduate nurses' entry into practice. Using Duchscher's theory of transition to inform the study, an interpretive description design will be utilized to gain an in-depth understanding of how new graduate nurses from a CBC experience entry into practice in acute care settings. Purposeful sampling will be used. Eight to 10 new graduate nurses who have been working part-time or full-time in acute care for less than 6 months will participate in one or two semistructured interviews that will be digitally recorded and transcribed verbatim. The researcher will keep a reflective journal and document field notes. Data collection and analysis will occur in an iterative fashion. Analysis will be guided by the aim of the study and the disciplinary lens. Open and axial coding of the data will be used to identify themes and support interpretations. Ethical considerations, including informed consent and confidentiality, will be addressed throughout the study. The findings will provide new and important insights on how a CBC influences graduate nurses' entry into practice in acute care settings to inform ongoing curriculum development.

An Exploration of Infant Feeding Practices Among Western African Mothers Living in the Community in Ireland

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Background and Aim: Breastfeeding is seen as an unequaled infant nutrition method. Interestingly, international evidence shows that migration has a detrimental effect on breastfeeding. In the past 20 years, Ireland has experienced significant inward migration. Little is known about how "new" ethnic minority communities experience breastfeeding in their new Irish community setting. This "gap" reduces the scope for health-care providers to optimally promote, protect, and support breastfeeding among these minority communities. This study aims to explore infant feeding practices of Western African women with objectives to examine levers and barriers to breastfeeding practices in an Irish community context. **Methods:** This is a qualitative study. A narrative approach to data collection and analysis was adopted which suited the cross-cultural nature of the research. The study participants were nine women from West Africa. Each interview consisted of two subsessions based on Wengraf's Biographic-Narrative Interpretive Method, an initial subsession with an open-ended question aimed at inducing narrative and a second subsession using particular questions aimed at inducing narrative generated from the responses in subsession one. This article presents an in-depth analysis of two cases and thematic analyses of all nine participants. Techniques were employed to enhance reliability and validity. **Results:** Jemma's case illustrates the ways in which "superior" breastfeeding practices may deteriorate in the Irish community setting due to mitigating sociocultural circumstances. In contrast, Sara's case shows that breastfeeding practices can also flourish with positive breastfeeding experiences building on subsequent successful breastfeeding practices. Thematic analyses of all nine participants lead to the development of a Circles of Experiences Framework for understanding how different experiences can have a positive and negative effect on the optimal practicing of breastfeeding. **Conclusion:** Migration can have a detrimental effect on breastfeeding practices. However, breastfeeding may flourish. General practitioners and health-care professionals should be aware of the experiences that promote or inhibit breastfeeding practices for mothers from ethnic minority communities, so that they can discuss practices and options with the mothers in culturally appropriate ways.

Narrative of a Geriatric Dentistry Educator: Connecting Young Students With the Elderly Health and Realities

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According to the current Brazilian curriculum to courses, students need to face the realities of the social demands of the Brazilian citizens' oral health, and in the Brazilian aging transition, professors need to be prepared to teach geriatrics practices outside the university boundaries. The possibility to observe, within an ethnographic perspective, the scenario where students take care of oral health had made possible the construction of meanings of geriatric dentistry. In line with this background, the aim of this study was to describe the culture of teaching geriatrics dentistry in an extramural discipline by means of a self-analysis and interpretation of a professor supported by the theoretical approach of the social constructionism perspective. Data were collected by means of participant observation and semistructured interviews with students, professors, and elder in 2015. Data were organized in field diaries and thick descriptions which were analyzed by means of the interpretative ethnographic theoretical support. Results were categorized in culture of adjustments and culture of negotiation. Teaching geriatrics is associated with a constant adaptation to technical difficulties and it needs a well-developed interpersonal relation among professors, students, and the institutionalized elderly. This reflects in constant adjustments and negotiation with feeling and emotions to deal with the teaching process. This fact can maintain the geriatrics pleasant and enjoyable to the student. Teaching geriatric in this context is culturally perceived as a multiemotional scenario, which enriches the educational practices.

Discourse Analysis on Practitioners' Perception on the DSM-5 Criteria for Persistent Complex Bereavement Disorder

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Where is the line between normal and pathological grief, and how do mental health practitioners accept or resist this line that is currently being drawn? The recent inclusion of Persistent Complex Bereavement Disorder (PCBD) into the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5*), as a condition for further study may signify a movement toward medicalizing grief rather than understanding it as a natural response to loss. Thus, using a social constructive epistemology, the current study aims to explore mental health practitioners' views on the *DSM-5* criteria for PCBD and the overall trend of medicalization of grief. As part of a larger study that examines data from multiple settings in Japan and Canada, this poster specifically presents preliminary results of a focus group with Canadian practitioners working in a college counseling setting. Participants were asked to discuss the utility of DSM-5 criteria and engage in a diagnostic case exercise. Diagnosing a phenomenon as a disorder is an act of social construction, as the meanings of what is normal and abnormal are posited, contested, and circulated through discursive practices. Therefore, discourse analysis was employed to unpack social and cultural meanings that are embedded in the act of "diagnosing" grief. Implications for research and practice will be discussed.

To Lurk or Not to Lurk? Considering Ethical and Practical Issues for Unobtrusive Qualitative Research on Parents' Online Narratives of Pediatric Cancer

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Jill Bally, *University of Saskatchewan*

Parents of children with cancer face numerous challenges related to navigating their child's illness, caregiving activities, and complex emotions. Research with this population is often complicated because of time constraints and the sensitivity of the topic. Furthermore, researcher-driven interviews and surveys can miss important information about parents' subjective perspectives. As such, innovative approaches to research are needed to gain insight into family experiences and support needs. Evidence suggests that parents are frequently sharing their personal experiences on the Internet as an important means for obtaining social support and making sense of a child's illness. These online accounts have the potential to yield much information about families' everyday experiences and overcome barriers to research participation. However, debate remains over whether permission is needed to include online communications in qualitative research and to what extent confidentiality is possible and should be ensured. The author's recently proposed research aimed at exploring publicly available online accounts shared by parents to gain insight into how parents narrate and make meaning of their experiences, and this presentation will outline current literature on ethical considerations related to unobtrusive online research, including issues of consent and privacy, as well as related practical issues. In addition, ethical considerations for data analysis and dissemination of online qualitative research will be discussed, including ways to protect the privacy of online authors through creative and innovative techniques for data representation. Conclusions will be made about the value of unobtrusive qualitative research about online communication for health and social science knowledge.

Help-Seeking for Mild Cognitive Impairment in Mumbai, India

Denise Burnette, *Virginia Commonwealth University*

The median age of populations in less-developed world regions is projected to rise from 24.0 years in 2000 to 34.9 years in 2050. The fastest growth rates will be for persons aged 80+ who are most vulnerable to neurological diseases that cause dementia. Absent a vaccine or cure, the focus will remain on the compression of morbidity and ensuring quality of life. This study draws on social cognitive theories of health behavior to explore knowledge, attitudes, and practices concerning mild cognitive impairment among three key stakeholder groups in Mumbai, India. Within a qualitative interview design, I used maximum variation sampling to achieve socioeconomic diversity. Twenty persons who screened positive for MCI and their nominated family caregivers participated in separate focus groups, and in-depth interviews were conducted with four other patient–caregiver dyads and six physicians and healers who had experience with cognitive impairment. Data were translated from Hindi or Marathi to English and analyzed using framework analysis in Atlas.ti.

Accurate knowledge of cognitive impairment was sparse, and all three groups relied heavily on social and cultural scripts to frame their experiences. Each group ascribed the condition to brain malfunction providers to disease-induced pathology and lay people to a "winding down" (higher socioeconomic status [SES]) and "gradual exhaustion" (lower SES) of the brain as part of normal aging. Education and discussion in the focus groups shifted some members toward a disease orientation. Strong, pervasive stigma of and among persons with cognitive impairment, their caregivers, and providers led to rejection, social isolation, and deprivation. The cycle of ignorance and avoidance led to low capacity, motivation, or opportunity for help-seeking.

Dementias will take a heavy toll on private lives and public resources in India. Early detection, accurate diagnosis, systematic monitoring and high-quality, evidence-based health, and social services will help compress the period of morbidity and improve quality of life. Participants in this study provided valuable insights into the salience of scientific and indigenous knowledge for understanding social and cultural attitudes that facilitate and impede help-seeking within a local context.

Children's Lived Experience of Services in Youth Mental Health Expressed Through Creative Methods

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Janique Johnson-Lafleur, *McGill University*

The literature is now advocating for adolescents to be research participants but is still timid in promoting the voice of children. In fact, finding ways to capture children's lived experience is a challenging endeavor as one cannot rely on verbal accounts in the way done with adolescents and adults. Yet, this challenge is important to take up to ensure taking into account their experience. In research projects on mental health of children, information has often been obtained solely through significant adults. Addressing this problem, there has been recently a growing interest in doing research "with children" rather than "on children." Interviews based on verbal exchanges may provide an entry into the children's experiences, but innovative techniques and creative methods are now also suggested to adapt research methods to children's preferences and capacities. This poster will share preliminary results from research interviews conducted with 6- to 12-year-old children using both verbal and visual methods (drawing and play). Children were interviewed in a collaborative youth mental health-care research project in the region of Montreal. The objective of this presentation is to (1) illustrate ways of including the lived experience of children and (2) share some of the children's perspectives and get feedback on possible interpretations and implications for practice. Preliminary findings regarding the children's perceptions around mental health care include sensitiveness to practitioners' emotions, an importance given to the "waiting room," images of interdisciplinary meetings, and the importance of nonverbal activities in therapy, with "talking" being at times less appreciated.

Emergency Nurses' Experiences Providing Care to Transgender People: Using Straight Description

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Lynn Scruby, *University of Manitoba*
Christina West, *University of Manitoba*

On a global scale, transgender people experience an increased prevalence of HIV, sexually-transmitted infections, substance abuse, risky sexual behaviors, violence, discrimination, and stigmatization compared to nontransgender individuals. Their compromised health is associated with reluctance to access primary care services due to negative experiences with health-care providers. To address this barrier, literature was examined on health-care providers' attitudes, experiences, and perceptions toward transgender people. In the current literature, perspectives are mainly from physicians and mental health-care professionals. Thus, there is a need to conduct qualitative research with nurses who provide primary care services to transgender people. This straight description qualitative study will explore emergency nurses' experiences providing care to transgender people. The theoretical concept of transgenderism will be utilized to guide this study. A minimum of nine part-time or full-time registered nurses will be recruited from emergency departments in Western Canada through purposive sampling. Recruited nurses must have over 6 months experience and have cared for transgender people. Participants will be interviewed at least once with the aid of a semistructured interview guide and a digital recorder. Digital recordings will be transcribed verbatim. Reflective journals and field notes will be used as additional data. The data will be read numerous times to cultivate a comprehensive category scheme. Subsequently, the data will be read as a whole and coded in accordance to the categories. Findings of this study will have implications for the nursing profession in the avenues of curricula development, research, continuing education, health policies, and community advocacy and engagement.

Why Are Faggots So Afraid of Faggots?: Latinx Men and Anti-Effeminacy Stigma—A Narrative Inquiry Method Overview

Marcus Cerqueira Sanzi, *Simon Fraser University*

"Why are faggots so afraid of faggots?" (Sycamore, 2012). Many gay men embrace "straight-acting" behavior to avoid feminine traits. Psychological and sociological research has connected the stigmatization of femininity with distress among gay men. While some argued that masculine stereotypes are associated to self-worthiness, others found that feminine men are at greater risk of victimization and negative psychosocial adjustment. The discourse of "straight-acting" produces and reproduces anti-effeminacy behaviors and homophobia contributing to the likelihood of mental health problems. Research suggests that Latino gay tend to conform with traditional masculinity ideology especially when they are strongly involved with their ethnic group, social customs, and traditions. This behavior can be observed in earlier stages of life where young boys use homophobic narratives to regulate one another's gender performativity. This attitude leads to the stigmatization of effeminacy as well as negative feelings toward homosexuality. Particularly, traditional machismo is positively associated with the involuntary belief and expressions of hostility against gay men. However, literature still scarce on studies that examine how feminine Latino gay men navigate and make meaning of the challenges of peer discrimination. Therefore, understanding Latinx gay men meaning making, which might include the resistance to effeminacy whiten the gay community, is relevant and necessary. This poster presentation provides an overview of the narrative inquiry method designed for this study and how it may shed light on common misunderstanding of the Latin cultural norms that occur in intercultural interactions. Understanding how Latinx gay men navigate discourses of masculinity and femininity in their interactions with each other and with wider gay community has potentially significant implications for promoting healthier relationships and overall mental health among Latinx gay men.

An Autoethnography of My Journey Through Autoethnography

Alysha S. Chan Kent, *University of Calgary*

As a Chinese Canadian woman, my parents' divorce when I was a child shaped my identity in enduring ways. Despite the magnitude of divorce literature within a western context, the consequences of parental divorce on the adjustment of children from Chinese families, including the long-term impact, is largely unknown. I am uniquely situated to have insight in this area through my experience of parental divorce in childhood. Due to the incongruence between the literature and my experience of this major life event, I was drawn to autoethnography as a method which would allow me to add a personal voice to the body of literature on divorce. This project did not unfold as expected. My journey through autoethnography led me to reengage with the emotional experience that originally inspired my research. My guiding question evolved, shifting to a focus on how autoethnography can be used as a transformative tool to reengage researchers in the personal emotional experiences that motivate their research questions. As autoethnography is an important but underused qualitative methodology, this study is a small part of building a rich autoethnographic tradition in diverse areas of health inquiry.

Keywords: divorce, Chinese-Canadian, autoethnography, mental health

African-American Mothers' Initiation of Conversations About Sex With Their Daughter: A Qualitative Descriptive Study

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In the United States, African-American (AA) females aged 15–19 have the second highest birth rate (31.8 per 1,000) among this age-group. Additionally, they have the highest incidence of Chlamydia (6340.3 per 100,000), gonorrhea (1547.3 per 100,000), and primary and secondary syphilis (12.4 per 100,000) among this age-group. Considering the high rate of pregnancy and high incidence of sexually transmitted infections among this population, it is imperative to understand how AA mothers communicate with their daughters about sex and consequences of unprotected sex. Studies have shown a significant relationship between mother–daughter sexual communication, delayed sexual debut, and reduced sexual risk-taking behaviors. Research findings also suggest mothers are uncomfortable initiating the conversation due to lack of knowledge, anxiety, embarrassment, and the taboo nature of the topic. Little is known about factors that influence when and how AA mothers initiate conversations about sex with their daughters. Moreover, little is known about the influence of maternal past sexual education and experiences on her ability to communicate with her daughter about sex. The purpose of this qualitative descriptive study was to explore intrapersonal and sociocontextual factors that influence AA mothers' conversations with their daughters about sex. A convenience sample of 20 mothers was recruited through community-based

organizations in Alabama. Data were collected using semistructured interviews focused on mothers' perceptions of factors that influenced conversations with their daughters about sex. Thematic analysis is being used to identify relevant and recurring themes. Data analysis in progress. Preliminary results will be discussed.

Sharpening the Focus: Differentiating Between Focus Groups for Patient Engagement Versus Qualitative Research

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In patient-oriented research (POR), focus groups can be used as a method in both qualitative research and patient engagement. Canadian health systems researchers and research ethics boards (REBs), however, are often unaware that there are key differences to consider when using focus groups in qualitative research and in patient engagement. A lack of published guidelines comparing and contrasting focus groups for qualitative research versus patient engagement can lead to inappropriate implementation and further blur the distinction between the two. Furthermore, no one has clearly established how using focus groups for these two purposes should be differentiated in a Canadian context or in the context of the Strategy for Patient-Oriented Research (SPOR), which emphasizes appropriate patient engagement as a fundamental component of POR. The Maritime SPOR SUPPORT Unit (MSSU) refers to focus groups in patient engagement as discussion groups and has prepared a policy for their appropriate use. The policy guidelines compare and contrast the design and conduct of focus groups versus discussion groups, including the use of theoretical frameworks; whether or not REB review is required; and how to identify participants, collect and analyze data, ensure rigor, and disseminate results. The guidelines address an important methodological challenge within the context of SPOR. Making this distinction is important and will benefit Canadian health systems researchers and institutional REBs.

Becoming a Father: The Influence of Role Models Among Urban Fathers

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Bonnie Harbaugh, *University of Southern Mississippi*
Francine DeMontigny, *University of Quebec at Outaouais*

Fathers learn how to become fathers by interacting with identified role models in their life and by observing others in how they interact with their children. Studies show that many fathers want to be productive and nurturing in the paternal role, which influences paternal role satisfaction. Additionally, father involvement in the child's activities is critical in enhancing the child's cognitive, emotional, and physical development. Little research has been conducted on how/on whom low-income urban fathers model their parenting behavior when assuming the paternal role. Therefore, the goal of this qualitative study is to identify who serves as role models for low-income urban fathers in the southeast and describe how these role models influenced their paternal role. Using semistructured interview guide data from a study on social support needs of fathers with infants, including questions about who was most helpful to the father in becoming a father, a secondary analysis using content analysis methodology will determine the results. The target sample includes 20 new and experienced low-income urban fathers who are 18 years or older and have infants between 2 and 12 months of age with full-term deliveries. It is important to investigate role models who influence fathers' acquisition of the paternal role. Health-care professionals need to have a better understanding of how low-income urban fathers learn how to become fathers so they can be better informed of supportive and anticipatory guidance approaches for fathers in transition to the paternal role.

A Critical Interpretive Synthesis: Exploring How Older Adults Are Represented in Participatory Action Research

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Carri Hand, *University of Western Ontario*

To date, a plethora of studies on older adults have been conducted with the researcher positioned as "expert." Participatory action research (PAR), however, is a methodology that promotes the inclusion of older adults as coresearchers in all phases of the research project, including identifying a problem that matters to them and their community, selecting a research priority, collaborating with the researcher in data collection, data analysis, and the dissemination of results. In this way, a PAR approach focuses on colearning as well as capacity building at both the individual and community level. Currently, there is a lack of scholarly attention on how PAR has been utilized with an older adult population. The purpose of this study, therefore, is to conduct a critical interpretive synthesis (CIS), set out by Dixon-Woods and colleagues, to evaluate the use of PAR with older adults as well as to examine how power is shared between researchers and older adults to reveal any ageist or ableist assumptions. A systematic search to identify relevant articles will be carried out using various databases. Key questions guiding this critical analysis include: How are the older adults meaningfully involved within each phase of the research project? How was power shared between older adults and researchers? A CIS moves beyond appraising and synthesizing the research findings, toward critically questioning the dominant tendencies within a particular topic of research. As such, the findings of this study have the potential to stimulate further uptake of PAR research with an older adult population.

Loving Is a Choice: Couple Responses to Continuing Pregnancy With a Lethal Fetal Diagnosis

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Erin Denney-Koelsch, *University of Rochester Medical Center*

While it is known that couples experience pregnancy differently from one another, the circumstance of continuing pregnancy after learning of their lethal fetal diagnosis has received little attention. This longitudinal, naturalistic study of 16 mothers and 14 spouses/partners aimed to describe pregnant couples' responses and relationships in continued pregnancy with a lethal fetal diagnosis and to examine similarities and differences within those couple responses. Data analysis began during multiple interviews with both parents, across pregnancy and through the birth and death of the baby. Within and across couple analysis, using constant comparative and negative case strategies was done with the research team. Three categories emerged (pregnant vs. not pregnant, personal characteristics, and strength of the couple relationship) with several themes in each category being identified (physical experience; choice; grieving; pregnant attachment; roles, personalities, ways to cope, and commitment to relationship; shared decision-making; and mutual support). Findings indicate that parent responses to these stressful pregnancies were inherent in who was pregnant, choosing whether to love and embrace the unborn baby, personal characteristics, and the strength of the couple relationship. Care providers should be attentive to the couple dynamics; couples with committed relationships, mutual decision-making, and mutual support fared the best in the aftermath of the loss of their baby.

"I Was Just Tired of Being a Patient": A Qualitative Study of Service Users' Reasons for (Dis)Engagement From an Early Intervention Program for Psychosis

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Early intervention programs (EIPs) view service engagement as a facilitator of remission and recovery. Disengagement, defined as discontinuing services before completing the offered 2-year follow-up, has therefore been seen as a negative outcome. This qualitative study explored experiences of, and reasons for (dis)engagement among people receiving, or having discontinued services at The Prevention and Early Intervention Program for Psychosis, PEPP-Montreal, an EIP providing care for youth experiencing psychosis. Semistructured interviews were conducted on topics including experiences and perceptions of treatment, social support, occupation, and definitions of "being well." Five service users who had discontinued services and 19 service users engaged in services to varying levels participated in these interviews. Inductive thematic analysis was used to analyze transcribed interviews. Participants reported reasons for engaging in services, for example, to get/stay well, for a safety net, or because treatment was mandatory; and disengaging from services, such as not wanting to be or be seen as a patient, doing better, or poor therapeutic relationship. Further analysis highlights that engagement may have other motivators than remission and recovery and not all service disengagement is a negative outcome. Insights from this study help to better understand participants' subjective experience of (dis)engagement. By doing so, EIPs, and broadly mental health clinics, can provide more individualized care and better support recovery.

The Experiences of People Living With Berardinelli-Seip Syndrome in the Sertão of Seridó, Brazil

Éverson Damasceno, *Federal University of Rio Grande do Norte*
Jean França, *Federal University of Rio Grande do Norte*
Júlio Véras, *Federal University of Rio Grande do Norte*
Lucas Melo, *Federal University of Rio Grande do Norte*

Berardinelli-Seip Syndrome (BSS) is a rare genetic disorder which causes complete lipodystrophy, muscle hypertrophy, extreme insulin resistance, and other systemic complications. It is estimated a population prevalence of 1:10,000,000 cases. However, in Brazil, more specifically in Rio Grande do Norte state, there is a proportion of 1:128,000, due in part to the consanguineous marriages of families of Portuguese immigrants. This study sought to analyze the experiences of people living with BSS from the perspective of the social sciences of health. Qualitative study developed with 11 interlocutors, residents in the Sertão (backwoods) of Seridó, in Rio Grande do Norte and Parãba states, Brazil. Semistructured interviews and participant observation were utilized for gathering information. The data were analyzed using thematic coding technique. The results discussed include the polysemous character found in the social construction of BSS in opposition to the magos illness; its relation within medical science, genetics, and the production of identities; food management in everyday life; and body–gender relations in the experiences of the women who were interviewed. In the conclusion, we underscored the social construction of polysemy and the discursive disputes around this illness, the background being the experiences of the interlocutors in which they insert and produce themselves. Moreover, the analyses regarding management of food and body–gender relations evidenced the agency of the people living with the syndrome through strategies for coping and for managing stigmas, prejudices, and discrimination directed toward them.

Gender, Sexuality, and Prevention of HIV Infection Among Gay and Lesbian Youth in the Northeastern Sertão of Brazil

Éverson Damasceno, *Federal University of Rio Grande do Norte*
Raul Borges, *Federal University of Rio Grande do Norte*
Jared Sousa, *Federal University of Rio Grande do Norte*
Lucas Melo, *Federal University of Rio Grande do Norte*

In the last 10 years, there has been an increase in HIV infection and in the rate of AIDS detection in the population between 18 and 34 years of age in Brazil. This points to a need of actions to prevent infection in this population group associated with discussions around gender, sexuality, and health care. In this context, this study sought to stimulate strategies of HIV infection prevention between gay and lesbian youth in a municipality of the Brazilian Northeastern Sertão. This action research was conducted between February and December of 2016 in a municipality of the Sertão in the Brazilian northeast. The actions were undertaken in the Casa de Cultura Popular and in the city's LGBT bar. The sampling was nonprobabilistic, including gay and lesbian youth between the ages of 18 and 34. The actions conducted included (a) theoretical training of the research group, (b) a diagnosis of the reality in the research field and a survey of the problems, (c) identification of the priority health needs, (d) seminars for discussing the theme, (e) showing of films followed by conversation circles, and (f) an evaluation of the level of knowledge of those participating in these actions. The main result was the unsatisfactory level of knowledge of the participants regarding the forms of HIV transmission. Additionally, fear and insecurity in relation to the possibility of contamination were observed, especially among young gay men. This fact was attributed to a reduction in campaigns geared toward prevention and the invisibility of HIV/AIDS to youth. On the other hand, there are no actions of prevention geared toward the young lesbian population. As it was in the 1980s and 1990s, this population reproduces the representations of AIDS as punishment and/or death sentences. The actions of this research contributed toward inserting this discussion in the public space, increasing knowledge of the population around HIV/AIDS, and stimulating practices of prevention of this infection.

Networks for Change and Well-Being: Addressing Sexual Violence—Eskasoni Stuck in the Middle: The Role of Media in the Sexual Victimization of Women

Mallery Denny, *Eskasoni Mental Health Services*
Linda Liebenberg, *Eskasoni Mental Health Services*
Dalhousie, *Eskasoni Mental Health Services*
Jenny Reich, *Eskasoni Mental Health Services*
Jeannine Denny, *Eskasoni Mental Health Services*

Despite impressive legal frameworks focused on addressing sexual violence against women, Canada continues to come under scrutiny by organizations such as Human Rights Watch and the United Nations for their failure to create safe and secure environments for Indigenous girls and young women. Importantly, Indigenous women confront a constellation of factors that contribute to sexual violence: colonization, patriarchy, racism, and sexism; residential schools; historical trauma; and legislative complexities that impact infrastructure and support. This poster presents findings from the Eskasoni site of the Networks for Change and Well-Being—Addressing sexual violence study; a larger Canadian–South African partnership exploring ways for Indigenous girls to influence social policy and social change in the context of sexual violence against Indigenous women. The girl-led study seeks to answer the questions, "What can we learn about sexual violence (effects and solutions)?" and "What impact can this work have on changing policy for girls in relation to safety and security?" Specifically, this poster will review the role of the media in shaping the dominant discourse of female sexuality and gender roles in core ways that in addition to objectifying and sexualizing girls and women creates double standards that leave women in an impossible situation.

Networks for Change and Well-Being: Addressing Sexual Violence—Eskasoni Being Fearless in the Face of Sexual Violence

Mallery Denny, *Eskasoni Mental Health Services*
Linda Liebenberg, *Eskasoni Mental Health Services*
Dalhousie, *Eskasoni Mental Health Services*
Jenny Reich, *Eskasoni Mental Health Services*
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A Qualitative Exploration of the Impact of a Resident Wellness Curriculum on Resident Burnout

Anne Duckles, *University of Pennsylvania*
Oana Tomescu, *University of Pennsylvania*
Heather Klusaritz, *University of Pennsylvania*

Burnout is a syndrome of emotional exhaustion, depersonalization, and decreased sense of personal accomplishment. Physicians experience burnout at higher rates than the general population, with studies showing that up to 75% of physicians experience burnout during their training. Burnout can lead to poor quality of life for physicians but also has many effects beyond the physicians themselves, including less effective patient care, more medical errors, and increased physician turnover. Several interventions have been shown to successfully reduce physician burnout, such as mindfulness-based stress reduction and meditation practices. However, these interventions require significant time and dedication and are not practical for the resident physician working over 80 hr per week. The aim of this study is to explore resident physicians' experiences of burnout and to understand the effect of a six-session mindfulness-based resilience-training curriculum. Semistructured interviews are being conducted with 20 Internal Medicine interns at a large academic medical center in the United States. Through thematic analysis of these interviews, we hope to understand how residents cope with stress, how skills taught in the wellness curriculum were incorporated into their lives, and how the wellness curriculum could be improved. In initial analysis of interviews, emerging themes suggest that residents recognize burnout, develop individualized strategies to cope with stress, and believe that the wellness curriculum is important in normalizing burnout. This research is ongoing, but we expect to gain insights into the resident physician experience with burnout and use our findings to inform our wellness curriculum as well as other support systems.

Cultural Attributions of Pelvic Organ Prolapse Causes Among Multiparous Midlife Mexican-American and European-American Women With Known Prolapse

Marlene Egger, *University of Utah College of Nursing*
Ana C. Sanchez-Birkhead, *University of Utah College of Nursing*
Cecilia I. Fernandez, *University of Utah College of Health*
Lauren Clark, *University of Utah College of Nursing*

This snapshot is from a comparative-focused ethnography of the cultural context of pelvic floor health in Mexican-American women and Euro-American non-Hispanics. It is part of a program project grant (Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD]) to study women's pelvic floor health. Sixteen mid-life women with prolapse took part in individual, audiotaped unstructured interviews. They discussed pelvic floor changes they experienced after childbirth and up to the present. Interviews and analysis were in English and Spanish, considering each group separately and in comparison. Women noted signs of prolapse from 3 months after their first child to 20+ years afterward. Mexican-American women emphasized heavy lifting as contributing to prolapse. A major theme for Mexican-American women was balancing between the cultural ideal of la cuarentena as a period of postpartum recovery and healing and negotiating the faster pace of the United States lifestyle. Mexican-American women used cultural practices to ease the symptoms of prolapse. Euro-American women emphasized childbirth itself as contributing to prolapse. Euro-American women described their "get up and get going" culture and ideal body image versus listening to one's body. These changes, especially in the dimensions of intimate relations, pain, and body image, ranged from "the price to be paid" for having a child to testing a woman's identity (can't keep her job, work in her garden, and clean her house) and ability to feel worthwhile. In the next phase of the study, younger women in the first year postpartum will describe their beliefs, behaviors, and expectations post-childbirth in day-to-day work and family environments.

Perspectives of Family Members of Persons With First-Episode Psychosis: Going Beyond Structured Interviews of Insight

Geraldine Etienne, *Douglas Mental Health Institute*
Manuela Ferrari, *Douglas Mental Health Institute*
Srividya Iyer, *McGill University*

As part of an ongoing mixed-methods study investigating family members' roles in the lives of people receiving early services for psychosis, a structured interview was conducted with family members of persons receiving services at the Prevention and Early Intervention Programs for Psychosis in Montreal. The interviews aimed to assess family members' insight regarding their relative's illness and included four questions about (1) family members' awareness of the symptoms, (2) the type of mental illness that their relative had, (3) whether or not their relative needed medication or would benefit from it, and (4) whether or not their relative needed treatment as a whole or would benefit from it. A total of 127 structured interviews were conducted by the first author, who took detailed notes of each conversation generating rich information that went beyond the structured interview format. The data collected in the form of field notes reveal how family members are confronted with the complexity of their relative's illness and, in doing so, the research team recognized how it was difficult to provide space to family members' voices while using the structured interview that focuses mainly on the biomedical aspect of psychosis. The purpose of this presentation is to throw light on family members' thoughts and perspectives emerging from the interviews and to contrast them with structured items. Thematic analysis of responses to open-ended inquiries can bring us closer in understanding family members' involvement in the care and recovery journey of their loved ones.

Habits, Perceptions, and Attitudes of Quebec Metropolitan Community's (QMC) Consumers Toward Locally Produced Foods

Julie Fortier, *Université Laval*
Manon Boulianne, *Université Laval*
Véronique Provencher, *Université Laval*

Contrary to the industrial food system, local food systems prioritize community health by ensuring access to healthy and sustainably produced foods, supporting local economy, and minimizing wastes and losses. Our transdisciplinary and cross-sectoral investigation aims to deepen our understanding of Quebec's food system and promote its transition toward sustainability and resilience. The nutrition part of this study aims to better understand the attitudes, perceptions, and consumption habits regarding locally produced foods among men and women. Our specific objectives are (a) to describe food purchasing and consumption habits; (b) to explore their associations with diet quality; (c) to identify attitudes, perceptions, barriers, and motivations regarding consumption habits related to locally produced foods; and (d) to better explain the consumption habits regarding locally produced foods in QMC consumers. To meet these objectives, a mixed-methods research design (explanatory sequential) will be used. A quantitative survey will be conducted ($n = 400$) among adult eaters (18 years old) who live in the QMC and have the greatest responsibility for food purchasing within the household (objectives [a] and [b]). The survey will be followed by focus groups gathering a purposive sample of participants drawn from the quantitative phase ($n = 80$; objectives [c] and [d]). For this qualitative phase, content analysis based on the constructs of the theory of planned behavior will be realized in order to explain the consumption habits regarding locally produced foods. Overall, this study will provide context to the factors that moderate consumption habits of QMC consumers toward locally produced foods.

Ritualistic Use of Ayahuasca: Therapeutic Pathways, Health, and Spirituality

Maria Ines Gandolfo Conceicao, *Universidade de Brasilia*
Jaqueline Tavares de Assis, *Universidade de Brasilia*

Ayahuasca is a psychoactive beverage, which originates from the Amazon is prepared from the effusion of two plants: the liana known as jagube and/or mariri (*Banisteriopsis caapi*) and chacrona plant (*Psychotria viridis*). Its cultural and ritualistic use has millennial recognition for indigenous ethnic groups in the Western Amazon and gained worldwide influence in the 1980s by expanding religious use. In all its contexts of use, the drink is seen as a possible treatment for diseases, and studies in ritual contexts indicate the rite potential in regard to experiences of suffering of reframing. On the other hand, in the biomedical field, studies have also demonstrated safety in its administration and feelings of physical and mental well-being in users of the religion. In view of this scenario, and emphasizing that the ritualistic use of ayahuasca is reaching an increasing number of people seeking answers to physical and mental illness, this research aims to understand the assignments of meanings given to the ayahuasca in the construction of therapeutic pathways linked to the ritual use of the drink. It is understood that the traditions that make use of the drink include a diversity of knowledge and practices that incorporate traditional and popular health-care systems, and thus we sought to identify people with therapeutic itineraries linked to these practices. Altogether, four people participated in the study that contextualizes a therapeutic course with the ritualistic use of ayahuasca. The methodology included a phenomenological approach and the method of life history that allowed an apprehension of lived experience in the rituals, which supported the reflection on the objectives presented. From the analysis of the histories, resulted six significant units that have characterized the scope of meanings captured by participants within their paths: the recognition of suffering, the welfare of search, the meeting with the drugs and the ayahuasca, the reinterpretation of meanings, and the encounter with the sacred. Recognition of the suffering and the search for well-being made possible to understand the motivations for attending the ritual use of ayahuasca. The meeting with the drugs was identified to major conflicts and search for solutions. The encounter with ayahuasca, in turn, was understood as a care instrument and self-knowledge, which allowed a reinterpretation of meaning to life. The transformation of lives associated with the rite was related in particular to the use of drugs and interpersonal relationships. The encounter with the sacred made it possible to capture the sublime meaning attributed to this treatment, which is experienced from a relationship of fear and admiration with a nonrational force. This force is meant as the very manifestation of the divine nature and allows, above all, expressions of forgiveness, compassion, love, and gratitude. On that basis, it was the importance of life experiences in the definition of therapeutic itineraries, including, in particular, that suffering cannot be reduced to characteristics of the disease and treatment patterns. In addition, it pointed out the importance of an ontological argument in the search field on the possibilities of therapeutic use of ayahuasca.

Accessing Health Care in an Urban Setting in Kenya: Lived Experiences, Interpersonal Relations, and Possibilities

Allison Gayapersad, *University of Toronto*

This study explored how social relations—positive and negative social interactions—shape access to health care among a selected group of 23 HIV-positive Kenyan women who were pregnant and/or lactating at the time of the study. Guided by a postcolonial feminist perspective, the study used in-depth interviews employed to gain insight into the diverse lived experiences of individual women's access to health care within the health care and social context of a purposively selected large Kenyan town. Analysis of the women's narratives revealed the complexities of women's lives and provided a nuanced framework. Positive social interactions evidenced by stories involving social support were instrumental in motivating women's access to health care. Negative social interactions, evidenced by stories involving stigma, blame, and social obligations, worked to both hamper and motivate women to access health care. A postcolonial feminist perspective has proven to be an effective tool that enabled this study to unmask the circumstances and conditions that affected women's access to health care. This study listened to voices that have been silenced and homogenized and therefore contributes to the research on maternal health in countries with high maternal mortality and provides the basis for planning and implementing equitable care at local and national levels.

Key Institutional Perspective on Access to Health Care by Pregnant and Lactating Women Living With HIV in an Urban Setting in Kenya

Allison Gayapersad, *University of Toronto*

Maternal deaths are the second biggest killer of women of reproductive age. High maternal deaths in sub-Saharan Africa reflect inequities in health services. Guided by a postcolonial feminist perspective, the study employed semistructured interviews to elicit the perspectives of key institutional actors on the challenges and constraints of the health services landscape. Key institutional actors' perspective indicated that the health-care system is complex, in flux, and homogenized women. They acknowledged a lack of adequate health-care funding, gaps in training of health practitioners, and shortage of medical equipment and supplies resulted in unmet needs for people living with HIV. A lack of consideration of women's heterogeneity results in a failure to account for how structures of oppression and gendered inequities translate into diverse material risks for women and impact their ability to access health care. A postcolonial feminist perspective that enabled the unmasking of processes such as globalization, colonialism, and neocolonialism, which structure these women's life experiences, their suffering, and health, is an effective tool to unmask the circumstances and conditions that affected women's access to health care.

Understanding the Families' Experience of the Family Nursing Support Service

Christine Gervais, *Université du Québec en Outaouais*
Francine de Montigny, *Université du Québec en Outaouais*
Lori Leblanc, *Université du Québec en Outaouais*
Chantal Verdon, *Université du Québec en Outaouais*
Dominique Lalande, *Université du Québec en Outaouais*

Background and Purpose: Family nursing interventions help improve families' cognitive, behavioral, and affective functioning (Östlund & Persson, 2014). In Canada, however, care is mainly focused on individuals, due to nurses' lack of time, knowledge, and skills (Duhamel, Dupuis, & Wright, 2009). Families are therefore often left on their own to face the challenges of illness (Duhamel et al., 2009). The objectives of the family nursing support service (FNSS) are to (1) contribute to community well-being and health by offering free consultations to families with a family member suffering from an illness or families having trouble adapting to certain transitions and (2) contribute to training nursing students by providing them a safe environment to develop their family nursing intervention competencies and skills.

Objective: This presentation has two objectives, namely, (1) present the FNSS and (2) present the family perceptions and satisfaction of the FNSS. **Methods:** The study used a mixed-method multisource design. Qualitative data were collected from families ($N = 21$) using semistructured interviews 1 month after the end of FNSS use by families. **Results:** Analysis of the data provided a better understanding of the profile of families using FNSS (family structure and functioning, health situation, and family needs). The data also highlight a positive experience of the relationship with the nurse and a very high level of satisfaction with the service. Family discourse allows us to identify the characteristics of nursing interventions appreciated by families. The changes perceived by families following their meetings with the nurses will also be discussed. **Conclusion:** Families that participated in the FNSS were satisfied with the meetings and noted that they produced changes within both individuals and the family. We will discuss the implications of these results for advancing family nursing practices, research, and teaching worldwide.

Help-Seeking: A Constructivist Grounded Theory Study of Mothers and Fathers of Children With Neurodisabilities

Gina Glidden, *School of Social Work, McGill University*

Parents of children with neurodisabilities often seek help from both informal and formal networks to assist them with the daily care of their child, yet little is known about the mechanisms, behaviors, relationships, and engagements that mothers and fathers undertake through their process of seeking help: how they determine who will seek, for what type of help, and under what circumstances. This poster will present preliminary findings of my constructivist grounded theory doctoral research that seeks to develop a theoretical understanding about how seeking help is experienced by mothers and fathers, how help-seeking roles are established within parent dyads, and how mothers and fathers navigate through and within help-seeking networks. To date, in-depth, semistructured, individual interviews about family context, types of help sought, personal/structural characteristics of help-seeking, partner help-seeking, and help-seeking over time have been conducted with four mother/father dyads ($n = 8$). Preliminary findings suggest that help-seeking is an ongoing and changing journey that is largely parent driven and often stems from being in a crisis. Results of this study will broaden our understanding help-seeking as it applies specifically to parents of children with ND, based on a noncategorical approach that combines the common experience of parents of children with a diverse range of diagnoses and complexities. Results will be important for mothers and fathers, for family members, for other sources of help within informal networks, for clinicians within formal networks, and for organizational policy makers regarding service delivery best practices.

Faculty Matters: Supporting Nurse Educators to Teach to the Future

Kristen Gulbransen, *Red Deer College*
Sara Daniels, *Red Deer College*

Is your faculty prepared to educate future generations of nurses? Do you have the best educators in place to teach clinical and theory? How are you recruiting and retaining clinical and tenure track faculty? The Faculty Navigator Program has been developed to support faculty as they transition from clinician to nurse educator. The program was built recognizing that a transition occurs with new faculty from clinical practice to academia (Davidson, 2011). The program is now being offered in five schools of nursing. The program is supported by administration and led by nurse educators who provide nonevaluative consultations for clinical, lab, and classroom teaching. Participatory inquiry and the Delphi technique were used to determine program outcomes. Study participants were faculty who had 3 years' experience with the faculty navigator program. Participants determined that the program outcomes included increased confidence in teaching and learning, development of leadership skills specific for the academic setting, increased confidence in working with various students, and abilities to integrate evidence-based literature provided by navigators. The faculty participants acknowledged the importance of the program being nonevaluative, employing the appreciative inquiry approach and the unlimited access to the faculty navigators in all teaching settings. The poster presentation will highlight the program outcomes research and provide an overview of the faculty navigator role and experiences.

Gender-Sensitive Best Practices to Self-Manage Diabetes Mellitus Type 2 in Countries Like India: Review and Recommendations

Ruchika Handa, *Université de Montréal*
Malek Batal, *Université de Montréal*
Bilkis Vissandjée, *Université de Montréal*
Andreea Brabete, *Université de Montréal*

Type 2 diabetes mellitus (T2DM) has emerged as a global epidemic of the 21st century. The management of T2DM remains a challenge for both developed and developing countries. It is evident that sustained modification in behavior and basic lifestyle practices such as diet and exercise is required to prevent complications and manage T2DM. However, these determinants have been documented to affect women and men in differentiated ways. Even though studies have acknowledged the importance of gender differences in the management of T2DM, limited understanding is available regarding the extent and scope of these differences and the ways to mitigate them. To fill the identified gap, we conducted an in-depth search in public health databases. Despite the challenges presented by the lack of consistent or systematic use of words “sex” and “gender” in our search, we identified various gender-based differences in relation to access to health care, reporting of symptoms, and dietary habits. Men were less likely to utilize health-care services and sought the support of their spouse for adherence to diet, whereas women sought the support of spouse for adherence to medications and exercise. Men accounted exercise-related barriers, whereas women reported barriers that were mainly related to feelings, time, and cost. Women's gendered role of being engrossed in the care of others poses a challenge in T2DM self-management, but it may buffer their mental health. However, gender-sensitive practices to self-manage T2DM were not clearly identifiable in our search, pronouncing the lack of integration of this knowledge into practice by health-care professionals, thus warranting a gender-specific structured self-management program to build the capacity of health-care professionals.

Gender-Sensitive Best Practices to Self-Manage Diabetes Mellitus Type 2: A Pilot Study

Ruchika Handa, *Université de Montréal*
Malek Batal, *Université de Montréal*
Bilkis Vissandjée, *Université de Montréal*
Andreea Brabete, *Université de Montréal*

Type 2 diabetes mellitus (T2DM) has emerged as a global epidemic of the 21st century. As per WHO (2015), India had 69.2 million diabetics and expected to rise to 123 million by 2035. Management of T2DM remains a challenge for both developed and developing countries, and in India, it is further challenged by the vast gender inequalities. It is evident that sustained modification in behavior and basic lifestyle practices such as diet and exercise is required to manage T2DM and these determinants have been documented to affect women and men in differentiated ways; however, limited understanding is available regarding the extent of these differences and the best practices adopted by women and men to overcome these. In addition, there is a lack of gender-sensitive intervention programs for self-management of T2DM. To fill the identified gaps, this pilot study aims to document best practices adopted by women and men for the self-management of diabetes. An in-depth review of literature followed by a semistructured interview will be done to identify best practices adopted by women and men in managing their diabetes. Four diabetic women and men (two each) will be recruited using purposive sampling from a diabetic clinic in New Delhi, India, and the interviews will be recorded using a digital audio-recorder and will be transcribed verbatim. The outcome of critical analysis review and semistructured interview will be integrated to document the best practices adopted by women and men in the management of T2DM which will be presented at the conference.

Exploring Access to Cancer-Related Health Care Among Indigenous Peoples: Application of a Postcolonial Framework for Analysis

Tara Horrill, *University of Manitoba*
Annette Schultz, *University of Manitoba*

Despite advancements within health care through research, health-related disparities among Indigenous peoples continue and are widening. Among Indigenous peoples in Canada, cancer is now a leading cause of mortality and trends suggest growing disparities in incidence, survival, and cancer stage at diagnosis. Although many factors influence these trends, Indigenous peoples also face systemic inequities including inequitable access to health-care services, and this may be a contributing factor. Access to health care is fundamental to health and is acknowledged as a determinant of health. However, evidence suggests access to health care is problematic for many Indigenous peoples. A critical analysis comparing how access to health care is understood through a biomedical lens versus a postcolonial lens resulted in the development of a unique framework to extend our understanding of access. Although the physical and geographical accessibility of health-care services present significant barriers, the sociocultural, political, and historical contexts surrounding health-care delivery are equally important to consider. In particular, Canada's colonial past and present influence the possibilities for Indigenous peoples to access health care. This poster presentation will discuss the application of the postcolonial-informed framework to the author's proposed dissertation research, a qualitative descriptive study exploring the experiences of access to cancer-related health care among Indigenous peoples and perspectives on access among health-care providers in oncology.

Perceived Barriers to Exercise in Physically Active Older Women

Feng Yu Hua, *University of Brasilia*
Milena Fernandez Dias, *University of Brasilia*
Marisete Peralta Safons, *University of Brasilia*

Physical activity is important for maintaining physical and cognitive health, but month older people are not active enough to improve their quality of life. Despite evidence suggesting that physical inactivity increases the risk of several noncommunicable diseases, some elderly people believe that physical activity is unnecessary or dangerous. Others recognize the benefits of physical activity; however, some of them reported barriers to participation in physical activity. In order to better understand how physical activity works for elderly people, it is essential to understand barriers and motivators. A qualitative study design was used to identify specific motivators for and barriers to physical activity in old people who participated in physical activity for over 10 years to understand how they make decision to be physically active. Thirteen women, 65 years old or older, who attended a senior fitness program were interviewed at Physical Education Faculty of University of Brasilia. Nineteen motivators and eight barriers were found. Seven participant said that they don't have barriers and six participant said they perceived barriers, but they also gave some solutions to minimize the problems, for example, "the distance is terrible, but my husband agrees to be my driver." The interviewed participants said that they might be encouraged to be physically active by a health-care professional, close peers, and health improvement and well-being. This finding suggests that strategies to enhance physical activity participation among older people should include tools to overcome the perceived barriers.

Phenomenologically Focused Grounded Theory: A New Methodology for Studying Chronic Health Conditions

Danielle Hudson, *Western University*
Denise Connelly, *Western University*
Jay Shaw, *Women's College Research Institute*

Chronic health conditions (CHC) present unique challenges for qualitative researchers attempting to glean insight into how people live with their illnesses. CHCs progress over time, necessitating strategic adaptations to manage new and worsening symptoms. Adding to the challenge of capturing this process are the many varied and unique factors at play, both environmental and personal. Decisions and behaviors will be influenced by meaningful experiences; some highly resonant and acutely remembered in a moment of action, others may be consciously forgotten but subtly impact the chosen behavior. Grounded theory endeavors to portray a chronological description of the actions reflecting behaviors and choices made during the time of research inquiry. However, the stringent focus on actions in grounded theory precludes the influence of lived meaningful experiences on this description of actions. Presented here is a conceptual exploration of an innovative "phenomenologically focused grounded theory" to understand behaviors and choices of people living with CHCs. By integrating and linking actions to meaningful lived experiences, both the "how" and "essence" of living with CHCs are addressed. Exploring this combination enhances the understanding of choices and behaviors by revealing the complicated influences and outcomes inherent in living through a CHC. An in-depth discussion of philosophical underpinnings and methodological rationale is presented in order to offer a resolution for the tensions that may arise between methodological purists and pragmatic health researchers by integrating experience with behaviors. An exemplary research question and practical methods components are considered to demonstrate the application of this novel methodology.

Following Up With General Surgery Residents Involved With the High Performance Physician (HPP) Training Program

Aman Hussain, *University of Winnipeg*
Peter Sytnik, *University of Manitoba*
Chau Pham, *University of Manitoba*

Medical residents face escalating pressures and expectations during their training. This has the potential to negatively impact physician health and performance. The high performance physician (HPP) training program is offered through the Department of Emergency Medicine at the University of Manitoba. The HPP program offers a performance enhancement curriculum designed to equip physicians to manage stress, optimize focus, and enhance communication and teamwork. Before participating in the HPP training, 26 ($n = 26$) general surgery residents participated as a team leader in a trauma resuscitation simulation. Each resident was debriefed before they partook in the 9-week HPP training. Upon completing the HPP training, the residents took part in a different trauma simulation. Thematic analysis of the transcribed pre-/postdebrief interviews indicated that factors such as negative self-talk and inexperience with poly-trauma simulations influenced the residents' perception of their performance. An important limitation identified with this study was the time to experience and incorporate the lessons learned in the HPP program into the residents everyday practice. In order to explore this further, secondary interviews were conducted with seven ($n = 7$) of the residents who participated in the HPP program. Research questions posed to these residents focused on (1) their initial impressions of the HPP program, (2) the format/content of HPP, (3) the lessons learned from HPP, and (4) the value or applicability of HPP into their clinical practice. Preliminary findings from this follow-up study indicate that HPP training does have a positive influence on clinical practice and should be incorporated early into residency training.

An Interpretive Description Examining the Experiences of Older Adults Accessing Supportive Living

Ashley Hyde, *University of Alberta*
Diane Kunyk, *University of Alberta*
Wendy Duggleby, *University of Alberta*
Sarah Stahlke, *University of Alberta*

Canada, like other developed nations, is facing an increasingly aged population. Not only will the sheer number of older adults (individuals aged 65 and older) present unique challenges for our health-care infrastructure, but this forthcoming generation presents with more complex health needs given the prevalence of chronic conditions. For these reasons, it is anticipated that this cohort will consume a significant proportion of health-care services. Over the last 20 years, there has been a policy movement toward more patient-centered health care with choice at forefront of this agenda including policy that outlines care for older adults. This research will explore the experiences of choice by community-dwelling older adults who are awaiting placement in a designated supportive living facility. Interpretive description utilizing semistructured participant interviews will be the method employed to understand how choice is understood and experienced by older adults throughout their transition to supportive living services. There will be three groups of participants: (i) older adults (8–10), (ii) family caregivers (4–6), and (iii) community transition coordinators (3–5). Each participant may be interviewed up to 3 times. Data collection and analysis will occur concurrently to allow for refinement of interview questions and reflection on the research process. Data analysis will follow an inductive process with three distinct phases: (i) sorting and organizing, (ii) making sense of pattern, and (iii) transforming pattern into findings. The findings from this research have the potential to impact both health policy and patient care for older adults accessing supportive living services. Through this exploration of the experience and understanding of choice, it is possible to shift the choice discourse in health policy and correct the disjuncture between how choice is described in policy and how it is experienced in reality.

The Experiences of Immigrants and Refugees Accessing Health Care in Canada: A Narrative Literature Review

Anisa Isse, *University of Manitoba*
Lynn Scruby, *University of Manitoba*
Donna Martin, *University of Manitoba*

As health-care providers, we have the potential to affect the health-care experiences of our patients. Immigrants and refugees in Canada are recognized to face unique barriers when accessing our health-care system and often report negative health-care experiences. In this narrative literature review, articles published in the last 10 years that focused on the health-care experiences of immigrants and refugees in Canada were retrieved using the following key words: "immigrant," "refugee," "government assisted refugee," "privately sponsored refugee," "refugee claimant," "asylum seeker," "migrant," "newcomer," "Canada," "health care," "experiences," "barriers," and "access." The reference lists of articles were also scanned for additional articles which were relevant to this literature review. The literature contained evidence of both negative health-care experiences and negative health outcomes among immigrants and refugees accessing health-care services in Canada. This review found that there was lack of consistent and accurate use of terminology to differentiate between immigrants and refugees as research participants in the Canadian health literature. Refugees were found to have significant barriers to accessing health-care services as compared to immigrants. Health care for refugees in Canada was found to be more complicated than health care for immigrants due to policies at the federal, provincial, and municipal levels. The findings of this review can increase knowledge among health-care providers about the health-care experiences of immigrants and refugees in Canada and the implications of legal immigration status as a determinant of access to health-care services in Canada.

Interrogating the Work of Max van Manen: A Critical Appraisal

Sara F. Johnson, *University of Manitoba*
Roberta L. Woodgate, *University of Manitoba*

Given the ubiquity of van Manen's work in nursing and other human sciences, the ability to put his work into context of the larger body of phenomenological literature is essential for those using his methodology. Nursing has been criticized in the past by certain scholars for inappropriate use of phenomenology and lack of understanding of different philosophical streams within phenomenology itself. Interrogating the work of van Manen within hermeneutic phenomenology will help to inform those researchers using his work and improve credibility of the resulting research. We primarily seek to undertake a textual analysis of van Manen's hermeneutic phenomenology to both evaluate its utility and understand its context in phenomenology more generally. Analysis will specifically address works focusing on phenomenological philosophy and methodology, including Researching Lived Experience and The Phenomenology of Practice. We orient our analysis based on several questions: (1) Who are the philosophers that van Manen takes inspiration from? (2) What is the importance of lived experience and how does this relate to the study of phenomenology? (3) Has van Manen's approach to phenomenology changed over time, and if so, how should we understand this change when conducting research? (4) What are the strengths and challenges posed to researchers attempting to use van Manen's work as a basis for hermeneutic phenomenological inquiry? This analysis will allow for a more critical engagement and deeper understanding of Max van Manen's work, helping to contextualize it and advance scholarly debate.

Designing and Conducting Observational Research on the Move Within High-Tech Environments

Jonas Karlsson, *University of Borås*
Isabell Fridh, *University of Borås*
Thomas Eriksson, *University of Borås*

This presentation will focus on experiences of performing research within complex high-tech environments and contexts while on the move, using participant observation combined with video recording and hermeneutical analysis. In recent years, interhospital transfers within intensive care have increased dramatically. These transfers are considered as complex and high risk due to critical illness and care taking place in a mobile environment across high-tech contexts. Research regarding transfers of intensive care patients is limited and almost entirely consisting of quantitative research methodologies. There is a significant lack of research with creative and holistic qualitative approaches focusing on the patient and their family members' unique situation within the transfer process. Eight intensive care unit-to-unit transfers carried out by ambulance were included in the data collection process, with the aim to explore the patient's situation and perspective during transfers. This complex data collection required the researcher to follow the patient throughout the transfer, performing participant observation and video recording. This involved the researcher's presence from the transfer preparations, during the ambulance transport and the handover at the new unit. The data collection resulted in 7 hr and 23 min of video material and field notes, which finally was analyzed using a hermeneutic approach. This presentation will offer unique insights regarding participant observation and video recording within high-tech environments and contexts. The presentation will further discuss pros and cons with this design as well as problematize key issues and ethical considerations.

Understanding Patient Involvement and Educating Interprofessional Health-Care Teams

Kelly Kilgour, *University of Ottawa*
Angus McMurtry, *University of Ottawa*
Katherine Moreau, *University of Ottawa*

This presentation introduces an active doctoral action research study conducted on two interprofessional teams in a Canadian hospital. Health organizations are keenly improving interprofessional collaboration (IPC) and patient involvement (PI) with the goal of enhancing patient outcomes. IPC involves health-care workers from different professional backgrounds working together to deliver more safe, effective, and comprehensive services; IPC is an important part of Canadian health-care delivery. Another development is PI in health decisions, empowering patients and taking advantage of their care recipient insights; however, surveys mainly underpin this research. Qualitative research on PI and IPC is therefore essential for quality patient care. Action research provides an active, systematic framework for inquiry while supporting collaboration between researcher and diverse stakeholders (Stringer, 2008). The research objectives are to (a) gain an understanding of PI and perspectives of IPC teams and (b) educate and collaborate with IPC teams to better incorporate PI in their practices. Phase 1 results, from patient interviews, will be summarized followed by collective discussions of future strategies for the researcher to collaborate with and facilitate learning among patient advocate volunteers and IPC teams to improve PI in their team practices (Phase 2). Specifically, patients' perspectives of the IPC teams, their involvements with the teams, the shared decision-making with respect to voicing pertinent health-care decisions and further educational suggestions will be considered. This study and presentation may assist participants to gain a greater understanding of how to foster improvements in their IPC team practices as well as PI integration and impacts.

Losing Our Stories: Early Experiences of Individuals Facing Mental Illness

Susanna Koczkur, *University of Calgary*
Barb Sarsfield, *University of Calgary*
Esther Halton, *University of Calgary*
Nancy Marlett, *University of Calgary*

The purpose of this study was to explore using narrative processes, the early experience of individuals, and their changes at the beginning of their mental illness. Using qualitative research and the grounded theory method, three focus groups and four narrative interviews were held with a total of 13 participants, who self-identified as persons with a mental illness and diversity of age and gender. Using a narrative analysis process, common threads were identified from shared experiences of the initial periods of mental illness. These were developed as scripts with story patterns. A story frame of experiences was identified that occurred in a nonlinear time pattern. In each point among the six stops (storylines), patients expressed how their individual stories from "life-as-usual" were lost as they became patients of the mental health system. In group conversations, each participant first recounted their story as a mentally ill patient, before retelling the life events prior to their mental illness, reidentifying with their individual story. The retelling and maintaining of "life-as-usual" stories, as well as the personal stories of experienced changes, may be a benefit to patients' self-identity and personal agency, representing their mental illness as only a part of their life story rather than their only story. Upon presenting these findings to both patients and clinicians, many concepts of transferring this knowledge into service delivery have been considered for potential program development. This may result in healthier help-seeking choices impacting the creation of stronger supports and resources and enhancing recovery.

Themes of Loss: An Autoethnography on Experiencing HELLP Syndrome in Pregnancy

Rae A. Kokotailo, *University of Calgary*

Every woman has hopes for a healthy pregnancy and I was no exception. I never anticipated that halfway through my pregnancy, my blood pressure would climb, climb, and keep on climbing. It was like watching a car drive directly at me and I was unable to move out from its destructive path. I was physically uncomfortable and scared. At 29 weeks gestation, my blood pressure spiraled out of control into hemolysis, elevated liver enzymes, and low platelets (HELLP) syndrome, a rare hypertensive complication in pregnancy, endangering both my life and that of my son, who had to be delivered prematurely. This narrative autoethnography (following the principles outlined by Ellis and Bochner) chronicles my many losses due to HELLP syndrome, including control over my body, nesting, early bonding with my son, breastfeeding, faith in prenatal care, recovery from birth, self-care, and dreams for a second child. By sharing these losses, I aim to illustrate to the public, as well as to medical and mental health-care providers, areas in a new mother's life where support is very much needed. A greater understanding of experiences like mine could benefit not only women affected by HELLP syndrome, but others affected by a traumatic pregnancy and/or birth experience.

Keywords: HELLP syndrome, autoethnography, pregnancy, trauma

Spirituality Among Family Caregivers in Palliative Care Settings: An Integrative Literature Review

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Wendy Duggleby, *University of Alberta*
Joanne Olson, *University of Alberta*

Family caregivers experience various spiritual and existential concerns while caring for their terminally ill family member in palliative care. An integrative literature review was conducted to evaluate and synthesize studies on spirituality among family caregivers to identify gaps in knowledge and generate an in-depth understanding of spirituality of family caregivers in palliative care. Databases such as CINAHL, MEDLINE, EMBASE, and PsycINFO were searched. Articles published between 2000 and 2016 were reviewed. Inclusion criteria included family caregivers (parents, spouses, relatives, or friends) of adults (age >18 years), caring for a family member with terminal illness in palliative care setting. Data were systematically analyzed from 25 published research papers. Using thematic analysis, six themes were identified. These included spirituality and family caregiving: a close and meaningful connection, spirituality as a way of coping, spiritual expressions among family caregivers, spirituality transcending fears, spiritual needs of family caregivers, and spirituality in family caregivers' decision-making. Findings demonstrated that family caregiving is a meaningful act and spirituality plays an integral role in family caregiving. However, in most studies, the concepts of religion, religiousness, and spirituality were found to be overlapping. The majority of the studies targeted people who practiced their religion regularly. Consequently, the religious dimension was seen dominant over several other dimensions such as personal or existential dimensions of spirituality.

Most studies were conducted in a western part of the world and carry a Judeo-Christian perspective. Future studies are recommended from other contexts, religion, and cultures to gain an in-depth understanding of spirituality and its potential influence on family caregivers' practices during palliative care.

Understanding the Social Support Experiences of Couples in Perinatal Loss: A Proposed Interpretive Description Study

Stephanie Lelond, *University of Manitoba*
Roberta L. Woodgate, *University of Manitoba*

Perinatal loss can be a devastating, life altering event that has been shown to result in lasting psychological and emotional distress. It has historically been labeled a silent loss; a factor that contributes to the impact of perinatal loss. Literature reports a key component to mitigating lasting parental distress is social support, both during and after perinatal loss. However, more research is warranted that details how best to support parents experiencing perinatal loss. The aim of this study is to explore the social support experiences of couples throughout perinatal loss. A qualitative research design using interpretive description methodology will be used. Purposive sampling will be used with a proposed sample size of 10 couples who have experienced a perinatal loss. Couples will participate in a minimum of two semistructured interview sessions. The interviews will be digitally recorded and transcribed and detailed field notes taken. Data will be collected and analyzed concurrently using a thematic approach. Understanding the social support experiences of this population is imperative for providing the education necessary to increase social support and decrease the silent loss experience in perinatal loss that contributes to parental distress. The findings may be used to inform and improve existing services and programs that are meant to improve social support for couples experiencing perinatal loss.

Practicing and Evaluating Patient Engagement in an HIV Clinical Study: Working With the I-Score Consulting Team

D. Lessard, *McGill University*
K. Engler, *McGill University*
B. Lebouché, *McGill University*

Despite increasing interest in patient engagement (PE), PE projects' processes and impacts, on research or beyond, are seldom reported and evaluated. Our project focuses on engaging HIV-positive patients in the I-Score Study, which aims to develop a patient-reported measure of antiretroviral treatment adherence barriers. This presentation describes the nature and level of PE achieved in the first phase of the Project (December 2015 to May 2017). The project founded the I-Score Consulting Team, a group of 10 HIV-positive adults who attended nine meetings over the evaluation period. The evaluation was a mixed-method participatory ethnography. Data collection included satisfaction surveys and meeting audio-recordings. Analysis included describing meetings (duration, discussion topics, impacts, and PE level) and thematic coding of qualitative survey data and meeting transcripts. Discussions in first meetings focused mostly on "informing" or "consulting" patients on I-Score-centered topics. With time, discussions promoted "collaboration," topics expanded to I-Score subprojects, and a patient–research team "partnership" was established. Themes indicated that patients enjoyed the positive interactions, coleaning processes, self-determination, and unexpected outcomes that characterized their interactions with researchers and members. They felt gratified, exchanged tips to improve communication with clinicians and on services, and identified some of their adherence barriers, with stated improvement in treatment uptake or access to care. These results highlight how qualitative methods in PE evaluation allowed us to uncover unforeseen outcomes and how engagement and meaningful relationships between patients and researchers build over time. Designing PE evaluations with patients could improve our understanding of its process and impacts on research and patients.

Exploring Risky Sexual Behavior With Youth in Rural Malawi: Providing Youth a Voice Using Photovoice

Saria Lofton, *University of Illinois*
Kathy Norr, *University of Illinois*

Reducing HIV infections among youth is critical to meeting the global goal of no new infections by 2030 because young people account for 35% of new infections globally and half of new infections in Malawi. Unfortunately, few studies have explored these issues, and most lack a focus on community-based approach that emphasizes community assets and action for change. Despite its high potential and wide use in the United States, photovoice has rarely been used to explore youth sexuality and HIV risk and has not been used to do so in the high-HIV prevalence countries of sub-Saharan Africa. Using photovoice, a participatory research approach, we will collaborate with rural youth to identify community places and situations that promote or discourage youth risky sexual behaviors and develop an action plan to reduce these behaviors. Photovoice uses photography as a trigger to critical dialogue community assets and concerns, leading to an action plan for communities and policy makers. A community-based organization collaborating with our team will recruit 24 youth, ages 13–17. The youth will be given cell phones and take pictures that identify places and situations that encourage or discourage youth risky sexual behaviors in their community. The youth will then use insights, through a facilitated discussion, from their photovoice analysis to develop a community action plan that will support places and situations that discourage youth risky sexual behaviors and reduce or modify those that encourage risky sexual behaviors. We will follow-up with the youth in the following year and describe community implementation of the action plan and perceptions about its impact, based on qualitative focus groups with youth, parents, and leaders. The project team will conduct in-depth analyses, guided by Miles and Huberman qualitative analysis approach, of the facilitated discussion data, including translated notes and recordings to confirm initial themes identified by youth and identify new themes, commonalities, and differences. Findings are expected to contribute to qualitative research by extending community-engaged implementation to directly involve adolescents and to evaluate whether they were able to implement their action plan.

Using the PEN-3 Model to Explore Food Choices in Black Youth

Saria Lofton, *University of Illinois*
Kathy Norr, *University of Illinois*

Cultural influences on food choice significantly affect obesity and overweight among African-American (AA) youth. We used a cultural-based model (PEN-3) to identify ways culture can be integrated into interventions. This study used photovoice to identify cultural factors that influenced food choices of 23 AA youth ages 11–14 in an urban setting. By photographing foods they ate, photovoice allowed youth to literally "envision" food choices and discuss them to move into critical analysis of factors affecting those choices. These youth identified themselves as Black, and their Black cultural identity had a strong influence on their food choices, both directly and indirectly. They identified food choices as linked to customary traditions integral to AA culture, such as family gatherings during holidays, and their residential family that provided everyday meals. Youth also identified race-based food choices, identifying differences between what "White people" and "Black people" chose to eat, with the types of food associated with Black people being generally less healthy. Racial segregation limited access to healthy foods. Youth culture and mass media were also a powerful tool that helps shape the ideas and subsequent eating behaviors of youth. There were some gender differences in the way mass media role models influenced food choices. Although adolescence is a time of increasing peer pressure, these youth did not verbalize that their friends pressured them to make unhealthy food choices. Understanding the multidimensional factors that affect young people's food choices is essential for developing acceptable and effective interventions for this target group.

Who Cares: The Impact of Suspected Mining-Related Lung Cancer on Caregivers

Leigh MacEwan, *Laurentian University*
Nancy Lightfoot, *Laurentian University*

This study investigated the emotional, physical, financial, occupational, practical, and quality of life impact on those who cared for patients with mining-related lung cancer and how to better assist them. This concurrent embedded mixed-methods study utilized in-depth individual, in-person qualitative interviews, as well as the RAND Medical Outcomes 36-Item Short Form Health Survey Version 2 (SF-36 v2) quality of life (QOL) measure, with nine caregivers of those with suspected mining-related lung cancer who had worked in Northeastern Ontario. Additionally, those who assisted workers in filing compensation claims, one of whom was union based and the other government based, were also interviewed. Interviews ($n = 11$) were transcribed and analyzed thematically. Caregiver themes focused on (1) the emotional impact of diagnosis/illness, (2) suspected cancer causes, (3) financial impact of diagnosis/illness and compensation successes and challenges, and (4) suggestions. Those who assist workers in preparing claims described the (1) lack of knowledge about how to claim and claim time limits; (2) frustration with compensation timelines, processes, and common denial of claims; (3) need for better exposure monitoring, controls, and funded studies; (4) requirement for supportive healthcare services whether claims are allowed or not; and (5) need for compensation versus cost control. QOL scores were below the norm for most measures. Caregivers recommended more education about the compensation process and support while worker representatives recommended more time for claim preparation, family education about the compensation process, more workplace monitoring and controls, additional health studies, and a focus on compensation versus cost control.

Temporal and Spatial Order in the Collaborative Work by Nurses in an Emergency and Critical Care Center

Hiroki Maeda, *Tokai University*
Yumi Nishimura, *Tokyo Metropolitan University*

The purpose of this study was to describe the work at an emergency and critical care center, specifically focusing on how the multiple nurses collaborate when moving patients from the outpatient service to the ward. I will explore how the work enables efficient bed management. The research location is an emergency and critical care center, which consists of a ward and an outpatient service. Fieldwork was conducted on this center and video data were collected at the nursing station in the ward. This study was conducted by analyzing video data and field notes from a sociological perspective of the temporal and spatial organization of the ward and outpatient service. The nursing station in the ward is the center for bed management. The nurse who takes a role as a "coordinator" accepts requests for patients being admitted from the outpatient service by phone and confirms the time and place just before the actual moving. Making each plan as a resource for moving patients enables outpatient nurses to smoothly enter the ward with patients for admission. The process of movement of each patient is carried out in parallel for multiple patients. Therefore, nurses have to coordinate multiple flows of time and achieve a division of labor. The nursing station is the "center of coordination" (Suchman 1997), in which nurses coordinate other nurses' activities, enabling them to coordinate multiple flows of time. Coordinating their activities is crucial for effective patient transport. This study clarifies how the work of nurses enables patient transport.

"Building the Broken Pieces": Little Saskatchewan First Nation Youths' Experiences of Family Disruption and (Dis)Engagement Following the 2011 Human-Made Flood in Manitoba

Donna Martin, *University of Manitoba*
Shirley Thompson, *University of Manitoba*
Myrle Ballard, *University of Manitoba*

In 2011, provincial government officials rerooted water and flooded 17 First Nation communities in Manitoba including Little Saskatchewan First Nation (LSFN). This human-made flood displaced thousands of people. To date, over half of the members of LSFN remain displaced, relocated, and dispersed hundreds of kilometers away. A critical ethnography within a participatory framework was conducted to describe the micro- and macroconstruction of LSFN youth's experiences of induced displacement. Two-eyed seeing guided the research as it equally values Indigenous and Western ways of knowing. A purposive sample of 18 members of LSFN (aged 18–35 years) volunteered to participate in video- or audio-recorded, semistructured interviews. Interviews were transcribed verbatim. In this presentation, we describe preliminary findings and share our recommendations. Participants perceived that the human-made flood, emergency evacuation, and induced displacement disrupted the family by scattering family members to hotels and temporary housing sites in various locales. Being a member of a "broken family" shaped participants' attitudes, beliefs, and behaviors that led to disengagement from everyday life. Reconnecting with family, community, and culture fostered participants' engagement in health-promoting activities or behaviors described by participants as "building the broken pieces." We discuss the findings within the context of current evidence about intergenerational trauma and the documented outcomes associated with disruptions of First Nation families. We also argue that two-eyed seeing would facilitate more inclusive and socially just programs and policies with Indigenous peoples or in other words, public engagement.

The Cultural Understanding of Adversity From Multiple Stakeholders' Perspectives: Preliminary Findings

Helen Martin, *McGill University*
Shiva P. Srinivasan, *Schizophrenia Research Foundation (SCARF)*
Padmavati Ramachandran, *Schizophrenia Research Foundation (SCARF)*

Adversity in the context of mental illness is an ambiguous concept whose definition has primarily stemmed from the West. Unclear conceptualizations of adversity may impair understanding of the illness. Despite the lack of a clear, culturally sensitive definition of adversity, research has largely moved ahead toward a focus on resilience as a predictor of outcome. Hence, this study focused on understanding adversity from the perspectives of a Low and Middle Income (LAMI) country. To enable a better comprehension of adversity, we included the perspectives of various stakeholders in this study. Participants included mental health service providers and service users and their families from the First Episode Psychosis clinic at Schizophrenia Research Foundation (SCARF), a nonprofit, nongovernmental organization in Southern India. Using a phenomenological study design, focus groups were conducted separately with these different stakeholders aiming at defining adversity. A preliminary thematic analysis of the service provider focus groups generated some key themes. These included the nature and timing of the adversity, varying perceptions of what constitutes adversity (e.g., viewing adversity as an accumulation of stressors), predisposing factors to adversity, and adversity as a catalyst for growth. Culture- and gender-specific differences also emerged. Our findings suggest that it is necessary to increase service providers' awareness of the multiple ways service users experience and perceive adversity. This may help develop more comprehensive, culturally sensitive tools measuring adversity, which may in turn have significant implications for public and preventive health programs.

Immigrant and Refugee Youths' Perceptions of Sexuality: A Systematic Review of Qualitative Evidence

Katrina M. Martin, *University of Manitoba*
Roberta L. Woodgate, *University of Manitoba*

Immigrant and refugee youth experience many disparities when it comes to their sexual health in comparison to nonimmigrant and refugee youth. Immigrant and refugee youth experience deficits in knowledge concerning contraception, communicating about sexuality issues, and accessing sexual health resources, thus impacting their sexual health. This poster presentation shares findings from a systematic review of peer-reviewed qualitative evidence with regard to immigrant and refugee youth's perceptions and experiences concerning sexuality. Seven databases were systematically searched, which resulted in 1,467 citations. Ten studies met the inclusion criteria. The research papers primarily drew from the experiences of youth from Middle Eastern and African countries that have migrated to Australia, United Kingdom, Canada, and the Netherlands. Five themes were extracted from the studies: (1) the influence of religion and culture on sexuality, (2) the double-standard effect, (3) sexual decision-making and the living pressure, (4) the taboo nature of discussing sex, and (5) misconceptions about sexually transmitted infections and contraceptives.

Gender power imbalances, religion, and culture impact how young women view and control their sexuality. Female youth experienced greater social consequences as a result of premarital sex in comparison to male youth. To date, the literature exploring this phenomenon is limited and primarily focused on female youth. More work is warranted that addresses the sexuality needs of refugee and immigrant youth with diverse gender identities. Overall, this review supports the need for culturally safe and appropriate sexual health education for refugee and immigrant youth.

A Qualitative Assessment of Youth Access to Mental Health Services and Supports in Rural Nova Scotia (NS)

Holly Mathias, *Dalhousie University*

Youth mental health concerns are problematic in rural Canada, especially in Atlantic Canada. Within Atlantic Canada, Nova Scotia (NS) youth have the highest rates of diagnosed mental illness, while many more youth are thought to live with undiagnosed mental health concerns. Access to mental health services and supports is important for managing mental health; however, only one in six youth has access to appropriate mental health services and supports in Canada. Rurality is thought to be both a barrier and facilitator of access to mental health services and supports. Very little research addresses how youth living in rural Canada experience access to mental health services and supports. The proposed study asks: How do youth living with a mental health concern in a small rural NS community perceive and experience access to mental health services and supports? Modified grounded theory will inform data analysis. Elements of community-based participatory research and case study methodology will inform the study. Semistructured interviews will collect the lived experiences of approximately 10 grade 10–12 students at a rural NS high school. A student research assistant from the school community will assist with the development of the interview guide and the dissemination of results. Preliminary results will be available in spring 2018. Potential findings will contribute a youth perspective to existing literature on access to mental health services and supports in rural Canada. Findings may also inform policy, programming, and service delivery within rural NS.

Clinical Practice Guidelines and Their Implementation in Health Services in Mexico: Perspective From Managers and Health Providers in Maternal-Child Area

Cynthya Maya-Hernandez, *National Institute of Public Health of Mexico*
José de Jesús Vértiz-Ramírez, *National Institute of Public Health of Mexico*
Sergio Flores-Hernández, *National Institute of Public Health of Mexico*
María Fernández-Elorriaga, *National Institute of Public Health of Mexico*

Although in recent years the development and dissemination of clinical practice guidelines (CPGs) has increased notoriously in Mexico and other countries, several evaluations reveal that they have little use in clinical practice and limited influence in the improvement of care. The aim of this study was to identify facilitators, barriers, and proposals for improvement in the implementation and evaluation of CPGs from the perspective of professionals in charge of or are accountable for implementation, diffusion, and application activities. Eighty-five semistructured interviews were recorded and transcribed from four groups of participants: managers, implementers, physicians, and nurses in primary and secondary health-care facilities in seven states of Mexico. The content of the interviews was coded and analyzed with ATLAS.ti 7.0. Three groups of professionals were identified: (1) who know and promote CPGs, (2) who prefer to consult other normative documents, and (3) who don't know CPGs. Clinical and reviewing sessions are commonly used for implementing them. Main criticisms of the CPGs were nonupdating and low alignment with other normative instruments and impossibility to implement the recommendations by limiting resources. Participants proposed some ideas to facilitate their use, such as installing apps on mobile devices or linking with the electronic medical record. The need to incorporate the teaching of the guides in the training of general practitioners and several specialties was commented on. In summary, the effort to implement CPGs seems to have been erratic and insufficient, and the evaluation of their use is practically nonexistent.

The Value of a Phenomenological Approach to Understanding Global Public Health Practice

Corey McAuliffe, *University of Toronto*

Within the field of global public health, little is understood about the female graduate student experience. Within global health work, researchers implicitly assume a certain level of risk, which can be a challenging or distressing experience. Scholarly literature primarily conceptualizes the phenomenon of global health work as a quantitatively dualistic or qualitatively reflexive experience. My research aims to explore the use of phenomenology, both as a theoretical perspective and as a methodological approach, within global public health practice. While underutilized within the field of global public health, phenomenology offers a valuable lens through which to understand the lived experience of North American female graduate students who practice global public health. Phenomenology differs from most other sciences, as it studies our prereflective, everyday experiences of the world, aimed at understanding and meaning rather than classification, categorization, or abstraction. My research will apply Maurice Merleau-Ponty and Max van Manen's four existential guides for reflection (spatiality, corporeality, temporality, and relationality), which offers a holistic perspective of researchers' experiences, inclusive of emotional, embodied, existential, and pathic ways of knowing. Phenomenology moves beyond biomedical conceptions of dysfunction within health (both physical and mental), through privileging first-person accounts. To more fully explore concepts that may arise in the female graduate student experience of global public health practice, phenomenological theory and methodology offer a robust and aligned way to understand this understudied area. These first-person accounts are critical to engagement at a programmatic and policy level, while promoting and integrating additional forms of knowledge production into the field of global public health.

Older Women's Food Insecurity: The Rural Nova Scotian Experience

Madeleine McKay, *Dalhousie University*

Food insecurity is a lack of physical and economic access to adequate and appropriate food and can result in a variety of negative health outcomes, including elevated rates of chronic disease. Individual strategies to address food insecurity may include food bank use. Food banks in rural Canada have recently seen users increase in age and numbers. Older women are especially at risk for food insecurity, given their longer life spans and vulnerability to poverty. Literature on this topic is limited and does not describe rural experiences. Nova Scotia is an area of interest as it has high rates of food insecurity, a rapidly aging population, and is a largely rural region. This project will investigate three research questions: how are older women in rural areas experiencing food insecurity, what strategies are they using to acquire food, and how do they perceive food insecurity affecting their health and well-being? Women aged 65 years and above will be recruited from one rural area of Nova Scotia via local food banks. Methodology will be based in narrative inquiry, which has proven effective for research among older adult populations, but is less common in work on food security. Data will be collected using semistructured interviews. Interview transcripts will be analyzed using narrative coding, wherein stories are identified throughout the data by their narrative structure and analyzed for common themes. Participants' narratives will illustrate individual experiences and collectively identify potential strategies for improving the food security of older women in rural Atlantic Canada.

Food Insecurity Among Older Adults in Canada and Considerations for Gendered Analysis: A Scoping Review

Madeleine McKay, *Dalhousie University*
Jacqueline Gahagan, *Dalhousie University*

Canada's population is aging, and yet little is known about the food security and food access among the country's older adults. This scoping review seeks to determine the extent to which food security has been studied among Canada's older adults and the extent to which gender has been considered in this context, as well as related areas in need for further research. The scoping review involved a search of multiple online databases using defined search criteria. Articles were then reviewed for relevance. Most articles retrieved featured quantitative research ($n = 13$), while fewer employed qualitative methods ($n = 2$). This review found that life changes occurring as a result of aging into older adulthood had an effect on food behaviors and systems, and literature emphasized the need to understand specific experiences of food insecurity within the population of Canada's older adults. The literature on this important health and social issue does not currently reflect the food security of diverse populations in Canada, such as Northern residents and non-English speakers. Despite women comprising the majority of older adults in Canada, their food security is not considered from a gendered perspective. The primarily quantitative research conducted thus far does not explore different experiences of food insecurity in older adulthood.

Youth Disengagement From Education: Teacher and Student Perspectives

Carol McKinstry, *La Trobe University*
Nerida Hyett, *La Trobe University*
Meredith Fettling, *Bendigo Senior Secondary College*

Positive student engagement can provide a range of benefits to individuals including improved physical and mental health, social inclusion, improved relationships with peers, teaching staff, and families, as well as providing a greater overall life satisfaction and trajectory. This study aimed to explore and develop a deeper understanding of the complex factors contributing to youth disengagement in a secondary education setting. Following an extensive literature review, a survey of teaching staff at Bendigo Senior Secondary College was conducted, collecting qualitative and quantitative data (90 responses obtained). Semistructured interviews were conducted with nine students (years 11–13) identified as being at risk of disengaging. Findings indicated that the majority of teachers believed that they had the skills to identify and support disengaged students; however, having sufficient time was an issue. A range of strategies were used by teachers to engage students. Several themes emerged from the interviews with students. Mental health issues were a major influence on engagement while relationships with teachers had positive and negative influences on student engagement. Literacy issues, an unstable home life, a lack of belonging, or connectedness with the school increased risk of disengagement. Student aspiration and the influences of peers and support staff were themes while declining school attendance and feeling overwhelmed were frequently mentioned. Early identification is vital. Ensuring student access to mental health services, addressing literacy issues, creating a sense of belonging, and increasing teacher capacity to assist with nonteaching issues is needed.

"Water, Water, Everywhere, Many Drops to Drink": Overlapping Attempts to Be the Drinking Water Provider to a Low-Income Community in the Dominican Republic

John D. McLennan, *Children's Hospital of Eastern Ontario*

Bringing drinking water to communities that lack adequate access to public water systems is an important endeavor. While some settings in low- and middle-income countries (LMICs) may not be the recipient of any drinking water initiatives, one community in the Dominican Republic was targeted by multiple initiatives by different agencies. Describing aspects of this unusual case might provide some insight into drinking water delivery complexity in LMICs. The author drew on his frequent participant observer role in this community over several years. The resulting descriptive case study was informed by multiple data sources including (i) observations at multiple points over 8 years, (ii) informal discussions with community members and workers over time, (iii) data drawn from a child health study in the community, and (iv) reports from repeated national surveys. The provision of a pump well was an early initiative by a charitable organization aiming to provide an alternative to the then dependence on river water. Subsequent initiatives have included biosand filters, piped water, two filtration systems setup in local establishments, and water filtration straws. Some of these efforts failed early, while others have persisted for segments of the targeted community. Increasing reliance on bottled water over the last several years has resulted in the private sector becoming the dominant player. Potential contributing variables to this case include relative accessibility of the community, lack of coordinated planning, short-term blitz efforts, and the eclipsing role of bottle water provision by the private sector.

Using a Template Analysis Method to Thematically Analyze the Items From Questionnaires to Theoretically Define the Concept of Writing Self-Efficacy

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Diana E. McMillan, *University of Manitoba*

Defining attributes of concepts are often evident in questionnaire items chosen to measure that concept. Questionnaire development is interpretive work that has qualitative origins. Template analysis can help researchers grasp the underpinnings of a concept through meaningful clustering of preidentified themes with the flexibility to add new themes, as they present themselves in the analysis. The aims of this project were to examine the item content of writing self-efficacy (WSE) measures using qualitative methods and to examine the theoretical and epistemological conceptualization of WSE by exploring how the concept is captured through measurement. Two established theoretical frameworks, Bandura's self-efficacy theory and a cognitive process theory of writing from Flower and Hayes, provided the structure for the apriori themes used to analyze the questionnaires. Two researchers independently open coded the items and a third researcher audited the combined code created from the two experiences. Exploring the attributes of WSE defined within the theoretical frameworks assisted with identifying some of the gaps in the measurement of WSE. Sixteen WSE categories were identified from 182 items on 11 WSE measurement instruments. Individual tools incorporated between 2 and 11 of the identified categories to measure WSE. The most common categories represented in the tools included elements of style, self-regulatory behaviors, mechanics and syntax, and mastery highlighting the postpositivist leanings in the measurement of WSE. Identifying categories and gaps in the measurement of WSE using a qualitative method such as template analysis will contribute to the future development of a nursing-specific WSE measure.

A Study of the Experiences of Youth in Returning to Education and Employment After a First Episode of Psychosis at a Montreal-Based Early Intervention Program

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Matthew Peters, *Douglas Mental Health University Institute*
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Background: Specialized early intervention services are designed to meet the needs of young people who are experiencing a first episode of psychosis. To promote recovery, early intervention services offer medication to cope with illness symptoms as well as psychosocial interventions, such as psychoeducation, family intervention, cognitive behavioral therapy, supportive psychotherapy, case management, and job skills training and education. A continuing challenge for early intervention services is the significant numbers of young people who do not attain adequate functional (work/school) outcomes. This project addresses this challenge. **Objective:** The objective of the present study is to shed light on the complex social and interpersonal processes involved in returning to work and school from the perspectives of young persons with psychosis, with a particular focus on those not in education, employment, or training (NEET). **Method:** A qualitative approach was used to examine how young people, who have received mental health services for a first episode of psychosis, think about work and school. We interviewed youths from a Montreal specialized early intervention service who had been NEET for at least 6 months. We conducted individual in-depth interviews with five service users between 14 and 35 years old. **Results:** Four superordinate themes were identified from the data: (1) past experiences informed present self-schemas, (2) the importance of autonomy in fostering motivation toward work and/or school goals, (3) the importance of different forms of support, and (4) the regeneration of a future identity as a step toward returning to work and/or school.

Conclusion and Implications for Practice: The findings of this study suggest that the process of returning to work and school is part of a larger process of integrating past experiences and envisioning a future self in society. This process is ultimately part of a personal journey that should be fostered with social support of family, friends, mentors, and service providers. Such social support needs to be both practical and autonomy focused.

The Meaning of Communication Between Nurses and Patients in an Emergency and Critical Care Center (ECCC)

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Hiroki Maeda, *Tokai University*

There are some inpatients with respirators or unclear consciousness in an ECCC. Therefore, it is both difficult and important in the nursing practice that nurses communicate with patients. The purpose of this study is to describe how nurse-to-patient communication through daily nursing practice in an ECCC was done, by analyzing nurses' narratives and daily practices from a phenomenological perspective. The study was conducted in an ECCC of over 30 beds in an acute care hospital. There were about 50 active nurses at the time of this study. Participant observation and formal interviews were conducted. The plan for this study was examined and approved by the ethics committee of the institution to which the original researcher belonged. The nurse-to-patient communication in this center means (1) past relations between nurses and patients, (2) entering patients' consciousness, (3) cocreating ways of recovering from suffering, and (4) thinking and speaking together regarding patients' everyday lives. While these nurse-to-patient communications are commonplace in various medical settings, this ECCC is one of the first to research them from a phenomenological perspective. These communications showed an aging society in Japan. Numerous elderly people are repeated emergency transport patients, and many are in severe unconscious condition after such transports. Furthermore, establishment of community care has recently been recommended in Japan. As a result, nurses have already started creating home and life care for patients in critical care settings.

Deliberative Dialogue Between Women Living With HIV and Their Care Providers: Engaging Key Stakeholders in Codesigning Improved Care

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Alexandra de Pokomandy, *McGill University Health Centre*

The Canadian HIV Women's Sexual and Reproductive Health Cohort Study engages stakeholders in qualitative and quantitative research aimed at improving health services for women with HIV. Although participatory approaches in general improve research relevance, moving beyond knowledge creation to codesign of solutions and recommendations requires specific techniques. Deliberative dialogue is a strategy for engaging stakeholders like patients and service providers in identifying evidence-based recommendations that are acceptable and feasible in the local context. Central to the method is that lived experience is an expertise and the approach prioritizes this internal expertise over outside expertise. Deliberative dialogue convenes stakeholders to consider evidence and one another's views of the evidence. A moderator asks deliberants to identify common values, to confront difficult decisions and trade-offs, and to generate recommendations or directions for action. This PhD project engages patients and providers in deliberative dialogue of qualitative and quantitative research findings, asking them to recommend improvements in health services for women with HIV. Engagement of service providers and their managers in the knowledge exchange should facilitate early adoption of these recommendations. While suitable for local implementation, the contextualized solutions bring challenges and uncertainties, not least regarding the relevance of the solutions in other settings. Key measures of success include whether and how the recommendations get acted upon and whether that improves services for the women with HIV.

Behaviors Related to Overweight Filipino Women Who Have Immigrated to Japan Concerning Diet, Exercise, Sleep, and Coping With Stress and the Recognition of These Aspects

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Machiko Higuchi, *National College of Nursing*

Filipino women immigrated to Japan tend to be overweight and, therefore, are at a high risk of lifestyle-related disease. In Japan, there are many Filipino migrant workers, and according to a past report, 73% of them are women. Because Filipino women aged 40 or older are much more likely to be obese, overweight prevention for this population is an urgent requirement. The factors prescribing one's lifestyle are affected by one's childhood and cultural background. The aim of this study was to explore the behaviors of Filipino women in Japan about meal, exercise, sleep, stress coping, and their recognition of it. We performed semistructured interviews with 10 Filipino women who were older than 40 years and had been staying in Japan for more than 5 years and analyzed them with a qualitative descriptive methodology. Results showed that their behaviors and the recognition of it included healthy and unhealthy aspects regarding the view of overweight prevention. This inconsistency was affected by their unique situation where they are expected to play different roles such as the largest earner in the family, a foreigner in Japan, mother, and wife, which was the result of their challenge to adopt "good" practices that they acquired both in the Philippines and Japan. Therefore, their behavior in daily life was inconsistent and compromised because they wished to be healthy while fulfilling their expected roles. In conclusion, we should not judge each "practice" individually but consider their "behavior" holistically after understanding their unique situation or cultural values.

Africans Perceptions', Behaviors, and Outcomes in Relation to Type 2 Diabetes: A Systematic Literature Review

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Diabetes and its complications disproportionately affect ethnic minority groups especially Black Africans who may have the least knowledge about the disease, its prevention, and management requirements. Despite the various diabetes education programs, the outcome remains poor for this population. Studies indicate that how diabetes is perceived influences the behavior toward recommended lifestyle adjustments necessary for effective outcome. Literature is scarce on how Black Africans perceive and behave in relation to Type 2 diabetes. This systematic literature review explored Black Africans perceptions and behaviors in relation to Type 2 diabetes. Key databases were systematically searched and the papers that met the strict inclusion criteria were selected. Primary empirical studies, written in English, assessing perception and its related terms and behaviors in Blacks, Black Africans, African-Caribbean, and African-Americans were included. Selected studies were assessed for methodological quality using the McMaster framework and were extracted under relevant headings. Data were analyzed using thematic analysis. The three emergent themes identified were (1) poor diabetes perceptions and behaviors toward weight, diet, symptom recognition, diagnosis, and the use of medication; (2) consequences of poor diabetes perceptions resulting in undesirable outcomes and increased risks of developing complications; and (3) beliefs about the causes of diabetes which included cultural and environmental effects, stress, communication, and information sharing and the influence of spirituality.

Understanding "Meal Realities" in Hospital Using an Ethnographic Approach

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Judi Porter, *Monash University*
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Hospital malnutrition remains an important health-care issue, impacting morbidity, mortality, and health-care costs. There is limited evidence on effective strategies to treat and prevent this complex problem. This study aimed to explore and understand patterns of mealtime culture, environment, and social practice to unravel the factors that make malnutrition difficult to address in hospital. This study was conducted on two hospital wards in Melbourne, Australia. An ethnographic approach was used to gain a comprehensive understanding of mealtimes, as occurring in the "real world." Inquiry began by observing the mealtime practices, interactions, and activities of participants, who were more than 150 nurses, doctors, allied health, food, and support services staff, volunteers, family, friends, and carers of admitted patients. Seventy-five interviews were conducted with 61 participants to explore their perspectives and experiences and contextualize mealtime phenomena. Field notes and interview transcripts were analyzed thematically, informed by systems and complexity theory. Data analysis was supported by memo-writing and reflective journaling. Staff, volunteers, and visitors strive for patient centeredness at mealtimes. However, this was constantly challenged by the routine and structured nature of the foodservice and health-care systems, giving rise to disharmony at mealtimes. Time, awareness, accountability, and responsibility influenced staff, volunteer, and visitor practice at mealtimes. The tension between promoting patient centeredness and operating within a system highlights why hospital malnutrition is so difficult to address. Interventions and strategies that approach hospital mealtimes and nutritional care as complex and nonlinear are needed.

Understanding the Moral Experience of Families With Children With Medical Complexity: A Focused Ethnographic Proposal

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Franco Carnevale, *McGill University*
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Children with medical complexity (CMC) are a growing population of children who have complex chronic conditions, functional limitations, high use of the health services, and multiple health-care needs. Implications of medical complexity include frequent hospitalizations and readmissions, high costs for health services and families, barriers to care access, unmet needs, overwhelming routines for families, and social isolation. Understanding the perspectives of CMC, their families, and health-care professionals (HCPs) in relation to notions of good/bad, right/wrong, just/unjust can inform health care and help to overcome these implications. The objective of this study is to understand the moral experiences of families of CMC, from their individual perspectives (child, siblings, and parents), and the HCPs perspectives. The study will use a focused ethnographic design. This methodology involves the examination of the meanings that a particular group of people assign to their experiences and how they integrate health beliefs and practices into their lives. Data will be collected through participant observations, semistructured interviews, and examination of key texts. Patients, parents, siblings, and HCPs will be recruited from three pediatric units of an urban university teaching hospital in Santa Maria, Southern Brazil. This hospital is a reference center for families of CMC in the region. This study will illuminate how families understand moral concerns in relation to their everyday lives with CMC. Further, this study will provide contributions on how these children's voices are understood and recognized, or not, by families, HCPs, and institutions.

Fathers' Experiences in the Care of a Child With Cancer: A Metasynthesis Qualitative

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Francine de Montigny, *Université du Québec en Outaouais (UQO)*
Lucila Castanheira Nascimento, *University of São Paulo (USP)*

Childhood cancer triggers physical, emotional, and social repercussions that affect the entire family. Although fathers play an important role in the child's life, we know little about their experience. This metasynthesis aims to synthesize and analyze qualitative evidence about the experience of a father in the care of his child with cancer. From searching six databases, using the key words "fathers," "child," "adolescent," and "cancer," 2,970 articles were found. All titles and abstracts were assessed for inclusion criteria and 62 articles were selected for full-text reading. Then, the papers were assessed for inclusion criteria and quality and 16 studies were included. The data were extracted by a form prepared by the authors and analyzed by thematic analysis. Three themes illustrate the experience of the father in the care of his child with cancer: repercussions of diagnosis and therapy of the child with cancer, paternal care of the child with cancer, and searching for normality. The influence of masculinities was the central concept that encompassed the three themes and their interactions. This metasynthesis highlights gaps in the literature such as the need to get the experience of other figures who assume the paternal role and learn more about the experience of the father with the child at different stages of the disease. The knowledge of the father's experience is useful for better supporting the father's involvement in the context of childhood cancer and thus improve the quality of nursing practice with families.

Shaping Public Engagement in Health Informatics Research

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Mary Tully, *University of Manchester*
Sarah Cunningham-Burley, *University of Edinburgh*
Mhairi Aitken, *University of Edinburgh*

Health research is increasingly using information from multiple sources including routinely collected data from health records without consent. This requires sharing and linking of data about individuals to create complex and rich datasets. Researchers can then work with depersonalized data in a secure environment to improve health, care, and services through research and planning. The use of such data poses particular challenges in creating ethically robust and socially ethical approaches to the use of this "big data" for research purposes. Some commentators have noted that this calls for a new "social contract" between health research and society. Transparency and clear communication of activities in addition to public engagement are essential to undertaking good quality scientific research of public value and in pursuing a new social contract with society. However, the engagement of publics in health informatics research does not, as yet, have a clear framework for, and examples of, best practice unlike more traditional clinical research. Given health informatics' new and emerging role, it is essential to understand how publics should be engaged in pursuant of publicly beneficial research. International experts (including citizens) from across the United Kingdom, Australia, Canada, Finland, and the Netherlands attended a qualitative consensus workshop, with several small group discussions followed by large group feedback. This presentation outlines the processes and demonstrates the findings that harnessed the knowledge and experience of the group to produce a consensus statement on good practice in public engagement in data linkage in health research.

Exploring the Intersectional Experience of Asian Immigrant LGBTQ Youth Through the Perspectives of Professionals and Service Providers

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Srividya Iyer, *McGill Department of Psychiatry*
Lucie Nadeau, *McGill Department of Psychiatry*

This study explores the struggles Asian immigrant lesbian, gay, bisexual, transgender, and queer (LGBTQ)[LGBTQ has been spelled out as lesbian, gay, bisexual, transgender, and queer. Please check and approve.] youth face because of their overlapping minority identities and ensuing implications for mental health and social support services. Research shows LGBTQ youth, immigrant youth, Asian LGBTQ people, and immigrant LGBTQ adults face various challenges related to their distinct identities, but no research to date has examined the specific concerns of Asian immigrant LGBTQ youth in Canada. This is worrisome because recent trends in immigration suggest that the number of these youths is likely to increase in metropolitan areas, and mental health and allied services should be prepared to address the unique issues they grapple with. Due to ethical barriers in researching minors, semistructured interviews will be conducted with service providers and other professionals to understand how these youths' different identities affect their lives and the support services they may seek and obtain. Such a sampling strategy may attain perspectives that would be typically excluded in interviewing youths directly, as service providers and professionals can speak to the concerns of youth who may be reluctant or unable to participate in such studies; further, this sampling strategy will be supplemented by young adults' perspectives at a later time. These interviews will be transcribed, coded, and analyzed in light of the framework of intersectionality, which can elucidate the ways in which identities interact with each other to shape social experiences. Our findings will elucidate barriers and facilitators to accessing and using services, in addition to illuminating distinctive stressors and sources of resilience within this population.

Tea and Toast: Community-Specific Mental Health Services at the Eskasoni Mental Health Services Crisis and Referral Center

Jenny Reich, *Dalhousie University*

This poster will outline the research I will undertake later this fall on the community specific mental health-care services offered through the crisis and referral center at Eskasoni Mental Services (EMHS). Eskasoni is a Mi'kmaq first nation located in Cape Breton, Nova Scotia. In 2010, the 24/7 EMHS crisis and referral center was established following a comprehensive review and service model restructuring in response to a crisis of suicides and untimely deaths between 2007 and 2009. The center operates on a model of peer support with resources allocated to "build capacity" to address mental health services from within the community and a plan to provide comprehensive services across the life span. I am specifically interested in the relationships between service users and providers. Using ethnographic methods, I will explore the questions to what extent the services the services provided at EMHS are similar or different from mainstream services and how to account to for any unique aspects of the crisis center (e.g., whether it stems from flexibility within the organization to challenge taken-for-granted colonial narratives of mental health and addiction).

Decision Making in the Context of Euthanasia and Assisted Suicide: A Scoping Review

Martin Roberge, *Université Laval*
Diane Tapp, *Université Laval*

Since June 2016, Canadian physicians are allowed to legally perform medical assistance in dying (MAiD) as a way to respect patients' decisions regarding the end of their life. Multiple criteria must be respected for an individual to be admissible, including no medical condition impairing the patient's cognitive state and an enduring and intolerable suffering underlying the demand. Considering this new practice and informed by clinical needs emerging among nurses and physicians who experienced it, we became interested in the decision-making topic in the context of euthanasia and assisted suicide. We conducted a scoping review that aimed to systematically map the literature available on this topic and identify the main subjects of interest around MAiD decisions. Papers addressing the development or the use of clinical tools to support the decision-making process have primarily been considered. Studies related to factors inciting individuals to ask for MAiD or precising how the process of MAiD is experienced by physicians, nurses, and patients have also been included. This poster will present our methodology and main results about the first topic. We found 2,192 papers, extracted 12 of those written between 1990 and 2017, and conducted a content analysis. The major results that have been identified are (1) there exist no tools or instruments to support patients or physicians in MAiD decisions, (2) health organizations have not provided their needs about MAiD support, and (3) the implication of a multidisciplinary team might be useful to address the complexity of a MAiD request. Considering the ethical debate surrounding these decisions and the need for clinical safeguards, research priorities regarding the decision-making process in context of MAiD are identified.

Which Databases to Choose When Looking for Qualitative Health Research? Evaluating Biomedical Database Coverage and Indexing

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Kelly Farrah, *CADTH*
Melissa Severn, *CADTH*
Elijah Herington, *CADTH*

Qualitative research provides an important perspective for evidence-based decision makers in health care and is increasingly being incorporated into systematic reviews and health technology assessments (HTAs). However, identifying relevant qualitative evidence is often challenging due to the wide range of study types that fit within the umbrella term of "qualitative research," as well as variable reporting and indexing of qualitative studies. Thus, researchers often search multiple biomedical databases to ensure the comprehensiveness of information retrieval. While this may lead to the identification of a larger number of qualitative studies, it could also lengthen the screening process by increasing the time spent on, or requiring more resources to complete, screening. This study aims to assess database coverage and indexing for qualitative studies within five biomedical databases (MEDLINE, Embase, PsycINFO, Scopus, and CINAHL). A set of 158 qualitative studies included in seven previously published HTAs from the Canadian Agency for Drugs and Technologies in Health was used as a baseline to assess coverage within each of the five databases in terms of content and indexing for qualitative research. Recorded key words and subject headings were extracted, and the number of qualitative studies in each database that have at least one subject heading identifying them as a qualitative research was calculated. The results from this study will help inform researchers and information specialists when deciding on the number and choice of databases when searching for qualitative literature.

Evaluating an Intercultural Dialogue Intervention to Strengthen Traditional Indigenous Midwifery in the South of Mexico

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Sergio Paredes-Solis, *Centro de Investigación de Enfermedades Tropicales, Universidad Autónoma de Guerrero*
Neil Andersson, *McGill University*

Indigenous communities in the South of Mexico face a disproportionate burden of maternal mortality and morbidity.

Previous research has assessed the effect of training traditional indigenous midwives, but few have tested the impact of supporting their practices. Between 2015 and 2017, a participatory cluster randomized controlled trial fostered the work of traditional midwives in two municipalities of Guerrero state and measured the intervention's impact on maternal health. In 2016, we used the most significant change technique to evaluate this intervention and how it relates to a theory of intercultural dialogue. We collected 86 life stories from midwives, apprentices, and beneficiaries. These stories narrated the most significant change produced by the project. Staff who implemented the intervention then collaboratively identified the most relevant domains of change. Stories reported the recovery of traditional knowledge among midwives, their increased ability to work together, and a further transfer of knowledge to apprentices. The wider community also regained trust and confidence in traditional medicine, with midwives being viewed as authoritative voices on health issues. Within the health-care system, the intervention improved the respect and interactions between midwives and official health-care staff but required an intercultural broker to facilitate the relationship. Although the technique used for the evaluation has limitations for presenting negative impacts, the results indicate the benefits of promoting intercultural dialogue. According to the theory of intercultural dialogue, the interventions initially achieved stages of intercultural interaction, but further coordination between traditional and the official health-care system will require additional time to further develop.

Exploring Social Support, Sport Participation, and Rural Women's Health Using Photovoice: The Manitoba Experience

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Beverly D. Leipert, *Western University*
Hazel A. Rona

Seventeen women from two curling communities in Manitoba participated in this photovoice research, which was part of a national qualitative study on rural women's health within the context of the sport of curling and curling clubs. The women were orientated to the objectives of the study and how to use the disposable camera. They were given 2–3 weeks to take pictures of images that represent health in the context of the curling rink. They were also asked to record observations in log books and title their photos as to their meaning or significance. After the photographs were developed, the researchers conducted focus groups in which each woman chose two photographs to discuss. The focus groups were audio-recorded and then transcribed verbatim. The 333 photos the women took collectively and the transcripts were analyzed using thematic analysis. The main themes prevalent in the photographs and transcripts were facilitating social connections, advancing the sport of curling, enhancing physical health, promoting mental health, contributing to personal growth, and promoting gender equality. Photovoice was an effective research method for studying the health of rural women. The women attributed curling with enhancing their physical and mental health as well as their social well-being. The Manitoba findings were similar to the national study findings.

"You Start Grieving Even When They're Standing Right in Front of You": The Grief of Children and Young People Who Have a Parent With Young Onset Dementia

Pat Sikes, *University of Sheffield*
Mel Hall, *Manchester Metropolitan University*

Research suggests that the grief experienced by the family members of persons with dementia has a distinctive nature that differentiates it from sorrow attendant on most other ill-health causes. Over a variable and unpredictable period of time, the way in which dementia manifests in cognitive and physical changes tends to be experienced as a series of serious losses, each of which can be a source of grief contributing to significant stress and emotional, mental, psychosocial, and physical ill-health. Research to date has focused on spouses and adult children: here the focus is on the grief related perceptions and experiences of children and young people who have a parent with young onset dementia. Drawing on findings from an Alzheimer's Society UK-funded narrative auto/biographical investigation involving twenty-two 6- to 30-year-olds, evidence is presented to illustrate what anticipatory and predeath grief associated with parental dementia means for young people making experience life-shaping decisions about education, career, and personal relationships. The stories project participants told challenge the notion of "ambiguous loss" that is often invoked to describe dementia grief. These narratives also provide pointers to the sorts of support that could help navigate children and young people through an unusual and biographically disruptive experience.

Experiences of South Asians in Receiving Compassionate Care: How South Asian Populations Perceive and Experience Compassion in the Health-Care System

Pavneet Singh, *University of Calgary*
Kathryn King-Shier, *University of Calgary*
Shane Sinclair, *University of Calgary*

Compassion plays a major role in providing quality health care to the patients, especially in the context of patient suffering. However, little is known about the patients' perspective of compassionate care. Recently, Sinclair et al. investigated the understanding and experience of compassion in end-of-life cancer patients and identified key domains of compassion in health-care system as experienced by the palliative care cancer patients, noting that while there seems to be some universal elements of compassion, health-care provider expressions and patient receptivity is highly individualized and culturally influenced. Further work is needed to study cultural variances of compassion. This study aims to explore how South Asians perceive and experience compassion in the health-care system.

In this ongoing study, approximately 20 South Asian participants were recruited using snowball sampling techniques. In-depth, semistructured interviews were conducted, which were then translated and transcribed and analyzed using grounded theory. In the next few months, the resultant codes emerging from data analysis will be categorized, recategorized, and condensed to identify key categories and themes. Data from this study will be used to develop a more culturally relevant compassion model that could improve care and alleviate patient suffering among South Asians, along with laying a basis for future research and improving health-care outcomes. The study would uncover the experiences of South Asians in receiving health care, how compassion is developed, elicited, delivered, and experienced by South Asians while receiving health care in Canada.

A Narrative Inquiry of Nursing Students' Mental Health Clinical Experiences and Reflections on Mental Health Care as a Career

Allie Slemon, *University of British Columbia*
Emily Jenkins, *University of British Columbia*
Vicky Bungay, *University of British Columbia*
Helen Brown, *University of British Columbia*

Across health disciplines, students and newly graduated health professionals report a lack of confidence and competence in working with individuals with mental health challenges. Quantitative research has demonstrated that mental health is consistently perceived by students as one of the least desirable career paths, resulting in staffing shortfalls in psychiatric settings. While researchers and educators have suggested both inadequate training and societal stigma toward this population as contributors to students' career decisions, gaps remain in qualitative understandings of students' experiences of mental health care during training and perceptions of the field of mental health as a career. To address this gap, we conducted 15 interviews with undergraduate nursing students, utilizing a narrative inquiry approach to explore their experiences in inpatient mental health clinical practicums. Narrative analysis of the data revealed students' clinical experiences as characterized by navigating moral distress in witnessing unethical approaches to care, yet experiencing meaningful connections with patients in this setting. Student narratives illustrate that decisions to not pursue inpatient mental health nursing work as a career are informed by negative clinical experiences and fears of integrating witnessed unethical practices. However, students consistently articulated a desire to continue to work with clients with mental health challenges, with intended career paths preserving opportunities for working with this population. Findings from this study contribute to a nuanced understanding of students' experiences of mental health clinical education and career planning in relation to mental health care and speak to the utility of narrative approaches to research in mental health education.

Toward a Psychological Understanding of Healthism, Self-Tracking, and Hypertension: How Do Users Understand Personal Responsibility for Health?

Kathleen Slemon, *University of Guelph*

Wearable self-tracking devices such as FitBits and the Apple Watch are increasingly being used to manage chronic conditions such as multiple sclerosis, diabetes, and high blood pressure, despite their regulation as general wellness products. Self-tracking devices have been criticized for ignoring social determinants of health and for perpetuating discourses of healthism. Healthism—that is, the belief that the individual is primarily responsible for health—is a prominent discourse in Western society that can have harmful effects on individuals as it positions those as failing to achieve good health as lazy or immoral and can lead to stigmatization and feelings of shame for poor health, all the while providing little in the way of motivation. To date, self-tracking research has focused on the devices' ability to facilitate behavior change, with little psychological understanding of wearable self-tracking technology's positioning of the user as responsible for their health. Additionally, self-tracking has elicited complex reactions from users with chronic conditions, whose experience of self-tracking may differ from the average user. The current master's thesis proposes to explore how users with hypertension engage in and understand the practice of self-tracking as it relates to healthism. The current thesis proposes to interview 20 individuals with hypertension and use a discourse analysis as its analytic framework.

The Role of Posttransplant Patients in Promoting Public Engagement With Organ Donation

Anita Slominska, *University of Western Ontario*

Increasing public engagement about organ donation has low priority in provincial and national agendas to improve the system of organ donation and transplantation in Canada. Instead, public engagement (often diluted as "awareness raising") is largely seen as an ancillary volunteer activity conducted by patient groups and voluntary organizations who are committed to the cause. I am interested in developing a research project that investigates a real or perceived "duty" for transplant patients themselves to take on this responsibility for public engagement. Specifically, I would like to explore how the need to "increase donation" is perceived and experienced by transplant patients and their families. What do transplant patients/families do to meet this need, especially in terms of public awareness and education efforts? I am also interested in how patients' interests are heard, or not, or coordinated, or not, within the larger organ donation and transplantation system in Canada, and what meaningful opportunities patients have to participate in knowledge sharing and exchange with the expert community in organ donation and transplantation in

Canada about the forms of advocacy, public education, and engagement that would best serve their needs.

The purpose of my poster presentation is to receive feedback on all aspects of my research, including the development of my research question, strategies for data collection, and my methodological choices.

"You Don't Just Jump, You Test the Water First": Employee Decision Making About Disclosing a Concealable Disability at Work

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Disclosing a concealable physical disability to an employer is necessary to receive workplace accommodations, but it can be a risky act as chronically ill and disabled individuals remain socially stigmatized. Research suggests a range of factors are considered when deciding to disclose a stigmatizing attribute, yet little research has explored this in a concealable disability and work context. The purpose of this study was to develop a model describing the decision-making process used to disclose a concealable disability at work. We conducted semistructured interviews with 40 employed individuals living with a concealable disability (e.g., multiple sclerosis, inflammatory bowel disease). Using grounded theory methods, results showed that deciding to disclose is a complex process that interacts with symptom severity, previous experiences, and job context. Our model illustrates that employees take a default position of nondisclosure, influenced by fear of being stigmatized, a need for privacy, and a desire to maintain a nonill identity. Then, they continuously gather information to determine how "safe" it is to disclose their disability. When a trigger incident occurs (e.g., symptoms change), employees must decide whether to move away from the default position. While some decide to make personal changes to avoid disclosure (e.g., disguise condition, change work status), most make a final risk–benefit assessment and disclose their disability but manipulate the depth, breadth, and content shared to evaluate the level of support. Understanding how employees make disclosure decisions may inform organizational policies, practices, and programs to improve the experiences of individuals living with a disability.

Mixed-Methods Research in Primary Care: Experiences From a Mental Health Trial in Tunisia

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Between January and April 2016, a mental health training program was offered to general practitioners (GPs) working in the Greater Tunis Area of Tunisia to address the increasing mental health problems and youth suicide in the country. A randomized controlled trial, which showed the usefulness of the program in improving knowledge and attitudes about mental illness, as well as self-efficacy in caring for people with mental illness in primary care, was complemented with implementation analysis using qualitative methods. Twenty-two semistructured interviews were conducted with trained GPs from four governorates involved in the training program to explore factors that may influence the sustainability of the trial's promising results. Interviews were audio-recorded and transcribed verbatim. Qualitative Data Analysis (QDA) miner software was used to organize and manage data. GPs highlighted deficits in the program. First, the training lacked some clinically useful content, such as youth mental health and more in-depth training on the administration of psychotropic medications. Second, GPs mentioned the detrimental effect of systemic and organizational barriers to effective mental health care. According to them, stigma prevents the availability of ongoing mental health training, even distribution of psychotropic medications across clinics, and clinical internships in mental health settings. Thus, qualitative data, as a compliment to the trial, helped us (1) uncover barriers preventing full integration of mental health at the level of primary care, posttraining; (2) explore ways in which context affects the sustainability of trial results; and (3) understand that strengthening mental health systems in which trainees work is imperative when offering a training program.

Does Evidence-Based Design Promote Caring Activities in an ICU: Report From an Observational Study

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Research about high-tech environments, concerning how to promote well-being, safety, and functionality, is sparse. There is a lack of qualitative research with an innovative and holistic approach focusing on promoting caring activities within an intensive care unit (ICU).

The technological developments have evolved enormously during the last decades, but the design of the ICUs has not developed in the same pace. Evidence-based design (EBD) is a concept of integrating knowledge from various research disciplines into healing environments.

This study presents the data collection process in a complex and closed environment, ICU, through using nonparticipating observations carried out in a patient room refurbished according to the principles of EBD and a control room. The nonparticipating observations focusing on caring activities in ICU patient rooms, during 10 noncoherent days, lasted 4–6 hr per day. Field notes were written during the observations. The acting nursing staff was later interviewed regarding the observed working shift. They were interviewed about their experiences of their caring activities. The data will be analyzed with a descriptive and interpretative approach. As intensive care can be inaccessible for research due to ethical challenges, but knowledge may promote a caring and safe environment for patients and families as well as provide a safe and attractive working environment for staff and is important to develop and make public.

Picturing Trans-Positive Apparel: Showcasing the Links Between Image, Gender Identity, and Health via Photovoice

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Apparel plays a significant role in gender expression. For transgender men (FTM), apparel may be especially important to well-being if FTM use clothing to express their preferred gender safely, yet little research on this topic exists. Thus, we used photovoice to explore the relationship between apparel, identity, and health for FTM and invite men to help design trans-friendly apparel. We choose photovoice to prioritize FTM participation, the translation of ideas to practice, and the value of images to convey apparel ideas. FTM ($N = 16$) took pictures of how apparel interfaced with identity and health and shared their photo stories in two group sessions, two photo exhibits/talks, and an individual interview. Participants also took part in a collaborative clothing design session to help mobilize their ideas to action. We used theme analysis of session transcripts and photographs (4–11/participant) to identify the key connections between apparel and health. The mean age of participants was 23; most men (14) identified as White. Three themes were prominent: apparel was a risk/protective factor for gender dysphoria, or mental distress related to one's assigned gender; lack of apparel options spurred risky (e.g., excessive dieting, exercise) body modification; and breast binding caused pain and limited body function (e.g., respiratory, gastrointestinal, sleep). Photos served to clarify and enhance participants' ideas. Optimal FTM health is emotional, social, and physical. Apparel can be protective or harmful to FTM's health. If given appropriate clothing options or the opportunity to inform them, FTM may experience less dysphoria, stigma, body abuse, and impaired function.

The Health-Care Access Experiences of Indigenous Women Living in Northern and Rural Thailand

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Access to equitable and appropriate health-care services for Indigenous women living in northern and rural Thailand remains a persistent public health and policy challenge. The purpose of this study was to understand the inequities in health that arise from challenges experienced by socially and economically marginalized village indigenous women when health-care services are needed. Focused ethnography was used to guide the research project and to inform the retrieval of information about culture and other intersecting components that illuminated the experiences of participants. The 21 women were recruited from the northern village of Na Pu Pom and engaged in face-to-face, in-depth, semistructured interviews. Data were thematically analyzed and resulted in findings related to Indigenous Thai women's experiences of health beliefs and practices, cultural discrimination, ethnicity, gender, geographical restrictions, and socioeconomic status. An interpretation and discussion of the findings contribute to a deeper understanding of the social and cultural complexities by which Indigenous women live, as they attempt to access health-care services. It also provides insight into understanding the facilitators, barriers, and contextual influences on these experiences. Recommendations that originate from such a sociocultural and political understanding are offered and shed light on the need for further exploration into Indigenous Thai women's experiences of health, wellness, and healing.

Communication in the Chinese Doctor-Patient-Family Relationship: Expectations and Experiences in a Breast Surgical Setting

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Problems facing the doctor-patient-family relationship (DPFR) in China, including violence against doctors, have received international attention. Yet, there has been limited empiric prior work examining how the expectations and assumptions of patients, their family members, and providers prior to health care contribute to satisfaction or tension. To identify actionable barriers to communication to improve the DPFR, this qualitative study aims to identify expectations for and experiences of communication among surgeons, surgical patients, and their family members in a large academic hospital in Changsha, China. Between June and August 2015, we recruited a convenience sample of 29 participants, including 11 breast lumpectomy patients, 9 corresponding family members, and 9 surgeons. In-depth, semistructured interviews were conducted perioperatively in Mandarin and English, with patients and family members interviewed before and after surgery when possible. Interviews were transcribed, translated, and analyzed with thematic analysis. We identified three emergent themes: (1) communication is a means to develop relationships, trust, and a common understanding, yet experiences are variable; (2) doctors and families modify communication behavior for situations perceived as high risk such as a poor diagnosis/prognosis; and (3) postoperative concerns are a priority among patients and family. Findings from this study suggest that expectations for communication in a surgical setting may align or diverge for certain aspects in the DPFR, with family playing a key role. Education and quality improvement efforts for not only providers but also patients and family are needed to enhance communication and the health-care experience for all involved actors.