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FACULTY INTERVIEWS

Geertje Boschma
Glennis Zilm & Ethel Warbinek
Helen Shore

FEATURED ARTICLE

Attitudes & Beliefs of Nurses'
Towards Pushing Method
in the Second Stage of Labour

ALSO INSIDE

Highlights From The Graduate
Student Symposium 2013



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Letter from the Director



It is exciting to see the second edition of the University of British Columbia's Nursing Student Journal – NSJ – ready for press and I am honoured to continue encouraging students in their pursuit of scholarly endeavors! Congratulations to the student leaders who have overseen this second edition, and to all those, students, faculty, and community participants, who are part of this creation. It has been exciting to become part of this vibrant, passionate, intelligent, capable, and giving community of nurses, nurse educators, and community partners. UBC School of Nursing continues to have a prestigious research record provincially, nationally, and internationally and we continue to educate and prepare extremely competent practitioners

who demonstrate best practices and reflective actions. Relationships have great meaning for the school and its members. Work with practice partners, engagement by alumni, Professor Emeriti, and community partners, all revolve around relationships. The Synthesis Projects reflected in this journal focus on areas important to practice that require closer analysis and systematic study. As students explore the literature, examine the research and best practices, and meet with key stakeholders, they develop a meaningful product which is presented to the practice setting. Final poster presentations are done for the practice and academic community allowing for dialogue and continued learning. The NSJ turns those projects into papers in a way that disseminates the information even more broadly. It is important for our future nurses to be fierce advocates for the voice of nursing in public policy, to help decision-makers understand the unique and valuable contributions that nursing can make for many health care system problems, and to never hesitate to challenge the status quo. I cannot think of a better way to represent that future than through the scholarship, engagement, and collaboration of UBC Nursing students in this journal – congratulations on a job well done!

A handwritten signature in black ink that reads "Suzanne H. Campbell". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Suzanne H. Campbell, PhD, RN, IBCLC
Associate Professor and Director
University of British Columbia School of Nursing

Letter from the Editor

Building on the success of our first edition, we have moved forward with another exciting edition. The research highlight for this year's edition is the Graduate Student Symposium 2013, organized by the Graduate Students in Nursing Association (GNSA). We have also added interviews from the symposium award winner, notable faculty members as well as a new peer-reviewed section as a learning opportunity for the student reviewers to understand how the reviews work at the other end of the submission process. By understanding both ends of the journal submission and review process, we believe that students are better positioned to be more reflective and to engage in continuous learning.

This journal could not have continued without the support from the faculty, students, and staff in the School of Nursing. We would also like to thank the members of the GNSA who collaborated with us to support scholarly activities of nursing students.

Please, do not hesitate to give us feedback at ubc.nsj@gmail.com and we encourage you to consider publishing with us in our next edition.

Sincerely,



- Jae-Yung Kwon, Editor-in-Chief

UBC-NSJ Editorial Board

Faculty Advisors: Suzanne Campbell, Pam Ratner, Maura MacPhee

Editorial Board: Tracy Truant, Jennifer Stephens, Melissa Godinho, Emily Hsiung, Darlene Tam, Stella Yeung

Special Thanks to Lee Ann Bryant, Julia Thompson, and Hilde Colenbrander

Nurse Practitioner Communities of Practice: Developing, Sharing, and Stewarding Knowledge

Alicia Faye Hornsberger^a, BNSc, RN, MN-NP Student

^aUBC School of Nursing

Background. Communities of practice (CoPs) consist of groups of people who share a passion and a focus in a particular area. Individuals, in all professions, interact with colleagues regularly to enrich their knowledge and expertise with the ultimate goal of improving the practice and professional development of the group. Although CoPs historically have not been associated with the healthcare industry, their effective implementation has been demonstrated to have invaluable benefits.

In British Columbia, the nurse practitioner (NP) role was formally introduced in 2005. At this time the Interior Health Authority developed a NP CoP to help successfully implement and support this new role. The prospect of increasing numbers of new graduate NPs and emerging positions within British Columbia health authorities is exciting for the profession. Although newly graduated nurse practitioners are experienced registered nurses with a Master's degree, they still require nurturing, continuing education, and support while transitioning into their advanced practice role. CoPs provide valuable opportunities for this ongoing support, learning and mentorship. This support and sense of community positively impacts role integration and the success of novice NPs.

Purpose. This paper will seek to pursue three objectives. First, it will attempt to showcase British Columbia NP CoPs. Second, it will highlight their strengths and limitations while exploring their potential to provide mentorship. Finally, it will propose recommendations as to how CoPs can be utilized so as to remain relevant and of value to NPs in the future.

A Qualitative Investigation of Community Health Nurses' Adaptation to Systems Change

Kathleen Lounsbury^a, RN, MSN Student

^aTrinity Western University, Langley, BC

Background. The implementation of the newly formed First Nations Health Authority presents opportunities and challenges for the expanded role of the Community Health Nurses (CHNs) who work with the First Nations communities in British Columbia. A clear theoretical approach will assist these changes to increase the leadership capacity of these CHNs.

Purpose. The purpose of this abstract is to present an evidence-based approach in a qualitative study to enhance leadership knowledge and skills for the CHNs and support their expanded role. This approach will encompass quantum leadership theory and the complex adaptive leadership model.

Implications. The imminent proposed system changes create an urgent need to provide increased clarity in the identified body of CHNs' roles and responsibilities. The author hopes the proposed study will discover an emergent shared vision of role-clarity and an empowered voice to speak out constructively for CHNs and for the First Nations Communities.

Conclusions. This oral presentation of this thesis study hopes to present a compelling rationale to foster leadership for CHNs to work at full scope and develop greater clarity in all domains.

Participants in this session will learn about key components of the proposed study and how this author hopes augment the CHN's engagement in organizational change. This approach will be presented as it relates to the current situation in British Columbia, and how the new information generated by this study can be utilized and adapted in public/community/community health across Canada.

Complementary Medicine (CAM) Decision Support Coaching for Cancer Patient and Families: A Nurse-led Intervention

Tracy Truant^a, RN., MSN; Lynda Balneaves^b, RN, PhD; Brenda Ross^c, RN; Margurite Wong^d, RN, MSN; Carla Hilario^e, RN, MSN; Marja Verhoef^f, PhD; Antony Porcino^g, PhD.

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Background. Up to 80% of cancer patients use complementary medicine (CAM), yet most do not receive adequate decision support from health professionals to safely integrate CAM into their cancer treatment plan. This gap in care leads to concerns about safety when combining CAM with cancer treatments, and possible missed benefits from CAM therapies for which positive evidence exists.

Purpose. This presentation outlines the development and pilot testing of a nurse-led intervention to address this gap in care. The one-on-one CAM decision support coaching intervention (CAM DSCI) offers cancer patients with complex CAM decision support needs (e.g. multiple CAM therapy use, high distress levels, considering conventional treatment delays) a structured approach to accessing and contextualizing evidence-informed CAM information to their unique clinical and personal situation.

Methods. Using a convenience sample and mixed methods approach, the pilot study evaluated a) participants' CAM decision support needs, b) how the CAM DSCI affects select patient outcomes, and c) CAM DSCI feasibility (time, resources, expertise).

Findings. All participants (N=20) demonstrated improvements post CAM DSCI in CAM knowledge, decision quality, and decisional regret and described reduced anxiety and confusion when making CAM decisions. A range of CAM decision support needs were identified and feasibility of the intervention for the practice setting was established, including development of a practice-ready CAM assessment and decision support tool for health professionals.

Implications. The pilot study offers preliminary support for feasibility and effectiveness of the CAM DSCI to meet complex patient CAM decision support needs. This intervention also highlights an innovative role for nurses in the growing field of CAM/Integrative Medicine.

Oral Chemotherapy & Biotherapy. Effective Care and Support for Patients

Haley Back^a, B.Kin., BSN Student; Tyrone Maguire^a, B.Sc., BSN Student

^aUBC School of Nursing, Vancouver, BC

Background. Oral anti-cancer medications are increasingly a part of standard chemotherapy regimens. Clinicians and patients alike overwhelmingly prefer oral chemotherapy to traditional intravenous chemotherapy. However, the side effect profiles of oral chemotherapy agents are often just as severe as IV chemotherapy medications that are given under the close supervision of health-care professionals. This leaves a significant ‘care gap’ for those taking oral chemotherapy as the development of evidence-based care standards has not kept pace with the increasing use of these medications.

Purpose. The purpose of this study is to explore current practice to support patients taking oral chemotherapy at the BC Cancer Agency and to make specific recommendations for future practice based on current literature.

Methods. An electronic literature review utilizing the databases PubMed, CINAHL, and the Cochrane Library resulted in 140 identified peer-reviewed journal articles, of which 31 were deemed relevant and retrieved. Additionally, a qualitative cross sectional survey was administered to the regional nursing and pharmacy leaders of the six (6) Regional BC Cancer Agency Centers to gain understanding of current practice.

Findings. Models of care identified in the literature for patients receiving oral chemotherapy and biotherapy include: Nurse/Pharmacy led clinics, Automated Voice System Response, and Home Care Nursing. Inconsistent practice within nursing and pharmacy was identified across the Regional BC Cancer Centers. Recommendations based on findings include: Provision of patient/family centered education, increased support to patients throughout their first cycle of oral chemotherapy, and development of consistent protocols for nursing and pharmacy across the BC Cancer Agency.

Critical Thinking in Clinical Education

Sarah Desrosiers^a, RN, BScN, MSN Student

^aUBC School of Nursing, Vancouver BC

Background. In today's health care system, that has more acute patients and an increasingly heavy workload; new nurses are expected to work and think at an advanced level to be able to practice safely. Critical thinking is considered an important part of nursing education and a core component noted in a position statement by the Canadian Association of Schools of Nursing (2011). One noted problem with this is that there is no specific definition for critical thinking. When taken into context this also means that there could be several different ways to teach or encourage critical thinking.

One method for teaching critical thinking is through clinical practice which is facilitated by clinical educators. In the current system of education many clinical instructors are part time or contract instructors who may not have received orientation and education how to teach critical thinking; so may feel that they are not able to adequately teach critical thinking skills.

Purpose. The purpose of this study is to develop a survey that would explore clinical educators' perceived ability to teach critical thinking.

Implications. Development of the survey would address attributes such as fostering inquisitiveness and open-mindedness; analytic approach to problem solving; encouraging independent decision making and their ability to find appropriate learning opportunities. (van Dyck et al, 2005) Attributes with lower use could become foci for educational programs or improved orientations for new clinical instructors. If we can improve clinical instructors' ability to teach critical thinking, then new undergraduate nurses might transition easier into today's health care system.

Mental Health Nurses Perceptions of Aggression in Children

Lorelei Faulkner-Gibson^a, RN, BSN, MN, CPHMN(C)

^aClinical Nurse Educator, PHSA-Children's & Women's Mental Health Programs

Background. The research surrounding aggression in healthcare is expanding although “aggression and its impact have rarely been examined in nurses and other staff working with children and adolescents” (Dean, Gibbon, McDermott, Davidson & Scott, 2010). Yet aggression is a primary symptom of children brought to attention in health care (Bor, 2004; Dean et al., 2010). The majority of healthcare providers are nurses, with “40% of violence related claims come from healthcare workers who make up 5% of the workforce in BC, the majority of whom are nurses” (Worker's Compensation Board of British Columbia, 2000, 2005).

Purpose. The purpose of this study was to explore the perceptions pediatric mental health nurses have of behaviour of five to ten year old children described as aggressive, and the factors that influence their interpretations and perceptions.

Methods. The research design was interpretive inquiry informed by Relational Inquiry (Hartrick Doane & Varcoe, 2005) as the theoretical framework. Kvale's interpretive methodology informed my analysis and allowed me to be creative in my approach to the analysis. I used aspects of ‘meaning condensation’ and ‘meaning interpretation’ that Kvale refers to as “ad hoc meaning generalization” (Kvale, 1996, p. 203). Two interviews were conducted with each participant, transcribed verbatim.

Findings. The findings demonstrated the complexity of relational factors in the perceptions of aggression. The relational themes included the child, colleagues, system of care and the self, with emphasis on the dynamic affect of collegial relationships.

Implications. Until this study, there has been no qualitative research exploring paediatric mental health nurses perceptions of aggression in children. Future research would explore perceptions of other care providers; gender differences; and client/family perceptions. The main recommendation from this study is to offer nurses dedicated time to engage in self reflection such as clinical supervision.

Intellectual Backwater? Examining the Nature and Status of Historical Inquiry in Nursing Epistemology

Catherine Haney^a, MSN, RN, PhD Student

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Background. Although investigators have long examined historical nursing phenomena, there remain significant tensions and obstacles related to the legitimacy of doing so as a method for generating nursing knowledge.

Purpose. The purpose of this philosophical paper is to examine the nature of historical inquiry as an epistemological strategy within the practice discipline of nursing. Can historical research generate nursing knowledge?

Methods. I trace the development of historical inquiry in conjunction with nursing's epistemological commitments, paying specific attention to the nature of nursing knowledge as it is accepted today; the nature of historical inquiry; and the avenues where nursing and history epistemologically intersect.

Findings. I contend that historical inquiry occupies a precarious position as a legitimate knowledge-generating strategy in nursing due to the long-standing condition that requires nursing knowledge to be action-oriented; a lingering reputation for faulty historical scholarship in nursing; and internal and external professional marginalization. I propose that historical inquiry can nevertheless achieve stability in nursing epistemology. I argue that, like philosophy, history allows nurses to consider question that cannot be addressed by strictly empirical (or philosophical) means. I posit that history, though largely recognized as contextual and interpretive, is essentially an empirical endeavor that can provide evidence for practice according to current conceptualizations of evidence in nursing.

Implications. As it enables nurses to consider a wider range of questions, bolstering history's epistemological status ultimately benefits the discipline on both theoretical and practical levels.

Social Connectedness and the Mental Health of Southeast Asian Youth: Results from a Population-based Survey in British Columbia

Carla Hilario^a, RN, MSN, PhD Student; Elizabeth Saewyc^b, RN, PhD; Joy Johnson^b, RN, PhD; Dzung Vo^c, MD.

^aUBC School of Nursing, Vancouver, BC

^bProfessor, UBC School of Nursing, Vancouver, BC

^cClinical Assistant Professor, BC Children's Hospital

Background: In recent years adolescent mental health has received increasing attention in Canada and worldwide. The prevalence of mental health problems in a culturally diverse population has created an urgent need for current research in British Columbia on protective factors that may mitigate experiences of emotional distress among minority groups such as Southeast Asian youth.

Purpose: Our goal was to examine the relationships between theorized protective factors and emotional distress among Southeast Asian boys and girls.

Methods: We conducted a secondary analysis of data from the 2008 population-based British Columbia Adolescent Health Survey. Youth who identified as Southeast Asian were included in the analytical sample. Protective factors were theorized as school connectedness, family connectedness and ethnic identity connectedness. Mental health-related items included recent stress and despair, self-harm and suicide behavior. Multivariate models conducted by gender tested for associations between social connectedness and emotional distress controlling for age and immigrant status.

Findings: Compared to boys, Southeast Asian girls reported significantly greater rates of self-harm and suicidal activity as well as higher levels of stress and despair. Multivariate analyses showed that higher levels of family connectedness were related to lower odds of extreme stress and despair among boys and girls. Lower odds of stress and despair were also related to greater school connectedness but only among girls. Ethnic identity connectedness was associated with significantly lower odds of despair among boys, but with higher odds of stress among girls. Implications of these findings are discussed in terms of their relevance for adolescent health providers, researchers and policy-makers in BC and across Canada.

Adhering to Adjuvant Endocrine Therapy after Breast Cancer: What's the Problem?

Leah K. Lambert^a, RN, PhD Student; Lynda G. Balneaves^b, RN, PhD; Sabrina T. Wong^b, RN, PhD

^aUBC School of Nursing, Vancouver BC

^bAssociate Professor, UBC School of Nursing, Vancouver BC

Background. Breast cancer is a major cause of premature mortality in Canadian women. The use of adjuvant endocrine therapy (AET) has dramatically reduced breast cancer recurrence and mortality. Although AET has made a radical difference in breast cancer outcomes, a remarkable 50% of women do not take their prescribed AET regimens as recommended.

Purpose. An overview of AET adherence and its impact on breast cancer survivors will be discussed. Gaps in the AET adherence literature will be outlined and a proposed plan of research will be offered.

Methods. An integrative review of the literature was undertaken to explore AET non-adherence in breast cancer survivors.

Findings. The AET adherence literature has predominately focused on identifying demographic and clinical predictors of non-adherence. As a result, a significant gap exists regarding why an alarming number of women do not adhere to AET. Few studies have attempted to address AET non-adherence that incorporate the perspectives of breast cancer survivors and health-care providers (HCPs).

Implications. If effective strategies for targeting suboptimal adherence are to be developed, it is essential that we look beyond the demographic and clinical predictors of non-adherence and conduct an in-depth exploration of the interrelationships between the personal, social and structural factors influencing AET adherence. An understanding of breast cancer survivors' and HCPs' experiences and preferences related to AET is an imperative first step in identifying and prioritizing strategies that hold real promise for improving adherence rates and ultimately reducing the risk of breast cancer recurrence.

Manufactured Controversy: A Critical Analysis of the Construction of “Cesarean Delivery on Maternal Request”

Sarah Munro^a, BA(Hons), MA, PhD Student

^aUBC Interdisciplinary Studies, Vancouver, BC

Background. In the late 1990s, amid concerns about rising caesarean rates, medical journal editorials and letters to the editor began to discuss the subject of “cesarean delivery on maternal request” (CDMR) – caesarean performed without medical indications at the mother’s request.

Purpose. I explore how authors persuaded the obstetric community to view the emerging concept of CDMR as a real phenomenon and as an appropriate/inappropriate mode of delivery.

Methods. The study sample (n=42) consisted of medical editorials and letters to the editor published 1998–2012. Data collection and analysis were guided by genre theory and Adele Clarke’s (2005) grounded theory approach. Sample texts were read in their entirety and coded for recurring and interesting concepts and generic elements that constituted rhetorical action. Codes were refined into categories through iterative analytic memoing and “situational mapping” – an exercise illustrating the elements of the situation of inquiry and their interrelationships.

Findings. For this presentation I will focus on three themes that emerged from analysis: the medicalization of childbirth, labour is risky, and levels of evidence. Proponents constructed CDMR as a scientific advance in the management of childbirth. Alternately, labour and vaginal childbirth were portrayed as risky for the fetus and the mother’s pelvic floor. Although authors emphasized the expert authority of clinicians who practice evidence-based medicine, their arguments were buttressed more by tacit knowledge than empirical evidence. I situate these findings within the context of changing obstetrical trends in North America over the past 15 years, with attention to policy and position statements on CDMR.

The Extended Care Paramedic (ECP) Program: An Innovative Approach to Sustainable Patient-Centred Care

Katie Adam^a, BSN Student; Kate Hunc^a, BSN Student

^aLangara College, Vancouver, BC

Background. A rise in the percentage of Canadians aged 65 and older is placing new demands on health care across Canada. Increased pressure on healthcare facilities often means lengthy emergency room wait times that impact older and frail patients most. The ECP program being piloted in Nova Scotia is an innovative response to this mounting strain – aiming to provide timely non-emergency and emergency services in nursing homes without unnecessary transfers to hospital.

Purpose. We explore the impact the ECP program has had on health care renewal in Nova Scotia by reducing consumption of the health care budget, decreasing emergency room congestion, and providing quality patient-centred care.

Methods. An impact evaluation was conducted through secondary data analysis; specifically, review of stakeholder and patient interviews, ECP preliminary data, as well as health authority strategic indicators.

Findings. Initial data demonstrated the program's success in meeting its goals of reducing consumption of the health care budget, decreasing emergency room congestion, and providing timely, patient-centred care. Hospital admissions from nursing homes have dropped an average of 27% per month, surpassing the target of a 25% reduction.

Learning Objectives. Increased awareness of 1) opportunities for nursing students to participate in national health care renewal dialogue and 2) interdisciplinary approaches to innovative health care delivery.

Polycystic Ovary Syndrome: An Opportunity to Reduce the Incidence and Burden of Ischemic Heart Disease among Young Women?

Kristi Panchuk^a, RN, MN, PhD Student; Martha Mackay^b, RN, PhD; Karin Humphries^c, MBA, DSc; Anthony Cheung^d, MD; Priscilla Taipale^a, RN, MSN, PhD Student

^aUBC School of Nursing, Vancouver, BC

^bClinical Assistant Professor, UBC School of Nursing; The Heart Centre, St. Paul's Hospital

^cAssociate Professor, UBC Faculty of Medicine, Vancouver, BC

^dBC Women's Centre for Reproductive Health

Background. Over the past 40 years, improvements in cardiovascular (CV) mortality have been of greater magnitude for men than for women. Most concerning is the high rate of mortality in young women who experience ischemic heart disease (IHD). Since IHD is largely preventable, it is imperative that researchers identify the age- and sex-specific conditions that contribute to IHD. One such condition may be polycystic ovary syndrome (PCOS), which affects between 7% and 18% of women of reproductive age. Many studies demonstrate that PCOS worsens women's risk profiles for CV disease, particularly when risk factors persist beyond menopause. However, intermediate risk factors do not necessarily translate into poor CV outcomes and it is unclear if PCOS contributes to IHD among younger women. This literature review outlines how current evidence about the effect of PCOS on CV outcomes is inconclusive because of the challenges associated with diagnosing PCOS during and after midlife, the confounding effect of obesity on the manifestations and sequelae of PCOS, and the relatively low incidence of IHD among women under 65 years of age.

Purpose. We are planning a study that will address the research question: Are women with premature IHD more likely than controls to have had signs of PCOS during their reproductive lives? The case-control design, comparing the prevalence of putative PCOS among women with known acute coronary syndromes (ACS) with that among women without ACS, is novel.

Implications. The findings from this study may identify which young women would derive the most benefit from early screening, to reduce the incidence and burden of CV disease and to help formulate primary and secondary prevention strategies.

Sexual Health Education for Gay, Lesbian, Bisexual, Trans–gendered and Questioning (GLBTQ) Youth

Nicole Warren^a, BSN Student

^aCamosun College, Victoria, BC

Background. After traveling in the developing world, I realized that sexually transmitted infections (STIs) are a rampant problem within the population. Unfortunately, these countries are limited in the resources necessary to educate and treat people affected by STIs. When I returned to Canada, I became extremely interested in sexual health education, particularly with GLBTQ youth. Canada has the knowledge and education to make a difference, so I decided to do more research on the topic. Statistics show that GLBTQ youth in Canada are at an increased risk of contracting sexually transmitted infections (STIs) because of the social stigma often attached with GLBTQ youth sexuality. As a result, GLBTQ youth are less likely to seek medical attention. Increased education around sexual health education for GLBTQ youth and for healthcare professionals can be an important step in helping to reduce the stigma associated with GLBTQ youth and STIs.

Purpose. This presentation explores current evidence–based recommendations and nursing practices that can help reduce the stigma attached to GLBTQ youth and aid in the education process necessary for the reduction of STIs.

Methods. Through an extensive review of literature and critical inquiry techniques, I discuss current practices of sexual health education and how these practices can be improved to promote positive change for GLBTQ youth.

Findings. I have developed methods to implement change, which include advocating sexual health programs and funding, and getting nurses more involved in the education process to help reduce the stigma and risk of STIs surrounding GLBTQ youth.

Stories of Women Who Support Trans Men: An Autoethnographic Novel

Lyn Merryfeather^a, RN, BSN, PhD Student

^aUVIC School of Nursing, Victoria, BC

Lyn Merryfeather, a doctoral student in the School of Nursing at the University of Victoria and a trans ally, will present her work on a dissertation entitled, “Stories of women who support trans men: An autoethnographic novel”. Lyn’s experience and her research have provided her with rich material to bring to light hidden aspects of the role of women who love and support trans men.

Lyn will share her “found poetry”, which is profound and deeply moving and illustrates the invisibility and marginalization experienced by women partners/intimate supporters of trans men. The poetry was derived from the scant research conducted to date in disciplines other than nursing. She will also read from the novel in progress and invite response and discussion from the attendees. The material for the novel comes from her personal experience as well as that of the participants she has interviewed for her research. The experiences are “true” but the characters are all fictional.

The findings of this research will bring to light, in an evocative and moving way, what it is like to be in relationship with people who identify variously as masculine transgender, trans men, or FTM. There is a lack of information for nurses regarding such experiences and Lyn’s work will help to bridge that gap.

Graduate Student Symposium Winner

Care Aesthetics Unlocked: Photographs of Nursing Inside Correctional Unit #1



My name is Katie Adam and I will be completing my BSN at Langara this November. Prior to entering the nursing program I studied sciences while working in arthritis research. I hope to eventually complete a wound care specialty. I love dining, watching HBO, and playing board games.



My name is Kate Hunc and I am in my final year of the Langara BSN program. Prior to nursing school, I did clinical research in pediatric anesthesia at BC Children's Hospital. My goal is to work in a high acuity specialty like oncology that also has a strong research tradition. I spend most of my time cooking, reading, and spying on Pugs at the dog park.

1. How did you get started on this project?

The project came about as the result of a course assignment. We were studying Carper's theory of nursing knowledge and were asked to create a presentation exploring a particular element in more detail. 'Aesthetic Knowing' resonated with us most.

2. How would you explain the significance of your research project to an educated layperson?

Our aim was to present aesthetics (in this case, photography) as an entry-point to reflection on nursing practice. We chose James Nachtwey's series of photos depicting nurses in a Siberian prison experiencing a tuberculosis outbreak in 2008 as a point of entry for the reader/viewer to reflect on the complexity of building therapeutic relationships in highly controlled institutional settings, as well as the visibility of caring in one's own practice. The nurses in the photos are presented in ways that run counter to Canadian notions of the 'caring nurse' and many viewers had strong reactions to the images.

3. What was the most enjoyable part of your research? And what was the most challenging part?

The most enjoyable part of the research was working as a team. Being able to bounce ideas off each other was great and we were able to fine-tune our analysis through discussion. The most challenging part was limiting our analysis to the specifications of the assignment. We were excited about our topic and came to a point where we wished we had more flexibility in the way we could approach it.

4. What was it like presenting at the graduate student symposium and other related conferences?

Attending the graduate student symposium was very inspiring. It is exciting to see the work of other nursing students and faculty. We really enjoy participating in this aspect of the nursing profession.

5. Any advice for beginning researchers?

Get curious and ask questions! Attend conferences and start building a network of colleagues and potential mentors who inspire and motivate you.

Peer-reviewed Section

Research Proposal: Attitudes and Beliefs of Nurses' Towards Pushing Method in the Second Stage of Labour

Susan Lin^a, RN, MSN(C)

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Labour and birth is a powerful, emotionally intense and normal physiological phenomenon. Culminating in the birth of a newborn, the pushing stage of labour is perhaps the most challenging, yet rewarding, phase. Nurses play a critical role in women's birth experiences by providing professional guidance, support, and advice. In particular, they advise women about pushing methods during the second stage of labour. Although midwifery care is increasing, 85% of births in British Columbia remain under the care of physicians and nurses in medicalized hospital settings (Dedyna, 2012). In hospitals, nurses are the care providers who are most involved during women's labour and birth as they are present throughout the entire process. Accordingly, nurses strongly influence the pushing technique used by women.

Although research evidence supports the use of spontaneous pushing, Valsalva pushing remains at the forefront of practice. Since personal and professional attitudes and beliefs shape practice decisions, actions, and approaches (Ajzen, 1991; Ajzen & Albarracin, 2007; Madden, Ellen, & Ajzen, 1992), knowledge of nurses' ideologies and philosophies towards pushing is fundamental to understanding the rationale and justifications for this dissonance in research evidence and practice.

Background

Women in labour use two different pushing methods. Spontaneous pushing, also known as non-directed, self-directed, uncoached or physiological pushing, describes an open-glottis technique where women are encouraged to listen to their bodies and bear down with their natural urges (Bosomworth & Bettany-Saltikov, 2006; Chalk, 2004; Martin, 2009; Prins, Boxem, Lucas, & Hutton, 2011; Roberts & Hanson, 2007). Conversely, Valsalva pushing, also known as directed or coached pushing, describes a closed-glottis technique where women are instructed to bear down for as long and as hard as they can, typically to a count of ten seconds, for three sustained pushes per contraction (Bosomworth & Bettany-Saltikov, 2006; Chalk, 2004; Martin, 2009; Prins et al., 2011; Roberts & Hanson, 2007). Although women instinctively use spontaneous pushing efforts, care providers routinely direct women to use Valsalva pushing (Bosomworth & Bettany-Saltikov, 2006; Chalk, 2004; Martin, 2009; Prins et al., 2011; Roberts & Hanson, 2007). Research evidence, however, does not support the routine use of Valsalva pushing, and instead associates it with potential risks to maternal

and fetal wellbeing (Bloom, Casey, Schaffer, McIntire, & Leveno, 2006; Lemos, Dean, & de Andrade, 2011; Low et al., 2012; Prins et al., 2011; Roberts & Hanson, 2007; Schaffer et al., 2005; Yildirim & Beji, 2008).

Multiple studies have explored the effects of the two pushing methods on various fetal and maternal outcomes, including duration of second stage, degree of perineal injury, urodynamic indices, maternal satisfaction, newborn APGAR scores, and umbilical cord gases (Bloom et al., 2006; Lemos et al., 2011; Low et al., 2012; Prins et al., 2011; Schaffer et al., 2005; Yildirim & Beji, 2008). A current systematic review by Prins et al. (2011) of randomized controlled trials comparing the two pushing methods did not support the routine use of Valsalva pushing. Although Prins et al. (2011) concluded no significant differences in fetal outcomes, they reported poorer urodynamic measures in women who used Valsalva pushing compared to women who used spontaneous pushing. While there were no significant differences between most other measures, the authors importantly emphasized there was no evidence to support the routine use of Valsalva pushing. Although Prins et al. (2011) reported a shorter duration of second stage with Valsalva pushing, they emphasized the clinical significance of this finding is debatable. Based on this comprehensive review, the authors concluded care providers should support women to choose their own method of pushing and ideally encourage spontaneous pushing rather than Valsalva pushing.

Although findings are at times insignificant, studies consistently conclude Valsalva pushing does not infer any added benefits and is associated with potential risks compared to spontaneous pushing. Thus, research evidence supports the use of spontaneous pushing, especially in the absence of indications requiring expedited delivery (Bloom et al., 2006; Lemos et al., 2011; Low et al., 2012; Prins et al., 2011; Schaffer et al., 2005; Yildirim & Beji, 2008). However, since Valsalva pushing remains the most common method used, there is a visible discord in current practice and research evidence.

Problem Statement

Personal and professional attitudes and beliefs shape practice decisions, actions, and approaches (Ajzen, 1991; Ajzen & Albarracin, 2007; Madden et al., 1992). Accordingly, the attitudes and beliefs of nurses' towards pushing strongly influence their approaches to and guidance of pushing in labour. Knowledge of nurses' perspectives is therefore fundamental to understanding the underlying principles and ideologies for the continued discord between research evidence and practice. Although multiple studies have explored the effects of the two pushing methods on various fetal and maternal outcomes, there is limited research exploring the attitudes and beliefs of nurses' towards pushing. This dearth of research reporting nurses' perceptions thus represents a gap in current literature.

Purpose

The purpose of my proposed research is to explore nurses' attitudes and beliefs towards pushing in the second stage of labour. Specifically, I will explore nurses' perceptions of Valsalva and spontaneous pushing in order to understand the rationale, influences and decision-making processes underpinning the support of one pushing method over the other.

Research Question

This study will aim to answer the following central question:

1. What are the attitudes and beliefs of nurses' towards pushing method in the second stage of labour?

Exploration of this central question will be supported by the following subquestions:

- i) How do nurses perceive Valsalva pushing?
- ii) How do nurses perceive spontaneous pushing?
- ii) What factors influence nurses' decision-making related to the pushing method encouraged during the second stage of labour?
- iv) What social and/or structural pressures do nurses perceive influence their support of Valsalva or spontaneous pushing
- v) How do nurses rationalize encouraging one pushing method over the other?

Theoretical Perspective

I will be using the theory of planned behaviour (Ajzen, 1991; Ajzen & Albarracin, 2007) as the theoretical framework for this study. An extension of the theory of reasoned action, the theory of planned behaviour is used to predict, explain, and understand human behaviour and actions (Ajzen, 1991; Ajzen & Albarracin, 2007). Although rooted in psychology, many health and nursing related studies have used this theory as the theoretical framework to explain behavioural phenomena.

The theory of planned behaviour postulates that three types of beliefs, or conceptual considerations, determine an individual's behavioural intentions and subsequent actions or inactions: behavioural, normative, and control beliefs (Ajzen, 1991; Ajzen & Albarracin, 2007). Strongly shaped by perceived consequences, the behavioural belief (attitude) consists of an individual's positive or negative attitude toward the behaviour of interest. The normative belief (subjective norm) consists of an individual's perception of the social and/or structural pressures exerted by others on the

individual to perform (or not perform) the behaviour. Lastly, the control belief (behavioural control) consists of an individual's perceived ease or difficulty in performing the behaviour. Positive attitudes (related to perceived positive consequences of the action), approval from important others (related to the social acceptance of the action) and high control (related to readily available resources and the absence of obstacles in engaging in the action) increase the likelihood of an individual performing a particular behaviour or action (Ajzen, 1991; Ajzen & Albarracin, 2007). Operationalizing these theoretical concepts will help understand the various factors and characteristics that influence nurses' guidance and support of women in the pushing stage of labour (see Figure 1).

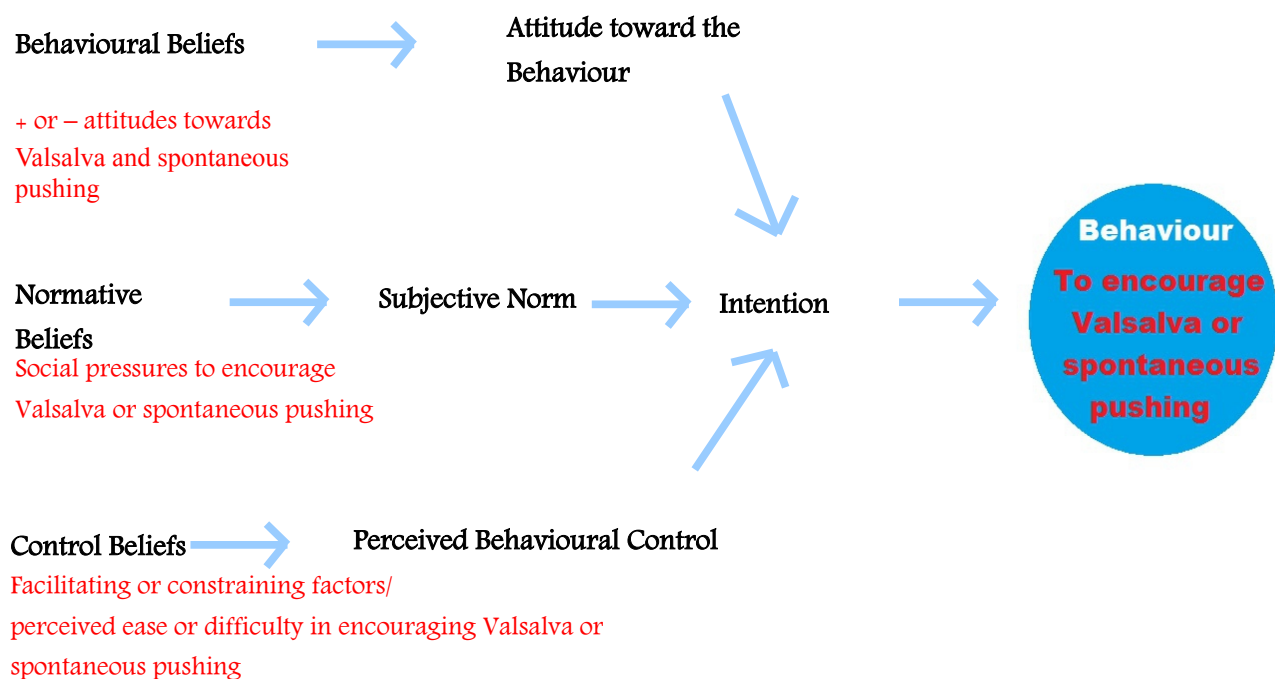


Figure 1. Operationalized Theory of Planned Behaviour (Adapted from Ajzen & Albarracin, 2007, p. 6)

The behaviour or action of interest in my study is the approach to pushing used by perinatal nurses. Specifically, the behaviour relates to whether nurses' encourage women to use Valsalva pushing or spontaneous pushing. According to the theory of planned behaviour, such behaviour is governed by behavioural (attitude), normative (subjective norm), and control (perceived behavioural control) beliefs (Ajzen, 1991; Ajzen & Albarracin, 2007). The behavioural belief will refer to nurses' attitudes towards the two pushing methods, specifically their perceptions of the positive or negative implications associated with Valsalva and spontaneous pushing. The normative belief will refer to nurses' perceptions of the social and/or structural pressures (for example, from patients, other nurses, physicians, or the cultural norms of the unit) exerted on them to encourage use of a particular

pushing method. The control belief will refer to nurses' perceptions of the practice autonomy they have in encouraging a particular pushing method as determined by the presence of facilitating or constraining factors. According to the theory of planned behaviour, behavioural, normative, and control beliefs influence an individual's intention, which then influences the choice of behaviour (see Figure 1). The control belief, however, can also directly influence behaviour, as indicated by the dotted line (see Figure 1). Exploration of these fundamental beliefs underlying nurses' behavioural intentions and actions will provide direction for intervening to change nurses' attitudes and the social and structural influences affecting women's access to spontaneous pushing.

Providing women with evidence-based direction for pushing can reduce the severity and incidence of negative maternal and infant outcomes associated with the second stage of labour. Since nurses have a pivotal role in guiding women to push, exploring the attitudes and beliefs of nurses will provide valuable knowledge of the principles and ideologies underlying current practice conditions that are not supported by research evidence and thus perpetuate the unnecessary medicalization of birth. This knowledge will provide direction for challenging traditional practice norms to reflect evidence-based practice and contribute to preserving the normalcies of birth.

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