

# School of Nursing Research Report

## Research Report 2017 - 2022



THE UNIVERSITY OF BRITISH COLUMBIA  
Okanagan Campus

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# INTERIM DIRECTOR AND RESEARCH LEAD MESSAGES



**Dr. Nelly Oelke**

Associate Professor  
Research Lead, School of  
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UBC Okanagan  
Scientific Director, Rural  
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The last five years has brought many changes to research in our School of Nursing. We have seen six new research faculty join our School of Nursing. The ongoing COVID-19 pandemic has certainly impacted research over the last three years by limiting face-to-face research and funding, but also offering new funding opportunities related to the pandemic. Other crises, including the toxic drug supply and climate change have had significant impacts in the Okanagan and in BC more generally. We have also seen an important focus on equity in healthcare. Our researchers have shown significant leadership in these areas and others.

Over the last five years we have seen a steady and substantive increase in research funding. Although we saw a bit of a decrease in 2020-21, likely due to COVID-19, our faculty garnered over \$3.7 million in research funding in 2021-22.

Research and scholarly work highlighted in this report focus on health equity, Indigenous initiatives, upstream approaches to address community healthcare needs, and primary care nursing, an evolving relatively new role in nursing. Finally, we also highlight research undertaken by graduate students and undergraduate student research practicums for fourth year nursing students.

I am most pleased to be able to share this Research Report for our School of Nursing at UBC Okanagan highlighting our successful research and scholarly work as we continue to build our research for impactful changes for community members, patients, healthcare providers and the health system as a whole.



**Jacqueline Denison**

Interim Director, School of  
Nursing  
UBC Okanagan

I am pleased to showcase the work of the School of Nursing at UBC Okanagan in this five-year research report. Like others across the nation and globe, those doing research during the COVID-19 pandemic and the toxic drug crisis navigated many unforeseen challenges. At times, these events sparked creativity and innovation, opening new pathways, extending new partnerships, and showing the world new ways of building responsive and service-driven relationships between research and society.

Faculty and students from the School of Nursing conducted research and produced scholarly outputs targeted at some of the most pressing health issues, including healthcare services and systems, health equity, rural health and technology, Indigenous health and cultural safety, mental health, aging, the opioid overdose pandemic and medical assistance in dying. These streams of scholarship are bringing community, public services, policy makers, care providers, and researchers together to find shared solutions to shared problems. We celebrated several faculty accomplishments including early career scholar awards, research chairs, and remarkable growth in funding that demonstrates our research excellence and potential.

Together, these accomplishments establish our campus as a thriving hub of internationally-recognized research and knowledge translation that serves to advance health and well-being through meaningful and responsive research relationships.

# MEET THE FACULTY

## Christine Balfour

Associate Professor of Teaching

- Community health
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- Knowledge translation



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# Rural Health and Technologies for Well-Being

**Diabetes, cardiovascular disease, asthma, poor mental health and obesity are higher in rural and remote areas than in urban communities in Canada. Such health inequities are exacerbated by geography.**

Hazardous mountain passes, snowstorms, ferry schedules, travel time and fuel costs all are challenges people in rural places face when trying to meet their healthcare needs. Aware of these challenges, Dr. Kathy Rush and UBC Okanagan faculty across multiple disciplines formed the Rural Health Equity Cluster. Their goal is to improve the lives of rural residents through conducting community-based rural health research.

One of the Cluster's research studies examined how technology can better connect rural residents to healthcare services. Participants from 10 rural communities in BC's interior were asked to brainstorm technology solutions. They then rated the solutions on both their feasibility and their importance. Lastly, the researchers and participants came together as a group to interpret the results.

The collaborative process used what's known as concept mapping. Related ideas are placed into clusters to co-create a visual solution. One of the clusters included technology solutions such as real-time teleconferencing and smartphone apps to remotely monitor patients' health. However, in another cluster, participants emphasized the need for tools to be simple and accessible. For example, rural communities need reliable and affordable internet and cellular coverage.

One participant compared technological tools to sitting in your car with a fob in your pocket and having your car start: "When you're the user, what you want is almost a manual button that you push 'start' and it works."

**Engaging with the community provided a diversity and richness of ideas. The participants not only told us about the potential of technology, they also wisely informed us of its pitfalls.**

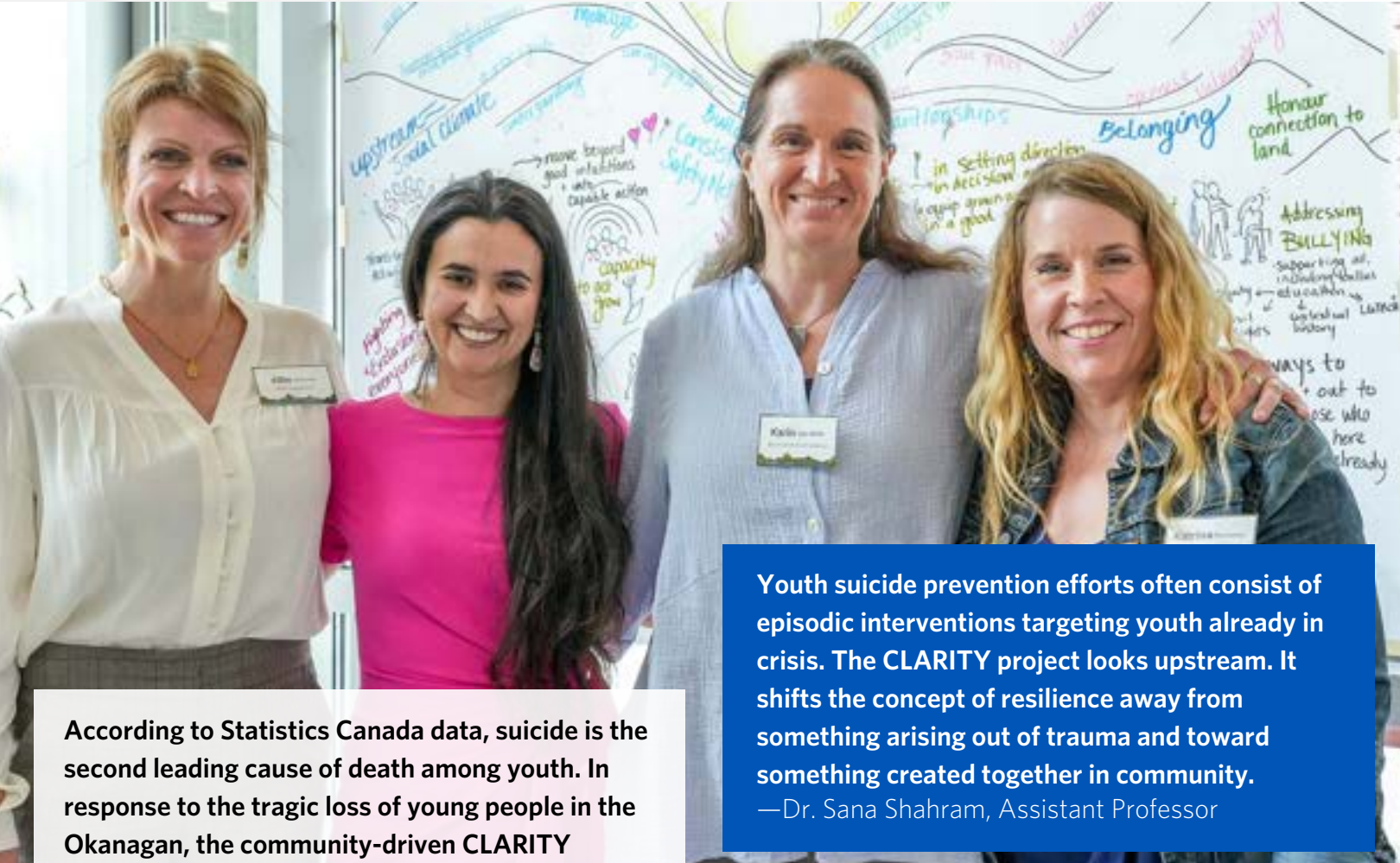
— Dr. Kathy Rush, Professor and Rural Health Equity Cluster Co-Lead

Yet another cluster of ideas focused on training and support for patients, families and healthcare staff. In this case, a participant said people need an ambassador who "... can push the buttons, and ensure that when I want to talk to the specialist, I can talk to the specialist and not worry about clicking."

"The participants in this study made clear that digital literacy is often overlooked in the development of technology solutions," says Dr. Eric Li, Associate Professor in the Faculty of Management and fellow co-lead of the Rural Health Equity Cluster. "This confirmed for us that rural voices must be included in the design and delivery of tools to advance health equity."

Fellow researcher Dr. Cherisse Seaton facilitated the virtual discussions with the participants and oversaw the data collection. She says including rural community members in all the steps of the concept mapping process has additional benefits. "Using this approach, which was a bit different from usual, might have a lasting and positive impact on participants' perception and engagement in community-based research."

# CLARITY Project Looks Upstream to Prevent Youth Suicide



**According to Statistics Canada data, suicide is the second leading cause of death among youth. In response to the tragic loss of young people in the Okanagan, the community-driven CLARITY (Community-Led Action for Resiliency Important Throughout Youth) Project was launched in 2018. Co-led by Drs. Sana Shahram and Katrina Plamondon, the CLARITY team challenges conventional ideas about resilience by looking upstream to community building.**

To support this approach, they conducted a literature review: Promoting "Zest for Life": A Systematic Literature Review of Resiliency Factors to Prevent Youth Suicide.

Studies included in their review identified a range of factors correlated with resilience. These included both individual factors, such as positive self-appraisal, coping skills and a zest for life, as well as external factors, such as social support systems and inclusive environments. However, these studies provided scarce explanation for how these factors may confer resilience and how they may be interrelated.

**Youth suicide prevention efforts often consist of episodic interventions targeting youth already in crisis. The CLARITY project looks upstream. It shifts the concept of resilience away from something arising out of trauma and toward something created together in community.**  
—Dr. Sana Shahram, Assistant Professor

Dr. Plamondon acknowledges that further research is needed to explore youth perspectives on these factors: "In particular, we want to explore with youth how they believe community can play a role in creating meaningful supports. Doing so requires broadly representative research approaches that engage, include and center the perspectives of youth through participatory action research designs."

They have begun to take these next steps by sharing the results of their literature review with youth (age 15-24) and caring adults, and invited them to share their ideas in conversations about how social climate, inclusive environments, and belonging contribute to resilience.

Drs. Shahram and Plamondon are grateful for the collaboration with Interior Health, the Blenk Family Fund, KGH Foundation, and the Community Advisory Team representing many local partners.

# Indigenous Health Promotion and Cultural Safety

According to Diabetes Canada, Indigenous people experience diabetes rates that are three to five times higher than the general population. In her role as an advanced diabetes nurse specialist, Dr. Donna Kurtz and partners wanted to address why so many Indigenous people were living with diabetes and not getting the help they needed.

"When I was doing my PhD, I began to better understand that the main barriers to health and wellness of Indigenous people were racism, discrimination, colonialism, silencing and exclusion of Indigenous people, not only in health care but also in education systems and society in general."

To find solutions to diabetes health inequities, Dr. Kurtz undertook a four-year Indigenous-led and community-driven study with B.C. Friendship and Métis Centres in Kamloops, Kelowna, Lillooet, Vernon and Williams Lake: Indigenous Pathways for Diabetes and Obesity Prevention and Management with Urban and Rural Communities in BC, 2018-2024 (CIHR funded). The work included Traditional knowledge and wellness approaches, and land-based healing led by Elders and Knowledge keepers.

Together, they have co-developed community led activities taking Traditional Indigenous Knowledge and Western medical approaches, including four-to-eight week community programs with 89 community members; Talking Circles with 76 community members and health care providers; cultural safety sessions with 60 community members and health providers; and six community gatherings with 68 community members. The community members ages ranged from 18 to over 85 years, with 82 per cent living in urban areas.

**Working together, this research will lead to culturally safe, equitable, strength-based health care practices, policies and research that can be adopted by Indigenous Peoples in Canada and around the world.**

—Dr. Donna Kurtz, Associate Professor

# Building a Pathway Towards the Development of Culturally Safe Nurses



The curriculum review and redesign has involved a lot of learning and a lot of unlearning. I don't think any of us can return to how we taught before.

—Manuela Reekie, Professor of Teaching

**In 2020, students in the BSN program voiced their concerns over the lack of content on equity, anti-racism, and anti-oppression. Nursing faculty—including Manuela Reekie, Jacqueline Denison, Rishma Chooniedass and Katrina Plamondon — acknowledged this lack and mobilized their teaching and research knowledge to redesign the curriculum.**

Their goals were three-fold: analyze the curriculum to incorporate learning outcomes that address equity, diversity and inclusion (EDI); provide equity and inclusion training for teachers; and procure educational resources to support a truly inclusive, diverse and equitable curriculum.

To date, in consultation with School of Nursing, Health Equity and Indigenous scholars, the team completed a Year 1 and Year 2 curriculum review and redesign. A minimum of one explicit EDI learning outcome was added to each course.

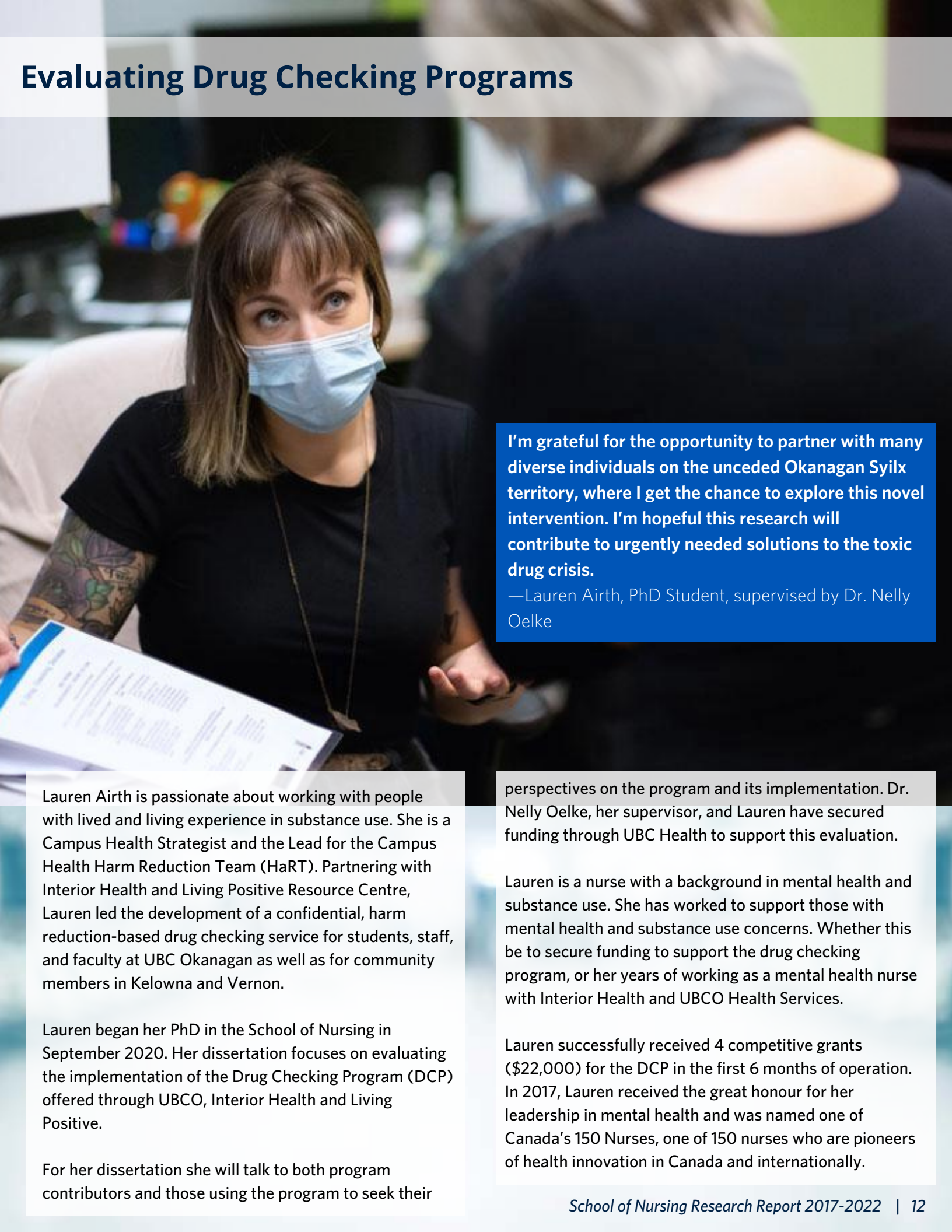
In addition, the team facilitated three reflective dialogue workshops for instructors to consider their own assumptions on EDI and how these assumptions may manifest in their teaching practice.

"The knowledge gained from these critical reflective dialogue workshops has helped us begin the work of decolonizing the curriculum," says Rishma Chooniedass. "Examples of question include, 'how do you integrate equity in your teaching' and 'how do you create a safe and welcoming environment for your students?'"

Lastly, they conducted a scoping review to determine educational resources related to providing care to BIPOC and 2SLGBTQIA+ communities. They then developed or procured resources to support learning of core clinical competencies in ways that honour EDI values. For example, they co-developed modules on inclusive leadership that will be embedded into NRS 422 Leadership.

A recent Year 1 student gave praise for the project: "I'm genuinely happy and proud to be part of a school that strives to educate its students on racial injustices and offer perspectives from non-white significant figures within the history of Nursing. As someone who is part of the BIPOC community, thank you for seeing me."

# Evaluating Drug Checking Programs



**I'm grateful for the opportunity to partner with many diverse individuals on the unceded Okanagan Syilx territory, where I get the chance to explore this novel intervention. I'm hopeful this research will contribute to urgently needed solutions to the toxic drug crisis.**

—Lauren Airth, PhD Student, supervised by Dr. Nelly Oelke

Lauren Airth is passionate about working with people with lived and living experience in substance use. She is a Campus Health Strategist and the Lead for the Campus Health Harm Reduction Team (HaRT). Partnering with Interior Health and Living Positive Resource Centre, Lauren led the development of a confidential, harm reduction-based drug checking service for students, staff, and faculty at UBC Okanagan as well as for community members in Kelowna and Vernon.

Lauren began her PhD in the School of Nursing in September 2020. Her dissertation focuses on evaluating the implementation of the Drug Checking Program (DCP) offered through UBCO, Interior Health and Living Positive.

For her dissertation she will talk to both program contributors and those using the program to seek their

perspectives on the program and its implementation. Dr. Nelly Oelke, her supervisor, and Lauren have secured funding through UBC Health to support this evaluation.

Lauren is a nurse with a background in mental health and substance use. She has worked to support those with mental health and substance use concerns. Whether this be to secure funding to support the drug checking program, or her years of working as a mental health nurse with Interior Health and UBCO Health Services.

Lauren successfully received 4 competitive grants (\$22,000) for the DCP in the first 6 months of operation. In 2017, Lauren received the great honour for her leadership in mental health and was named one of Canada's 150 Nurses, one of 150 nurses who are pioneers of health innovation in Canada and internationally.

# Nursing Students' Participation in MAiD in the Canadian Context

**Jocelyn Schroeder wants to help nursing students understand the legal and ethical complexities of Medical Assistance in Dying (MAiD) before they enter the practice setting.**

In June 2016, the Parliament of Canada passed federal legislation that allows eligible Canadian adults to request MAiD. In 2021, the legislation was revised with changes to who may be eligible to obtain MAiD and the process of assessment.

With this landmark evolution in Canadian healthcare and the integral role of nurses in the MAiD process, Jocelyn identified a need for nursing students to learn and reflect on MAiD's complexities early on.

Supervised by Dr. Barb Pesut, Jocelyn focused her thesis-based MSN on creating and validating a survey to gauge nursing students' attitudes toward and willingness to participate in MAiD in the Canadian context. The survey includes 48 questions, including questions on in-depth case studies.

"The next phase of the study is the implementation of the survey to nursing students across Canada," says Jocelyn. "The survey data may then help nurse educators to support students navigating the legal and ethical complexities."

**Nurses are there at the bedside playing an integral role in the care of patients before, during and after a MAiD death. Yet research has shown that nurses attitudes towards MAiD are conflicted and there is a lack of support in the practice setting.**

—Jocelyn Schroeder, PhD Student, supervised by Dr. Barb Pesut

Jocelyn presented a moving summary of her research at the 2022 UBC Okanagan 3 Minute Thesis (3MT) competition, for which she received the People's Choice Award.

Jocelyn's nursing background has focused on surgical and critical care, general medicine, end of life care, and clinical education. She is also an educator in the BSN program at Selkirk College in Castlegar, BC. Her future research interests include nursing ethics and nursing education.



# Undergraduate Student Research Practicums



**Using deliberative dialogue methods to understand intimate partner violence acquired brain injuries allowed me to acknowledge that the experts in the room were not only working professionals in the field but also included those who had lived through such experiences, their family members and or caregivers—the real experts.**

—Simran Atwal, Fourth Year BSN student  
Preceptor: Dr. Nelly Oelke

Simran Atwal chose to do a research practicum with Dr. Nelly Oelke, working on both the Consensus Building Project and the Primary Healthcare Teams Policy Project. The objective of the Consensus Building Project was to ensure researchers are meaningfully involved in the development of research and implementation priorities. She had the opportunity to attend and take notes at a deliberative dialogue session, work on qualitative data analysis, and created a summary report. She also had the opportunity to work on a manuscript for the Consensus Building Project. Finally, she worked with a team of interdisciplinary researchers, research assistants, and other students locally, provincially and nationally.

Upon completion of her research practicum, Simran chose to explore bedside nursing and is currently transitioning from cardiac services to critical care nursing in the Lower Mainland. She believes having the perspective of a bedside nurse is an immensely beneficial lens to have for a nurse researcher.



**I learned that research is the most important group project. A large and diverse team, striving to learn and share knowledge to reach a common goal- to create, make change, find a better way, to help people. Research provides care and I am proud to be a nurse who works in research.**


—Kaylee Neill, Fourth Year BSN Student  
Preceptor: Dr. Ryan Wilson

Kaylee Neill had a wide range of opportunities in her research practicum with Dr. Ryan Wilson: assisting with the design stage of a research grant focused on self-care in atrial fibrillation, data collection and data analysis. She participated in team meetings, creating and entering information into an ethics application, and designing and carrying out a scoping review on AF self-care. From this review, Kaylee had the opportunity to participate in the crafting of a manuscript for publication.

Additionally, she had the opportunity to review and provide feedback for a peer-reviewed journal on a manuscript related to AF care. This activity showcased her ability to critically review academic writing and provide valuable constructive feedback with the support and guidance of a faculty member. Lastly, Kaylee had the opportunity to mentor some of the junior Research Assistants joining the research team. She was involved interviewing process to one-on-one coaching with students on how to carry out a scoping review (i.e. using Covidence the software).



# Primary Care Nursing: Research Supports Creation of Post-Basic Certificate and Micro-credential Programs



Many people in BC do not have access to a family doctor. To address this issue, the BC Government is supporting the development of team-based primary care services. Registered nurses are an integral part of these teams, and the demand for them will increase as more clinics open. Post-basic education in primary care nursing is needed to support the recruitment, orientation, and retention of registered nurses in these clinics.

—Sheila Epp, Associate Professor

**Primary care nursing is a relatively new area of practice provincially and nationally. BC's movement towards interprofessional primary care teams and networks has created a demand for highly trained primary care nurses. Sheila Epp and Dr. Nelly Oelke's research support the development of post-basic education to meet this demand.**

"One of the key concerns is that we ensure that nurses are well prepared to work in this setting—that they have both the knowledge and skills to provide high quality care for patients," says Dr. Oelke. "Furthermore, understanding the context of primary care and learning how to work as part of an interprofessional team is essential to the integration of nurses in primary care."

In 2021-22, Dr. Nelly Oelke received funding from the Doctors of BC to conduct an "Evaluation of Orientation and Training for Nurses Working in Primary Care Practice Settings." Key results include the importance of effective orientation and training for nurses who choose to work in these settings. Furthermore, nurses desire additional education to better prepare themselves for the primary care nursing role.

The primary care nursing role does not require a graduate degree; however, it does require additional competencies beyond an undergraduate nursing program. The Canadian Family Practice Nurses Association National Competencies for Registered Nurses (RNs) in Primary Care and Dr. Oelke's research provides support and foundations for the development of a primary care nursing post-basic certificate and noncredit micro-credentialing programs at the University of British Columbia Okanagan.

The post-basic certificate in Primary Care Nursing will require the completion of 10 credits and will include two lecture courses and a field practicum. The online delivery will allow maximum flexibility for BSN, MSN, and Registered Nurses to complete some or all of the courses required to obtain the certificate. The micro-credential courses will provide registered nurses with the opportunity for stand-alone noncredit courses that focus on foundational and specialized skills for primary care nursing. Accessibility to post graduate education will support the recruitment and retention of RNs in primary care nursing and enhance their knowledge, skills, and abilities to work to full scope in this team-based care environment.

# Kids Action Coaching Project



Our goal with the KidsAction Coaching project has been to create a new physical activity coaching approach for children with neurodevelopmental challenges and their families. Based on our research, KidsAction is expected to improve children's self-perception, cognition, executive functions, and mental wellness, as well as increase participation in daily life activities, and enhance social integration for both children and parents/caregivers.

—Dr. Lise Olsen, Associate Professor

**The KidsAction Coaching approach provides personalized, child-centered coaching and resources for physical activity practice at home. This evidence-based approach also promotes social interaction and a sense of community among children and families. KidsAction was developed to be complementary to the practices and methods already present.**

features that may enhance the existing benefits of these already excellent programs. For example, the team identified ways to better include parents in the physical activity of their children through easy organization of home-based activities.

To learn more, visit [kidsaction.ca](https://kidsaction.ca).

Dr. Lise Olen and her team developed the KidsAction website and three online courses to support coaches and families to use the KidsAction approach.

KidsAction Coaching was developed after observing many physical activity programs and following extensive discussions with hundreds of coaches and families to determine what needs are not being met and what new approaches could be developed to give more opportunities for coaches and families, and organizations to help the development of children with neurodevelopmental and/or intellectual disabilities (NDID).

KidsAction Coaching is not aimed at changing existing physical activity programs but rather bringing to the attention of coaches and parents a certain number of



# Media

## 2022

**Rush, Kathy.** (2022, January 26) Some B.C. patients, physicians argue virtual doctors' appointments don't work for everyone. The Globe and Mail. <https://www.theglobeandmail.com/canada/british-columbia/article-some-bc-patients-physicians-argue-virtual-doctors-appointments-dont/>

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# Research Centres and Institutes

- 
- Interdisciplinary Research Lab in Palliative and End of Life Care
  - Advancing Health Equity Action Lab
  - Aging and Health Lab
  - Health Promotion and E-health Co-design and Evaluation Lab
  - Health Informatics Equity Lab
  - Indigenous Health Promotion and Cultural Safety Lab
  - Integrated Health Systems Research Lab
  - Maternal and Child Health Lab
  - Palliative and End of Life Care Lab
  - PHAIRNESS in Health Research Lab
  - Promoting Child and Family Health Lab
  - The SLeep solUtions to proMote Better Early childhood Relationships (SLUMBER) Research Lab
  - Youth Health Promotion and Cancer Prevention Lab

# Awards and Distinctions

## 2022

**Shahram, Sana.** Top 40 Under 40. Kelowna Chamber of Commerce.

## 2021

**Rush, Kathy.** Outstanding CIHR Peer Reviewer Recognition. CIHR

**Shahram, Sana.** Scholar Award. Michael Smith Health Research BC

**Shahram, Sana.** British Columbia Reconciliation Award (awarded to xaqana# 7itkini# (Many Ways of Working on the Same Thing) Research Team). BC Achievement Foundation and the Lieutenant Governor of BC.

## 2020

**Bottorff, Joan.** Fellow, Canadian Academy of Nursing

**Kurtz, Donna.** Excellence in Advancing Nursing Knowledge and Research. Association of Nurses and Nurse Practitioners of BC

## 2019

**Kurtz, Donna.** International Journal Award of Excellence (in top 10 highest ranked articles for 2019).

**Oelke, Nelly.** Excellence in Advancing Nursing Knowledge and Research. Association of Nurses and Nurse Practitioners of BC.

**Pesut, Barb.** Nursing Innovation Award. Association of Nurses and Nurse Practitioners of BC.

## 2018

**Pesut, Barb.** Health Researcher of the Year Award. UBC Okanagan.

## 2017

**Bottorff, Joan.** Top 40 over 40 Award, Kelowna Chamber of Commerce / BDO.

**Bottorff, Joan.** Canadian Association of Psychosocial (CAPO) Life Time Achievement Award.

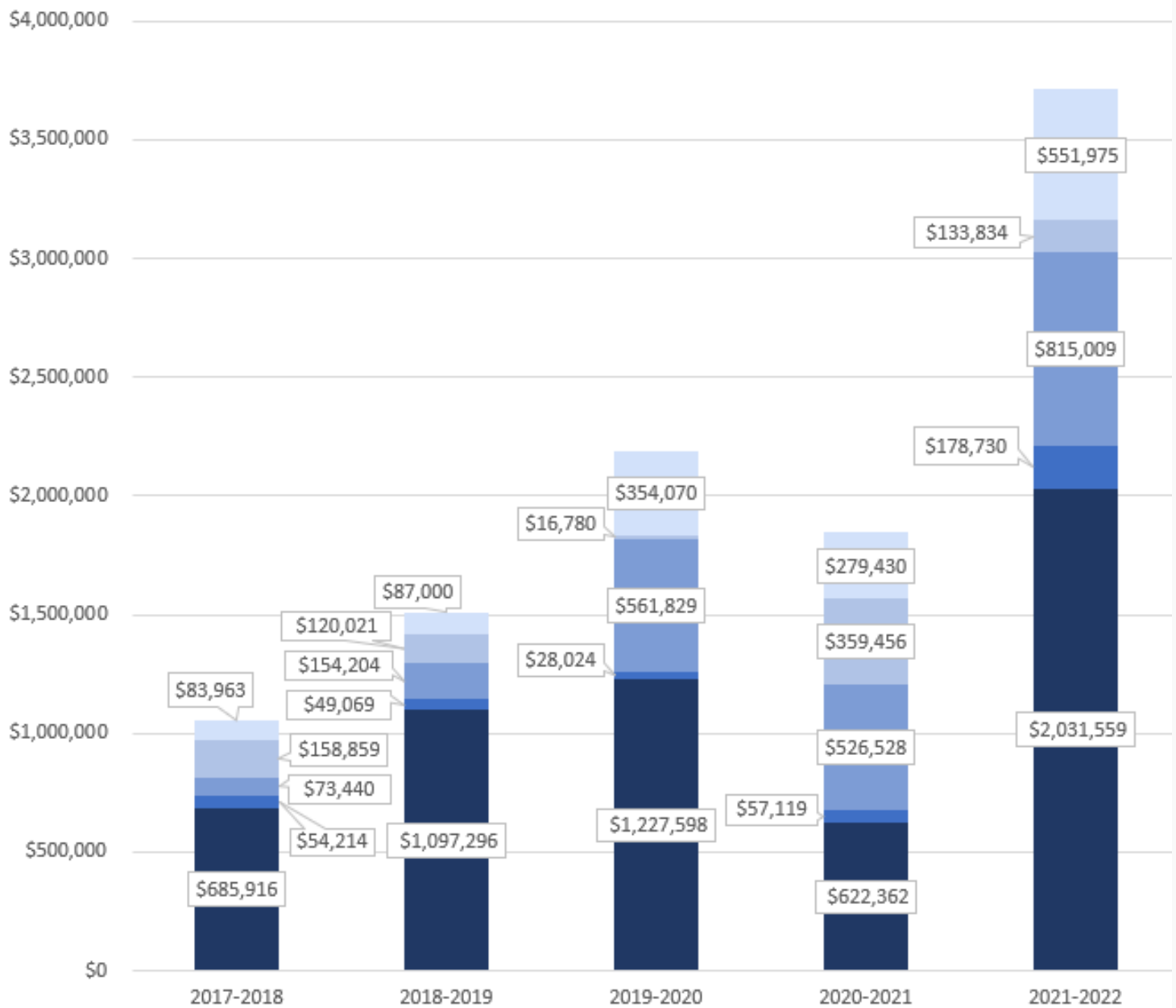
**Pesut, Barb.** Innovations in Palliative and End-of-Life Care. Awarded to Pesut and Duggleby for N-CARE program. Canadian Foundation for Healthcare Improvement.

**Rush, Kathy.** Excellence in Advancing Nursing Knowledge and Research. Association of Nurses and Nurse Practitioners of BC

# Research Funding

## School of Nursing Five-Year Research Funding

■ CIHR
 ■ SSHRC
 ■ Government
 ■ Non-Profit
 ■ UBC Internal



# Publications

UBCO Nursing Faculty denoted in **blue**

UBCO Nursing trainees underlined

## 2022

Dow-Fleisner, S., Seaton, C., Li, E., **Plamondon, K.**, **Oelke, N.**, **Kurtz, D.**, Jones, C., Currie, L., **Pesut, B.**, Hasan, K., & **Rush, K.** (2022). Internet access is a necessity: A latent class analysis of COVID-19 related challenges and the role of technology use among rural community residents. *BMC Public Health*, 22, 1-11. <https://doi.org/10.1186/s12889-022-13254-1>

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Kolaahdoos, F., Jang, S., Deck, S., Ilkiw, D., McKeen, J., Omoro, G., Rautio, G., Rautio, A., Pirkola, S., Moeller, H.m Ferguson, G., Evengard, B., Mantla-Look, L., Milligan, C., DeLancy, D., Corriveau, A., ... **Kurtz, D.**, **Sharma, S.** (2022, Aug). Addressing social determinants of health is a priority for managing COVID-19 in Arctic Indigenous communities: results of a scoping review. *Research Square*. <https://doi.org/10.21203/rs.3.rs-1972219/v1>

**Keys, E.**, Benzie, K., Kirk, V., Duffett-Leger, L. (2022). Effect of Play2Sleep on mother- and father-reported infant sleep: A sequential explanatory mixed methods study of a randomized controlled trial. *Journal of Clinical Sleep Medicine*, 18(2), 439-452.

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<https://doi.org/10.1111/jpm.12618>

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Fernandez-Luque, L., Kushniruk, AW., Georgiou, A., Basu, A., Petersen, C., Ronquillo, C.E., . . . Zhu, X. (2021). Evidence-based health informatics as the foundation for the COVID-19 response: a joint call for action. *Methods of Information in Medicine*, 59(6), 183-192.  
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<https://doi.org/10.1108/IJMHC-12-2019-0101>

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<https://doi.org/10.3233/SHTI210317>

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