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The Relationship among Attachment, Empathy, and Caring in Baccalaureate Nursing Students

Arlene B. de la Rocha, RN, PhD

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: attachment theory, caring, empathy, nursing students, theoretical model, structural equation modelling, mediation

Background: This study contributes to a non-existent body of knowledge on the concept of empathy and caring in Baccalaureate nursing students by examining: <ul> attachment as a predictor of empathy and caring in nursing students by testing a theoretical model; the mediating effect of empathy on the relationship between attachment and caring. Purpose: <ul> to explore nursing students' perceptions of caring; to test a theoretical model using Structural Equation Modeling (SEM) to analyze the strength of the relationships among attachment, empathy and caring. Method: <ul> Phase 1-Integrative Review-nursing students perceptions of caring Phase 2- Cross sectional study-measured attachment, empathy and caring in baccalaureate nursing students. A measurement model and SEM analyzed the strength of the relationships among attachment, empathy and caring and examined the mediating effect of empathy between attachment and caring. Results: <ul> The SEM revealed the hypothesized model was a good fit to the data. Attachment avoidance had an indirect effect on caring through the mediator empathy and a negative association with empathy. Learning Intentions: <ul> Attachment theory offers a unique perspective on how the IWM is activated during times of stress; influences individuals' interactions with others; and shapes our ability to foster relationships with others. Attachment is a predictor of empathy and caring. Key Impacts: <ul> Attachment inhibits, curtails therapeutic relationships An educator's awareness and understanding into the nature, cause, and effect of attachments may help educators to enhance the quality of educating and mentoring nursing students and other health care professions.

'Transforming through Relationality' Creates Culturally Safe Classrooms: Findings from a Secondary Analysis of Student Generated Research

Pertice Moffitt | Kerry Lynn Durnford

Background: Relational practice is a concept in our collaborative nursing curriculum. Stemming from a feminist perspective, relational practice embraces socially just, inclusive and equitable relationships. Our nursing program serves a Canadian territory that is 52 percent Indigenous, aligning a holistic worldview to values of respect, humility and reconciliation. The diverse student population and the need to create evidence- informed nursing led to a learning activity in the nursing research course about culturally safe classrooms. Nursing students interviewed other college students to learn about data collection, analysis and knowledge translation. Ethical approval was received. Purpose: The purpose of this e-poster is to share a Culturally Safe Classroom Model focusing on a core theme "transforming through relationality". Method: A secondary analysis, on qualitative data collected by students over three consecutive years (2015 to 2017), was completed. Utilizing a thematic analysis and the research question, "how do students and faculty create culturally safe classrooms?" a model emerged. Results: Four themes led to culturally safe classrooms: sharing with genuineness, transforming through relationality, addressing history and disrupting dissonance. Transforming through relationality will be highlighted. Learning Intentions: Participants will have the opportunity to learn: Curricular concepts embedded in the themes in the model; Pedagogical implications with a largely Indigenous based population; and, Implications for northern and remote nursing education and practice. Key Impacts: Relational practice has a permanent place in nursing curricula; Contextual understanding is essential to relationality; Relationality is enhanced by "strong like two people", the words of a Dene Chief.

Moral Distress in Nursing, Who Will Care?

Marlienne Goldin

RNs working in the critical care environment are often put into situations that cause inner turmoil. When nurses are put into situations where they believe they know the right thing to do for a patient, but due to constraints, are prevented from doing what they think is the right course of action, moral distress occurs, Jameton (1984). Disparate patient care goals between the nurse, the patient's family, or the patient's physician, and overly aggressive medical treatment are some of the main causes of moral distress in care givers. Lack of collaboration and open communication with physicians, adds to the problem. Moral distress affects nurses in a myriad of ways, such as decreased interactions with patients' families, and poor patient outcomes. Turnover, exhaustion, substance abuse, and even suicide are some of the serious effects of moral distress. Although there exists a plethora of research on moral distress and its' consequences on care givers, there is not much research on addressing, and preventing the problem. Failure to address moral distress limits nurses'ability to provide the best patient care. If we expect nurses to care for patients, what are we doing about caring for nurses who are in distress. According to Salmela et al. (2011) Nurse leaders are responsible for establishing, managing, and sustaining a caring culture to serve our patients, and alleviate suffering. If we believe that to be true, nursing leaders must address the issue of moral distress. Nurses are patient advocates, nurse leaders must be nurse advocates.

Living Caritas-Veritas in Eupraxis as Doctoral Nursing Students Experience the Sacred with Transcendental Meditation® (TM®)

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Background: This qualitative research study explicates Caritas-Veritas-Consciousness (Watson 2018) within the lived experience of doctoral nursing students practicing TM in deep relationship with Spirit/Soul/Source. TM is a simple, natural technique facilitating health and healing, grounded in Vedic traditional ways of being. Purpose: Spirit and science converge, enhancing understanding of expert nurses' descriptions of lived experiences when practicing TM as viewed through the lens of Unitary Human Caring Science (UHCS) (Perkins, 2019; Watson 2018), an emerging consciousness of authentic truth and reality found in Caritas-Veritas eupraxis, the core and trim of nursing (Watson 2018). To embody and embrace Veritas, is to act with "honor, goodness, truth, beauty, commitment, dignity, and nobility in service to humankind." (Watson 2018, p. 22). The values of the good, the true and the beautiful, are evident in human-universe, as the whole of unitary reality. Method: Giorgi's (2009, 2003) descriptive phenomenological method uncovered the meaning of the lived experience of participants practicing TM, as written descriptions were viewed through the lens of UHCS (Perkins, 2019; Watson 2018). Exploring eupraxis of expert nurses shifts Caritas Literacy to Veritas Presence, uncovering more fully and clearly the values embodied in caring consciousness and sacred experience. Results/Discussion/Conclusions: When practicing TM, nurses found themselves authentically present and balanced at work- school- home, with feelings of bliss, peacefulness, and inner integrity foremost, potentiating the experience of sacred space amidst daily stressors, whilst care, compassion, grace, gratitude, and appreciation resided within. Illuminating expanding consciousness, Caritas-Veritas unfolds as eupraxis in UHCS.

Teaching from the Heart: Clinical Teachers Embracing Caring Science Curriculum

Fabiola Longo, RN, MN | Arlene De La Rocha, RN, PhD

Topic: exploring humanistic practices in healthcare and education
Keywords: Clinical Teaching, Caring Science, Mentoring Students

Background: Clinical teachers are an integral part of many Nursing Programs. Clinical teachers have a wealth of clinical nursing experience and knowledge but may not be aware of best teaching practice and learning strategies to coach and mentor students in a caring manner in order for students to be successful. Two Nursing Professors, teaching in a collaborative Bachelor of Science in Nursing (BScN) program guided by Caring Science Curriculum designed a workshop specifically for clinical teachers to enhance their knowledge on the philosophical stance of teaching from a Human Caring perspective guided by Dr. Jean Watson (2018) work on Unitary Caring Science. This workshop will aim to provide clinical teachers with strategies to engage, mentor and coach nursing students in a caring manner. Learning Intention: Participants will have opportunities to: <ul> Experience the meaning of Unitary Caring Science perspective in a clinical teaching role. Reflect on their own experiences and engage in caring strategies they can implement in their role as clinical teachers. Methods/Format: The workshop will focus on providing the audience with an opportunity for open dialogue, engage in reflection, meditation, creative arts and allow expression of their lived experience. The emphasis will be to exemplify how clinical teachers can utilize Unitary Caring Science philosophical stance in their nursing praxis as they mentor and coach students. Key Impact: <ul> The audience will expand their knowledge in teaching and learning from a Unitary Caring perspective. The audience will become of aware of caring strategies from a Unitary Caring perspective that they can utilize as clinical teachers to enhance students' success.

Embodying caring science as Islamic philosophy of care: implications for nursing practice

Salma Almukhaini | Lisa Goldberg

Background: With increasing the number of Muslim populations all over the world, there is an urgent need to establish a model of care that enable nurses, especially non-Muslim, to meet the unique needs of their Muslim patients. Many theories have been developed to define caring in nursing practice. Because none of these theories has integrated the definition of caring from an Islamic perspective, some Muslim scholars have questioned their applicability to Muslim communities and called for a model of care based on Islamic perspective. Jean Watson's caring science is one of the prominent and current caring theories, which has been widely applied in various nursing practice settings. Purpose: This philosophical paper aims to compare and contrast the Islamic perspective of care and Watson's caring science and attempts to align the two perspectives. Discussion: Despite many similarities between the two, some significant differences exist. These differences are owed to the different philosophy underpinning the two perspectives. By embracing and integrating the Islamic perspective of care into Watson's ten caritas processes, new model of care has emerged. Conclusion: This new integrated model of care will bridge the gap in nursing care for Muslim patients. Thus, incorporating this model in nursing practice will transform the nursing care. Learning intentions: Islamic perspective of care and how to provide optimum nursing care for Muslim patients. Key impacts: <ul> Caring science could be used as a frame work to provide care for Muslim patients. Nursing is a humanistic professional that accommodate the special needs of different patients.

Migrant Women's Experience in Postpartum Mental Health Care Access: A Healthcare Provider's Perspective

Joyce O'Mahony | Nancy Clark

Background: Migration accounts for almost two-thirds of Canada's population growth. The immigrant population increased by 19% between 2011 and 2016. Studies consistently show rates of postpartum depression (PPD) as significantly higher for marginalized women that have experienced the trauma of war and displacement. A recent Canadian systematic review on immigrant women's experiences of PPD in Canada, shows a five times greater risk of depression. Evidence suggests that maternal depression and subsequent poor maternal-infant interactions adversely affect the developing child. Multiple contextual factors shape the resettlement and mental health of vulnerable immigrant women. Structural barriers related to, and access to healthcare include gender care responsibilities, health literacy and language. This has resulted in discriminatory health practices that socially exclude many women and families from access to culturally safe healthcare provision. Thus, an emerging challenge for healthcare providers is how to best support newcomer mothers given the complex contextual factors influencing their mental health and well-being. Purpose: To increase understanding of immigrant women's mental health help-seeking experience within rural settings during the postpartum period. Method: An environmental scan was conducted using document analysis, literature review, ten key informant interviews, and fluid survey of 100 mental health clinicians and public health nurses. Results: Four themes emerged to influence the postpartum health of immigrant women: community capacity building, facilitators of mental health support, barriers of mental health promotion, and public policy and PPD. The results align with conference themes of 'bridging and exploring capacities between primary healthcare, community, public health, cultural safety and humility.

Using a Political Caring Literacy to foster caring philosophy in nursing education

Dr Sylvain Brousseau

Nurse educators can make a difference in the lives of nursing students at the Baccalaureate, Master, and Doctoral levels in nursing education. Nurse educators are creative and have ideas that will positively influence nursing student relationship and the environment of the school of nursing Like nurses from different domains of practice, nurse educators picture themselves as an advocate improving quality, access, and providing humanistic political relationships in nursing education. Academic agency-based nurse educators should consider if and how nurses are taught to be influential. Furthermore, focused efforts are needed at all levels of nursing education to prepare nurse teachers to strategically assess political situations across educational policy levels and to adjust messages about pedagogical caring science policy for the intended audience. This oral presentation will aims to elucidate how nurse educators can influence politically their nursing school's colleagues and shape the kinds of relationships within the institution. In order to implement Human Caring as a framework throughout the institution, we must know how to use humanistically our power of influence aligned with political competencies and skills with the nursing education. During the presentation, participants will learn how to : <ol> Develop the ability to effectively understand how to politically influence nurse educators and nursing school members to implement a caring relationships nursing based on human caring; Recognize how to identify your allies and use wisely the power and influence to create an environment caring relationship in nursing education; Understand the game of politic in order to implement and foster a caring relationship.

Implementing and educating Human Caring philosophy within nursing managerial practices to re-humanize and heal the healthcare environments

Dr Sylvain Brousseau

Dehumanization is at the root of many frustrations and dissatisfactions for the caregivers, the stakeholders, the managers, and the decision-makers In Canada, the phenomenon of dehumanization is documented in some Quebec studies on clinical and management practice. Dehumanization can be linked to bureaucratic and economic constraints forcing administrators to manage health services according to models inspired by business management and limit human resources in order to make a system in difficulty profitable. The scientific literature argues that this dehumanization can also be associated with a health system burdened by a non-flexible bureaucracy, a structural shortage of health care professionals and managers, and nursing workload. It also appears that dehumanization in health has direct impacts on the quality of care. According to Cara, it is necessary to be more caring with health care teams and health professional and nurse managers in order to optimise the quality of nursing care and to preserve our Canadian universality access care. For all these reasons, it is urgent to educate all heath professional (administrators, managers, healthcare professional and decision makers on Human Caring philosophy in order to create a safe relational dialogue for a optimal healing milieu and quality care environment. In this presentation, participants will learn how to : <ol> Explain the definition of nursing according to the Duffy's quality caring model (QCM) ; Recognize how to identify the potential of Duffys' QCM on the nursing care environment and its application; Learn how to take advantage of Duffy's QCM on the patients care environment.

Situating Caring into Learning and Performance Support to Transform Healthcare

Marcia Docherty

Background: Many approaches to learning and training in healthcare overlook the social justice and equity goals required to support the health and wellness of patients, families, and practitioners. In this symposium, we share our stories of how our Learning and Performance Support activities at Island Health have evolved from reductive competency and task-based concepts towards a more systemic approach to human caring practices. Learning Intentions: Participants will: <ul> Trace our evolution towards a humanistic and holistic learning and performance support. Learn about the challenges and limitations of our approach. Discover how this approach is impacting our health authority. Topics: Supporting practitioners through a changing healthcare world requires a reconsideration of system barriers and traditional power dynamics, roles and responsibilities. A move towards patient-centeredness requires distribution of power between patient, practitioners and management, and a humanistic approach to healthcare. We will discuss four performance support interventions: <ol> Enhancing organizational learning through democratic practices: cannabis legalization. Enabling teams through changing infrastructures and opening of new facilities Promoting reflective value-based practice in the delivery of health care: ethical decision making Empowering clinical educators by leveraging the power of the expert-less crowd.

Unpacking a Suitcase full of Surprises

Dr. Colleen Maykut | Winston Bui | Cori Bleakley | Danielle Martel

Topic: exploring humanistic practices in healthcare and education
Keywords: curriculum, narrative, nursing student, play

Background: Play behaviours in adults have been linked to better academic performance, completing extra assignments, productivity, job satisfaction, expressiveness, improved psychological health, cooperation, communication skills, and creativity (Van Vleet & Feeney, 2015). Creativity, as an attribute, has been demonstrated to provide benefits for both the employee (quality of life and job satisfaction) as well as the employer (improved relations) from a nursing lens (Isfahani, Ali Hosseini, Khoshknab, Peyrovi, & Khanke, 2015; West, Hoff, & Carlsson, 2016). Purpose: The purpose of nursing education is to develop higher-order thinking skills and acumen to facilitate transition into a complex ambiguous work setting. However, there is limited exploration of play as a concept/strategy to inform curriculum design in higher education, specifically from a nursing lens. Conclusions: This theoretical presentation will focus on the introduction of play from a learner's perspective - three nursing students and a faculty's narrative to shape the classroom. Play, as a strategy, may foster the critical development of nursing students through being, knowing, and doing. Learning Intentions: <ol> A basic understanding of the literature on play and creativity within nursing education and proposed outcomes for the nurse and the workplace setting. Articulate why "play and learning" is dichotomized in higher education and in life. Main Messages: <ol> Congruence between content and context is vital to ensure nursing students develop as humanistic caring professionals through meaningful learning experiences. Highlights from three nursing students' narratives will be shared. Innovative curricular design should foster higher-order thinking skills to best prepare graduates for practice.

Understanding how nursing students' engagement in relational practice education and creative self-expression activities impacts the construction of professional identity and capacity for relational practice as novice nurses

Sophia Aksenchuk Lisak, RN, MN(c) | Dr. Louela Manankil-Rankin, RN, PhD | Dr. Jasna Schwind, RN, PhD

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: Relational practice, Novice nurse(s), arts-informed Narrative Inquiry, focus group, professional identity, bridging of education and practice in nursing

Relational practice is an entry-to-practice level competency. Nursing students from a second degree accelerated program engaged in two related workshops about relational practice for the purpose of developing their capacity to become relational practitioners as novice nurses. Using an arts-informed Narrative Inquiry approach, we investigated how engaging in reflection through dialogue and art over time, while conversing about relational practice, its capacities, and impact on clinical practice, facilitates nursing students' construction of professional identity and development of capacities for relational practice as they become novice nurses. Four participants engaged in a focus group, using narrative interview, to discuss how they experienced the unfolding of their nursing identity as novice nurses since taking part in the two workshops. Utilizing Schwind's Narrative Reflective Process, specifically, storytelling, metaphoric reflection and drawing, the participants explored their nursing identity and how the workshops contributed to their formation as relational practitioners. This research project provides a narrative interpretation of how nursing students' identity as novice nurses came to be and how elements of the workshops impacted their current perception of nursing care. This study contributes to the bridging of education and practice in nursing, with particular emphasis on student-to-novice nurse, and the impact of relational practice in the development of professional identities. Further, narrative findings highlight the role of intentional creative reflection in the development of professional self and the relational aspect of therapeutic relationships.

Educating nurse to a new humanistic caring quality of work life model

Sylvain Brousseau

The multiple health-care reforms have led to constant pressure on practice conditions in nursing services administration (NSA). In addition, some scientific studies argue that structural and managerial shortcomings due to reorganizations have had a severe impact on Quality of Work Life (QWL) for frontline nurse managers (FLNMs). In the last forty years, studies have been realized on the QWL phenomenon in various fields such as administration, psychology and sociology, as well as in the discipline of nursing. However, an analysis of the QWL concept in the scientific literature as it pertains to nursing and, more specifically, to nursing management, found that it lacks a humanistic perspective. Integrating all these elements led to the development of a innovative Humanistic quality caring working life model that can be used as a framework to propose possible concrete solutions for each domain of nursing practice including nursing education. The primary purpose of this presentation is to explain the potential relevance of the epistemological and ontological foundations of Watson's human caring philosophy in nursing administration. During this presentation, participants can expect to learn how to : <ol> Demonstrate and explain the potential relevance of the epistemological foundations of the discipline of nursing, nursing knowledge, and more specifically, Watson's human caring philosophy ; Understand how to integrate all elements of the Quality Caring Working Life (QCWL) model ; Educate the QCWL model concepts throughout management school for improving the working conditions of the members of nursing administration.

The State and Direction of Human Caring in Canada

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Topic: exploring humanistic practices in healthcare and education
Keywords: academia, clinical practice, human caring, leadership, management, political, research

Background Statement: Humanistic Caring, as a philosophy for curriculum design and frameworks to inform clinical and managerial healthcare decisions, crosses cultures, geographical boundaries, political spectrums, and economic conditions. Caring, as language and action, is a universal phenomenon which informs both our personal and professional lives (Fredriksson & Eriksson, 2003; Watson, 1997, 1998, 2008, 2012, 2018). The purpose of the Canadian Caring Consortium (CCC) is to provide a platform for resources, dialogue, support, scholarly knowledge to enhance education, clinical sense and decision making, policy development, management, as well as research endeavours. Why World Café: The purpose of this World Café is to stimulate dialogue on Humanistic Caring, as a lens, to inform local, national, and global initiatives for nursing as a discipline and a profession. The opportunity for key stakeholders (educators, managers/leaders, policy makers, and clinicians) to inform the delivery of CCC's mission, values, and action plan is critical to ensure objectives and goals meet the needs of the members who will be accessing the platform. This strategy, fostering inclusivity and sharing of multiple truths and visions, reflects the foundational principle of Humanistic Caring, as an avenue to engage in discourse and nurture authentic human caring into academic, management, clinical practice settings, political, and research. Learning Outcomes: <ol> The participant will understand the intersect between a "humanistic caring" philosophy/framework and potential disciplinary reform and healthcare system transformation. The participant will engage with peers in providing constructive insights into the development of the CCC's action plan and objectives.

Creating a community of practice and demystifying the Workforce Planning Process for Specialty Nursing Education across Island Health

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Topic: bridging caring and corporate models of care
Keywords: specialty education, workforce planning, community of practice, Island Health

Approximately 47% of all B.C. Registered Nurses (RNs) are working in "specialty practice" and require advanced clinical competencies. Island Health's existing practice standards and workforce planning (WFP) processes are inconsistent and non-transparent. To ensure RNs with specialty education (SE) competencies are practice ready and processes are understood, a workforce forecasting planning community of practice that encompasses organization values is required. A team spearheaded a lean process improvement initiative focusing on developing collaborative, multidisciplinary regional workforce planning processes to support the many SE sponsored learners. Significant variation in practice existed across the Health Authority leading to an imbalance of learners and trained nurses between the various sites. Current state analysis identified 46 process issues. A baseline survey revealed that clinical leaders had: 76% awareness, 100% desire, 28% knowledge and 61% ability in WFP forecasting. To demystify the process, a community of unified practice was created. Development of a future state model and using Plan-Do-Study-Act cycle to improve processes .resulted in increased leaders' WFP awareness, knowledge and ability. Utilizing a process improvement framework supported working through this complicated problem in a meaningful and reasonable way. This methodology created structure, rigor and helped identify required tasks and steps. Participants will have opportunity to: <ul> gain knowledge about maximizing potentials by establishing a regional community of practice understand how process improvement model can support a large complex initiative Key impacts: <ul> gain understanding on initiative and process improvement tools used understand how healthcare delivery and business principles can align with organizational values

The Canadian Caring Consortium initiative

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Topic: exploring humanistic practices in healthcare and education
Keywords: Canadian Caring Consortium initiative, Humanistic practices, Health of Canadians, Caring community of interdisciplinary

Background: Embedding Human Caring as a foundational construct for clinical practice, education, management, research, and policy development enables intentional reflection and action for nurses situated in social justice. Nurses as advocates for our profession and healthcare system, must have knowledge of Caring to foster humanistic practices and health equity for all Canadians. Caring is a central concept to ensure Nursing Praxis for inquiry, enlightenment, and advocacy. Caring is a phenomenon that transcends all healthcare disciplines and practices; influencing and shaping who we are as professionals and human beings. The development of a Canadian Caring Consortium (CCC) is an initiative aiming to enhance health of all Canadians by dissemination of Caring knowledge to nurses and other healthcare professionals. Purpose: The CCC aims to enhance Caring for the health of Canadians by providing a Canadian platform to stimulate, develop, and enrich a Caring community of interdisciplinary (clinicians, educators, managers, policy makers, and humanistic scholars). This presentation will share preliminary work on vision, mission, goals, and action plan of the Canadian Caring Consortium. Discussion: We will share reflections from past Caring conferences that inspired us. Than, we will revisit the necessity of having a Canadian Human Caring platform and to address this initiative's benefits for the health of Canadians. Participants will have opportunities to learn: <ul> Canadian Initiative related to a Caring community of humanistic practices Benefits for the health of Canadians of humanistic practices Key Impacts: <ul> Expand Caring science Provide resources to assist nurses and others healthcare professionals Influence Canadian healthcare policies

Our Nursing Caring for/with Women Struggling to Recover from Non-State Torture Perpetrated within Intimate Relationships

Linda MacDonald | Jeanne Sarson

Topic: exploring humanistic practices in healthcare and education
Keywords: non-State torture, domestic violence, victimization-traumatization care, women and girls, human rights

The workshop will discuss non-State torture victimization-traumatization care and why this naming and knowledge is important to nursing and caring about women who survived non-State torture inflicted in the private domestic sphere, perpetrated by family members, spouses, human traffickers, pimps and buyers, pornographers, or strangers, for example. We will share our innovative-based practices that have captured our focus since 1993 when our nursing knowledge was forever transformed by a woman so tortured who sought our support. This was at a time when no nursing literature existed on such caring. Since then we have had significant publications that now function as resources. We will share participatory research, explain how women's cellular memories or "body talk" can be re-remembered thus needs to be viewed as normal responses that can occur during recovery. Developmental gaps can arise if victimization began in early infancy thus we will share what we have learned. Conditioned suicidal-femicide will also be addressed. Promoting women's human rights equality and dignity has meant national and international social justice work at the United Nations Commissions, these outcomes will also be discussed. Nursing ought to consider promoting social justice change such as a practice of creating a nursing diagnostic process starting with a position statement to promote women's dignity and break the social and nursing silence by responding with informed care to women who disclose surviving non-State torture (NST) victimization.

Bridging Caring and Corporate Needs: A Unified Conceptual Model of Human Needs in Health Care

Gurprit Randhawa

<p dir="LTR" align="LEFT">Background:</p> <p dir="LTR" align="LEFT">There are a number of competing needs for patients, health care professionals, and the health care organization that are grounded in theory: (1) Maslow's Hierarchy of Needs, (2) Herzberg's Two Factor Theory, (3) Jean Watson's Theory of Caring, (4) Alderfer's ERG (Existence, Relatedness, Growth) Theory, (5) Max-Neef's Fundamental Human Needs, (6) McClelland's Three-Needs Theory, (7) Social Determination Theory, and (8) Maslow's Meta-Needs. However, a unified conceptual model of human needs does not exist at present.</p> <p dir="LTR" align="LEFT">Purpose:</p> <p dir="LTR" align="LEFT">To develop a unified conceptual model of patient, care team, and health care organization needs.</p> <p dir="LTR" align="LEFT">Method:</p> <p dir="LTR" align="LEFT">To examine the similarities and differences of the aforementioned eight theories and the Institute for Healthcare Improvement's Quadruple Aim, an analysis was conducted.</p> <p dir="LTR" align="LEFT">Results/Discussion/Conclusions:</p> <p dir="LTR" align="LEFT">To bridge caring and corporate needs, the points of parity and difference between the theories were used to propose the Health Care System Needs (HCSN) Conceptual Model. The conceptual model includes patient needs (biophysical, psychophysical, psychosocial, intrapersonal-interpersonal), care team needs (existence, relatedness, growth and power, and achievement), and health care organization needs (population health, care team well-being, patient experience, and health care value/cost/quality).</p> <p dir="LTR" align="LEFT">Participants will learn:</p> Current theories of human needs and motivation. A new conceptual model that unifies stakeholder needs in health care. <p dir="LTR" align="LEFT">Main messages:</p> The HCSN contributes a new conceptual model to bridge caring and corporate needs. The HCSN extends Watson's Theory of Caring to include competing needs of the care team and organization.

Situated Competence: Towards the holistic development of competence

Marcia Docherty

Background: A significant limitation of education and practice in the nursing and healthcare professions is that outcomes, standards, principles, competencies are typically context free and focussed on individual practice, while competent practice is situated within learning, practice, and political systems. Little is understood how these systems impact competent performance and how to best leverage curricular interventions to develop and maintain a holistically competent practitioner. Participants will have opportunities to learn: <ol> How the intersectionality of our learning, practice and political systems, impact safe and quality patient care, Curricular interventions that support the development of holistic competence in the novice and can improve patient care, and The role of the interprofessional team in developing and maintaining holistic competence that ensure safe and quality patient care. Methods: Interactivity will be achieved through a theoretical overview presentation followed by liberating structures. Format: The workshop will begin with a short presentation that will provide a broad overview of the cultural-historical system that informs the health professions. A novel framework for [re]visioning our educational approaches will be introduced and there will be sufficient time for questions and answers. Attendees will be guided through group activities to identify actionable ways to leverage their current curricular interventions towards the holistic development of competence. Key Impacts: <ol> The politics of health practitioner competence and how this impacts humanistic practices, policy and decision-making influence, and cultural safety, and humility, and The various ways competence can be understood and how to leverage these various perspectives when developing educational programming.

The Promises of Population Health and Intersectionality: Disrupting Inequity among Refugee Mothers with Mental Health Issues

Shahin Kassam

Background: Migrant mothers, especially those with refugee status, experience higher rates of mental health concerns. Although some inquiry exists regarding how various refugee cultures conceptualize mental health, little has been done to understand how healthcare systems are addressing glaring disparities. To address this gap, I propose principles of population health and intersectionality. Purpose: The purpose of this piece of my dissertation project is to highlight population health principles as a framework of intersecting social determinants of health. I also apply an intersectionality lens to this framework with intention to bring power imbalances to the forefront. Method: For this piece of my dissertation, I draw on MacDonald, Newburn-Cook, Allen and Reutter's (2013) population health framework. Hankivsky and Cormier's (2009) work on applying an intersectionality lens to moving women's health research forward is also built upon. Discussion: My discussion stimulates innovative evolvement of current systems approaches. With mothers with mental health concerns as a backdrop to my discussion, conference sub-themes of cultural safety and humility will also be focused on. My discussion also focuses on bridging public health nursing with the community through expanding on population health principles. Learning Intentions: <ol> how population health model of care can influence systems change how intersectionality can expand current views on social determinants of health Main Messages: <ol> Public health nursing has capacity to channel population health principles within their practice to influence the basic human right to accessible health. Assuming an intersectional lens can broaden notions of social determinants of health to recognize health influencers going unnoticed.

A Community Collaboration with Settlement and Early Years Programs to Promote Mental Health and Well Being of Syrian Refugee Women in British Columbia

Kristin Ringstad | Dr. Joyce O'Mahony | Dr. Nancy Clark | Shahin Kassam

Background: Over 40,000 Syrian refugees have resettled to Canada in response to the unprecedented global refugee crisis. The health status of Syrian refugee women is influenced by complex, intersecting, multi-level factors. The objective of this project was to bring together key stakeholders to foster dialogue surrounding available supports and access to healthcare services for Syrian refugee mothers in BC. Purpose: The purpose was to understand the intersecting multi-level axes that fundamentally shape the ways in which Syrian refugee mothers access and utilize cross-sector resources and the associated influences on their individual and family's health. Method: Interventions largely focused on developing community relationships to address multi-level factors which impact Syrian women during resettlement to promote family health. Activities focused on community engagement, collaboration, and participatory processes which resulted in the development of a community advisory board (CAB). The CAB consisted of key stakeholders including Syrian mothers, healthcare professionals, and relevant community service providers. Results/Discussion/Conclusions: Regular CAB meetings fostered dialogue, promoted knowledge exchange and meaningful engagement of community participants, and the development of a participatory approach to including Syrian women as peer researchers. Informed by the theoretical paradigm of intersectionality, the community engagement and participatory process will continue and support future research that will undertake a health equity lens for the purpose of informing policy and practice and promote the mental health and well-being of Syrian families.

Caring for Indigenous peoples in the Health Care System

Joan Humphries

Topic: exploring indigenous perspectives to enhance healthcare systems and education
Keywords: Caring, Indigenous, history, colonization, racism, healthcare

The notion of Caring has been a key focus in nursing discourse for several decades. Although, over time, the application of Caring has evolved, and taken on a multi-disciplinary reach, it is still considered an essential component of nursing discourse. However, in the year 2019 and beyond, nurses and other health care providers must respond to ever-changing societal influences and understandings, such as those articulated by the Truth and Reconciliation Commission (TRC, 2015) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). What transformation is possible by engaging with the many issues that influence the health of Indigenous peoples, in the current healthcare milieu? Participants will have the opportunity to: <ol> articulate the dilemmas associated with earning trust, and understanding the experience of Indigenous people who are receiving care describe transformational possibilities to influence education and practice in the context of Indigenous health, and confront personal bias regarding nursing care experience/culture of caring with Indigenous people. Key impacts of the presentation include: <ol> exploration of colonization and its influence on Canadian Indigenous peoples' health the invitation to critically examine caring practices, which have historically fostered a colonizing approach, thereby promoting, perhaps unwittingly, a culture of racism in healthcare settings enlisting caring strategies that will influence the health care system and foster health for Indigenous peoples.

Bridging the Notion of Caring:The Newly Graduated Nurse of 2030

Joan Humphries

In this presentation, we examine the significance of our historic ties to Caring Curriculum with the context of the newly graduated "Registered Nurse of 2030" – a focus that guides our current undergraduate BSN curricular review. To this end, we describe evaluative methods from community partners in practice, students, and faculty in order to ascertain our success with caring curricular approaches. We also synthesize chosen examples of scholarship, in order to mediate understandings related to the principles of caring. Participants will have the opportunity to address the following tensions: <ol> assigning the term "caring" to nursing disciplinary knowledge, given the many other disciplines who also "care" scrutinize the so-called "tormented" relationship (Hills, Watson, 2011) between nursing and medicine, and question the utility of furthering this focus, because, in part, of the heightened multi-disciplinary attention that occupies nursing in the current context and interrogate the centrality of the term "holism" in the caring context, especially when considering the call for increasingly specialized scientific knowledge among nurses to keep abreast of evolving treatment modalities. The key message of this presentation is to emphasize that the caring discourse among us as Nurse Educators is at risk for becoming de-valued, because of externally–driven foci for nursing education and practice. We highlight the impacts of attempting to bridge the Caring Curriculum with societal expectations (including attention to Indigenous initiatives within and external to the academy), and the corporate mandates of the institutions and health authorities that interact with nursing education and practice.

Optimizing Relational Nursing with Biofield Therapies

Karen Hoskyn RN, MN, HTPC/I | Jeannette Nienaber BSc., DipEd., ProfBacc., MEd., HTCP/I, ATP

Topic: exploring humanistic practices in healthcare and education
Keywords: nursing, nursing education, biofield therapies, Healing Touch

This workshop is designed to introduce the participant to the efficacy of biofield therapies in relational nursing practice. The content and format will appeal to all those interested in promoting complementary therapies in interdisciplinary medicine as well as humanizing patient care. It will fuse the scientific basis of this work with the significance of improved patient care and nursing health. This will be implemented through a variety of learning experiences including academic presentations, open discussion, and hands on experiential learning. The instructors both bring a wealth of experience and training in the fields of nursing, education and energy medicine and are delighted to share their wisdom with you.

"I can't really explain how important that was to be considered a human being": Outcomes and opportunities from a compassionate community approach that supports vulnerable persons

Kathryn Pfaff | Deborah Sattler | Heather Krohn | Jamie Crawley | Felicia Varacalli

Topic: bridging capacities between hospitals, primary health care, community and public health

Keywords: compassionate communities, vulnerability, intervention, impacts

Background: Population health approaches that comprehensively address the needs of vulnerable persons are desperately needed internationally. The experience of vulnerability is complex, and it is often linked with low-income, chronic disease, and disability. Compassionate Communities (CC) offer a theory of practice that can be universally applied to meet the needs of vulnerable persons. CCs emphasize the responsibility of society to care 'with' and 'for' its citizens as a public health issue. Citizens are purposefully mobilized in partnership with health and social care entities to achieve holistic care. Purpose: To interpret the perspectives of key stakeholders of a CC intervention for vulnerable persons in Ontario Canada. Methods: An applied qualitative approach (Thorne, 2016). Focus group and interview data were collected from eight clients, six care coordinators, and three nursing student interns. We iteratively reviewed transcripts individually and as a team. Data were constantly compared and reduced to generate themes/categories. Results: 'A new set of eyes' illuminated the true needs of people who are 'invisible' in the system. Program staff and volunteers 'took the time to figure things out'. In many circumstances, the 'little things' had the biggest impact on client well-being and on the care system. Learning Intentions: Participants will have opportunities to learn: <ul> The tools/processes for developing a CC approach for vulnerable persons. Impacts of the CC intervention on personal quality of life. Strategies to improve CC engagement and outcomes that matter most to persons experiencing vulnerability. Main messages: <ul> Caring for the vulnerable is every community's responsibility. Return-on-investment reaches beyond the person to the community and care system.

The power of nursing presence: an innovation in labor support teaching

Elisabeth Howard

Background: One large academic health science center's experience with the promotion of comfort and care in labor bundle led to the development of an innovative labor support workshop. The workshop focuses on enhancing the nurse's presence and support techniques. In addition to learning low intervention techniques to promote maternal relaxation, confidence, and comfort, a portion of this workshop focused on teaching the techniques through nurturing the caregiver. The compassion and dedication of our nursing workforce are key assets that require care and support. Relaxation, mindfulness, and self-care techniques are integrated throughout the day. Purpose: The purpose of this quality improvement project is to lower the intervention rate in normal birth, improve the patient experience, and decrease the cesarean birth rate Method: The scientific method of continuous quality improvement is utilized throughout the development of this workshop. Results/Discussion/Conclusions: The non-mandatory workshops had full participation of greater than 200 nurses with positive formative and summative evaluations. The bundle implementation led to a significant decrease in the epidural rate, cesarean rate, and an increase in the nurse's satisfaction with their job. Participants Will Learn: <ul>   Successful engagement and implementation strategies for quality improvement Designing a transformational learning experience The experience of a large academic health center in lowering the intervention rate in birth   Key Impacts: <ul>   Patient engagement is influenced by workforce engagement Caring for staff and addressing their stressors results in large scale improvements Empowering nurses with non-pharmaceutical coping techniques for laboring women reconnects them to presence

Practice readiness: Addressing the need for both humanistic capacities and technical capabilities

Louela Manankil-Rankin, RN, PhD | Noeman Mirza, RN, PhD

Topic: exploring humanistic practices in healthcare and education
Keywords: Practice Readiness, humanistic capacities, technical capabilities

The concept of practice readiness is not clearly defined in the nursing literature and its conceptualization fluctuates from one practice setting to the next creating difficulty in identifying the boundaries of the concept and promotes varying expectations. Particularly problematic is the gap of the humanistic characteristics from the technical description of practice readiness as described by Mirza et al.'s (in press) concept analysis. The technical focus on the nature of what it means to be practice ready makes implicit the important element of compassion that is equally important in enacting relational practice (Doane & Varcoe, 2015). This presentation will engage participants in a dialogue of the literature on practice readiness, the tension between academia and practice sectors related to the concept, and the potential re-conceptualization of practice readiness that highlights equally both humanistic capacity and technical capabilities as defining attributes of what it means to be practice ready. This discussion brings to light the voice of patients and their expectations on clinical providers. In an era where healthcare environments are influencing nursing practices to conform to medical and clinical views of humanity (Watson, 2017), there is a need to explore humanistic characteristics as they relate to practice readiness.

Raising our Voices: A Novel Social Intervention for Older Adults Living with Dementia and their Care Partners

Debra Sheets

Background: This presentation focuses on the Voices in Motion (ViM), an intergenerational community-based choir for older adults with dementia (PwD) and their caregivers. Local high school students participated in the choir and provide support and socialization in this novel intervention which focused on reducing social isolation and stigma associated with dementia. Two professionally directed ViM choirs were fully implemented in 2018-2019 with a public performance in the Fall and Spring seasons. It is an inexpensive, non-invasive, and non-pharmacological intervention with the potential to improve psychological function as well as reduce healthcare costs. Purpose: This paper presents an overview of the social intervention and the impact of this social-cognitive intervention on the health and well-being of PwD and their informal caregivers (current n=26 dyads). Method: A measurement burst approach was used to investigate intra-individual variability on key psychosocial and health indicators for participating dyads (n=26). Results: Taken as a whole, the findings indicate that this social intervention offers an effective non- pharmacological alternative approach for older adults with dementia. Choir participation has important and significant positive impacts on psycho-social well-being and quality of life. The body of evidence presented points to the importance of intergenerational programs that are dementia-friendly and need to support meaningful participation by older adults with dementia in the broader community. Discussion: The discussion focuses on implications for social policy with attention on the replication and sustainability of the program.

Voice First Technology: Supporting Independence in Older Adults Living with Dementia

Debra Sheets

Background: Voice first technology offers older adults with dementia support that may maintain independence, reduce social isolation and improve quality of life (QoL). Purpose: This study investigates the impact of a voice-controlled technology customized to the needs of participants living with dementia and their caregivers. Method: A mixed methods design focused on psychosocial factors and usability characteristics. The purposive sample consisted of older adults with dementia (n=12) and their care partners (n=12)) living independently in the community. Validated measures for cognition, depression, caregiver burden, quality of life and usability were included. Qualitative in-home interviews were conducted to assess impact on social connections and independence. Results: Results indicate that voice first technology can reduce caregiver burden and can support the independence and QoL of older adults with dementia. Conclusion/Discussion: The discussion considers the value of low cost voice first technology as a way to support older adults with dementia and their caregivers.

Impact of a Structured Spirit at Work Intervention on Staff Spirit at Work and Resonant Leadership

Joan Wagner

Topic: exploring humanistic practices in healthcare and education
Keywords: Spirit at work, leadership, survey, pretest, post test, educational intervention

Background: Spirit at work (SAW), composed of the concepts of engaging work, sense of community, spiritual connection and mystical experience, captures the experiences of individuals in the workplace. Resonant leadership refers to the leader's willingness to listen to staff concerns and then take action upon these expressed concerns. Resonant leadership supports increased staff morale which is documented as having a positive impact on patient care. Purpose: This research explores the impact of planned interventions upon the association between staff perceptions of SAW and resonant leadership. Methods: This exploratory pre-test post-test research investigated the effects of a SAW intervention upon the staff of six long-term care units. The intervention consisted of the discussion of eight different SAW themes with unit staff over 24 weeks. Staff perceptions of SAW and resonant leadership were measured pre and post intervention using likert style questions. Frequency analysis provided baseline information. Correlational comparison of SAW and resonant leadership data provided a measure of the association between the two variables. Results: The correlation between the perception of SAW and the perception of resonant leadership increased from pre-test of 0.545 (s = .000) to post-test of 0.729 (s = .000). Learning Intentions: <ol> SAW interventions focused on holistic communication between staff and leaders, increase the presence of SAW in the workplace As perceptions of SAW increase, perceptions of resonant leadership increase Main Message: <ol> SAW interventions have the potential to increase staff perceptions of their own SAW and their manager's resonant leadership style. Improved SAW and resonant leadership are linked to improved patient care.

Nursing Student Mentorship Program: creating environments that promote stronger tomorrows in Nursing and Healthcare."

Lia Sanzone, N., M.Sc.(A.), M.Sc. (Management) GradCert. | Madeleine Buck, N., M.Sc.(A), CCNE

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: nurse peer mentorship; mentee benefits ; mentor benefits; resilience;

Nursing students face multiple stressors during their studies and clinical placements. Participation in a Canadian university nurse peer mentorship programs (NPMP) has shown benefits to both the mentees and mentors and lays down the building blocks for the resilience needed to address stress within the nursing profession. Students participating in the NPMP were asked at three different times to either provide feedback of the perceptions of benefits to the mentee and mentor and the possible link to developing resilience as a nursing student/recent nursing graduate. Results demonstrate that NPMP participation provides: <ul> overall benefits for the mentees and mentors; an overview of how survey participant's perception of health, well-being and self-efficacy provide the building blocks necessary in the development of resilience in students and graduates of the program. Participants will learn how NPMP participation: <ul> benefits both the mentees and mentors; develops a sense of self efficacy and well-being required for students and novice nurses to develop resilience skills. This presentation highlights the importance of how NPMP improves the mental well-being of nursing students by increasing students' sense of belonging, enhancing self-confidence, learning health related and language acquisition through workshops and achieving overall academic success. Resilience skills are further developed to help them deal with difficult situations while providing the best care. Student leaders and faculty must work together in creating the environment necessary to equip future health care providers with the necessary skills to succeed in their professions. The findings may benefit other disciplines wishing to develop peer mentorship programs.

Exploring concepts of compassion fatigue among baccalaureate nursing students

Lisa Hamilton, BScN, RN, MScN Candidate | Kathryn Pfaff

Background: The nursing profession is facing increasing rates of attrition and turnover. This negatively impacts quality care, and the nursing work environment. Nurse educators have concerns about the mental health and resilience of undergraduate nursing students, as the rate of graduates who obtain licensure to practice nursing is decreasing. Compassion fatigue (CF) has been shown to contribute to turnover among nurses; yet, it has been minimally studied among nursing students. Nursing students may be inadequately supported for work in an emotionally charged caring profession. Purpose: To explore concepts of CF among nursing students across a four-year baccalaureate nursing program. Method: A non-experimental, online, cross-sectional survey that included four validated instruments of CF and its related concepts. Results/Discussion/Conclusion: One third of students reported witnessing trauma in their clinical work, and 60% in their personal lives. Participants reported experiencing compassion satisfaction and professional efficacy, but above average rates of emotional exhaustion. Learning Intentions: Participants will have opportunities to learn: <ul> the core concepts related to the construct of CF the prevalence of CF within one baccalaureate nursing program and related factors tools for assessing and supporting the compassion and caring efforts of baccalaureate nursing students Main Messages: <ul> Nursing students are at risk for developing CF. Learning activities that recognize the emotional work of nursing, and that build/sustain empathy and caring abilities must be intentionally embedded in nursing curricula. Additional supports are needed to address the emotional needs of nursing students and their transition to professional practice.

Personal illness experience: An Arts-Informed Narrative Inquiry – self study

Sophia Aksenchuk, RN, MN(c)

Building on Dewey's philosophy of experience, our personal and professional life events are mutually informing. Thus, serious personal illness experiences, when reflected upon, have the potential to impact our professional ways of being and doing. In this self-study, using Arts-Informed Narrative Inquiry, I explore my experience of an eating disorder as an adolescent, and how this critical life event is informing how I provide nursing care today. Using an adaptation of the Narrative Reflective Process (NRP), I crafted stories of my personal illness experience. I am in the process of analyzing the emerging narrative patterns (control, belonging and identity) through the theoretical lens of the three-dimensional space of experience: temporality, continuity and place. This self-study provides a window through which healthcare professionals could gain a deeper understanding of the impact a stigmatized illness, such as an eating disorder during adolescence, with ensuing trauma carried into adulthood, may have on one's professional role. This self-study also contributes to the bridging of education and practice in nursing in two ways: (i) the value of creative reflection, such as NRP, in developing personal knowing; and (ii) the role of personal stories in educating novice nurses on how nursing practice is informed by lived life experiences. My intention is that my work may inspire individuals, especially healthcare providers, to enter their own inquiry into their own experiences of illness, and to consider how such significant personal events might inform their professional practice.

Sail away with me: Two teachers experiences' of reflecting on the meaning of transitioning and relationality

Louela Manankil-Rankin | Michelle Marie Spadoni

Introduction: Healthcare professionals live in a relational world, highly contextual, always changing and in flux. Reflection is not merely a personal process, but a communal and dialogical one. Background: The complexities of today's world (i.e. pace, social media, economy, diversity, environment) shape in known and unknown ways the well-being of patients/families and practitioners. As educators, we yearn to explore complexity with complexity, through reflection, dialogue, and art. Purpose: In this poster presentation, we narrate how as colleagues we explored aesthetically our practice with teaching students. Method: Aesthetic expression of reflection using art, metaphor, and letter writing (over a six-month period) to query if it is possible that we may learn with and from others; create opportunities that illuminate the relational and contextual nature of practice, interpersonal relationships, and the ability to co-create knowing and reality. Results: Through the metaphor of sailing, we discovered the meaning of transitioning and relationality. We learned that being in relation with "the other" (a patient, colleague, student) involves enacting an embodied understanding of five relational capacities: commitment, curiosity, compassion, competence, and corresponding (Doane and Varcoe, 2015). Key Impacts: <ol> letter writing is a narrative device which opens the space for emotional and cognitive connection where deeper stories of practice can emerge; aesthetic expressions point to stories for which words cannot articulate. Conclusion: Collegial letter writing as a form of reflective practice is a means for sharing the challenges, difficulties, and achievements of everyday professional life (Pithouse-Morgan & Khau, Masinga, & van de Ruit, 2012).

Alcohol consumption among first-semester undergraduate nursing students

Tassia Teles Santana de Macedo | Fernanda Caneiro Mussi | Debra Sheets | Dzifa Dordunoo | Catia Suely Palmeira

Topic: bridging capacities between hospitals, primary health care, community and public health
Keywords: Students; Nursing; Alcohol Drinking in College;

Background: The alcohol use among students can contribute to risky behaviour, and is a strong predictor to poor academic achievements, as well as it has negative mental health effects. Objective: to evaluate the predictors of alcohol consumption among first-semester undergraduate nursing students. Methods: 119 students from Brazil participated in this study. The survey instruments included sociodemographic and academic questionnaires and the Alcohol Use Disorders Identification Test. Odds ratios were used to quantify the strength of association between sociodemographic and academic variables and alcohol consumption. Adjusted odds ratios and 95% confidential intervals derived from binary logistic regression models. All statistical tests were two-tailed and the p-value of <.05 was considered significant. Results/discussion/conclusion: Majority of the participants were female (88.2%), blacks or brown skin colour (85.7%), social class C (51.3%), and the mean age 20 years (SD 4.2). Overall students (90.8%) attend university ≥5 days/week, study at least 2 times/day (90.8%). Among 119 students, 44.5% were no-drinkers and 55.5% were drinkers. In the logistic model, skin colour (OR = 4.3, 95% CI: 1.25 - 14.89; P=0.02) and family income less than 5 salaries (OR = 0.23, 95% CI:0.079 - 0.70; P=0.009) significantly predicted alcohol consumption. These results provide important evidence for health promotion strategies at the universities. Learning Intentions: <ol> Alcohol consumption among undergraduate students Predictors to alcohol consumption Key impacts: <ol> Health education Health promoting

Undergraduates nursing students' lifestyle indicator

Tassia Teles Santana de Macedo | Fernanda Carneiro Mussi | Debra Sheets | Caren Lorena Menezes Freitas | Elaine Barbosa de Souza | Melissa Almeida Santos

Background: Lifestyle is defined as a "pattern of behavior related to the choices and opportunities in human life". Stronger evidence has demonstrated the university life influence lifestyle of the undergraduate students. Objective: To build a lifestyle indicator among undergraduate nursing students Method: cross-sectional survey with lifestyle data of 286 nursing students in a Brazilian public university in 2016. The lifestyle indicator was defined through latent class analysis (LCA) by using a proLCA in software R version 3.5. The number of classes that best fit the data was chosen by evaluating an increasing number of classes, through the maximum log likelihood value, Akaike information criterion (AIC), Bayesian information criterion (BIC), and entropy. Results/Discussion/Conclusion: The four-class model was selected as the best model: (18.88%)— Unsatisfactory health, was characterized by alcohol consumption, poor diet, sedentary behavior during the week and weekends; (33.57%)—Favorable health, with low alcohol consumption, no smoking, and not sedentary behavior during the weekend; (27.97%)— Moderate health, low diet and sedentary behavior during the week and on weekends, and (19.58%) — Poor health, high probability of not meeting the recommendations for physical activity and diet, and had a higher probability of sedentary behavior during the week and on weekends. It is important to apply interventions to promotion health during the degree, mainly focused on physical activity and a healthy diet for a future generation of health care practitioners. Learning Intentions: <ol> Unhealthy behavior among students Latent class analysis Key impacts: <ol> Lifestyle undergraduate students Health promoting

Effect of remote nursing monitoring on overweight in women: clinical trial

Catia Suely Palmeira, PhD, RN | Fernanda Carneiro Mussi, PhD, RN | Carlos Teles, PhD | Maria Lourdes Lima | Ana Marice Teixeira Ladeia, PhD, Doctor | Lidia Cintia de Jesus Silva, MSN

Topic: bridging caring and technology
Keywords: Obesity; Telenursing; Health Education; Clinical Trial; Woman.

Background: It is essential to propose care to help people cope with the difficulties of loss and control weight, and the problems arising from obesity. Purpose: to evaluate the effect of remote nursing monitoring on the improvement of anthropometric measurements of overweight women. Method: controlled, randomized clinical trial, carried out in a reference outpatient clinic for treatment of obesity, Brazil. The baseline sample was composed of 101 women randomly assigned in two groups, 51 in the intervention group (IG) and 50 in the control group (CG). The IG received remote monitoring through telephone calls and conventional monitoring, and the CG received conventional monitoring. Women were assessed at the baseline and after three months of intervention. A paired t-test and analysis of covariance were used to evaluate intragroup differences in anthropometric measurements, and the statistical significance of 5% was adopted. Results/Discussion/Conclusion: eighty-one women completed the study. In the intergroup comparison after the intervention, a reduction of 1.66 kg in the mean weight (p = 0.017) and of 0.66 kg/m2 in the mean BMI (p = 0.015) was found in the intervention group. There was a borderline statistically significant (p = 0.055) reduction of 2.5 cm in WC with in the intervention group. The remote monitoring was beneficial in reducing anthropometric measurements. Learning Intentions: <ol> Effect of Telenursing in reducing anthropometric measurements Clinical Tria Key impacts: <ol> Cardiovascular Health Quality of life

Effect of remote nursing monitoring in the improvement of knowledge on overweight in women with excess weight

Catia Suely Palmeira, PhD, RN | Fernanda Carneiro Mussi, PhD, RN | Carlos Teles, PhD | Maria Lourdes Lima, PhD, RN | Armênio Costa Guimaraes, PhD | Taise Nascimento, MSN

Topic: bridging caring and technology
Keywords: Obesity, Telenursing, Health Education

Background: Telenursing has been used in the monitoring of individuals with chronic diseases with positive results and could be an innovative strategy for the care of individuals with obesity. Purpose: To evaluate the effectiveness of remote nursing care in the improvement of knowledge on overweight by women with excess weight. Method: controlled, randomized clinical trial, carried out in a reference outpatient clinic for treatment of obesity. The baseline sample was composed of 101 women randomly assigned to two groups, 51 in the intervention group (IG) and 50 in the control group (CG). The IG received remote monitoring through telephone calls and conventional monitoring, and the CG received conventional monitoring. Women were assessed at the baseline and after three months of intervention. The analysis was performed by the comparison of the proportion of correct answers in both groups, before and after the intervention, using the chi-square test and the average of correct answers by intra and intergroup domain of knowledge using robust linear regression. Statistical significance of 5% was adopted. Results/Discussion/Conclusion: The participants demonstrated a high level of knowledge on the baseline but the increase was more expressive in the intervention group when comparing the intragroup and intergroup correct answers, before and after remote monitoring, in accordance with the domain of the instrument of knowledge on excess weight. Learning Intentions: <ol> Effect of telenursing in the improvement of knowledge on overweight Clinical Trial Key impacts: <ol> Cardiovascular health Health education

Sociodemographic and academic factors associated to stress level in undergraduate nursing students

Fernanda Carneiro Mussi, PhD, RN | Fernanda Michelle, PhD Nursing Student | Cláudia Geovana Pires, PhD, MSN, RN | Tassia Teles Santana de Macedo | Andréia Ferreira dos Santos, MSN, RN | Carlos Teles, PhD, Statistical MSN, RN

Topic: bridging capacities between hospitals, primary health care, community and public health
Keywords: Psychological Stress, Nursing Students

Background: Stress is an important cardiovascular health market and evidence has demonstrated that the university life is an important stress factor. Purpose: To describe the stress level in undergraduate nursing students and verify association with sociodemographic and academic factors associated with the stress level. Method: Cross-sectional study with 287 university students who answered the Nursing Student Stress Assessment Scale (NSSA) and instruments with sociodemographic and academic variables. Data were analyzed in proportions, average and standard deviation. In the multivariate analysis the Poisson's robust regression model, the backward modeling procedure and the Akaike Information Criterion were used. The statistical significance of 5% was adopted. Results/Discussion/Conclusion: A higher proportion of university students presented a medium/high level of global stress. Students in the 6th to 10th semesters presented higher levels of stress compared to the 1st to 5th semesters in the areas of practical activities, professional communication (p=0.014), environment (p=0.053) and professional training (p=0.000). In the multivariate analysis, the variables that contributed to a higher level of stress were students in the 6th to 10th semester, female, monthly income equal to or less than a minimum wage and income considered insufficient. Learning Intentions: <ol> Stress among undergraduate students Predictive factors of stress Key impacts: <ol> Undergraduate students' quality of life Health promoting

Factors associated to sleep pattern in undergraduate nursing students

Fernanda Carneiro Mussi, PhD, RN | Andréia Ferreira dos Santos, MSN, RN | Cláudia Geovana Pires, PhD, MSN, RN | Melissa Almeida, RN. Nursing Student | Fernanda Michelle, PhD Nursing Student | Tassia Teles Santana de Macedo, PhD Nursing Student | Carlos Teles, PhD, Statistical MSN, RN

Topic: bridging capacities between hospitals, primary health care, community and public health
Keywords: Sleep pattern, Undergraduate students, Nursing.

Background: Poor sleep quality is an important cardiovascular health market and affect academic performance. Purpose: To verify factors associated with the quality of sleep in undergraduate nursing students. Method: A cross-sectional study, with 286 students of a public institution, in Salvador, Brazil. Data collection was performed by means of specific instruments prepared specially for the study and validated instruments. In the multivariate analysis were used the Poisson's robust regression model, the backward modeling procedure and the Akaike Information Criterion. Statistical significance of 5% was adopted. Results/Discussion/Conclusion: Predominance was for women (90.2%), single (90.9%), black skin colour (87.8%) and low income (47.2%). The average age was 23.5 years (PR = 4.4). Most of the students were in the 6th to 10th semesters (54.5%), with a coarse load of 401 to 500 hours (59.1%). Overall students were classified with poor sleep quality (86.4%). In the multiple analysis, students with incomes under four minimum salaries had an increase of 20% on poor pattern sleep (PR: 1.20; CI 95% 1.01;1.43), those with high-level stress had 11% increase on poor sleep quality(PR: 1.11; CI 95% 1.02;1.20) and smokers/ex-smokers had 11% increase on poor sleep pattern (PR: 1.11; CI 95% 1.04;1.18), adjusted by course load and age. The study challenges the academic community to reflect on strategies for promoting good sleep quality for undergraduate students. Learning Intentions: <ol> Sleep patterns among students. Predictive sleep factors. Key impacts: <ol> Students' quality of life Health promoting

Applying Critical Race Feminism and Intersectionality to Narrative Inquiry: A Point of Resistance for Muslim Nurses Donning a Hijab

Dr. Nancy Clark | Nasrin Saleh

Topic: exploring nursing's influence in policy and decision making
Keywords: critical race feminism, hijab, intersectionality, Islamophobia, Muslim, narrative inquiry, nurses, racism

Background: Racism in nursing is positioned through institutional forms of gendered, racialized, and religious structures. Muslim nurses who wear a hijab may be at risk of experiencing racism in contexts of the war on terror and the rise of Islamophobia. When applied to narrative inquiry, critical race feminism (CRF) and intersectionality can illuminate the standpoint of Muslim nurses by providing a counternarrative as a point of resistance to racism in nursing. Purpose: To explore the pragmatic utility of a methodological approach employing narrative inquiry framed by CRF and intersectionality as a standpoint for Muslim nurses wearing a hijab. Conclusions: The proposed methodological approach can disrupt racist hegemony in nursing through the voices and subjective experiences of Muslim nurses. This aligns with the theme of 'transformation of the healthcare systems', as we layout a call to action, in which we discuss the praxis of how stories from the standpoint of Muslim nurses wearing a hijab can provide a counternarrative to resisting racialization and a praxis orientation for social change. The findings are also relevant to the sub-theme of 'nursing's influence in policy and decision-making'. Learning Intentions: <ol> Interrogating racism in nursing from a standpoint of anti-oppression politics attached to cultural and religious signifiers, as the hijab. The pragmatic utility of narrative inquiry framed by CRF and intersectionality in disrupting racism in nursing. Key Impacts: <ol> Turning the gaze towards racism in nursing. Enlisting a call to action for transformational social change.

An intimate journey through pregnancy and infant loss

Michelle Downton | Alanna Knobben

Perinatal loss, Miscarriage and Neonatal death are profound, life changing experiences that affect individuals, families, communities and the healthcare team. The moments of supporting a family through these traumatic times can be some of the most intimate and vulnerable experiences for both the families and their care providers. We will present as dyad, each bringing a distinct perspective in relation to loss, in the perinatal or newborn period. Alanna will share a mother's perspective of love, loss, pain and isolation that with time and great care transitioned through to healing, hope and endless love. Michelle will share a healthcare professional's perspective of supporting families and being witness to such times. Together they illustrate the delicate orchestration of professional care and compassion that can help guide families as a light in the darkest of days. First-hand stories, strategies and successes and why we are so deeply invested in and passionate about the topic. Results: <ol> Hear a patient and professional perspective on loss Develop skill sets in relation to context and patient/family needs Key Impacts: <ol> Increase awareness and confidence in providing supportive holistic care to individuals affected by loss Increase understanding of the greater impacts of pregnancy, infant and child loss on families and communities at large The gravity of vulnerability, intimacy and compassion that is prevalent and required in perinatal loss support.

Variables related to the comfort level of family´s members of patient in intensive care units

Mariana de Almeida Moraes, PhD Nursing student | Fernanda Carneiro Mussi, PhD, RN | Elilian Oliveira Pereira, MSN, RN | Eulália Cristina Leal de Oliveira Gonsalves, RN | Kátia Santana Freitas, PhD, RN | Carlos Antônio de Souza Teles Santos, PhD, Statistical

Topic: bridging capacities between hospitals, primary health care, community and public health
Keywords: Patient comfort; Nursing care; Intensive Care Units; Family; Critical Care

Background: Comfort, the aim of nursing care, should be understood from the interaction of users with health services. Nevertheless, little is known about the comfort experienced by the family's members of patients admitted to Intensive Care Units (ICU) and the variables that influence their level of comfort. Purpose: To verify the variables related to the comfort level of the family's members of the patient in the intensive care unit. Method: a cross-sectional study was performed in six ICUs, in Salvador, Bahia, Brazil. Interviews were performed in a sample of 250 family's members using the Comfort Scale for Family Members of Patients in Critical Health Status (ECONF). Data were analyzed using the One Way (ANOVA) test and the Bonferroni post-test. Statistical significance adopted was of 5%. Results/Discussion/Conclusion: The variables patient's severity and time of hospitalization, as well as family's sex, age, income and kinship type, were associated with the comfort level of family's members. Learning Intentions: <ol> Variables related to the comfort level of family members of people in intensive care unit Comfort Scale for Family Members of Patients in Critical Health Status Key impacts: <ol> Comfort level amily care

Presence in Teaching as a Foundation for Learning, Self-authorship, and Human Flourishing

Tracey L. Clancy

Topic: exploring humanistic practices in healthcare and education
Keywords: Teaching Presence, Self-Authorship

Today's nursing students are challenged to navigate in an increasingly complex world. To adapt, problem-solve, and navigate within ambiguity requires a kind of deep learning that reveals itself in "a language of self, of being, and of such terms as energy, authenticity and will" (Barnett, 2012, p. 71). Knowledge of self is made manifest in the concept of self-authorship. Self-authorship has been defined as "the internal capacity to define one's beliefs, values, identity, and social relations" (Baxter-Magolda, 2014, p. 25), and is framed in response to inquiry surrounding who am I? How do I know? How am I in relationship with others? (Baxter-Magolda, 2014). What kind of pedagogical approach creates a space for the cultivation of self-authorship and human flourishing that is necessary to live effectively amid uncertainty (Barnett, 2012)? In our nurse as educator course, we have found that enacting teaching presence becomes an act of care, of encouragement. Being present extends an invitation and creates an embodied space for our students to engage authentically in becoming. Within this poster presentation, we will explore the influence of teaching presence on student learning, self-authorship, and human flourishing.

Things you just can't google : As healthcare professionals how can we educate patients/families for a successful discharge home?

Sarah Smith, BScOT | Kerri Morash, RN BKIN, BRN

Topic: exploring humanistic practices in healthcare and education
Keywords: health care, families, patient care, collaborative , world cafe

In a psychiatric acute care inpatient setting at Island Health, in Victoria British Columbia, qualitative research findings show a disparity in the support of family members confidence to care for their loved one and attain knowledge of community resources for hospital discharge. After hosting monthly caregiver information nights, it is evident that such meetings between health care providers and family members are confidence building, and create agency for family members to advocate for their loved ones. Reflecting on your own, or a loved one's hospital admission experience, how can health providers foster an inclusive and culturally sensitive experience that gives patients and families the information and strength to support patient recovery and wellness upon discharge? Through a World Café format we will bridge and explore trans-formative action in healthcare through knowledge sharing, experiences and collaboration of health professionals.

Implementing Unitary Caring Science to Cope With Cancer: A Patient Perspective

Joseph Giovannoni, DNP, MA, MS, APRN, PMHCNS-BC

This paper is my perspective as a health science professional recovering from cancer. It is about the process of maintaining self-compassion and equanimity in a life-threatening situation. It is reflection of how I coped with cancer and the reactions of others who became aware of my illness. It is about the challenge of seeking transpersonal caring relationships with other health science professionals too busy to make a connection with me as they administered evidence-based interventions. Health science professionals can build a self-protective energy field to avoid developing compassion fatigue. Human caring goes beyond delivering skillful accurate care. Human caring begins when the health science professional acknowledges that he/she enters the life space or phenomenological field of another person, whose life is in their hands. The effectiveness of implementing best practices requires being objective and authentic with loving-kindness. The diagnosis of cancer was a monumental event in my life to practiced unitary caring science while making transpersonal connection with health science professionals who crossed my path on my journey to recovery. It is a reflection of how mindful practices sustained me through my recovery from two surgery and radiation therapy. Learning Intentions: <ul> Identify Caritas Processes™ that can best sustain cancer patients during their treatment and recovery. Explain how compassion fatigue can be transformed to compassion renewal. Explain unitary caring science. Main Messages: <ul> Caritas Processes™ can best sustain cancer patients during their treatment/recovery. Compassion fatigue can be transformed to compassion renewal. Unitary caring science can inform your practice with cancer patients.

Transitioning from Compassion Fatigue to Compassion Renewal with Challenging Patients

Joseph Giovannoni, DNP, APRN, PMHCNS-BC

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: Compassion fatigue, vicarious trauma, compassion renewal, cognitive behavioral forgiveness, unitary caring science

It is vital to engage in best practices while working with sex offenders and victims of sexual abuse, to remain objective, nonjudgmental and compassionate towards both "abusers" and victims. Lack of compassion in this work contributes to closing our hearts, treating the offender as an object, incompatible with therapeutic relationships. Treating offenders who blame their victim can be emotionally exhausting. Factors contributing to job related stress while working with this challenging population need to be addressed while attending to one's self-care. This workshop concerns how to maintain equanimity in stressful situations and avoid compassion fatigue. The practice of loving-kindness and equanimity towards self and others and its efficacy in lowering stress has been tested (Giovannoni, McCoy, &Watson, 2015) with positive outcomes. The repeated practice of loving-kindness for self and embodying human caring facilitates compassion renewal. Cognitive behavioral forgiveness is the process of identifying and correcting the thoughts triggering feelings of anger, helplessness, and failure. Health professionals who have a praxis of unitary caring science, practicing cognitive behavioral forgiveness, engaging in loving-kindness to self and others, experience equanimity. This facilitate compassion renewal and sustains the professionals' compassionate heart. Learning Intentions: <ul> Integrate Caring Science mindfulness practices to reduce stress and burnout, nurturing compassion renewal. Identify Caritas Processes™ praxis for compassion renewal. Experiment with caring-healing modalities, integrating Caring Science/Heart Science in relation for self, other, and caring-healing environment. Main Messages: <ul> Be compassionate while implementing best practices. Watson's Caritas Processes can be valuable for compassion renewal. Compassion fatigue can be transformed to compassion renewal.

Le portfolio INSÉPArable : quand l'art et la science convergent vers une culture de sécurité axée sur l'amélioration continue de la qualité des soins et de l'environnement fonctionnel de travail des infirmiers/ères

Daphney St-Germain, inf., PhD | Caroline Gagnon, PhD | Lynda Bélanger, PhD

Contexte: Le besoin d'une perspective humaniste dans le système de santé devient de plus en plus inévitable. En outre, une culture de sécurité durable ne peut outrepasser le plein champ d'exercice des infirmiers/ères ni la préoccupation d'améliorer continuellement la qualité des soins ainsi que l'environnement fonctionnel de travail des infirmiers/ères. Pourtant, aucun outil de développement professionnel axé à la fois sur cette perspective et cette préoccupation existe actuellement. Une approche de design pourrait contribuer à apporter des solutions plus holistiques et efficaces pour une transition plus harmonieuse entre la formation académique et la formation continue. Objectifs: Élaborer un tel outil en faisant appel, entre autres, à la modulation des notions de "conscience professionnelle" et de "pratique réflexive" par rapport au niveau de compétence des infirmiers/ères, (Benner) dans une conception de soins humanistes associés à l'art et à la science. Méthode: Une recherche qualitative ethnographique a été menée auprès de 10 infirmiers/ères et patients en milieu de courte durée et de longue durée. De l'observation en continu et des entrevues ont permis d'analyser l'ensemble du parcours de travail des infirmiers/ères. Suite à l'analyse des données, un prototype de portfolio a été validé en co-construction avec d'autres participants. Résultats: Le portfolio INSÉPArable (IN : Infirmière; SÉ : Sécurité; PA : Patient) produit permet de mettre en lumière comment une pratique réflexive individuelle, notamment par la consolidation de la conscience professionnelle des infirmiers/ères, permet d'acquérir des niveaux de compétences supérieures qui contribueront à instaurer un leadership transformationnel collectif de ces dernières.

Intercultural competences in primary health care: a challenge for nursing education in contexts of cultural diversity

Lizet Veliz Rojas

Background: Currently, there are four articulated phenomena that determine the need to develop intercultural competences: migratory movements, ethnic groups, cultural diversity and the sociocultural construction of the western medical system. The multiculturality in which care is practiced requires the integrate theoretical models that allow us to understanding it in order to provide timely, quality and pertinent health care to the communities. It is necessary the deployment and teaching of intercultural competencies that support care from an holistic perspective. Questions from the table: <ul> Why are intercultural competences important in this postmodern age? What is the value of your domain for the practice of nursing? Should these competences be formed at the university or should they be acquired in their professional practice? Does the domain of intercultural competences contribute to greater social equity in health? Why World Café: Because it is an incipient topic that should be nurtured by different visions, and the dialogue will allows enriching the proposals. Process: Participatory conversation, highlighting key words. With a central folder on the table to incorporate the summaries of the discussion. Learning outcomes: <ul> To describe the need for intercultural competes in the different contexts from which the participants come. To Establish the need to train nursing professionals in intercultural competencies. To Analyze intercultural competences as a contributing factor to health equity. Main Facilitator: Dr. Lizet Veliz Rojas, Master in Public Health. Main line of research in cultural practices in health. Co-facilitators: PhD. Eugenia Urra Medina y Carolina Leiva.

Transmediation, an Epistemic Critique, to Foster Curricular Justice

Dr. Colleen Maykut | Meredith Porter | Holly Symonds-Brown

Background: As educators, epistemic critique must be embedded in the curriculum. Learners must be able to dissect sociopolitical practices; recognize ecologies of knowledge; inform ambiguous situations; and demonstrate adaptability, creativity, and innovation. A curricular justice approach will enable nursing education to move beyond humanism (believing we all have choice and agency) and a single truth to ensure epistemological and ontological purblindness (lacking in discernment and the potential to be visionary) does not occur. Purpose: Nursing students must consume, critique, and develop knowledge to produce their own and support other's truths. Learners must explore and challenge the tensions of privilege by shifting and identifying the dominant narratives which perpetuate a single truth. These opportunities give rise to the development of meaning-makers, who challenge power inequities as a result of critiquing embedded power and ideology(ies), thus creating alternative narratives. Meaning-making can be enhanced by transmediation as a teaching strategy and to simultaneously account for agency in situations of unequal power dynamics. This strategy provides an opportunity for a reconstruction of identity by resisting the embedded meanings in the dominant narratives and reimagining new meanings and possibilities across different modes of knowledge. Learning Intentions: <ol> Understand the importance of incorporating an "ecology of knowledge" to foster curricular justice. Understand transmediation as a teaching strategy to enhance epistemic critique. Main Messages: <ol> There is a hierarchy of knowing (Eurocentric) which produces purblindness in nursing education. Curriculum must be created to foster global understanding and challenge definitive notions of knowledge and learning.

Fostering Professional Phronesis through Reflexivity

Dr. Colleen Maykut | Hanneke Croxen | Elizabeth White-MacDonald

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: emancipatory, epistemic critique, phronesis, reflexivity

Background: The discipline of nursing has recognized the necessity for reflection to inform professional growth and direct engagement in and with practice. However, there are differences with respect to the direction and focus in which reflection has developed in the nursing profession. Notably, reflection has devolved into addressing clinical issues from an epistemic and techne perspective at the expense of developing phronesis. Purpose: A balance of episteme, techne, and phronesis to foster higher-order connotative skills to achieve reflexivity must be a priority. This balance is achieved through an integration of technical rationality, experiential learning for practical interest, and finally emancipatory activities. Integrating these three components, in nursing education and practice, will decrease the over-reliance on rationality at the expense of a holistic approach. Preparing students for becoming and being reflective practitioners in which to address wicked problems, foster professional growth, and add to the knowledge necessary for continued growth of the discipline is the role of nursing education. Learning intentions: <ol> Explore the lenses of epistemic, techne, and phronesis to inform reflexivity. Understand the importance of scaffolding reflective practice to assist students in developing the necessary skills (critique, inquiry, advocacy) for reflexivity. Main Messages: <ol> The necessity of incorporating social construction, as a lens, to understand who we are as individuals and professionals within our personal and professional worlds. The student's understanding of themselves and their interrelatedness with others (intersectionality and relational ontology) to inform their worlds.

A Three Sisters Approach to Curriculum Development

Mark Beck

Curriculum development in nursing education has traditionally focused on the cognitive and psychomotor domains that are nexus of the NCLEX exam for entry into practice. Little time is afforded to the affective domain as it is not as amenable to the standardized multiple-choice format of testing. Yet the affective domain is the humanizing and meaning-making domain [Unitary Caring Science] without which the cognitive and psychomotor domains would be nothing but tasks on an assembly line. Much of nursing education today has been created to maximize the manufacturing of nurses on an assembly line model. Much of the disaffection in later career and a source of compassion fatigue is directly attributable to the underdevelopment of the affective domain in nursing education and models of care. First Nations peoples have long held a complementary worldview of education and coexistence within the natural world that harmonized the affective domain. This model is best illustrated in the three sisters approach to raising food in the Americas. Corn, beans, and squash have always been planted together for the synergy that the three plants assist with each other's success in the garden. Corn provides the superstructure, squash the insect-repellent and moisture retention functions, and beans provide the fertilizer that sustains all the plants for success. The nursing educational curriculum is much the same configuration in the domains of learning: cognitive provides the superstructure for the content, squash provides the 'how-to' and relevance within each clinical application, and the affective domain provides the meaning-making and humanization.

Reformation of Nursing Identity: The Hero's Journey

Mark Beck

Nurses returning to attain their BSN after years of working as a nurse encounter they must embark upon a re-formation of their nursing identity that was manufactured for them years ago by their academic or employment institutions. This journey resembles the Hero's Journey as chronicled by Joseph Campbell (1948). Through scholarly reflective practice in an RN2BSN program of study, nurses have re-formed their nursing identity travailing the hallmarks of the Hero's journey. They have responded to the call, been guided by a mentor, descended into the underworld to accomplish a task, and have reemerged into their world of nursing armored with a new sense of identity and purpose that has reconnected them to their initial calling to the profession. The transformation is remarkable in that most of these nurses began with a referred voice, with little self-efficacy and agency, and have emerged back into their nursing worlds with a renewed sense of identity and purpose that has become their internal source of empowerment. They write of now knowing they're 'why'. They demonstrate this in that their writing voice is now 'constructed' being a source of power, inspiration, and meaning-making.

Caring Science Curriculum and the Robot Revolution: A Call to Action

Dr. Claire Mallette | Dr. Mary Packard | Dr. Claudia Grobbel | Dr. Donald Rose

Topic: bridging caring and technology
Keywords: caring science curriculum, robots, sacred nurse-patient relationship, unforseeable future

Background: The future of nursing practice demands nurses to be competent in caring for patients using technology. Technological advancements, specifically robots, require a complex skill set as nursing integrates robots into their practice while preserving the sacred nurse-patient relationship. This technological/robot revolution urgently calls nurse educators to bring forth curricula that preserves humanistic practices and caring as the essence of nursing. Purpose: This presentation will explore how nurse educators create curriculum, embrace technology, yet sustain human caring in practice. Caring science curriculum requires bridging the complex, layered, and often tension-filled unknown space created at the intersection of nurse, technology, and persons entrusted to our care. Discussion: Educators and nurses must address this unknown space where tensions of change, relationships, and new practices will emerge. Rather than grasping tightly onto the status quo, educators need to prepare students for the unforeseeable future. While recognizing the 'doing for' persons may change, nursing practice and education will need to foster greater intentions and higher consciousness of caring to maintain at its core, humanistic values & beliefs, and ethical and moral actions. Learning Intentions: <ol> Imagining humanistic nursing practices and education within the future technological world. Identifying nursing humanistic/caring curriculum priorities to prepare students/nurses for the complex nurse-persons-technology layered space. Key Impacts <ol> The essence of humanistic caring remains at the core of nursing practice within the technological world. Nurses enter boldly into the complex space while continuing to "be with", 'do for" and keep open the heart of the nursing discipline.

Relational Practice as a Vehicle for Caring in Nursing Home Facilities

Genevieve Thompson | Susan McClement | Tom Hack | Laura Funk

Topic: bridging caring and corporate models of care
Keywords: Relational; Nursing Homes; Activities of Daily Living; Nursing

Background: Too often, health care and in particular care provided in nursing homes, has been driven by models that privilege efficiency over person centered-care. In these systems, care becomes segmented into tasks to be completed, within an allocated amount of time, often to the detriment of the psychological well-being of both providers and recipients of care. Purpose: This presentation will examine what it means to shift care culture in nursing homes from one that is task-centric to a relational approach to caring. Method: A focused ethnographic approach with observation, interviews with residents, family caregivers, staff and administrators, and document review. Results/Conclusion: Creating a relational space that promotes integrity was seen as critical to the delivery of excellence in intimate personal care. Within this space, care providers are aware that they are instruments of care; a position that acknowledges the profound impact they have in shaping care provision. Care providers employ various strategies to build relational space. This space shifts the culture to one of relationality and requires an awareness of the impact that various levels of the environment (micro, meso, macro) have on care provision. Learning Intentions: <ol> Examine what it means to view oneself as an instrument of care and strategies to create relational space. Explore the systemic impacts within an organization of relational space. Main Messages: <ol> Care providers are instruments of care that set the tone of care; either positively or negatively. We cannot divorce the one to one interaction between a care provider and recipient of care from the broader context of care.

From the Tea Café to the Haiku: Using Compassion, Reflexivity, and Politicization to Transform Digital Learning Spaces in Nursing Education

Lisa Goldberg | Les T Johnson | Sandra Murphy

Background: Given the current trend toward online education, developing a distance-learning pedagogy that seeks to explore the power of "compassion in the digital world" (Sitzman & Watson, 2017) is both timely and necessary. Purpose: In this presentation, the authors share how they integrated active learning pedagogies in an online course to help students better understand the role of compassion, reflexivity, and politicization in nursing (Goldberg, et al., 2017). Methods/Conclusions: Using examples from the course—including the online Tea Cafés, weekly conversational videos, and haikus assigned to help students understand structural competencies—the authors showcase the ways in which such strategies, grounded in caring science, fostered an engaged learning community where students not only thrived, developed leadership skills, but also an understanding of how to leverage their nursing knowledge through compassion to advocate for historically underrepresented communities, including those who are LGBTQ2S+. Learning Impact: Participants in this session will be introduced to "compassion in the digital world" (Sitzman & Watson, 2017) as an active learning pedagogy; see student work samples from an online course based in compassion, reflexivity, and politicization; and recognize that it is only through compassion that digital spaces are transformed to active learning spaces for both student learner and educator alike. Goldberg, L., Rosenburg, N., & Watson, J. (2017). Rendering LGBTQ+ visible in nursing: Embodying the philosophy of caring science in nursing. Journal of Holistic Nursing n/a-n/a. doi: 10.1177/0898010117715141 Sitzman, K., & Watson, J. (2018). Caring science, mindful practice: Implementing Watson's human caring theory (2nd ed.). New York: Springer Publishing.

Finding pathways: Post-migration health care needs, barriers and facilitators of refugee women navigating the Canadian health care system

Eunice Anteh | Dr. Claudia Steinke

Global migration crisis caused by wars and disasters have significant negative health impact on especially women and children. Refugee women arrive in Canada and are challenged to adapt to a new environment and healthcare system. This study explore the healthcare experiences of refugees settling in Canada and how the healthcare system meet their health needs. This is an exploratory qualitative research study guided by intersectionality feminist framework. Data was collected through six focus group discussions with 39 refugee women and seven individual interviews with local leaders/settlement workers. Participants were recruited from six communities in southern Alberta, Canada using purposive with snowball sampling techniques. An inductive thematic analysis approach was employed to analyze and interpret data from a social constructivist lens. Findings revealed that complex systematic structures, short-term support, cultural insensitivity, language differences and health illiteracy are the major barriers identified. Refugee women use coping strategies, resilience and personal experience to integrate the Canadian system. From this research, it is evident the pre-migration needs assessment, post-migration stressors and the cultural health concepts of refugees are neglected which influences their health experience and outcome. Learning Intentions: <ul> Increase knowledge and understanding on refugee women's health needs and experience. Recognize the diversity of refugee women affects their health care integration. Contribute to improving refugee women's health outcomes and pathways to care. Key Impacts: <ul> Provide informed research on refugee women's health needs for future intervention. Develop a formalized approach to assess the individual health care needs of refugee women. Create a sense of belonging among refugees through community acceptance and involvement

Poetic Storytelling: A Caring Holistic Model for Transforming Healthcare Relationships

A. Lynne Wagner

Background/Purpose: Through the lens of Watson's Caring Science, the universal gift of stories is their ability to increase humanistic knowing and meaning of our shared humanity, bridging objective and subjective knowing through multiple perspectives. To care for self and others with loving compassion and authentic presence, creating opportunities for transpersonal healing-caring, nurses need to explore personal stories and listen to other's stories without ego. Honoring a person's story humanizes and individualizes care decisions and outcomes in health and illness, sustaining wholeness and human dignity. Such sharing fosters an interconnected belonging, blending their stories into a new healing unitary relationship. Poetic forms of storytelling further capture essential meaning in stories, transcending rational facts and gleaning a new affective and collective knowing of self and others that is found between the words and within the heart/soul. Discussion: A model with examples will be presented: 1) Nurse-Self as Storyteller: reflective practices and aesthetic worldview to explore human care experiences from an inside-out perspective; 2) Practicing-Nurse as Storyteller: nurses and patients use of story and poetic processing as a healing modality; 3) Nurse-Researcher as Storyteller: aesthetic interpretive heuristic methodology to get "inside narrative data" for fuller meaning of human experiences. Participants will learn: <ol> the healing power of stories that expands humanistic knowing; and three reflective-aesthetic uses of storytelling to more deeply know self and others. Key impacts: <ol> the value of stories to humanize healthcare and education, and the healing role of poetic story to inform caring needs.

Une recherche humaniste ou le Patient Partenaire de la recherche

Hélène Lefebvre | Marie-Josée Levert | Dan Lecocq | André Néron

Les milieux académiques et les chercheurs sont, plus que jamais, exposés à un changement de paradigme en santé, lequel s'appuie sur une nouvelle façon d'impliquer le patient, celui du patient partenaire de la recherche. En tant qu'expert de la vie avec la maladie, le patient partenaire de la recherche est perçu comme celui qui peut faire part de son expérience pour le bénéfice d'autres patients. Cette conférence a pour but d'illustrer la contribution significative de patients partenaires à un projet clinique coopératif de recherche. Le nouveau paradigme du partenariat patients de la rechercheen émergence proposeun nouveau mode de relation, à visée coopérative, qui met de l'avant un univers du soin qui n'est plus exclusivement construit par et pour l'efficience biomédicale, mais bien avec et pour les patients.Le partenariat patient de la recherche met en action une relation éducative et collaborative entre tous les partenaires qui permet de transformer les soins et les services offerts à travers le dialogue et la réflexivité. Les participants auront l'opportunité d'apprendre : <ul> Définition du patient partenaire de la recherche Étapes d'une recherche coopérative Bénéfices de la recherche avec les patients partenaires Messages clés: <ul> Le patient partenaire de la recherche contribue à l'humanisation et à la démocratisation des soins et des services de santé. Il est une valeur ajoutée selon plusieurs des infirmières leaders et gestionnaires. C'est unlevier de mobilisation pour induire des changements de perspectives sur les façons d'appréhender la situation de soins.

The impact of a difficult birth on mothering, over time

Dr. Lynn Rollison

There is currently a gap in our knowledge about how women's lives are affected longitudinally following a difficult birth. This study contributes information to childbearing women, families and care providers about women's experiences of difficult birth and how birth affects them over their lives. The purpose of this study is to disclose the experiences of 12 women and how a difficult birth affects the mothers, their perceptions about their ability to mother and on the relationships between the woman, infant and family. The women's stories are analyzed through ethnographic-informed methods with a feminist perspective. This research identifies six themes common to the women's stories: <ul> health care professionals (HCP) who have the dominant or authorial voice; hospital staff, who share little information with the women about their care; women, who are made to feel inadequate; women, who experience an absence or a lack of care; significant others who abandon the women; and, women who experience ethical situations concerning their own care and that of their infant. I conclude that mothering over time is deeply affected by the experience of difficult birth, despite the varied and diverse situations and the contexts of births. Learning Intentions: <ul> <li style="list-style-type: none"> Women's experiences of difficult birth How to ameliorate difficult births Recommendations about care needed by birthing women and support following birth   Key Impacts: <ul> <li style="list-style-type: none"> Address the relationship between women's experiences of "difficult birth" and the meanings women create from those events Various ways to address the needs of childbearing women How to ameliorate the effects of a difficult birth

Awakening Hearts and Minds: An Academic-Practice Partnership

Richard MacIntyre, PhD, RN, FAAN | Mark D. Beck, DNP, RN-BC, CENP | Alice Jacobs Vestergaard, EdD, MBA, MS, CHES | Jonalyn Wallace, DNP, RN, RN-BC, CENP | Jim D'Alfonso, DNP, RN, PhD(h), NEA-BC, FNAP

Topic: exploring humanistic practices in healthcare and education
Keywords: Academic-practice partnership, cultural transformation, Unitary Caring Science, Quantum Caring Leadership

Background This symposium explores how a health system and university launched a new RN2BSN program grounded in Watson's (2018) Unitary Caring Science (UCS); how UCS is weaved throughout the program and extended into vulnerable, marginalized, and at risk communities; and how a new model for organizations is challenging old concepts of leadership, job descriptions, and teamwork. Nearly 300 graduates have experienced transformative changes in their personal and professional relationships, self-care, and vision of nursing practice. Learning Intentions Participants will learn how: <ol> UCS and quantum leadership theory help teams access source and essential interconnectedness when stakeholder relationships become biostatic; UCS and Mindfulness-Based Stress Reduction (McCown, Reibel, & Micozzi, 2011) inform curriculum design and faculty/student interactions outside the curriculum; UCS and HeartMath™ can be extended into vulnerable communities Topics Each presentation is linked to the application of UCS principles and Caritas Processes™ in a newly WCSI-certified school of nursing. Primary topics include: <ol> Developing shared vision, structures, and processes to develop and sustain a Caritas-focused program; Creating an experiential, emotional arc for each term and the overall program; Designing opportunities to apply UCS, Caritas Processes, and resiliency skills in Adverse Childhood Experiences (ACE) impacted public schools; Integrating Laloux's (2016) concept of Teal Organizations with Quantum Caring Leadership (Watson, Porter-O'Grady, Horton-Deutsch, & Malloch, 2018) to create safe, dynamic, and effective learning environments. Main Messages <ol> Caritas Consciousness can be sustained in work and learning environments. Communitas is essential for caring relationships to thrive in healthcare. UCS supports excellence in education and practice. Sessions <ol> Program Design Caritas practices in ACE public schools Reinventing Organizations Academic-Practice Partnership We have planned 10-minute presentations and 10-minute discussions for all sessions.

Contemporary Nursing Care and Human Caring: A Philosophical Exploration

Padma Ravi

<p class="p1">The philosophy of nursing caring is under serious threat of fading into background because of a shift in the focus of nursing praxis. New technologies and ever-increasing workloads make nursing care appear as a set of mechanical tasks. In the absence of organizational policies that support caring, the onus is on individual nurses to perform nursing actions with caring attitudes. Caring must address not only physical symptoms, but promote emotional, social, and spiritual health. </p> <p class="p1">An exploration of nursing caring from the philosophical lens of critical social theory and poststructuralism. </p> <p class="p1">Nursing must exercise its influence in policy and decision-making to create new discourses that will preserve valuing of human caring in nurse-patient relationship, and nursing's foothold in health promotion at the point-of-care. Participants will engage in critical reflection of caring in contemporary nursing practice, the complexity of nursing care, and tools/strategies for disruption and change.</p> Learning outcomes: <ul> To explore the philosophy of caring within the context of societal influences and the current healthcare environment through the lens of poststructuralism and critical social theory. To describe the complexity of nursing care in terms of scope of knowledge and work processes. To identify and describe humanistic tools for re-orienting nursing care on human caring and health promotion. <p class="p1">Main messages:</p> <ul class="ol1"> <li class="li1">Disruption can help identify new discourses. <li class="li1">Nursing must advocate for changes that make healthcare more humane and supportive of its social mandate. <li class="li1">Self-awareness and mindfulness are essential skills for analyzing power relations.

Self-Compassion: An Integrative Review

Lisa-Anne Hagerman | Louela Manankil-Rankin

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: self-compassion; relational practice; compassionate care

Background: A growing concern, as identified within the literature, is the increase in frequency of patients reporting a lack of compassionate care. This lack of compassionate care has in turn focused a spotlight on nursing education programs and how they are preparing new graduates to be compassionate nursing care providers. Method: An integrative review of self-compassion, compassion, emotional intelligence and compassionate care literature was conducted using Whittemore and Knafl's method. Purpose: To define self-compassion, identify strategies to support self-compassion in nursing curriculum and the impact of these strategies on nursing care and the student nurse. Conclusions:Evidence-based literature identifies the significance of self-compassion training on self, development of relations with others, and how it supports compassionate care. Nursing educational curriculums need to incorporate self-compassion training into their programs to support the development of compassionate person-centred relational practice and enhance emotional resilience, emotional intelligence and well-being in their students. The outcome of this integrated review (IR) was the development of a conceptual model on self-compassion, compassionate care, and strategies to support self-compassion in undergraduate nursing students. Learning Outcomes: Participants will have opportunities to learn: 1) What is self-compassion in undergraduate nursing education; 2) how self-compassion impacts compassionate care and relational practice with self and other healthcare team members. Key Impacts: Development of a conceptual model on self-compassion in undergraduate nursing; and Identification of the impact of self-compassion training on student well-being, compassionate care, and relational practice.

Reconciling Health Education through Traditional Teachings of Kimma Pi Pitsin – Kindness Compassion

Andrea Kennedy | Elder Roy Bear Chief | Elder Grandmother Doreen Spence | Katharine McGowan | Mohamed El Hussein | Jillian Bear Chief | Dion Simon | Stephen Price

Background: Dominionization is the social process explaining behaviour of academics (health faculty and leadership) in context of implementing TRC (2015) Calls to Action. Dominionization reflects tensions between effecting TRC and defending academic ownership of expertise. Elders gifted teachings to address dominionization: Kimma Pi Pitsin - Kindness/Compassion (Roy Bear Chief) and seven sacred teachings (Grandmother Doreen Spence). Purpose: We need a collaborative Knowledge Mobilization (KMb) strategy aligned with reconciliation to share study findings and Elders' teachings to more workable action forms. Method: KMb is a "reciprocal and complementary flow and uptake of research knowledge" (SSHRC, 2016) guided by social innovation to enhance capacity for action through prompts, proposed solutions, prototypes, sustaining, scaling & diffusion, and system-level positive change (Murray, Caulier-Grice & Mulgan, 2010). KMb is respectfully enacted through two-eyed seeing with Indigenous Elders and traditional knowledge holders, faculty, staff, leadership and students. Activities included creating learning frameworks, talking circles, generating educational materials, and engaging in traditional ceremonies. Results: Developmental Evaluation focused on key impact indicators including mapping networks and identifying progress markers for co-producing knowledge and actions supporting uptake of the Calls to Action in higher education for health professionals. Learning Intentions: <ol> Explore barriers and facilitators to implementing TRC Calls to Action in higher education. Discuss Kimma Pi Pitsin – Kindness Compassion actions to reconcile health education for Indigenous and non-Indigenous students, staff and faculty. Main Message: <ol> We call upon Indigenous and non-Indigenous peoples to co-learn and work together to support our collective capacity for human caring as healthcare educators and providers.

Racism in nursing education: An intersectional approach

Dr. Andréa Monteiro | Dr. Carol McDonald

Background: In Canada, nursing education and practice are enacted in the context of a white settler nation-state. As part of their mandates, nursing schools uphold concepts such as multiculturalism, equity, and diversity; however, studies in North America reflect that the reality contradicts these directives. Rather it has been suggested that nursing schools are hegemonic white spaces, permeated by systemic white privilege and racism, arising from a legacy of colonialism and imperialism. White settlers; faculty members and students alike, and notorious for overlooking the hegemony and racism embedded in institutions. Purpose: We will present a study that challenged this white hegemony through the point of view of racialized nurses. Method: Women of colour feminism as theoretical framework and intersectionality as analytical tool. Results/Discussion/Conclusions: Racialized nurses identified that they were seen through a white gaze while in nursing school and engaged with this study as an opportunity to challenge and resist the systemic structures of racism they encountered. To conclude, we will explore the place of white settler and racialized nurses in questioning the status quo. Participants will have opportunities to learn: <ol> About the experience of racism, a visible/hidden barrier to racialized students. Explore intersectionality as an analytical lens. What they can do to support racialized students. Key Impacts: <ol> The need for schools of nursing to be reflexive about their exclusionary practices. Advocacy for the need for safe spaces for racialized students. The place of allieship in nursing education/practice.

Reconciling Taking the 'Indian' out of the Nurse

Andrea Kennedy | Danielle H. Bourque | Domonique E. Bourque | Samantha Cardinal | Lisa Bourque Bearskin

Topic: exploring indigenous perspectives to enhance healthcare systems and education
Keywords: reconciliation, storywork, nursing, education equity, decolonization, co-learning

Background: We are troubled by the question: in Canadian undergraduate nursing education, are we taking the 'Indian' out of the nurse? Purpose: We will explore reconciling nursing/health professions education equity as a foundation to Indigenous health equity. Method: We understand this issue through storywork with new graduate nurses - 'the three sisters'- on shared experiences in colonial education. Results: Storywork is aligned with scholarly literature, revealing two significant interrelated gaps/opportunities in nursing/health professions education reconciliation: enactment of cultural safety and respectful engagement with Indigenous Knowledges (IK). Ultimately, transforming equity in nursing/health professions education supports culturally safe care and health equity with Indigenous peoples Learning Intentions: <ol> Critically reflect how to apply a decolonizing framework based on intercultural co-learning with Indigenous and non-Indigenous nursing/health professions students. Connect decolonizing actions that honour Indigenous human rights through cultural humility and cultural security as requisite to cultural safety and respectful engagement with Indigenous Knowledges. Explore capacity of nursing/health professions for intercultural co-learning to advance human caring and education equity through 3 strategies: heart-mind knowledge connection, contextual learning, and two-way teaching and learning. Main Messages: Participants are urged to learn through Indigenous nursing students' storywork and: <ol> Acknowledge the uncomfortable process of decolonization and lean into the ethical space of engagement (Ermine, 2007), noting how inaction is the unearned right of colonial privilege. Advance human caring and equity in Indigenous health and nursing/health professions education through a decolonizing framework based on intercultural co-learning (Sherwood, Keech, Keenan & Kelly, 2011).

Quality Improvement: The Mystery Simplified

Michelle Freeman

Healthcare environments are required to measure, report, and take action if they do not meet expected care outcomes. Therefore nurses need to be competent to lead and participate in the continuous improvement of the quality and safety of their work settings. All nurses are expected to integrate quality improvement principles and activities into their practice. To achieve this goal, knowledge of improvement science is essential for all nurses. Although there is an increasing awareness that quality improvement should be integrated in nursing education and practice, there are several barriers to achieving this goal. First, there is a lack of understanding of what quality improvement involves; historically it has been treated as a specialty rather than as a required competency. Second, most nurses have not participated in formal education in improvement methods nor have they had the opportunity to participate in quality improvement projects. This presents a serious knowledge gap for both the current and future workforce. Fundamentally, quality improvement is focused on improving a process. However, there are many different methods each with their own terminology. This has contributed to the confusion. All models, however, share common steps. The purpose of this presentation is to define quality improvement, outline these basic steps, and suggest some resources to improve the participants' confidence and competency in teaching and participating in quality improvement activities. This presentation supports the conference theme focused on collaborative processes for change since successful quality improvement projects require both expertise in teamwork and change management principles and processes.

A Nursing model of Primary Care in the context of a Patient Care Home

Kerry Stewart | Rosemary Graham

Background: In 2013 the Oceanside Health Centre opened with all community health services collocating within one building. This new centre included a Primary Care with one General Practitioner and one Nurse Practitioner. Since that time, the Primary Clinic has evolved to four Nurse Practitioners. The original care was based on the Nootka model and has evolved to include a nursing approach with wrap around services from all Primary Care team members and allied health to create a Patient Medical Home. Purpose: To discuss the learnings of a team based Nurse Practitioner Primary Care model inclusive of marginalized, frail, First Nations and medically complex patients including low barrier outreach and home visits. Method: Retrospective Discussion: The patient voice shows, the positive impact of the care model within the public health care system and to quality of life of the patients in the practice. Learning Intentions: <ul> About model of primary care using a nursing led and interdisciplinary approach Lessons learned in creating a Primary Care Home based on a nursing focus Next steps to meet the unattached patient population in the Oceanside area of Vancouver Island. Key Impacts: <ol> A nurse led Primary Care model meeting patient's needs through a team based approach has positive impact on patient quality of life and acute care utilization. Nurse led low barrier outreach primary care can be successfully included in a public health care system. Discussion on how to replicate this model of care in the context of Primary Care Network

Leading the Implementation of a Just Culture

Michelle Freeman

The concept of just culture is new to nursing, a profession that historically has prided itself on "error free" practice and resorted to a punitive approach and individual blame when an error occurred. We now understand that this approach makes systems less safe for patients and that most errors result from faulty care delivery systems, not faulty practitioners. What should be done with individuals who ignore safe practices? Should these behaviours be tolerated even though we know they place our patients at risk? Understanding and implementing a just culture is a complex process that goes far beyond just writing a new policy stating "we practice a just culture". It introduces new concepts that are not commonly used or easily understood. Successful implementation of a just culture requires an investment of time and resources to educate and support competency development of nurses in leadership roles who play a vital role in leading this cultural transformation. This workshop will describe a framework to assist leaders with decision making on when to console, to coach or to discipline employees. The concept of human drift will be introduced. Case studies will be used to allow the participants to apply the framework and gain competency in its use. Discuss the myths in the current nursing culture Define an accountable, just culture Describe responsibilities of leaders and employees in building an accountable, just culture Explain the difference between human error, at risk and reckless behaviours and how they are assessed and addressed

Followership: Dispelling the Myths

Michelle Freeman

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: followership; leadership; myths; leader-centric

Nursing acknowledges the importance of leadership to the profession and identifies it as a required competency for all nurses nationally and internationally. The role of leadership is to influence followers towards a common goal. To do this they must have a clear understanding of followership including the factors that promote followers' effectiveness and engagement. They must be able to identify and label following and non-following behaviors and they must practice leadership styles that support effective followership. Although nurse authors in the 1980s and early 1990s advocated for the inclusion of followership in nursing education and practice, the role has received little attention. Currently, it is not included in standards and guidelines and there are few nursing research studies on this topic. Our understanding of leadership is incomplete without also understanding followership; in fact, without the following role, there is no leadership role. Focusing on only one role is inconsistent with our current understanding of the partnerships required to produce safe and successful organizations. The purpose of this presentation is to provide a brief overview of followership and dispel the current myths that are preventing the nursing profession from recognizing this essential role.

Dignity in Caring

Claudia Steinke

Background: The science of nursing has allowed us to commoditize care as a way of reaching the masses - we've gained accessibility at the expense of the art of our practice as caring professionals. For the individual nurse, this preoccupation with the science of nursing manifests itself in impersonal albeit technically skilled performance. The focus becomes treating the condition, not the client. For the system, the emphasis on the science of nursing shows itself in performance metrics which inform senior management that activities are on track (e.g. hospital acquired infections). From an organizational perspective, science has brought forth broader structural indicators (e.g. admissions, discharges). Purpose: The intent is to share a conceptualization of caring from a dignity perspective. Discussion: 'Dignity in caring' will lead to a state of being in which people feel valued and no one feels alone or unsupported. This reiterates the conference themes, focusing on what the individual nurse can do in their everyday practice to uphold people's dignity. Learning intentions: <ol> Participants will be introduced to caring from dignity perspective, what it means and looks like in action; Participants will understand the inherent value in this perspective and practice implications. Main messages: <ol> Per Jean Vanier: "What gives dignity to the human being is their conscience"; To personify the deepest aspiration in life – to seek the finest of what it means to be human. Invariably it involves a life lived in the service of others (in the process ensuring their dignity).

Indigenous Health, Cultural Safety Education, and Relational Practice

Donna Kurtz

In response to the urgent need to address the current state of Indigenous People health and shortage of Indigenous health providers in Canada, an innovative experiential Indigenous health and cultural safety curriculum was developed by local Indigenous people including Knowledge Keepers, Elders, community leaders, health/social service providers and university professor. Over the last decade, the curriculum, initially for undergraduate health science students, is now offered across campus, with growing interest of faculty. A Two-Eyed Seeing approach honours Western and Traditional perspectives in which students learn historical and contemporary impacts of colonialism, critique of literature through Traditional storytelling, healing circles, and community engagement. Self-reflection and deep listening are critical for students to acknowledge biases, power and privilege. Cultural safety includes all human beings' culture such as gender, age, sexual orientation, to challenge systematic racism and unequal socio-economic, structural, and political power that perpetuate inequalities of individuals, families, and communities. Knowledge Keepers, Elders, students and university teachers strongly recommend small sized, face to face teaching is needed to better understand how to build ethical, non-racist, non-discriminatory, respectful relationships, as human beings in the workplace and in everyday life. Student pre-post course evaluations demonstrate deep learning and recommendations that the course should be mandatory, especially health/social service disciples. While embracing balance and harmony throughout this journey, support and sustainability for this type of the community led curriculum development and delivery requires university/community collaboration and long-term commitment of mutual benefit and respect to achieve optimal health for Indigenous people in healthcare, research, institutions, and community.

A human side of Dr Charles Best, Co-discoverer of Insulin – the importance of connecting with the Caritas Processes.

Melinda Best

Background: As a psychotherapist my knowledge of therapy and the 10 factors/Caritas Processes, has allowed me to reflect on Dr. Charles Best's life from a very human side, not only as a scientist. Later in life he suffered from severe depression and underwent electric shock therapy. Despite being a brilliant and accomplished scientist my grandfather still suffered and struggled with emotions. Method: Compiled from theoretical books, private journals, history of medicine, and personal family conversations. Discussion points: Mental health issues were discussed and managed differently depending on the decade. Emotions and feelings were often not discussed in families, or even necessarily encouraged. Anti-depression medication was new in the 1960s and Electric shock therapy was an option for severe depression. This approach was used on my grandfather and it helped him, and it changed him. The idea of guidelines such as the 10 Caritas Processes is important even in exploring the past. A holistic approach is important to consider as mental health issues continue to develop and evolve. Learning intentions: <ul> Your story is valid. How pain is expressed or not expressed. Appreciating being vulnerable is very human. Main message: Caritas Processes: Storytelling, care for self and others, authentic listening, allowing for expression, going beyond the Ego – attending to the spiritual practices.

It's Complicated: Improving Undergraduate Nursing Students' Understanding and Care of LGBTQ Older Adults

Nadine Rae Henriquez, RN, BN, MN | Kathryn Chachula, RN, MN

LGBTQ older adults experience health inequities related to the overall negative impact of discrimination. Nursing educational content regarding LGBTQ issues, risk factors, and health disparities has been limited. Improved cultural competence of healthcare providers regarding the LGBTQ community is needed. This pilot of an older adult LGBTQ family case model sought to normalize sexual and gender diversity within curriculum, exploring personal biases, gender-affirming techniques and addressed the challenges of aging for a transgender woman and family within the context of stigma and discrimination. This project introduced an older adult transgender family case model to undergraduate nursing students. Students provided narrative feedback and quantitative numerical ratings concerning abilities to identify and discuss health disparities and comfort levels caring for LGBTQ patients. Students gained knowledge and understanding regarding encouraging inclusiveness and equitable access in health care settings and providing culturally sensitive care to LGBTQ older adults. Learning points: <ul> LGBTQ older adult's experiences of discrimination create a complex intersection of prejudices impacting health as they age. Description of a teaching methodology of an unfolding LGBTQ family case study for undergraduate nursing students. Key impacts: <ul> There is a need to improve cultural competence among nurses concerning the LGBTQ community in order to better meet their needs and provide more sensitive, inclusive, and holistic care. This LGBTQ case model normalizes sexual and gender diversity in curriculum. Nurses entering practice can gain enhanced levels of knowledge and awareness of the impact of social context on older LGBTQ persons' health and the knowledge and skills for providing inclusive and equitable care for older LGBTQ persons.

A Caring Journey to Inclusivity in Curricula

Mary Anne Krahn, RN, BScN, MScN, EdD (c) | Helen Harrison, RN, BSc, BScN, BEd, MScN | Shelley Masse, RN, BScN, MEd | Jodi Hall, PhD

Topic: exploring humanistic practices in healthcare and education
Keywords: inclusivity; emancipatory relational pedagogy; caring ontology; reflexivity

Nurses are responsible for enacting an inclusive and relational caring ontology with clients and inclusive language in curricula is necessary for an emancipatory relational pedagogy. Language used in curricula may inadvertently exclude LGBTQ+ people. Therefore, while forming a caring relational way of being, nursing students must develop an awareness of gender identities, gender orientation, and gender expression to critically reflect on their beliefs and assumptions about gender. The purpose of this presentation is to share our journey to develop guidelines for inclusive language in curricula by: engaging in a dialogue about a inclusive language in curricula; sharing the process to develop guidelines to enhance inclusive language in nursing curricula; and exploring how institutional policy can constrain inclusive curricula. We committed to revising our nursing, practical nursing, and doula studies curricula to better reflect inclusivity and gender neutrality. We met with a transgender graduate to explore how LGBTQ+ students find themselves represented in our programs. Our graduate reviewed learning materials to identify wording that could be exclusive; for example, "pregnant woman" rather than "pregnant person". With our graduate, and to to move away from binary expressions of gender, we developed inclusivity guidelines. We shared these guidelines at a faculty retreat and engaged in a dialogue about gender, inclusivity, and curricula. We reshaped the guidelines and develop consensus for use when revising curricula across programs. We will share our learnings regarding this process. Dialogue about our inclusivity guideline and the influences of institutional contexts on inclusivity will be invited from participants.

Reflection, Renewal, Rejoicing: Health and Healing for All

Becky Nauta

Undergraduate nursing students experience anxiety and many stressors related to clinical and didactic course work, financial stressors related to college costs, jobs, health issues, as well as family demands (Turner & McCarthy, 2017). A study by Ganzer and Zauderer (2013) concluded that self-reflection decreased student anxiety. Williams and Burke (2015) reported that when using the narrative pedagogy (Dickelmann & Dickelmann, 2009), students began a reflective nursing practice. While all of the Caritas Processes® encourage reflective practice, Caritas Process 10 may offer a different reflective opportunity "opening and attending to spiritual, mysterious, unknown existential dimensions of life-death-suffering: "allowing for a miracle" (Watson, 2008, p. 11). The purpose of this workshop is to promote and enhance reflective capacities of participants using Caritas Process 10® (Watson, 2008) as a foundation. Participants will have opportunities to (1) discuss reflective techniques and avenues for renewal; (2) participate in a reflective activity utilizing different modalities to create the reflection; and (3) create a shared project focusing on health and healing for all. The methods used in this workshop will be discussion, experiential learning, active expression of reflective thought through art and written word, culminating in a shared project incorporating the goal of health and healing for all. The desired outcome/impact for this workshop would be for each participant to have experienced personal reflection and expression, a sense of renewal, and a desire to rejoice by seeing the miracles in the everyday and sharing them to make a difference in our world.

Transitioning of Collaborative Degree Nursing Students: An Absence of Caring

Mary Anne Krahn, RN, BScN, MScN, EdD (c)

Little is known about how nursing students in hybrid baccalaureate collaborative programs experience transitioning from the college site to the university for third year. Using an exploratory single case study design, the purpose of this study was to develop an understanding of how nursing students who begin at the college site experience this transition. Purposeful sampling was used to recruit participants (N=12) for individual interviews. Participants were invited to bring a completed pre-interview activity to enable their recall and reflection of their experience. An overarching theme of liminality emerged. A focus group was used to check for resonance with the themes. This presentation focuses on the theme thresholds to cross to describe the challenges, or thresholds participants experienced with university culture, policies, and processes during their initial transition to the university site, adding an additional layer of complexity to their transition. Students felt they were outsiders who were lost in the university, which increased their experience of liminality and disempowerment. In some learning spaces, negative assumptions about college students and their knowledge impacted participants' self-confidence and voice. Their challenges were not acknowledged, therefore caring relationships were not created and little support and guidance was offered to ease their transition and adjustment to the university context and culture. During this presentation, dialogue will be invited and encouraged about uncovering and understanding thresholds collaborative students can encounter during transition between sites, how this shapes the creation of a caring culture, and the enactment of a relational caring ontology with students during transition.

The value of relational practices in promoting the health of family caregivers

Jamie Penner

Background: The demands of caregiving challenge family caregivers' (FC) ability to engage in self-care contributing to negative impacts on their health. Nurses are in a key position to support FCs necessitating health-promotion strategies. A novel theoretically- and empirically-based physical activity (PA) intervention for FCs of adults with advanced cancer was designed. A pilot randomized controlled trial (RCT) was conducted to evaluate the feasibility of a full RCT (reported previously). Purpose: This presentation will discuss the vital role of relational practices in the successful implementation of this intervention. Methods: FCs were randomized to PA intervention or no intervention group. The intervention (individualized PA plan with coaching/support) was delivered via one home-visit and twelve weekly telephone calls. Participants were asked to complete PA logs, outcome questionnaires, and participate in follow-up interviews. Discussion: Twenty-six FCs were randomized. Rate of adherence to PA plans was 92.9%, influenced primarily by the relational aspect of weekly telephone calls for PA coaching/support. FCs reported feeling motivated, valued, and 'seen' through these interactions. Participants will have opportunities to learn: <ol> how relational practices influence FCs' engagement in self-care strategies to care forFCs how to build humanistic practices into the development of self-care interventions Key impacts: <ul> FCs require support to maintain their health and continue providing care; nurses are in a key position to do so. Relational practices enhance FCs' engagement in and adherence to health-promoting behaviors. Promoting FCs' health enables them to provide care at home longer and avoid becoming patients themselves.

Application of Jean Watson's Theory of Transpersonal Caring in Nurses Practicing in a Pain Center

Patricia Hubert, DNP, MSN, APN, PNP

Background and Purpose: Jean Watson's paradigm of transpersonal caring was chosen to assist the nurses in providing compassionate care to patients with chronic pain who are vulnerable to poor outcomes. An educational intervention focused on the nurses by emphasizing Caritas # 1: Cultivating the Practice of Loving-Kindness and Equanimity Toward Self and Other as Foundational to Caritas Consciousness. Nurses are at high risk for compassion fatigue, which makes it essential that they care for self. But self-care is often not a priority, and nurses have difficulty finding time to care for self. The paradigm of transpersonal caring is an opportunity to grow personally and professionally. It is hoped that understanding the importance of one's own care will translate into better self-care. This can yield positive results for both the nurse and the patients entrusted to his/her care. The quality improvement project described further on the e-poster yielded positive results for the nurses working in the Pain Center. The intervention can be replicated in other populations of nurses. Learning Intentions: The participants will learn the value of self-assessment, self-care, and reflection to their well-being on a journey of Caritas Consciousness Format and Methods: Brief presentation with demonstration as input followed by whole group discussion with a focus on techniques for centering self and learning intentionality. No materials needed, except handouts for reinforcement. Key Impacts: The participants will develop: <ul> a beginning Caritas Consciousness the ability to center self the ability to live and work with intentionality

How to incorporate into the nursing curriculum competencies of self-care through awareness raising and empowerment.

Eugenia Urra

Topic: exploring humanistic practices in healthcare and education
Keywords: nursing violence, bullying in nursing

Background: Nurses state that they are the ones who care for people, families and community, however, a relevant issue is how nurses interact with each other and come to practice lateral violence and bullying among themselves in work and educational contexts. It is known that the cycle of violence among nurses begins in educational settings such as universities and then follows in the first years of work experience, when novice nurses work with more experienced nurses. Theoretical backgrounds point to issues of power and gender. So, how can we prepare to become more aware and empower themselves to diminish these practices? Questions from the table: What are the events or circumstances that cause nurses to practice lateral violence or bullying toward another? How do these circumstances of lateral violence or bullying occur in educational contexts? What human care skills are required of nurses and students to advance in genuine human caring? Why World Café: Is an issue with high prevalence and complexity in work contexts, and it starts from the undergraduate educational programs, and requires that critical reflection allows the nurses themselves in the practical and educational field to realize this fact naturalized by situations of gender and power. Process: Participatory conversation, emphasizing reflection. A series of drawings will be presented for the table to incorporate the summaries of the discussion. Learning : <ul> To understand the phenomenon of nurse-women violence and its relationship to power. To talk about acts of violence in educational and clinical settings and empower nurses.

Implementation of Holistic Nursing Care in a Primary Health Care Center, with the application of J. Watson's philosophy. IV Region, Chile.

Carolina Leiva | Lizet Veliz

Background: nurses continuously support individuals and families in their health transitions, thus it is essential to incorporate holistic health in caring, focusing on the totality and integrality of the person, family and their environment. Purpose: To describe the experience of nursing care based on Watson's Philosophy and healing practices in a community in a context of social vulnerability. Method: Holistic care was implemented in community nursing work for people in a community characterized by social vulnerability, based on the transpersonal view of Jane Watson (1989). A physical space called "dome" was located, where care and subsequent follow-up of people were carried out. Education for healing tools was incorporated. Nursing care registers and protocols were implemented. Results / Discussion / Conclusions: By carrying out holistic health activities, it allowed people to reconnect with themselves and the awareness of the care of another with the other and by incorporating the humanistic holistic view in the care and accompaniment of nursing in people and families in the community. Learning Intentions: Participants will have the opportunity to learn: <ol> Reflect on integral humanized care in healthy communities. Know the implementation of holistic care. Discuss how care is applied with healing practices in communities inserted in contexts of social vulnerability. Main messages: key impacts of your electronic poster presentation: <ol> Humanized care and education Holistic healing practices. Nursing care in the context of social vulnerability.

Relational engagement in online nursing education: Challenges and opportunities

Steve Cairns

Online nursing education creates unique challenges for authentic engagement among faculty and students. E-learning that can be utilized anytime/anyplace and at a scale that is unprecedented in nursing education, is shifting the landscape through student demand and institutional directives. Online nursing courses are particularly appealing to Registered Practical Nurses who wish to bridge their education towards a degree in nursing while at the same time, maintain their employment and family life. This project brings attention to the importance and complexity of establishing relational engagement in online nursing pedagogy. An autoethnography project was conducted utilizing qualitative data among online bridging nursing students n=20, as well as reflexive analysis of literature, performance measures, and experience. The project illustrates digital fluency as a model for adapting relational practice as presented by Doane & Varcoe (2015), and the Community of Inquiry framework (Cleveland-Innes, Garrison & Vaughan, 2013). This project contributes to developing compassionate education as articulated by the Associated Medical Service Phoenix Foundation and the Registered Nurses Association of Ontario. Encourage a pedagogical shift that emphasizes a human-centered relational lens. Introduce modeling that operationalizes richer forms of engagement for online nursing education. Appreciate the complexity of perspective in online relational engagement among baccalaureate nursing students. Online baccalaureate nursing education is not effectively represented in research, there are extensive pedagogical implications. Leveraging access and demand for online nursing education may occur at the expense of core values within the profession. Advocacy is needed for relational instructional design, mentorship resources, and effective student to faculty ratios.

Caritas Coaching: Caring Science in Action

Jan Anderson

Nurse coaching has been implemented in health care settings around the world. Professional nursing and medical organizations agree that registered nurses have the experience and knowledge to meet health care needs effectively to provide high quality health care. There are gaps in the nursing literature to provide evidence of the impact of the nurse coach role. A hermeneutic phenomenological exploration of the graduates of the Watson Caring Science Institute (WCSI) Caritas Coach Education Program (CCEP) was designed to explore the caritas coach role and those experiences that affect role development and implementation. CCEP has graduated over 400 caritas coaches, yet there has been no formal research on CCEP or its graduates. Interviews were coded and described CCEP as providing an alignment of personal and professional values resulting from change, confidence, empowered communication; finding meaning and value in the spiritual nature of caring science and care provision and an urgency to make changes in nursing practice. Learning intentions for this presentation will be to learn: what caritas coaching is, about CCEP, and about the research related to CCEP. The key impact of this oral presentation will be to: emphasize caritas coaching as caring in action; to promote living caring literacy, and to share research.

Caring for our planet: Beyond cognitive dissonance in nursing

Steve Cairns

Nursing education and practice should anticipate and prepare nurses for the radical disruption of human-caused climate change and implications for the future of human caring. An unfortunate comparison to wartime mobilization is a considered example in light of the increasing potential for volatility within the planet's global functioning. Research aims to explore the mobilization capacity for an ecological paradigm shift within nursing practice and implications for nursing education. A research question considers how do nurses develop, participate, and sustain themselves within a profession of human caring while experiencing an age of existential threat to health and well-being caused by human activity? Methodology includes a quantitative correlational study of cognitive dissonance and ecological behaviours in nursing practice, as well as, a dominant qualitative analysis using grounded theory for concept exploration of an ecological nursing paradigm at scale for nursing practice and education. Learning: Discuss the implications for collaborative capacity through nursing within the context of climate and ecological emergency. Explore a nursing conversation in ecological empowerment that considers the meaning of hope amidst near-term crisis. Consider opportunities for regenerative potential of human caring within an ecological paradigm of nursing practice. Impacts: Human caring is not sustainable in a disruptive false binary that separates people from the ecology of life. Nursing should not be complacent in a strategic denial to the politicalization of ecology. If not us then who? Nursing can make a difference in facing near-term climate and ecological collapse.

Keeping it Real: Co-creating Simulation-Based Workshops for New Graduate Nurses

Kate McBride

Topic: bridging education and practice in nursing and other healthcare professions, with particular emphasis on the novice nurse
Keywords: Patient Family Partner, New Graduate Nurse, Transition, Simulation, Co-debrief, Education, Co-create

Background: To ease the transition from student to independent practitioner, new nurses must have support, a positive workplace environment, and education that includes how to make sound clinical decisions. Of course, clinical decision making does not occur in isolation of the nurse-patient relationship and the need to ensure care that is respectful of and responsive to patient preferences and values. Purpose: To redesign the New Grad Nurse Clinical Decision Making workshop as to include concepts of person-centred care, as well as best practice in clinical decision making. Methods: Clinical Education Department at Vancouver Coastal Health (VCH) partnered with Patient Family Advisors (PFAs) from Community Engagement Advisory Network (CEAN). The PFAs and educators collaborated on simulation scenario designs, and continue to inform the implementation and evaluation phases of this initiative. The PFAs attended the Simulation Strategy workshop with the Clinical Educators to learn how to co-debrief simulation events. Standardized patients play the designated patient roles and this serves to add authenticity to the learner's experience. Results: The redesigned workshops launched April 2018 and preliminary evaluations (New Grad Nurse attendees and facilitator feedback) has been very positive. Learning Intentions for this session: <ol> Describe the co-creation journey for this innovative sim-based workshop Identify facilitators and barriers to implementing such education Examine workshop outcomes and future directions. Main messages: Co-creating and co-delivery of sim-based education brings value for nurses transitioning to the workplace. Training Patient Family Partners to co-debrief simulation has brought the "patient voice" to education in an impactful and ground-breaking way!

End-of-Life Care Preferences among Culturally and Ethnically Diverse Older Adults

Zahra Rahemi

Topic: bridging caring and corporate models of care
Keywords: culture and race, end-of-life care, older adults, culturally competent care

Background. The rapid growth of aging and diverse populations in the U.S. has made priorities of issues related to healthcare preferences and culturally competent end-of-life (EOL) care for healthcare professionals. Knowledge about these priorities can help development of models for EOL care. Methods and Objectives. This integrative review was conducted to understand diversity in EOL care preferences among culturally and ethnically diverse (CED) older adults, including African Americans, Hispanic Americans, Asian Americans, and non-Hispanic Whites. Whittemore and Knafl's methodology3 was used to analyze and synthesize primary sources. Findings from 21 studies were critically compared across populations. Results. Diversities in care preferences were categorized in five themes: advance directives; hospice and palliative care; communication; home; and family. Although the results showed differences among all groups, there were substantial differences between non-Hispanic Whites and others. Compared to Whites, others were less likely to prefer advance directives, hospice and palliative care, communicate EOL care wishes, and were more likely to depend on family to plan for EOL care. Home was a favorable place of EOL care for the four groups. Non-Hispanic Whites had more knowledge about EOL care than others. Participants will have opportunities to learn: <ol> about a need regarding culturally competent care based on diversity of preferences. about variability of preferences to avoid predetermined clinical practice guidelines. enhance practice through emphasizing culturally competent EOL care. Key Impacts: <ol> There is a need to enhance quality of EOL care. We need to acknowledge diversities. Culturally competent care is fundamental in multicultural societies.

Global Alliance for Human Caring Education - What's Next?

John Hills

Topic: exploring nursing's influence in policy and decision making
Keywords: manifesto, white paper

An oral presentation

Predictive Analytics, an Opportunity for Caring Science

John Nelson

Background: Predictive analytics and technology have been used to develop mathematical models that proactively optimize operations in industries such as the airline, sports, online shopping, and communications (Parikh, Kakad, & Bates, 2016). This is especially evident in logistics industry (Hazen, 2016). Predictive analytics have been used in healthcare as well using retrospective data (Escobar, Puopolo, Kuzniewica, …. Draper, 2014). Proactive management of outcomes in healthcare has been slow despite the expansive use of electronic medical records with resultant big data (Bates, Aria, Ohno-Machado, Shah, & Escobar, 2014). Successful adoption of predictive analytics requires use of theory to guide model development as done in other industries (Hazen, skipper, Ezell, & Boone, 2016). Purpose: Identify extent caring theory or concepts of caring theory are present in measurement of outcomes within predictive analytics. Method: Guidelines and evidence from five clinical outcomes were used to develop models specified for predictive analytics in clinical outcomes. Models included readmission for heart failure, readmission for treatment of opioid use disorder, central line associated blood stream infections, and patient falls. Models were then assessed for presence of concepts consistent with caring science as well as data adequacy/completeness. Results: No model contained overt delineation of caring science as a predictor variable. Every model provided variables that could be tailored to integrate concepts of caring science. Discussion: With predictive analytics still in its infancy within healthcare it may be a prime time for researchers in caring science to propose theory to advance models to study outcomes in clinical care.

Using the Lens of Caring Science to Transform Interprofessional Communication: Overcoming the Impact of Hidden Curriculum

Terry Eggenberger, PhD, RN, NEA-BC, CNE, CNL

The impact of informally taught values and behavior from Hidden Curriculum begins in academia and extends into practice. Hidden curricular influences may encourage behaviors that are in direct conflict with interprofessional communication competencies grounded in caring. The session will include a discussion of living caring from the lens of different professions, what it means to be Interprofessional, identify how Hidden Curriculum influences power and conflict, and present useful tools to improve communication. Techniques offered as models to transform interprofessional collaboration will include: building relationships through Humble Inquiry, creating understanding via the Ladder of Inference, and promoting shared mental models and role appreciation.

Humanizing Healthcare: A Conscious Care Process

Deborah Schuhmacher | Joyce Miller

Studies have focused on exploring the concept of care, but knowledge is limited regarding student perspectives on the meaning of professional and deep care in nursing. The purpose of this study is to explore meanings given to professional and deep care from graduate nursing students' perspective. A qualitative study was conducted with focus groups at Augsburg University in Minneapolis, MN. Data was analyzed via thematic content analysis. Nurses described good professional caring and a deep sense of caring as interconnected, where nurses use a conscious process to shift between the two and are cognizant of these boundaries. Study themes revealed a whole caring process where nurses described caring focused on compassion, empathy, and intentional presence throughout the patient/family encounter. Nurses described another dimension of humanistic caring of deep compassion and the caring for another's person's soul. In this process, there is a conscious awareness and deeper engagement with the spirit and soul of another. This care process will help bridge from medicalized/technocratic care to focus on the whole person/caring consciousness of patient care. Participants can expect to learn that deep caring provides intent to create a healing, sacred environment and soul care is an energetic phenomenon in practice that provides a human and spirit intimacy. Main messages are that nursing programs need to move beyond teaching task focused care to integrating caring processes that address soul care versus medicalized care. A key impact is re-framing nursing practice as a care process of courage, vulnerability, and love filled consciousness.

Building a New Curriculum: Integrating Human Caring

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Topic: exploring humanistic practices in healthcare and education
Keywords: curriculum design, caring curriculum, curriculum development

Background: The Nursing Education in Southwestern Alberta (NESA) BN Programs are collaborative baccalaureate programs between Lethbridge College and the University of Lethbridge. In response to the recommendations made by Canadian Association of Schools of Nursing (CASN) following the achievement of accreditation in 2016, the NESA BN Programs decided to initiate a curriculum rebuild to strengthen the cohesiveness of the various components of the programs. This presented an opportunity to build a new curriculum from the ground up. The project began in early 2017 with a stakeholder forum and the hiring of an external consultant to guide the NESA Curriculum Coordinating Committee through the process. The new curriculum was developed with consideration of stakeholder input, principles of caring science, and elements of critical social theory. The process is now entering its third and final year, and NESA is preparing to launch the new curriculum in fall 2020. Presentation: The symposium will include: <ul> A description of the theoretical foundations of the new curriculum A review of the curriculum development process An overview of the philosophical underpinnings that guided the process and support the new curriculum A synopsis of the new curriculum, highlighting innovations An interactive discussion about the significance of including principles of human caring in nursing curriculum

Collaborative Action Research and Evaluation (CARE): Nurses Leading Health and Social Change

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Topic: exploring nursing's influence in policy and decision making
Keywords: leading change, transformation, collaboration, Collaborative Action Research and Evaluation (CARE)

Traditional research and evaluation strategies are inadequate to bring about the change that is necessary to transform the current health care systems. The need for more creative, relevant, multifaceted, and multidisciplinary research and evaluation strategies that address today's complex health challenges is gaining recognition. Collaborative Action Research and Evaluation (CARE) has the potential to achieve the kind of transformational and societal change that is required and nurses are positioned and able to lead this change. CARE does research with people rather than on, to, or about them. CARE, is a synergistic alliance among community groups/practitioners, decision/policy makers, and researchers for the purpose of creating new knowledge or understanding practical issues in order to bring about transformational change in nursing practice and/or healthcare systems. We will describe CARE, including why it is a powerful way to transform nursing and health professionals' practice and healthcare systems. We will highlight 3 federally-funded research projects related to health services and policy to demonstrate how CARE works in practice and why it is time for nurses to claim this leadership role. Participants will have an opportunity to choose a particular practice, program, or policy within their work setting that they are interested in changing and to develop a plan to transform it .

Converging Simulation-Based Learning Environments and Human Caring Science

Dr. Roberta Christopher

Background: Simulation-based learning provides safe environments for meaningful, experiential learning of advanced and complex material in nursing practice. The challenge is the intentional contemplation and integration of the human caring experience into the simulated care experience. Purpose: The purpose of the presentation is to demonstrate a simulated patient case study in a virtual, electronic health record, that integrates human caring science. Method: Through use of the simulated electronic health record, participants will be able to appraise the integration of caring science from both the facilitator and learner perspectives. Following the demonstration, participants will discuss strengths and opportunities for further caring science integration. Conclusions: The aim of the convergence of caring and technology is to preserve human caring as imperative to all patient encounters, whether simulated or in practice, and whether in academic or clinical settings. Learning Intentions: Outline 2-3 opportunities to learn that the participants can expect during the symposium. Participants will have opportunities to learn: <ol> Discuss the convergence of caring and technology to preserve human caring as imperative to all patient encounters, including simulated. Appraise integration of caring science in a simulated patient case study using a virtual electronic health record. Main messages of this oral presentation: Summarize 2-3 short key impacts of your proposed oral presentation. Key Impacts: <ol> Human caring science integration into simulation-based learning environments is imperative. Simulated case studies, using virtual electronic health records, provide experiential learning opportunities for both instructor and learner to experience human caring as expressed through technology.

Simulation Science Using a Standardized Patient & Spiritual Care for a Veteran Converge to Transform Nursing Education & Practice

Dr. Mary-Beth Desmond

Background: Spiritual care promotes spiritual well-being, is a professional mandate, patients value and benefit from spiritual care, yet nurses identify barriers in education and practice. Spiritual care is associated with patient satisfaction and healthcare quality, yet patients report receiving less than desired spiritual care. Congruency of patient and nurse perception of spiritual care is unclear. Veterans have unique spiritual needs to promote quality of life, and to cope with military experiences and chronic health challenges. Purpose: Develop and psychometrically evaluate a Vietnam Veteran spiritual care simulation and companion performance checklist to assess congruence. The study also investigated whether the prebrief, simulation, and debriefing intervention affected the RN's perceived ability to provide spiritual care. Method: Forty RNs participated in the 10-minute simulation and debriefing with a standardized patient (SP), and completed the Spiritual Care Inventory. The RN, SP, and Independent Observer (IO) completed the checklist independently before debriefing. Results/Discussion/Conclusions: Interrater congruence supports construct validity for three checklist items (anxiety, physical suffering, chaplain). Findings support simulation and debriefing an effective strategy for improving RN perceived ability to provide spiritual care (p < .001). Learning Intentions: <ol> Process of developing a simulation and companion checklist Discussion of nursing theory to guide research Discussion of spiritual care cues and interventions Key Impacts: <ol> Spirit and science converge using simulation and a standardized patient Simulation with a SP promotes RN processing of emotions, which can lead to increased ability to provide spiritual care A ten-minute spiritual care simulation and ten-minute debriefing is an effective education method

The Intersect of Community Engagement, A Nations Based Approach and Research for Collaborative Health Care Services Planning

Diane Sawchuck, RN, PhD

Topic: exploring indigenous perspectives to enhance healthcare systems and education
Keywords: Indigenous healthcare systems, planning, research

This presentation explores the intersect of research, community engagement and a Nations based approach to develop culturally sensitive protocols and processes for planning and building a health care facility on traditional Indigenous Territories within a Primary Care Network that will serve eight First Nations communities on Vancouver Island - Stz'uminus, Lyackson, Penelakut, Halalt, Cowichan Tribes, Malahat, Lake Cowichan, and Ditidaht, and one Metis community. Predicated on principles embedded in the UNDRIP, TRC, and Island Health Aboriginal Health Strategy, we engaged First Nations communities framed within principles of self-determination, local mobilization, holistic healing, transformation and collective change. Inherent are perspectives of First Nations wellness encompassing mental, spiritual and physical health within Indigenous specific determinants of health. Learning Intentions: Participants will learn: <ol> How a SSHRC research grant intersected with corporate planning and community engagement Findings from the National Dialogue (Ottawa, March 12-13, 2019) to Strengthen Indigenous Research Capacity Key Impacts: <ol> Community relationship, engagement and consent is an inherent component of respectful and caring health care facility planning on traditional Indigenous Territories. Research approaches outside traditional western strategies and methodologies are necessary to recognize and respect Indigenous knowledges, cultures and traditions.

Using a humanistic educational intervention to improve nurse-patient's relationships in hemodialysis settings

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Topic: exploring humanistic practices in healthcare and education
Keywords: Humanistic practices in healthcare, Humanistic Educational intervention, Nurse-patient caring relationships, Watson's Human Caring philosophy, Mixed-method research

Background: Previous studies indicate that the large presence of technology-based treatments during hemodialysis could bring dehumanizing nursing practices and probable impacts on nurses' and patients' relationships and quality of life. To counter this tendency, preliminary research suggests a humanistic educational intervention as a promising strategy to improve nurses' caring practices. Purpose: Following two pilot studies, an international research team is carrying out a mixed-method research including both, an experimental design as well as phenomenology, and involving 10 hospitals in French-speaking Switzerland. Following a cluster randomized sample, 50 of the participating nurses have received the "humanistic educational intervention", based on Watson's Human Caring Philosophy, while 46 have been assigned to the control group. Both nurses and patients (N=105) have completed a questionnaire on nurse-patient relationships before and after the training. During this presentation, we will briefly present the humanistic educational intervention and then share some of the preliminary quantitative and qualitative results related to the nurse-patient caring relationships. Discussion: Our results show how a humanistic educational intervention can improve nurse-patient caring relationships in hemodialysis settings. Learning intentions: <ul> Identify the major themes of a humanistic educational intervention to promote caring nursing practices Understand how a humanistic educational intervention can improve nurse-patient' relationships Key impacts: <ul> Humanistic educational intervention based on Watson's Human Caring philosophy Promoting nurse-patient caring relationships in hemodialysis settings