

Queen's Nursing and Health Quality Research

REPORT 2021



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Land acknowledgment:

Queen's University is situated on the territory of the Haudenosaunee and Anishinaabek.

Ne Queen's University e'tho noñwe nikanónhsote tsi noñwe ne Haudenosaunee tánon

Anishinaabek tehatihsnónhsahere ne óhontsa.

Gimaakwe Gchi-gkinoomaagegamig atemagad Naadowe miinwaa Anishinaabe aking.

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MESSAGE FROM THE DIRECTOR (SCHOOL OF NURSING)

2021 has been a year of resilience and adaptability. Witnesses to the many challenges experienced by health professionals in providing care, we are reminded that we, as health educators and scholars, need to assert ourselves as leaders in change. As the largest workforce among all the health care professions, nurses can and should play an integral role in changing the practice and delivery of healthcare, to make it more equitable, efficient and effective.



Dr. Erna Snelgrove-Clarke learning alongside Nursing students in the simulation labs

Impactful and sustainable changes, however, will only be accomplished by fostering and building strong interprofessional collaborations with researchers and practitioners, by presenting a strong voice in policy development, and by engaging in all facets of research – from production, to mobilization, and use.

In the past year, the Queen's School of Nursing' faculty have continued to show their tremendous commitment to excellence in research, by exploring innovative ways to advance health care and quality, addressing health priorities for individuals and communities, and building research capacity. In the pages that follow, you will see a snapshot of these extraordinary accomplishments.

In 2021, the School surpassed previous years in the amount of competitive funding received for grants awarded to faculty as principal applicants or co-applicants. Collectively, faculty also reached an all-time high in number of journal publications. This is a clear attestation of our tremendous growth. In the report, you will see the wide variety of inspiring research carried out by our faculty, including – among many other projects – the creation and evaluation of novel virtual simulation games to overcome the restrictions around in-person learning ([p.14](#)), the study of front line care providers' experience of working during a devastating COVID-19 outbreak ([p.15](#)), and the study on the role of nurses to support persons entering the surveillance phase of cancer survivorship ([p.9](#)). To these research projects, we are thrilled to add those of our newest faculty. Learn more of their work and the reach of their research in [p.27](#) of the report.

In addition to faculty-led research, graduate students are an integral part of our academic community and we are immensely proud of the dedication and creative thinking displayed by our 87 Masters and PhD students.

Finally, I would like to thank the many collaborators – within academia and in the community – who contributed in making 2021 an exceptional year. Through our collaborative and inclusive efforts, we will continue to make a real impact in health policy, practice, and education.

Dr. Erna Snelgrove-Clarke, RN, PhD
Vice Dean (Health Sciences) & Director, School of Nursing

BY THE NUMBERS

924^K

\$924,000 in new PI & co-PI funding in 2021

6.2^M

\$6.213 million in total collaborative funding in 2021

133

Journal publications

2

Reports

1

Guidelines

87

Thesis-stream graduate students
in new PI & co-PI funding in 2021

SALLY SMITH CHAIR IN NURSING



Nurses are key providers within the health care system and are the largest population of health professionals, with half a million active regulated nurses in Canada. Even though nurses comprise the backbone of our health care system, the number of nurses with research training is substantially lower; it is estimated that only 1-5% of the nursing workforce is actively engaged in research.

As the Sally Smith Chair, I provide mentorship and leadership for all faculty members of the Queen's Nursing and Health Quality Research (QNHQR) group at the School of Nursing. Within the past year, the QNHQR program has achieved many successes. To highlight a few:

- The number of research projects and funding has steadily increased. In 2021 alone, there were 15 projects led or co-led by SON faculty that received peer review funding. As well, many faculty were involved as co-investigators for an additional 16 peer reviewed funded projects. New faculty investigators are building a strong base for further research growth, and more established faculty are working collectively with the newer faculty and other collaborators to advance their scholarly work.
- Our publication and scholarly output was outstanding, with a total of 133 peer-reviewed publications and one guideline.

- We strengthened our methodological platforms, ensuring comprehensive and rigorous approaches for our research. Our two well established platforms are: 1) use of health administrative data (Institute for Clinical Evaluative Sciences/ICES) and 2) knowledge synthesis and translation ([Queen's Collaboration for Health Care Quality \(QcHcQ\)](#)). We are unique in the use of these methodological approaches to address research priorities and are now in the process of building other methodological platforms to support patient and community engagement research.
- We continued to mentor and build research capacity for both graduate and undergraduate students. For example, through our ICES research program, faculty have been successful in obtaining funding through the Applied Health Research Question process, supported by the Ontario Ministry of Health and Long-Term Care, to support graduate student research. Additionally, members of the QNHQR group participate in the university's Summer Work Experience Program and hire 3-4 students to work on research projects with them. As part of their experience, students attend research and scholarship activities such as the School of Nursing Graduate Research Day, master's and doctoral thesis defenses and research seminars.

Over the next year, we will:

- Continue to align and integrate our current processes and structures with the strategic directions of Queen's Health Sciences (QHS).
- Develop an additional 1-2 research methodological platforms. (i.e., person-centred/patient engagement approaches)
- Continue to seek out and build integrative strategies across QHS. For example, members are engaged with Frontenac-Lennox Addington – Ontario Health Team (FLA-OHT) project team, to support evaluation activities of the OHT implementation. This is an excellent example of an academic-practice partnership to support regional health care system transformation.
- Actively market our successes.
- Pursue external philanthropic funding support for the growth of QNHQR activities.

I would like to take this opportunity to thank, once again, Mr. A. Britton Smith and his family for his generous donation to support the Sally Smith Chair in Nursing.

Dr. Joan Tranmer, RN, PhD

*Scientific Director, Queen's Nursing and Health Quality Research
Sally Smith Chair in Nursing*

Faculty Researchers



Joan Almost, PhD RN

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Nursing workforce policy, work environments and workplace relationships.



Pilar Camargo Plazas, PhD RN

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Understanding health equity in vulnerable groups using emancipatory and interpretive approaches.



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Innovative approaches to quality improvement research.



Jacqueline Galica, PhD RN CON(C)

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Supporting the psychosocial concerns of those affected by cancer.



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Measuring health service outcomes using population-level administrative data.



Marian Luctkar-Flude, PhD RN CCSNE

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Advancing nursing knowledge through the development and evaluation of educational interventions including virtual simulation games.

FACULTY RESEARCHERS *CONT.*



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Integrating various levels and types of evidence to provide the best available evidence for practice.



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Evidenced-based pain and symptom management, advanced practice nurse roles, equity diversity and inclusion (EDI).



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Advancing women's health through implementation of evidence.



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Health services research focused on nursing contribution to quality care.



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Research Spotlights

SECTION I

After cancer treatment is complete: An important period for nurses' support

DR. JACQUELINE GALICA



When addressing cancer care, current health research often focuses on new treatment methods, lab research, or prevention and screening measures. Yet the transition from treatment into 'surveillance' care can be a challenging, stressful – and often overlooked – period for survivors.

After completing their primary treatment, cancer survivors can experience a range of concerns and issues which might seriously impact their recovery and quality of life. In particular, gynecological cancer (GC) survivors are a group with heightened distress and unmet post-treatment needs. Despite this, limited research has focused on understanding GC survivors' specific needs or used survivors' suggestions to address these unmet needs. Dr. Jacqueline Galica is hoping to change that.

An estimated [43% of Canadians](#) will be diagnosed with cancer in their lifetime, including thousands of women, trans and gender-queer individuals who will be diagnosed with gynecological cancer. GC cancer is a wide-ranging term that generally describes uterine, ovarian, cervical, and vulvar cancers.

"GC encompasses a number of different cancer diagnoses that require unique treatments and have unique journeys" explains Dr. Galica. "For instance, someone with early-stage cervical cancer may not require long-term follow-ups with their cancer team, while someone with ovarian cancer may be followed by their cancer team for years of surveillance care. The types of needs, concerns and questions that these two people might have may vastly differ."

Like others diagnosed with cancer, GC survivors can struggle with common issues at the end of treatment: reluctance to transfer care from their oncologist to another practitioner or a lack of understanding about how other practitioners could contribute

to their care. Yet GC survivors can also experience a unique set of challenges after treatment too. For example, fertility, intimacy and relationship concerns, fear of changes to sexual health, and navigating new changes to their bodies, can all severely impact quality of life. One of Dr. Galica's current projects examines the feasibility of a nurse practitioner-led intervention aimed at providing supportive care for gynecological cancer survivors entering the surveillance phase of cancer survivorship. This study is funded by the Canadian Association of Nurses in Oncology and is conducted in partnership with co-lead Janet Giroux, a gynecologic oncology Nurse Practitioner at the Kingston Health Sciences Centre.

The study will follow patients as they visit with a gynecology oncology nurse practitioner (NP), who will review their treatment history and discuss anticipated short- and long-term side effects of their diagnosis. The NP will also discuss strategies to manage patient-identified cancer-related needs and strategies/resources to support them to manage these needs. The research team will then connect with participants 3-, 6-, and 12-months following the visit with the NP.

"Nurses and Nurse Practitioners are well positioned to provide this kind of support" says Dr. Galica. "Given the unique education and health teaching skillsets of nurses, they are well-suited to meet the needs of GC survivors and fill this gap in routine cancer care. Furthermore, nurses are involved in all phases of cancer care, which provides a natural opportunity to develop relationships with GC patients and provide education in accordance with the patient's needs."

Dr. Galica and team are currently recruiting participants and expect the completion of data collection by mid-2023.

"Although our work is currently focused on gynecological cancer, it's really exciting for me to think that our team is developing a framework that can be used to inform models of care that can be applied to persons having other cancer diagnoses."

Translating evidence to enhance maternal newborn care

DR. ERNA SNELGROVE-CLARKE



Patients expect all care and clinical decisions made by their healthcare providers – from prevention to diagnostic and treatment – to be always backed by solid science, using the most rigorous and up-to-date scientific evidence. Numerous studies have repeatedly shown, however, that many providers still do not weigh in best scientific evidence when working with

patients to support patient-care decisions. This is tremendously concerning, considering patients' health outcomes are affected by these decisions. Advancing knowledge on how to promote the adoption and sustained use of evidence by healthcare providers is critical to ensure best patient outcomes, and is at the core of Dr. Snelgrove-Clarke's research program.

In 2021, Dr. Snelgrove-Clarke and colleagues focused on investigating how to improve the clinical outcomes of persons living with obesity during pregnancy, birthing and postpartum. Maternal obesity introduces a range of serious, potentially life-threatening risks – such as gestational diabetes and preeclampsia for the mother and stillbirth and congenital anomalies for the fetus – that may escalate the need for more specialized health care services. While guidelines to support best care of this population group are available and regularly updated, healthcare providers may be reluctant or may face other barriers preventing them from incorporating guidelines into practice.

In the first phase of a large, multi-site and multi-study project, Dr. Snelgrove-Clarke together with Dr. Shannan Grant (Mount Saint Vincent University, Nova Scotia), are exploring current care provider adherence to the Society of Obstetricians and Gynecologists of Canada (SOGC) clinical practice guidelines on the care management of persons living with obesity. Preliminary results suggest that there is still room to improve adherence to some of the guideline recommendations.

In the next phase, taking place over the course of 2022, these two researchers and the team they work with will explore provider's

perspectives on the barriers and facilitators of implementing the guideline recommendations. The results will inform the development of strategies to facilitate guideline uptake. "In order to minimize complications and provide the best, safest possible care for this patient population, it is important that care providers align clinical practice with current scientific evidence," says Dr. Snelgrove-Clarke, "but to do that, we first need to identify which strategies are effective in changing provider behavior. If we have learned one thing from previous research, it is that context matters. Each clinical area has its own culture and climate, barriers and facilitators that are specific to the persons providing care."

In 2021, Dr. Snelgrove-Clarke and colleagues focused on investigating how to improve the clinical outcomes of persons living with obesity during pregnancy, birthing and postpartum.

Strategies for guideline uptake will also be informed by the results of two systematic reviews currently in progress: one exploring the experiences of providers caring for women with obesity in maternal units, and the other exploring the experiences of women that live with obesity during pregnancy, birthing, and post-partum. "Ensuring patient experiences are a central component of the research project is a priority," says Dr. Snelgrove-Clarke "as it has been shown, for example, that communication between providers and women with obesity on topics that involve women's weight is often not ideal."

Together, the results of these studies will highlight how encouraging the adoption and use of rigorous, up-to-date scientific evidence by health providers can support the best possible care and clinical outcomes for persons living with obesity during their pregnancy, birthing, and postpartum journey.

Nursing workforce challenges: finding ways to move policy forward for meaningful change

DR. JOAN ALMOST



The work of nurses has rarely been discussed so constantly as it has during the past two years. The increased attention brought by the pandemic has revealed ongoing gaps within the profession and across health systems, forcing Canadians to look more closely at industry shortcomings which were papered over for too long. More specifically, this spotlight has highlighted a lack of general

understanding of the differences between the four regulated designations of nurses - Registered Nurses, Licensed Practical Nurses, Registered Psychiatric Nurses, and Nurse Practitioners - each with their own diverse, yet similar, scopes of practice. Additionally, the approaches used to regulate each designation often varies depending on territory or province, leading to further differences and confusion among nurses, employers, other providers and the public about each.

"Scope of practice is a complex concept. It's difficult for nurses and others to describe and operationalize", explains Queen's Nursing researcher Dr. Joan Almost. "Understanding the overlap or intersection in scopes is an important step to creating clarity within the nursing profession and working to nurses' full scope."

For the past two years, Dr. Almost has partnered with the Canadian Institute for Health Information (CIHI) and the Canadian Nurses Association (CNA) on a project entitled 'Regulated nurses' scopes of practice'. The goal is to analyze and better understand the similarities and differences within legislated scopes of practice for regulated nurses in all provinces and territories. Scopes of practice were identified in legislation and data collected from each professional regulatory body. The data was then collated, reviewed and mapped to the SNOMED CT standard to allow for better comparability of scopes across professions.

SNOMED CT is a systematically organized computer processable collection of medical terms providing codes and terms used in

clinical documentation and reporting. Using this platform with the mapping allows the opportunity to inform discussions on optimal care organization (models of care) and delivery. Dr. Almost's input was critical throughout this project: on the data obtained, possible additions or deletions to activities within each scope of practice, descriptions of each activity, and comments on the mapping. CIHI has now finished compiling the data with interpretive notes, and once an internal review has been completed the final product will be released in the summer of 2022.

In addition to her work in clarifying scope of practice, Dr. Almost also was invited as guest editor for a special issue with *Canadian Journal of Nursing Leadership* on the mental health of the country's nurses.

"For the past 20+ years, a tsunami has been forming within health care," says Dr. Almost. "Repeated concerns have been raised about the mental health of nurses in Canada. With the continued aftershocks of the pandemic to our health systems, the final wave is now crashing, and change is needed."

The focus of the issue was on moving beyond describing the problem of nurses' mental wellness to posing potential solutions. Articles were invited which examine what is being done to support the mental health of nurses, and what has been found to be effective in helping nurses cope during these challenging times. Dr. Almost's own editorial stressed that it is time to acknowledge what has been hidden inside Canada's healthcare system for decades but has become more visible during the COVID-19 pandemic: widespread stress, mental health problems and burnout in the nursing workforce. This editorial was in the Top 5 of most widely read articles in July and August on Longwoods.com.

By combining a strong research element to her work supporting policymaking, Dr. Almost's current projects highlight the importance of a more unified nursing voice to meet the complex challenges ahead, which includes transforming intraprofessional practice and supporting nurses' mental health and well-being.

A call to action: improving the health of the nursing workforce

DR. JOAN TRANMER



Ten years ago, Dr. Joan Tranmer, along with Dr. Kristen Aronson, (Public Health Sciences, Queen's University), began their research partnership of exploring an aspect of the work environment that influences many health care providers' overall health: shift work. In collaboration with an outstanding team of co-investigators and students, they explored the mechanisms through which night

shift work may contribute to an increased risk for cardiovascular or cancer disease in women. In the past year, they consolidated much of their previous work and validated aspects of a model linking physiological, psychological and behavioural variables (circadian disruption with alteration in patterns of cortisol and melatonin production, stress, and sleep patterns, respectively) with increased cardiometabolic and cancer risk.

They observed that aspects of work and life stress varied between women in shift work and non-shift work positions. Of concern, they also found that approximately one in five female health care providers had at least three indicators of cardiometabolic risk, and this prevalence was higher in women who worked in shift work positions.

"We need to challenge our historical and traditional work practices," says Dr. Tranmer. "While shift work will remain omnipresent in healthcare, how can workspace and workforce routines be re-imagined so that we can combine efficient health services with the health and well-being needs of the workforce? Continuing to develop evidence to support healthy workplaces and healthy people will be a key piece in optimizing the workforce we have."

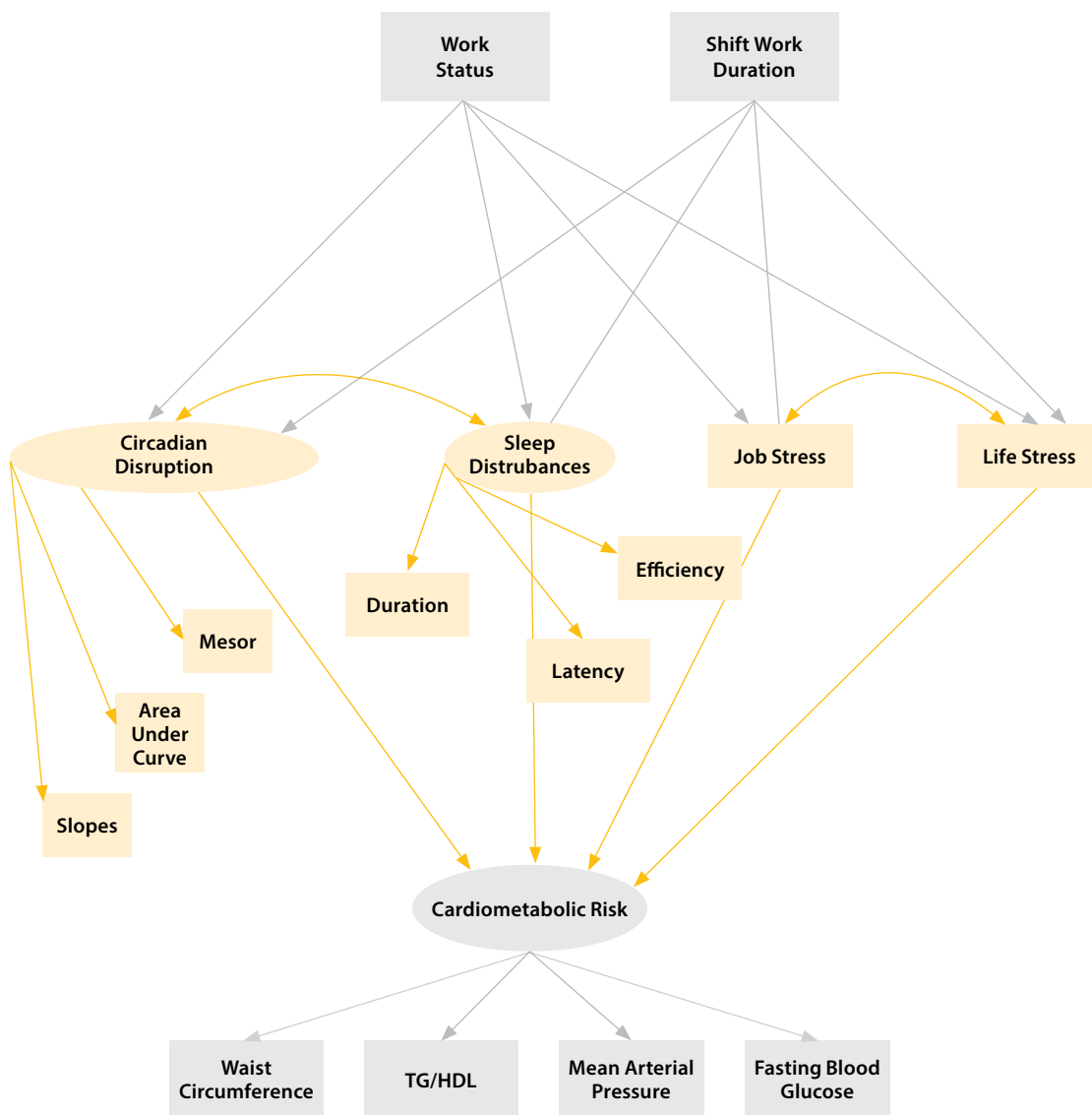
Before the pandemic, Dr. Tranmer and team also implemented a pilot project in which nurses were encouraged and supported

to take a "nap" during their night shift. This quality improvement project, led by the nurses on the unit, was feasible and impactful and resulted in an increase in the proportion of nurses who were able to "rest at night in a quiet place". Projects like this are the first step towards implementing workplace strategies to promote health among those who work shift work.

While shift work will remain omnipresent in healthcare, how can workspace and workforce routines be re-imagined so that we can combine efficient health services with the health and well-being needs of the workforce?

Dr. Tranmer and Dr. Aronson's research outcomes clearly show that working a "night" is acutely disruptive, and that this acute disruption may be mitigated through workplace and lifestyle strategies. The team aims to use their findings to inform strategies to enhance the health of the nursing workforce.

The need for a healthy nursing workforce is always present. However, with the COVID-19 pandemic and the combined demands of both work and personal life, this need has become a concern. Not only do nurses and other healthcare providers need to individually engage in activities that promote their physical and mental health, but health organizations also need to actively design and implement solutions that supports the well-being of their workforce.



Full model of the proposed relationship between shift work and cardiometabolic risk. Work status (shift work/non-shift work) is associated with cardiometabolic risk indirectly, primarily mediated by circadian disruptions of the hormones cortisol and melatonin.

Golding H, Ritonja JA, Day AG, Aronson KJ, Tranmer J. Modeling the relationship between shift work and cardiometabolic risk through circadian disruption, sleep and stress pathways. *Chronobiol Int* 2022 31:1-10

Responding to challenges in nursing education during the COVID-19 pandemic: Creation and evaluation of virtual simulation games

DR. MARIAN LUCTKAR-FLUDE



The restrictions placed on traditional in-person lectures, skills labs and clinical placements during the COVID-19 pandemic have led to an overwhelming demand for e-Learning activities. While research shows that virtual simulations demonstrate outcomes similar to traditional live simulations within health education, few nursing schools incorporated them into their program curriculum prior to the pandemic. Barriers to adopting virtual simulations in higher education often include a range of impeding factors, from the cost of the commercial products to a lack of faculty time or expertise in developing and implementing simulation projects.

Sharing the VSGs through the Canadian Alliance of Nurse Educators using Simulation [CAN-Sim] provides access to over 120 VSGs hosted in the CAN-Sim repository, and greatly increases the cost-effectiveness of adopting VSGs.

It's these barriers that Queen's researcher Dr. Marian Luctkar-Flude is working to address, supporting nurse educators across Canada by creating and evaluating novel virtual simulation games (VSGs) on a variety of clinical topics.

"We created a VSG design process that enables nurse educators to build VSGs using a GoPro™ camera, an iPad and our template. The advantages to creating VSGs this way is that not only do they address nursing course and program outcomes, but they are also accessible and repeatable at no cost to learners," explains Dr.

Luctkar-Flude. "Sharing the VSGs through the Canadian Alliance of Nurse Educators using Simulation [CAN-Sim] provides access to over 120 VSGs hosted in the [CAN-Sim repository](#), and greatly increases the cost-effectiveness of adopting VSGs."

A globally recognized expert in clinical simulation-based education, in 2021 alone, Dr. Luctkar-Flude, Dr. Tyerman (uOttawa), and their colleagues obtained over \$1.2 million in research funding to support virtual simulation design, usability testing and evaluation of learning outcomes. One of the virtual simulations developed includes a series related to wound management and assessment, funded by the Registered Nurses Association of Ontario (RNFOO) Nurse Innovator Award and developed in collaboration with fellow Queen's researcher Dr. Kevin Woo. Another four series funded by eCampus Ontario include: (1) primary health care skills for nurse practitioners (in collaboration with Ryerson University); (2) medication administration virtual puzzle escape rooms; (3) community health nursing competencies (in collaboration with McMaster University); and (4) cultural humility addressing racism and microaggressions (CHARM). Co-created with Queen's researcher Dr. Mona Sawhney, the CHARM virtual simulations were developed in partnership with seven nursing students from Queen's University and the University of Ottawa. Additionally, Drs. Luctkar-Flude and Tyerman oversaw the creation of 19 VSGs for the Virtu-WIL virtual simulation project, funded by Colleges and Institutes Canada, aimed at providing open access virtual simulations for nursing education.

The ultimate goal of all these projects is to provide engaging and effective evidence-based educational experiences. While restrictions around in-person learning may be easing, Dr. Luctkar-Flude says that e-learning opportunities like VSGs are here to stay. "With the projected return to unrestricted in-person instruction in 2022, it is anticipated that virtual simulations will continue to provide high-quality educational options to augment or replace traditional classroom, simulation lab, and clinical learning experiences. Thus, research on best practices related to virtual simulation design, delivery and debriefing will remain a priority to guide nursing faculty".

Opening all the boxes: Unpacking the lived experience of frontline providers during a COVID-19 outbreak through art-based research

DRS. PILAR CAMARGO PLAZAS AND LENORA DUHN



“When a community comes together, it can overcome anything.”

Executive Director Participation House Markham, Shelley Brillinger¹

On April 10, 2020, a state of emergency was declared at Participation House Markham (PHM) – an Ontario-based residential group home for adults with developmental and physical disabilities: 10 residents and 2 staff members had COVID-19. During the early days of the outbreak, many staff left for varying reasons and residents were largely cared for by non-medical personnel, who stayed because they considered the residents to be like family. As the days continued, PHM was forced to enlist additional staff from across the country to provide care.

The outbreak was declared over almost two months later, on June 8, 2020. The devastating toll was the death of 6 residents due to COVID-19, while 40 of 42 residents and 57 staff tested positive for the virus. In the aftermath of outbreak, there is reflection and recounting—asking, learning, and giving those providers a platform for their voices to be heard.

This study concept was initiated by PHM lead Shelley Brillinger and Dr. Jane Philpott, who provided clinical support during the outbreak. In collaboration with Dr. Pilar Camargo-Plazas and Dr. Lenora Duhn, the team is studying the experiences of those who worked at the setting during the horrific outbreak. Designed as a case study, the approach involves use of art (paintings, poems, collages, videos) as created by participants to describe their feelings, emotions, and experiences during that time. It also

includes critically examining what they perceive were the enablers and challenges regarding their emotional well-being during the outbreak and building toward a place of healing and resilience. The team also aims to engage with the participants, interested parties, community members, and researchers in mobilizing the findings, developing context-specific strategies for change, and determining disaster preparedness.

During her initial conversations with participants, Research Assistant and PhD (Nursing) student Emma Vanderlee shares, “it was clear each person experienced a life-altering and traumatic event. Participants have likened the experience to entering a war zone, with feelings they may not survive. Some experienced guilt for leaving the residence after providing non-stop care for over 16 hours.” Emma added “One individual slept in a tent, never leaving the residence for over 4 weeks. Another, employed by PHM for 16 years, couldn’t return post-outbreak due to the trauma.”

The team hopes—through art-making, journaling, and sharing their experiences—participants can make space for newfound resilience, self-discovery, and the relief of trauma. As well, another study goal is sharing participants’ experiences with the wider community. Participants repeatedly identified a need for these experiences to be shared, in case others could learn from them. “I think what we went through will be informative to others and I would hope to experience some healing through it as well,” said one of the staff.

“As a team, we are acutely aware of the emotional strain this experience has had on the frontline providers, and quickly recognized we needed to approach this research with three essential elements: active listening, debriefing, and reflection,” Dr. Duhn explained. “It is important our approach for this study is, at its core, trauma-informed,” Dr. Camargo-Plazas adds. The team acknowledges, as researchers in this context and with the ongoing COVID-19 circumstance, they have tried to be nimble, resourceful, and present in each discussion, beginning from the first interactions with participants.

The project is still under way, but the researchers have become acutely aware of understanding their own sensitivities, as well as ensuring participants have adequate access to mental health resources is essential—all must be supported in re-living and hearing about the traumatic events of a COVID-19 outbreak.

*This study has been funded by the Social Sciences and Humanities Research Council-Partnership Engage Grants

1. <https://participationhouse.net/our-community-wrapped-its-arms-around-us>



Year in Review

SECTION II



Dr. Danielle MacDonald

There are more nurses in the global health care workforce than any other profession, and our critical mass can have a significant influence in decision-making, practice, and policies... but we need to show up!

DR. DANIELLE MACDONALD

Can you provide a brief summary of what your research is about?

My research explores global experiences of people who provide or receive health care before, during, and after birth. Of particular interest are the experiences of nurses, midwives, women and birthing people, and families. Improving understandings of birthing experiences – collaboration and how people provide and receive perinatal care – can support strategies to address current gaps and challenges in care. The findings from my program of research will be used to support sustainable person-centred perinatal care. Person-centred birthing care ensures that all persons who have experiences of birth are supported to flourish – personally and professionally. I use critical qualitative methodologies and methods (feminist poststructuralism, discourse analysis) and JBI qualitative systematic review methodology, to explore people's experiences of birthing care.

What problems are you looking to confront through your research? Globally, midwifery, nursing, and perinatal care are facing significant challenges. Global shortages of midwives and nurses, slow uptake of innovative solutions for the delivery of birthing care services and sexism contribute to increased interventions, lack of choice, mistreatment, burn out, and unsustainable perinatal care delivery models. There are increasing reports of tokophobia (fear of childbirth), birth trauma, and experiences of disrespect and abuse for women and birthing people. At the same time, midwives, nurses, and other health care providers are working hard to provide birthing care with inadequate staffing, support, and funding in all corners of the world. All these factors influence the experiences of women and birthing people, and health care providers during birthing care. My research produces evidence that will support a reorientation of birthing care as a sustainable person-centred endeavour.

What's one upcoming research project you're really excited about starting?

I am really excited about a research project I am currently leading which is a synthesis of qualitative evidence to explore the experiences of birthing care during COVID-19. We are specifically looking at qualitative evidence about the experiences of midwives, nurses, women and birthing people. The COVID-19 pandemic has been challenging for everyone, highlighting known inequities and sustainability challenges in the delivery of birthing care. We have a great deal to learn from the people who have experiences of birth during this time, to inform change that makes birthing care equitable and sustainable around the world.

Why is it so important that nurses or those with nursing backgrounds engage in health research? We need nurses to lead, participate in, and use research in all the spaces and places they work – and beyond. There are more nurses in the global health care workforce than any other profession, and our critical mass can have a significant influence in decision-making, practice, and policies... but we need to show up! We need to use our voices, we need to offer critique about what doesn't work, and we need to provide innovative solutions. We also need to work together, collectively, to improve health and well-being globally. Engaging in research is an excellent vehicle to strengthen our profession, build a critical mass for change, challenge the status quo, and solve ongoing challenges in the delivery of care for health and well-being.



(left to right) Dr. Roger Pilon, Dr. Danielle Macdonald, and Dr. Aleksandra Zuk

DR. ROGER PILON

Can you provide a brief summary of what your research is about? My program of research focuses primarily on Indigenous health and, more specifically, the decolonization of type 2 diabetes care. It is widely known that, for many generations, health care has been provided in large part by settlers (non-Indigenous individuals) using a primarily western approach which is often dismissive of Indigenous ways of knowing, being, and doing. A decolonized approach can promote reconciliation by ensuring that Indigenous Peoples are fully involved in their care and that their preferences are respected. I have been collaborating with First Nation communities on the development of a culturally safe diabetes care strategy. Building on my interest in Indigenous health and my experience working alongside Indigenous communities, my role is to serve as a guide and resource for Indigenous communities and to contribute to the building of research capacity in these communities.

What problems are you looking to confront through your research? Health professions students and providers have mostly received education that often fails to acknowledge or value Indigenous ways of knowing, being, and doing. This has exacerbated health inequities and contributed to poorer health outcomes in Indigenous communities. Ultimately, my goal is to inform primary health care providers about the historical and ongoing legacies of colonization, and how this has an impact on the way that health care is currently delivered. I also think it is important to guide health providers as they learn more about Indigenous ways of knowing, being, and doing, and learn to integrate Indigenous and western way of treating illness.

What kind of impact do you hope that your research will have? Ultimately, I hope that the research I undertake with Indigenous communities and Peoples will have a positive influence on the way that Type 2 diabetes care is delivered. More specifically, my vision is that health care providers will enter the workforce better

informed when it comes to the importance of cultural safety and humility, and that they will be more open to Indigenous ways of knowing, being, and doing. By doing so, health providers can minimize health care disparities and inequities, and Indigenous Peoples can benefit from culturally safe care and improved health.

What's one thing that gets you really excited about your research field? In the recent years I have observed an emergence of Indigenous Traditional practices. With emphasis now being placed on the importance of understanding colonization and the need for culturally safe care, we are beginning to witness an

important and significant change in the way that health care is being delivered to Indigenous Peoples and communities. I have witnessed incredible resilience in Indigenous Peoples which has led the way for health care services to become truly more holistic through the integration of Indigenous and western ways of knowing, being, and doing.

[Watch Dr. Pilon's talk at the 2021 Gerri MacEwen Memorial Lecture in Nursing on "Decolonizing Diabetes: Promoting culturally safe & competent care."](#)



Dr. Aleksandra Zuk

My current focus is on cardiometabolic and cardiovascular related health outcomes among vulnerable populations, such as women, youth, and Indigenous people.

DR. ALEKSANDRA ZUK

Can you provide a brief summary of what your research is about? Broadly speaking, my research goals are to address health inequities, examine access to care services, and to improve health outcomes related to chronic conditions across the lifespan in Canada. Within these themes, my current focus is on cardiometabolic and cardiovascular related health outcomes among vulnerable populations, such as women, youth, and Indigenous people.

What problems are you looking to confront through your research? As part of this research, I aim to confront sex-and-gender differences related to women's cardiometabolic health and the impact on access to health services of vulnerable and Indigenous populations. As an example, I am currently working in partnership with subarctic Indigenous communities to examine how health and wellness benefits of traditional Indigenous land-based activities (i.e., spending time-on-land) can affect type 2 diabetes mellitus and cardiometabolic risk factors, particularly among Indigenous women. Another problem I seek to address within my program of research is inequitable access to care in rural and remote communities that relate to complications of cardiometabolic disease such as type 2 diabetes. This research will harness the potential of machine learning technologies to explore the use and applications in health systems in order to predict future health requirements and improve care.

Why do you feel your research is a community issue? The key perspectives central to my research have arisen from specific community members I partner with as a researcher, which stems from community engagement that has taken time to establish. I believe an equal partnership is imperative in the research process that aims to address a timely community voiced problem, and one that finds resolutions to this community issue at hand that impacts people's life and well-being.

What is your favourite thing to do in Kingston? I'm familiar with Kingston since I did my Bachelors in Nursing at Queen's, but I love re-exploring all of Kingston's attractions through the eyes of my little one. The most recent was Kingston's steam engine, oh, the joy of trains.

Building future researchers – It takes a village

How Queen's graduate researchers are finding support and success through student-led communities of practice.

The journey from coursework to final thesis defence is a long, demanding and at times isolating experience for doctoral students, regardless of the dissertation field. Attrition rates for PhD programs usually reflect this difficulty; in nursing schools for example, [research shows](#) that general attrition rates for PhD programs can be upwards of 20%. The same research also shows that online doctoral nursing programs have notably higher withdrawal rates than in-person programs, with lack of peer-to-peer interaction highlighted as a contributing factor.

Academic attrition rates are just one reason why, in addition to facing a country-wide shortage of nurses, Canada is also facing a shortage in PhD-prepared nurse scientists. Other factors include lower application rates than undergraduate or masters-level nursing programs, and that a large portion of the current workforce is nearing the age of retirement. While general nursing shortages will be felt most immediately in hospitals and clinical care settings, the shortage of PhD-prepared nurses will have a trickle-down effect on health care, affecting everything from undergraduate nursing education to new health research and policymaking. So how can we encourage higher retention rates in nursing programs, ensuring the next generation of PhD prepared nurses are able to complete their education and continue supporting

our health system? For a group of Queen's nursing graduate researchers, part of the solution lays with building supportive, student-led communities of practice (CoP).

"Communities of practice can provide a space for students to support each other on the PhD journey," says Paulina Bleah, a nurse practitioner and third-year doctoral student at Queen's School of Nursing. "There is something unique about getting support from peers who understand your challenges and can advise you on how to navigate them."

Bleah entered the PhD program in 2019, and together with two other nurse practitioners in her cohort, formed a community of practice to encourage each other as they navigated their research and coursework. While the focus is on professional and academic goals, the group has become an important social support, providing motivation and reassurance.

"Students are social creatures for which social participation and interaction with others is necessary for our personal and scholastic growth," explains fellow group member Jovina Concepcion Bachynski. "Becoming a grad researcher is not an isolated pursuit – it literally takes a village of family, friends,

Students are social creatures for which social participation and interaction with others is necessary for our personal and scholastic growth. Becoming a graduate researcher is not an isolated pursuit – it literally takes a village of family, friends, supervisors, fellow students, and other supporters to make this a reality.

supervisors, fellow students, and other supporters to make this a reality. A CoP of like-minded individuals can provide critical support throughout the student's journey. It represents a forum in which members develop competence through the sharing of knowledge and best practices in a safe yet challenging space."

Emphasizing professional and interpersonal support as they complete their degree, the community does everything from social check-in sessions to running mock defence practices – whatever the group feels it needs in that moment as they navigate their research goals. Additionally, the group also frequently organizes [academic networking events](#) open to doctoral health sciences learners at Queen's and other universities. They even share the value of their CoP experiences with the wider research community; group members have presented together at conferences and [written a paper](#) focusing on how community of practice membership can be a reflexive strategy for researchers.

"Since our CoP is student-led, our topics of conversations are based on students' interests, and discussions are fruitful," says

fellow CoP member and PhD student Martha Whitfield.

The idea that the student-led nature of graduate-level CoPs is key to their success is a feeling that fellow doctoral student Laura Killam shares. "My biggest suggestion for programs looking to better support or encourage student communities of practice would be to help students get set up. Not that you need to lead them necessarily because I don't want it to start feeling like a class where you feel like you must go and participate. Students should have their own autonomy over what's valuable for them and what isn't."

Killam is in her second-year of the PhD in nursing program. Along with fellow doctoral student Christina Cantin, she's also established a cohort-based community of practice within the program. They began developing the community during their first-year at Queen's, recognizing a need for peer support while starting school and balancing work and family demands during a global pandemic. Like the third-year community of practice, they also recently co-wrote a paper that has been [accepted for publication](#). It details their work establishing a student-led CoP amidst the COVID-19 pandemic. In addition to sharing their own separate CoP experiences, the groups do collaborate where they can and try to support each other even if they exist independently.

Both Killam and Cantin have been part of student-led communities of practice before entering the program and find them valuable to their growth as health sciences researchers. Due to the online nature of their program and the ongoing pandemic, their group has yet to meet in person, though they're looking forward to doing so one day soon.

"As graduate researchers, we are often working in isolation. We're all working on our own topics and we're learning to become independent researchers. That can sometimes feel isolating and overwhelming," Killam explained, when asked about how building communities of practice for new researchers, both informal or formal, can support student success and program completion. "It can be really helpful to reach out to colleagues who are in a similar stage to you and talk about some of the challenges that you might be having with structuring your literature review, strategies for getting committee involvement or working with your thesis supervisors, that kind of thing. I think that those more informal conversations between peers can be really validating for students."



(left to right)
School of Nursing faculty
Dr. Rosemary Wilson
(Deputy Director),
Christina Godfrey
(Co-Director & Methodologist), & **Kim Sears** (Deputy Director). Absent from the photo, **Dr. Andrea Tricco** (Co-Director)

Queen's Collaboration for Health Care Quality (QcHcQ)

Providing care and making treatment decisions supported by strong scientific evidence is the cornerstone of excellent health care. Yet with over 2.5 million scientific articles published globally on a yearly basis, the reality is that it can be difficult for front-line healthcare providers to search and assess the validity of all this scientific evidence while also synthesizing and tailoring this knowledge to their clinical environment. With such an overwhelmingly large body of scholarship, researchers like those in the Queen's Collaboration for Health Care Quality (QcHcQ) group play a crucial role in summarizing scientific evidence using rigorous and transparent methods. Making this research easily accessible to healthcare providers, policy makers and the scientific community is an impactful way to promote the knowledge jump from page to practice.

Examples can be accessed free-of-charge from groups such as the JBI's [COVID-19 Special Collection](#) and the [COVID-END's repository](#). As an example of the work QcHcQ does, this past year the group's Co-Director and Methodologist Dr. Christina Godfrey, and Deputy

Director Dr. Kim Sears completed a rapid scoping review to identify the current methods of assessing and managing burnout in direct patient care providers during the COVID-19 pandemic. This review was completed in collaboration with Alberta Health Sciences' Dr. Lynora Saxinger and included literature published between January 2020 and October 2021. It determined that the most frequently utilized tool to measure burnout was the Maslach Burnout Inventory tool, and that one strategy to support providers' mental health was removing as much of the hierarchy in medical teams as possible. This decision can increase the ability for concerns to be heard, and the agility to implement changes quickly without the need for lengthy approval processes. The review was supported by [COVID-END](#), a CIHR-funded network of partners that helps in supporting decision-making about COVID-19 using the best available evidence.

In a similar manner, Dr. Sears and a multi-institutional research team conducted a Canada-wide scoping review that provided an overview on the practice and regulation changes that emerged in Canadian

[illegible]

As evidence synthesis and implementation scientists, some members of the QcHcQ have also lent their expertise to various international groups who help in clarifying and publishing methodological guidance on the conduct of reviews. Furthermore, they offer training sessions in the rigorous conduct of comprehensive evidence synthesis following the JBI Institute methodology, to students, faculty members, librarians, and other stakeholders at Queen's and abroad.

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Funding & Publications

SECTION III

RESEARCH FUNDING

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