



University
of Victoria
Nursing

CONFERENCE ABSTRACTS

Infusing Evidence into Nursing Practice:
Knowledge Synthesis Enhances Quality Care

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Community Integration to Avoid Acute Admission and Enhance Patient-Centered Care: GP-SSC Case Conferencing (poster presentation)

Harminder Bhullar, RN, BSN, Fraser Health Authority

Introduction/Background: The Fraser Health Specialized Seniors Clinics (SSC) provide comprehensive geriatric assessments to seniors living in the community. After clients are diagnosed and stabilized, the standardized care model goal is to discharge clients back to GP. However, the interdisciplinary team identified gaps in communication and continuity of care of this vulnerable population between the SSC and GPs, which impacted complex care planning, trust/confidence in discharge, and clinic flow and capacity.

Methods: To fill these gaps, the team launched a quality improvement initiative to enhance the integration and collaboration between SSC team and GPs. The model is called GP-SSC Case Conferencing. The GP participates in the SSC complex care rounds to collaboratively establish a comprehensive care plan. We partnered with Surrey-North Delta Division of Family Practice to develop and implement this model. Methods included analysis of data and referral patterns, stakeholder engagement and consultation, program development, pilot testing, PDSA cycles, evaluation and marketing.

Results/Findings: GP-SSC Case Conferencing was piloted Dec 2014 – Feb 2015. Evaluation highlights include: 96% of participants were satisfied or very satisfied; the model increased care quality and discharges; and the SSC team and GPs indicated high level of enthusiasm to participate in future case conferences. Feedback rated the benefits of Case Conferencing as care planning, enhanced communication, efficiency, facilitating care transitions, and enhanced client history.

Discussion/Implications: GP-SSC Case Conferencing has: increased the number of client discharges; provided collaborative education opportunities; enhanced client safety; and avoided possible ER visit. GP-SSC Case Conferencing is now standard clinic practice and recently expanded to all SSC clients and GPs in Surrey-North Delta

The Realities of Conducting a Qualitative Meta-synthesis: Does Utility Trump Methodology? (symposium)

Diane Butcher, RN, MN, PhD(c), University of Victoria; Karen MacKinnon, RN, MScN, PhD, University of Victoria

As part of knowledge translation activities to enhance and improve health care outcomes, the synthesis of global knowledge on health-related phenomena is crucial to provide end users (such as clinicians and researchers) information to support patient care and optimal use of health care resources. Broadly, syntheses may support enhanced understanding by summarizing a body of knowledge, or may assist with decision making by contextualizing the evidence and providing recommendations for practice or policy.

One path to evidence synthesis to create practice or policy recommendations is the Joanna Briggs Institute (JBI) meta-aggregative approach. Title and protocol development, in conjunction with developing strategic literature searches to comprehensively and transparently find relevant papers, are initial stages of a JBI review. Abstract screening, full-text review of potentially relevant articles, and subsequent critical appraisal of included articles, are stages which are supported by various JBI tools and resources. Findings and supportive illustrations, identified and entered into JBI software, form the basis from which categories and synthesized findings are created by JBI reviewers. A full systematic review is subsequently generated and submitted for peer review, prior to being published by JBI.

At the University of Victoria, several research teams are currently engaged in JBI syntheses and team leaders from two projects will introduce their experiences with the JBI meta-aggregative approach to qualitative systematic reviews. What are the benefits, limitations, and questions that have arisen for those engaged with this meta-aggregative approach? This presentation will reveal personal team lead experiences with two qualitative JBI systematic reviews currently being conducted, including lessons learned, questions, and challenges that have arisen at various stages along the way.

End-of-Life Care for Persons with Severe Persistent Mental Illness: What Does the Literature Say?

Erin Donald, RN, MSN, University of Victoria; Kelli Stajduhar, RN, PhD, University of Victoria

Severe persistent mental illnesses (SPMI), such as schizophrenia, bipolar disorder, and major depression are strongly linked with poor physical health. Despite this, access to healthcare is poor: those with SPMI die younger, have more chronic diseases, and suffer greater disease severity. Symptoms of advancing physical illness are often unseen in the presence of SPMI, leading to late diagnosis, and referral. Little is known about palliative care for this population. The aim of this study was to determine the extent, range, and nature of research activity about persons with SPMI approaching end-of-life, and to identify gaps and opportunities for future research.

The author conducted a rigorous scoping review of peer-reviewed literature. Search terms included variations of 'palliative', 'mental health', 'mental illness', and a list of specific psychiatric diagnoses. A comprehensive database search yielded 30 studies. Studies were charted to extract salient data and a descriptive analytical process was used to reveal key issues, themes, and gaps.

There are many barriers to quality end-of-life care for those with SPMI including fragmentation of care and knowledge gaps in health care professionals. Collaboration between psychiatric, palliative, and other care providers is advanced as a way to overcome these gaps. Care is complicated by issues of autonomy including establishing competence and having access to advanced care planning. Poor outcomes may arise from the effect of both SPMI and physical disease processes on care-seeking and treatment. Few studies were conducted in settings such as nursing homes and shelters where those with SPMI often reside. Case studies, descriptive studies, and literature reviews dominated the findings, demonstrating the need for further development in this body of research.

Findings of this review provide an overview of literature on the topic of those with SPMI at end of life, and exposes a dire need for more research in order to inform policy and practice.

The Experience of Health Professional Students and their Educators Learning to Work in Intra-Professional Teams: A Joanna Briggs Institute (JBI) Qualitative Systematic Review (poster presentation)

Janina Esquivel, BSN student & Jamie Cassels Undergraduate Research Award winner, University of Victoria

Purpose/Background: Today, nursing education and practice involves providing care to individuals, families, and communities on multiple system levels throughout the world. With this comes different initiatives to strengthen health care teams and interactions amongst all professionals providing care. Unfortunately, thus far, there is little focus on exploring the relationships between categories of care-providers within an individual profession. An example of this is the dynamics between RN's and LPN's. This type of relationship can be referred to as intra-professional, and can impact both education and practice. For this reason, it is important to consider intra-professional relationships among working professionals as well as students and educators of that discipline. To conclude, the purpose of this systematic review is to conduct a qualitative review that will explore pre-licensure health professional student and educator experiences learning intra-professional practice, and add the review (findings and recommendations) to the JBI data base for world-wide access and dissemination.

Student Development: Regarding student impact, working with JBI provided invaluable learning and a chance to expand knowledge by exposure to strong relationships between academia, research, practice, and policy partners. Specifically, it helped develop an understanding of how the research review approach supports evidence informed practice and how it contributes to knowledge translation. Additionally, it provided learning about the process of developing and conducting a systematic review with the focus on intra-professional collaborative relationships. Furthermore, this project enabled me to participate and learn how to search for relevant and useful research studies within a collaborative team setting. As well, I learned how to facilitate the review process of research papers. Overall, this academic project was an incredible opportunity, where knowledge and skill in academic inquiry was challenged.

Reason for Student Interest: The reason for my interest in this specific area of research, was the direct connection I had to this topic and the perspective I was bringing forward. Currently, I am a Bachelor of Science of Nursing Student completing my final year of the degree program. I am also an LPN working to full scope at the Royal Jubilee hospital. This has allowed me to experience first-hand the interactions and collaborations that occur between LPN's and RN's within many different settings. Also, I felt that this was an especially relevant topic of focus when

considering future University of Victoria nursing student's experiences, as the program provides instruction on both academic and practice levels. This includes direction surrounding intra-disciplinary communication throughout professions including both RN's and LPN's.

Knowledge Translation Pathway: A scoping review

Noreen Frisch, PhD, RN, FAAN, University of Victoria; Anastasia Mallidou, PhD, RN, University of Victoria

Background: Evidence shows that a significant gap exists between what is known and what is done to improve health. One reason suggested for the failure to bring evidence to practice is that the system lacks capacity for KT. Some have suggested that KT capacity building efforts should be incorporated at all levels of the health care system. With this background, our team investigated what is known about KT competencies with a plan to articulate competencies required of health care professionals as they engage with knowledge applied to practice throughout their careers – i.e. a KT Pathway for health professionals. Our work began with a scoping review of the literature.

Purpose: The purpose of our scoping review was to summarize existing publications on 1) core KT competencies for knowledge producers, brokers, and users in the health sector; and 2) strategies to reinforce those competencies.

Methods: The scoping review followed the Arksey and O'Malley (2005) method of synthesizing, summarizing, and reporting the findings of published work.

Inclusion/Exclusion criteria

Inclusion: Peer-reviewed publications and grey literature relevant to health and KT competencies have been considered for inclusion, In addition, inclusion publications had to examine both concepts and/or sub-concepts of knowledge translation and competency. .

Exclusion: Non-English publications or published before 2003 were not included.

Results: After initial screening for relevance, 232 peer-reviewed journal articles were assessed yielding 38 that met inclusion criteria; as well as an additional 35 publications from the grey literature were selected. Data extraction has been completed from these publications. Final synthesis will be completed and ready to present by March, 2016.

A process of study selection within a scoping review of nursing student peer mentorship

Steven Jacobs, RN, MN, MA Ed, George Brown College

This presentation describes a recent scoping review I conducted on the topic of nursing student peer mentorship. The objective for this scoping review was to examine the following research question: What is known from existing literature about the extent to which student peer mentorship is prevalent in nursing education? Consistent with the literature, this scoping review research question was based upon the PCC (a population of nursing students, the concept of nursing student peer mentorship, and the context was nursing academic institutions). I will outline the process I utilized to identify relevant studies related to the research question, articulating my method of article inclusion and exclusion.

I will also outline my findings of this scoping review which resulted in five themes identified (connections, dialogue, meanings, supportive, and socialized learning). Connections represent how nursing student peer mentors and mentees found connections with not only each other, but within themselves. The theme of dialogue refers to the use of language between peer mentors and mentees in a safe environment. Meanings relates to not only how participants were exposed to the characteristics of nursing such as leadership and collaboration, but also how the mentorship relationship helped them define roles such as learner, educator, teacher, student, peer, colleague, and nurse. The supportive theme represents how the nursing student peer mentorship relationship was non-hierarchical, non-judgemental, and safe. Finally socialized learning refers to a process of enhanced learning which occurred for both mentors and mentees due to their social connections with one another. From this scoping review, I would recommend further research on this topic, utilizing more data bases and extending the review to a wider span of publication years in order to enhance results. This presentation will assist participants when conducting this type of evidence review within their current and future research projects.

Not just a pediatric problem: Practice and policy implications of an integrative literature review of the transition to adulthood for young people with medical complexity

Elizabeth Joly, MN, RN, Linfield College

The transition to adulthood has garnered significant attention in pediatric health care over the last decade; however, young people with medical complexity are often not adequately considered in transition research and practice given their complexity. Yet with a significant dependence on the health care and social service systems, an understanding of the needs and experiences of young people with medical complexity and their families during the transition process is important for improving quality of care. The purpose of this integrative literature review was to explore empirical literature focused on the transition to adulthood for young people with medical complexity, informed by Meleis' Transition Theory and Bronfenbrenner's Bioecological Theory of Human Development. CINAHL and Medline were searched using a variety of relevant key terms. Eleven research articles published between 2003 and 2014 were retrieved, appraised and analyzed. Three themes emerged from the analysis: 'it's like falling off a cliff', 'paradox of independence' and 'it takes a village'. These findings contribute to a framework for advanced nursing practice supporting the transition process and bring to the forefront new areas of focus for policy and program development. Most notably, young people and their families described not only how transition preparation impacted their experiences, but also how they did not feel supported in the adult system. This suggests that a reconceptualization of the transition process beyond preparation in pediatrics to also include promotion of situatedness in the adult world is needed to improve the quality of transition support. Future directions in transition research and practice should include building coalitions with and capacity in adult care providers, developing a further understanding of the health and social care needs of young adults with medical complexity and developing policies that support this reconceptualization of the transition process.

Person-Centered Approach to Nursing Practice in a Heart Function Clinic: An Integrative Literature Review

Susan Kerr, BSc, MN, Island Health

The management of heart failure (HF) is complex, both for those experiencing HF and for those caring for people in an outpatient setting such as a Heart Function Clinic (HFC). Since the Institute of Medicine (2001) identified patient-centered care as an essential foundation for quality and patient safety, much has been written about this type of care; however, it is not a new approach to nursing. In order to synthesize published literature examining the relationship between a person-centered care approach and the self-management of people living with HF, an integrative literature review was undertaken. People present along their journey to self-management at different stages, which are related to certain life challenges that can affect an individual's ability to adjust to living with HF. Supported by nursing theory and competency tools, such as the heart failure competency assessment, planning, and evaluation (HF-CAPE) tool, the nursing approach at each stage varies to support the person living with HF and their family. Following an integrative review of HF self-care literature with a person-centered care approach, the data were reduced until five themes were identified. These themes are (1) communication, (2) fostering understanding, (3) encouraging problem-solving, (4) sharing decision-making, and (5) setting person-defined goals. While the overarching theme of communication, including building of relationships, underpins the other four themes, the remaining themes are not mutually exclusive; they are interconnected but not in a linear fashion.

Prevalence of acute and prodromal myocardial infarctions symptoms in adult women with confirmed diagnoses: a systematic review protocol (poster presentation)

Clare Koning, RN, PhD (c); Lynne Young, RN, PhD; Diane Butcher, RN, PhD (c) University of Victoria

Background: While ischemic heart disease is classified as the leading cause of death globally, it is often not well characterized in women. Women of all ages generally do not recognize their acute myocardial infarction symptoms or perceive their risk for heart disease which has resulted in increasing mortality rates.

Purpose: To systematically review the literature to determine the period prevalence of prodromal and acute symptoms experienced by adult women diagnosed with an acute myocardial infarction.
Review question: How common and how are prodromal and acute symptoms of an acute myocardial infarction distributed in adult women diagnosed with an acute myocardial infarction as evident in globally documented literature from 1994 to present date?

Inclusion criteria: This review will focus on published primary literature that studies women's acute myocardial symptoms as well as vital statistics data, government reports, population surveys, and disease associations data reports.

Methods: Data will be extracted using the Joanna Briggs standardised data extraction tool that allows the extraction of the same types of data across the included studies.

Synthesis: Data extracted from included studies will, where possible, be statistically pooled for meta-analysis. The results of similar, individual studies will be combined to determine the overall effect, the effect size, and weight for each study. Meta-analysis data will be presented with 95% CI for either the fixed-effects model (no significant heterogeneity) or the random-effects model (moderate heterogeneity) and will list the proportions with their 95% CI around their summary estimates. Results will be graphically presented in a forest plot. In the event of significant heterogeneity, the data will be presented as a narrative summary.

Results: This systematic review has the potential to identify the prevalence of acute myocardial infarction symptoms experienced by women, thereby promoting and enhancing cardiovascular knowledge and education of women's acute myocardial infarction symptoms.

Interventions to Research Competencies (IResCo) for healthcare professionals: A systematic review

Anastasia Mallidou, RN, PhD, University of Victoria

Greta Cummings, Nasrin Saleh, Anna Deltsidou, Carol Gordon, Antonio Marante, Efrosini Vlachioti

Background: Publications on research use or evidence-based practice (EBP) are taking for granted that healthcare professionals have research competencies needed to understand and use research findings in practice. However, targeted interventions may promote research activities and competencies that potentially improve quality of practice and patient care. Building upon the Health Services Researcher Pathway study (<http://www.msfnr.org/health-services-researcher-pathway-0>), we developed a research-competencies assessment instrument for nurses (RCAIN) and we are interested in identifying effective interventions to improve research competencies of healthcare professionals, support EBP, and to influence consistency and quality of healthcare. In this review, we describe "research competencies" as knowledge, skills, and attitudes in the four stages of research use (i.e., evaluation process, synthesis of research findings, translation of research conclusions, and actual research use for EBP). The purpose is to identify publications on interventions and strategies to improve core research competencies for nurses, physicians and allied healthcare professionals, who required a bachelor's degree to enter into the profession (i.e., dietitians, midwives, occupational therapists, physiotherapists), and who routinely use research findings for EBP.

Methods: We apply the Cochrane method and consult relevant stakeholders (i.e., educators, practitioners and researchers) throughout of this review process (i.e., from proposal writing to dissemination of findings) to explore various perspectives, meanings, and applicability of the review findings.

Inclusion/Exclusion Criteria

Inclusion: Research, theoretical and grey literature examining interventions and strategies relevant to research competencies and their impact on EBP (e.g., quality of care, outcomes) are considered for inclusion. English-written publications that include the terms research competencies (i.e., knowledge, skills, attitudes) and interventions/strategies (that potentially improve research competencies) or any relevant term to research competencies for nurses, physicians and allied healthcare professionals are eligible for inclusion.

Exclusion: Restrictions to date or status of publication will not be applied.

Results: We are reviewing titles and abstracts of peer-reviewed publications (n=1,137).

Biomedical Approaches to Care and their Influence on Point of Care Nurses': A Scoping Review (poster presentation)

C. Patricia Mazzotta, RN, BScN, MScN, PhD student University of Victoria

Nursing in the 21st century continues to challenge acute care nurses working in high acuity areas. The complexities of patient care are multifaceted such that advances in technology, environmental and sociopolitical influences often impede a nurse's presence at point-of-care. Ideally, the intention for nurses is to broaden their knowledge and ways of knowing beyond the physiological needs of the client, therefore, circumventing biomedical control

over their work towards that of a caring science approach.

The purpose of this scoping review was to address the research question: "How does the dominance of biomedical approaches to care influence point of care nurses' presence in high acuity areas?" Using Arksey, and O'Malley's five-stage framework: identify the research question; identify relevant studies; study selection; charting the data; and collating, summarizing and reporting the results. Papers were included if they addressed a biomedical approach to nursing care, acute care nursing practice, acute care nurses, and challenges and/or barriers encountered in a technologically-laden environment. Diverse databases were searched, and Atlas.ti version 7 was utilized for data collection and analysis; two main themes emerged from the literature: empowered caring, and incommensurable closeness-distance.

This scoping review identified gaps in the literature and need for further research. No experimental studies were retrieved that identified interventions that assist nurses in addressing existential, emotional and holistic needs of patients.

In conclusion, educating nurses and integrating diverse paradigms into practice enables nurses to care for patients holistically. When working in acute care areas, the biomedical approach to care takes precedence and not the emotional, psychological and existential needs of the patient. Providing continuous mentorship will provide nurses the opportunity to address practice gaps, improve communication skills and engage in meaningful connections with patients and their significant others, but also among nurses and with the self.

Biomedical Approaches to Care and their Influence on Point of Care Nurses': Organizing the Data of a Scoping Review with Atlas.ti 7 (poster presentation)

C. Patricia Mazzotta, RN, BScN, MScN, PhD student University of Victoria

Researchers often find themselves questioning what the best qualitative data analysis software is. Ultimately, the decision is made based on personal preference, is the software user friendly and does it meet the needs of the researcher and project. Qualitative researchers have used Atlas.ti since 1993 since the software enables researchers to explore and systematically analyze complex phenomena hidden in the data with the option of visualizing the data to guide data interpretation. Atlas.ti 7 is appropriate for all qualitative methodologies and different types of reviews.

A scoping review or study is defined as a preliminary assessment of available literature underpinning a specific topic. A mapping approach may be used which enables researchers to identify and understand depth and breadth of research evidence while addressing a broad research question, During a scoping review, I discovered that Atlas.ti 7 was useful for managing the data and identifying meaningful groupings and patterns within the data. In this poster presentation, I will present details of how I used Atlas.ti 7 to support the work of a scoping review.

In this scoping review, after initial screening of title and abstracts, eleven papers were included for final analysis. Line-by-line coding was completed using Atlas.ti version 7. Nine categories emerged identified in order of dominant codes: nurse presence, knowledge, experience, environment, invaluable use of 'self', technology, power relationships, sociopolitical factors, and time. After categorizing data each code was re-evaluated to ensure suitability in assigned category. Based on the nine identified categories, theming occurred based on identified interconnections, thoughts, memos, and process of interweaving and integrating categories together through an iterative process, two themes emerged empowered caring, and incommensurable closeness-distance. Atlas.ti 7 enables researchers to store, manage, collect, and analyze large amount of data in a systematic manner with ease and confidence.

Running the Gamut: An Overview of 21st Century Research Synthesis Methodologies (workshop)

Renee O'Leary, PhD(c), University of Victoria

Over 30 different research synthesis methodologies have been identified in our field, many of them developed in the 21st century. This advanced level presentation opens with a discussion of the "terminological landmines" and the debates over method vs. technique in classifying research syntheses. Then 10 methods (scoping reviews, qualitative meta-synthesis, realist synthesis, rapid reviews, mixed method synthesis, meta-study, critical interpretive synthesis, meta-narrative review, evidence gap maps, and meta-interpretation) are described in detail

with their purpose, unit of analysis, synthesis methods, and reporting output, along with an evaluation of the uptake of the methods. Renee has over 7 years experience working in several review methodologies, including systematic, rapid, meta-narrative, realist, and scoping reviews.

Steps in the Systematic Literature Review Process (workshop)

Renee O'Leary, PhD(c), University of Victoria

While different research synthesis methodologies have variations in their execution, they are comprised of similar steps in the process. This novice level presentation is directed to students and those new to conducting reviews. The presentation covers seven pragmatic steps in producing a review, with many hands-on tips and strategies: identifying a research need, framing the research question, designing and conducting the search, applying inclusion/exclusion criteria, extracting data, creating the synthesis, and reporting findings. Come with your questions, no matter how basic. Renee has over 7 years experience working in several review methodologies, including systematic, rapid, meta-narrative, realist, and scoping reviews.

Wanted a Program Theory for a Realist Synthesis of Public Health Implementation

Bernie Pauly, RN, PhD, University of Victoria

M. MacDonald, G. Wong, K. Schick Makaroff, T. Van Roode, H. Strosher, R. Valatis, H. Manson, S. Carroll, S. Tong, V. Lee, K. Dickernsern, M. Ward

There is a growing emphasis in public health on the importance of evidence-based interventions to improve population health and reduce health inequities. Equally important is the need for knowledge about how to implement these interventions successfully. Yet, a gap remains between the development of evidence based public health interventions and their successful implementation. Traditional systematic reviews have been conducted on effective implementation in health care, but few in public health. Developing new public health interventions is costly and policy windows that support their implementation can be short lived. Ineffective implementation wastes scarce resources and public health interventions that are not implemented will not have their intended effects on improving population health and promoting health equity. Realist synthesis is a theory-driven methodology that draws on diverse data from different study designs to explain how and why observed outcomes occur in different contexts. We are undertaking a realist synthesis to answer the research question: Why are some public health interventions successfully implemented and others not? A critical step in doing a realist review is the development of an initial program theory. We undertook a review of implementation theories and frameworks but found few frameworks for public health. In this presentation, we will share our initial program theory and learnings about the role of a program theory in realist synthesis.

Working Together: Undertaking a Collaborative Knowledge Synthesis to Prepare for Program Evaluation

Bernie Pauly, RN, PhD, University of Victoria

B. Pauly, D. Lynn, K. Barber, B. Wallace, H. Hobbs, K. Jensen, M. Anderson, S. Hall, S. Thomas, C. Goble, T. Thompson

People who are homeless and actively using substances often experience poorer health and systemic barriers to accessing health care services. In order to address these lived experiences, there has been increasing attention to integration of a range of services as a means of increasing access to health services and the resources for health. A unique Island Health model that combines population/public health services and primary care with the provision of intensive case management has been developed. A collaborative team composed of knowledge users and academic researchers formed to prepare to evaluate this model.

An initial step undertaken by this collaborative research team was an integrative review of the literature on harm reduction, housing, primary care and intensive case management. An integrative literature review is a systematic approach to review and evaluation of evidence that allows for inclusion of both qualitative and quantitative research and can be used to inform evidence-based practice as well gaps in research and identification of areas for future research.

An integrative review consists of the following stages: problem identification, literature search, data evaluation, data analysis and presentation. The key question for this integrated review is: What is best to date evidence and emerging models for systems or service integration for populations impacted by substance use problems and housing instability that integrates harm reduction, intensive case management, and primary care?

The impact of visual arts programs on meaningful social engagement for older persons in residential care: A comprehensive literature review

Lycia Mauricio Rodrigues, MA candidate, University of Victoria

Debra Sheets, RN, PhD, University of Victoria

Meaningful opportunities for the social engagement of older people are crucial to well-being and quality of life. Older adults living in residential care face many threats to their wellbeing as a result of this transition which disrupts social networks and integration into a community. This may lead to a reduced sense of self-esteem and a loss of identity. It is reasonable to assume that interventions in residential care should address these issues since social isolation and loneliness are known risk factors for various health-related problems among older people. This comprehensive literature review examines the impact of visual arts programs on social engagement for older people with chronic disabling conditions living in residential care. The initial search identified 50 studies including visual arts intervention for older people in long term care, but only 35 met the inclusion criteria. The analysis suggests that most effective interventions share a number of common characteristics. These include: 1) interventions that offer older people with an increased sense of personal choice and control; and 2) having arts trained facilitators to assess the needs of and support participants in activities. Arts-based interventions for older people have the potential to support social engagement, thus increasing their well-being. However, little is known about the impact and benefits of interventions related to the meaningful engagement of older people in institutional settings. Recommendation include research that reveals the outcomes of participation in visual-arts interventions.

Changes in blood pressure among users of lay health worker or volunteer operated community-based blood pressure programs over time: a systematic review protocol (poster presentation)

Pal Skar, PhD student, Lynne Young, RN, PhD, University of Victoria

Background: Cardiovascular diseases, such as stroke and heart disease, are quickly becoming global diseases in countries where they traditionally had not been widespread. One risk factor that can lead to cardiovascular disease is hypertension, a global problem affecting 27% of the population 25 years of age or older. Community-based health hypertension screening and health promotion programs can impact the prevalence of hypertension, but who is effective in delivering such programs is not clear - lay health workers or volunteers.

Purpose: To review studies reporting on lay health worker-or volunteer-led community-based programs aimed at reducing hypertension.

Review Question: What are the changes in blood pressure among adult users of community-based blood pressure screening and awareness programs operated by lay health workers or volunteers as measured by the differences in systolic and diastolic blood pressure between the user's first visit to the program and their last visit? Inclusion criteria: Adults aged 18 and over who have had their blood pressure taken on at least two occasions through a community-based hypertension screening and monitoring program targeting an adult population and led by lay health workers or volunteers.

Types of interventions: Studies and reports of community-based programs led by lay health workers or volunteers offered over time. Types of outcomes: Blood pressures of participants measured by either a sphygmomanometer or a digital blood pressure machine and reported in mmHG over two or more blood pressure readings. Types of studies: Analytical epidemiological study designs including prospective and retrospective cohort studies, case control studies and analytical cross sectional studies as well as program evaluation reports.

Methods: Data will be extracted using standardized Joanna Briggs Institute tools and processes. Quantitative data will be pooled for meta-analysis where possible. Assessment of Methodological quality: Papers will be reviewed for rigour and gaps in knowledge.

Educating “next gen” nurses: Building capacity for evidence informed practice through curriculum-based academic-practice partnerships

Angela Wignall, BA, Year 4 BSN student, University of Victoria

Lenora Marcellus, Bernie Pauly, University of Victoria; Joanne McLaren, Dawn Nedzelski, Wendy Young, Island Health

In 2014, the University of Victoria’s School of Nursing and both Island Health’s Research Department and Professional Practice and Learning Office collaborated on a unique project designed to ignite student nurses’ spirit of inquiry. Fifty real-world practice issues identified by Island Health employees were given to groups of third year nursing students enrolled in a nursing research course at the University of Victoria. As part of a journal club assignment, students translated the general topics they were assigned into a PICO research question; identified search terms; systematically searched the literature; selected one quantitative and one qualitative paper; and then prepared a critical appraisal of the selected papers. Knowledge arising from the assignment was then synthesized into a one-page evidence summary, which was returned to Island Health to inform clinical practice.

In this presentation, we will explore in three parts the experiences of a student, a faculty member, and an Island Health team member who participated in this unique collaboration. Part 1 will explore the history and context of this unique knowledge synthesis collaboration. Part 2 will focus on the approach taken by students to systematically synthesize literature relevant to practice-based, real-world issues as well as the experience of a UVic professor and a member of the Island Health Research Department. Part 3 will surface the insights arising from this unique collaboration from multiple perspectives. The goal of our presentation is to share how one unique curriculum-based approach to collaborative knowledge synthesis is growing a culture of evidence-informed practice through multi-level partnership.

Effectiveness of physical activity interventions with healthy older women: a systematic review

Lynne Young, RN, PhD, University of Victoria; D. Sheets, C. Koning, P. Skar, K. Schick Marakoff

Physical activity is beneficial for health. Nonetheless, there is limited research on the benefits of physical activity on the health of older women. This review was undertaken to:

1. assess the effectiveness of physical activity interventions on the physical health outcomes of healthy older women living independently in the community;
2. systematically review randomized controlled studies of physical activity interventions designed to improve the physical health of healthy older women living independently in the community;
3. consider the effectiveness of physical activity interventions for older women on their physical health outcomes, including physical fitness; and
4. identify implications for policy and practice to promote physical activity in older women.

Methods: Five major databases were searched for English studies published between 2000-2014, as well as six additional portals for unpublished studies. Studies included women age ≥ 50 years living independently in the community. Studies that targeting women with specific conditions such as arthritis and heart disease were excluded. Standardized tools and processes developed by the Joanna Briggs Institute guided the review. We reviewed 469 articles of which 10 remained for the final review and synthesis.

Results: All included studies used a randomized controlled trial methodology that tested a physical activity intervention. Various positive health outcomes were reported that could be attributed to the interventions including improved strength, enhanced balance and self-confidence, fewer reported falls, improved bone density and reduced risk of fractures, increased speed of activities, and favourable physiological parameters. Heterogeneity in the types of interventions, the settings, and outcome measures and methodological limitations reduced the possibility that effect sizes across studies could be pooled.

Conclusions: Physical activity interventions benefit older women’s health. The studies reviewed were inadequately robust to inform practice. Future such studies should be designed to attend to rigour and focus the number and type of variables studied.