

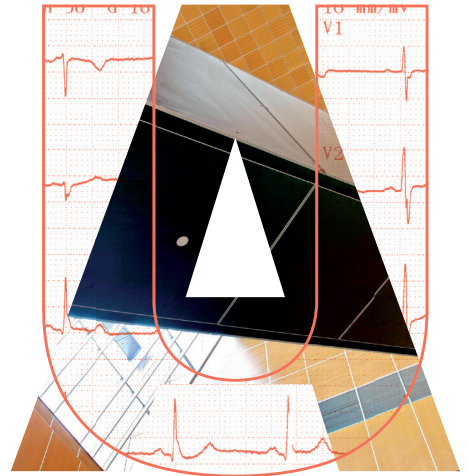
NURSING

UNIVERSITY OF ALBERTA | ALUMNI MAGAZINE | WINTER 2022

Breakthroughs
in women's
cardiovascular
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BIG CARE in
small centres:
is there a
rural-urban
care gap?

What **COVID-19** revealed about aging



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WINTER 2022



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The Faculty of Nursing is dedicated to promoting health, equity and quality of life for everyone. We create vibrant and supportive environments, advancing health science and developing nurse leaders. We are committed to being a top research and education institution, leading with purpose.

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Message from the Acting Dean of Nursing

I **CONTINUE TO BE** so grateful to you, our alumni community, for your support. It has been another year of change and also successes at the Faculty of Nursing.

We are entering our second year as a member of the College of Health Sciences along with the faculties of Kinesiology, Sport, and Recreation; Medicine & Dentistry; Pharmacy and Pharmaceutical Sciences; Public Health; and Rehabilitation Medicine. I am energized by the collaboration, trust and teamwork that we are building together. Together, we are becoming stronger than as individual faculties. I see the potential for policy-makers to come to us with the complex, perplexing and immediate health problems that our society is facing. I can also see a bright future where our students have more genuine interdisciplinary experiences.

I know the Faculty of Nursing will be a dominant contributor to that goal. Our position with the QS rankings as the No. 1 nursing school in all of Canada — and in the Top 10 globally — allows us to continue to attract the best and brightest students to our programs. Once they are here, our tight-knit community and culture of excellence — in teaching, research and clinical care — nurtures them to become the next generation of nursing leaders. And most of all, we have you, our committed, involved alumni community, sharing your wisdom, experience and support for the next generation. We know there is a reason nurses are so often the leaders in health care teams. You can mentor our students to take this next step.

The Faculty of Nursing continues to expand our research with our nurse scientist experts working in children's and women's health, healthy aging, health equity and health systems, and more recently, COVID-19, migration, and mental health. You have likely seen articles in the news this year by our researchers in areas such as vaccine hesitancy and long-term care. Our work is truly accessible and meaningful. The breadth of expertise in our faculty is truly astonishing and this is the work that supports our national and international rankings.

Please read on and enjoy discovering some of the highlights of the past year in the Faculty of Nursing. Thank you for staying in touch.



Diane Kunyk

'78 BScN, '02 MN, '11 PhD
Acting Dean, Faculty of Nursing

charting



PHOTO BY GEFEN MEDIA

Heartfelt Practice

Teamwork, mentorship and practice make perfect for a student in the after-degree nursing program

THE U OF A'S BRAND STORY VIDEO, *Leading With Purpose*, features new nursing grad **Genieva Slomp**, '17 BScKin. In the video, Slomp is alone, practising an IV pump technique on a model patient, over and over to perfection. In reality, Slomp also credits a constellation of nurses for her academic and practical success. Slomp was drawn to the U of A's after-degree nursing program by personal experience. After finishing her first degree in the Faculty of Kinesiology, Sport, and Recreation, she found herself in need of open-heart surgery at the Mazankowski Alberta Heart Institute. "I wanted to be more involved with patients in a critical care sense," Slomp says. Her own surgery was the deciding factor. "After the care I received, I realized that nursing is for me." — LEWIS KELLY



VACCINE NEWS

Not the Only Vaccine

Kids' immunization coverage falls short during COVID

IT'S THE PARADOX OF COVID-19: while the world mobilized its largest vaccination campaign, routine immunizations for diseases like measles and polio plummeted. In a recent study, **Shannon MacDonald**, '93 BSc, '13 PhD, associate professor in the Faculty of Nursing and School of Public Health, found the pandemic disrupted Alberta's routine vaccination schedules, leaving kids susceptible to preventable illnesses.

"School coverage is dismal," MacDonald says. Vaccinations for hepatitis B, HPV and meningitis dropped because of school closures and the redeployment of public health staff to COVID-19 efforts. "Coverage for HPV went from 75 per cent to five per cent. Ninety-five per cent of kids haven't received protection against this cancer-causing virus!"

Meanwhile, coverage for infants against diseases like measles, mumps and polio has mostly recovered, with rates five per cent lower than pre-pandemic levels. For the time-sensitive rotavirus shot (three doses need to be given by eight months) coverage increased thanks to the initiative of public health staff. "I choke up when I talk about this. In the midst of the pandemic, public health nurses were phoning parents to say, 'Get those kids in or they'll miss it.'" But the public health system remains overburdened and needs funding to catch up on routine immunizations, MacDonald says. "We've got vaccines in fridges — we need staff to get them into arms." ❖

—STEPHANIE BAILEY

4 The percentage by which polio vaccine uptake dropped among infants and toddlers from 2019 to 2021

6 The percentage by which measles vaccine coverage dropped among seven-year-olds from 2019 to 2021

70 The percentage by which full vaccine coverage dropped among school-aged children from 2019 to 2021

NURSING RESEARCH

When the Helpers Need Help

RESearcher **Susan Sommerfeldt**, '01 BScN, '03 MN, '14PhD, and her team worked with Covenant Health to help health-care workers look out for their own mental health in the midst of caring for their patients.

"Health-care workers are quick to encourage people to take care of themselves and develop strategies to deal with stress, but they're not always good at doing it themselves," says Sommerfeldt. "Ultimately this paradox has ramifications for patients in the delivery of health care."

Sommerfeldt's team received funding last year from the Social Sciences and Humanities Research Council of Canada (SSHRC) for two projects with Covenant Health, a Catholic health-care provider that runs hospitals and care centres throughout Alberta. The first will offer mindfulness training to all 15,000 Covenant Health staff, and the second is an arts-based film project to document stories of coping through the pandemic. Both are designed to promote open conversations about mental health.

Covenant Health welcomed the opportunity to get involved with the research, says Sommerfeldt, noting that SSHRC supports work to quickly translate academic findings into real-world applications.

"We want to create a care environment where people can thrive and really fulfill their calling," says Kerry McKinstry, manager of organizational development for Covenant Health and co-investigator on one of the projects. "The health and safety of our patients and residents is at the centre of everything we do."

Ultimately, the nursing research team looks at the stumbles as well as the triumphs to help overcome the stigma of mental health issues in health-care workplaces, McKinstry says.

"We must acknowledge that vulnerability is not a weakness but an avenue to growth." ❖ —GILLIAN RUTHERFORD



NURSE PRACTITIONER

No Shame

NURSING PROFESSOR KATHLEEN HUNTER, '82 BScN, '92 MN, '06 PhD, has devoted her gerontological nursing career to providing improved quality of life — and hope — for people with incontinence.

“Not being able to control your bladder can be embarrassing. And it can be brushed off as one of those, ‘You’re getting old, dear’ things, when it’s not,” says Hunter, who also works as a nurse practitioner at the Continence Clinic at Edmonton’s Glenrose Rehabilitation Hospital. “Even though we may not be able to ‘cure’ incontinence, we can work with people to help them find ways to manage it.”

About half of Canadian adults report bladder symptoms such as incontinence, Hunter estimates, and these become more common with aging. For frail people in long-term care, the rate is as high as 80 per cent, especially for those living with dementia.

People typically experience symptoms in three ways, Hunter notes: stress incontinence triggered by a cough, laugh or running, urgency incontinence when you suddenly have to go and struggle to get to the bathroom fast enough, and nocturia, when your bladder wakes you up multiple times a night.

“We have a range of strategies, working with clinical partners, to help people with what can be a horrendously



disruptive problem,” Hunter says. She says these strategies include pelvic floor muscle exercises, absorbent products, changes to diet and medication, as well as pessaries — devices inserted into the vagina to provide support for prolapsed organs. She also highlights further investigation or surgery, such as “urodynamics” — a computer readout that shows exactly what’s happening as the bladder fills and empties.

Along with her clinical practice, Hunter’s research focuses on making life easier for people with incontinence, including trying to improve training programs and toileting protocols for nurses and care aides in hospitals. — GILLIAN RUTHERFORD

QUOTED

The need for capable and compassionate leaders in our field has never been greater. We are investing in the very future of nursing and health care in this country, helping our most dedicated and deeply knowledgeable professionals find new ways to serve the public good.

— Acting Dean of Nursing Diane Knyk, in an op-ed to the Globe And Mail, on addressing Canada’s nursing crisis

TECH SKILLS

LEFT IN THE DIGITAL DUST

New study finds nurses need more training to keep up with rapid tech advances

CANADA’S NURSING SCHOOL GRADUATES are not as prepared as they should be for the digital transformation in health care, according to a new study from a Faculty of Nursing researcher. Technology is advancing quickly — from robots at the bedside to virtual reality treatments to AI-driven research discoveries — and nurses need better education to keep up. “Digital health technologies are getting increasingly complex,” says Manal Kleib, study lead and associate professor in the Faculty of Nursing. “Nursing grads are tech savvy, yet they don’t see the full picture of what this digital transformation means to patients.” — GILLIAN RUTHERFORD

STUDY GROUP

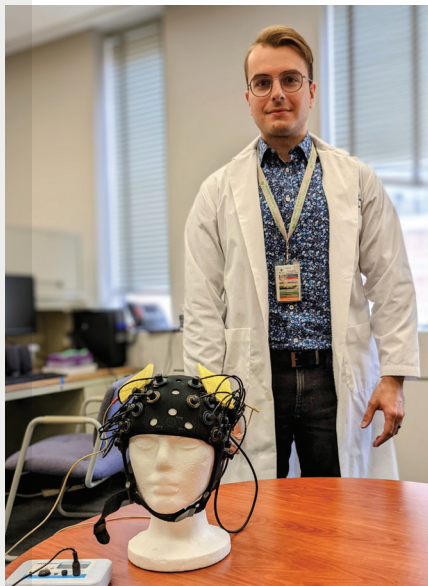
Kleib surveyed more than 300 fourth-year nursing students for her study. While most reported learning some digital skills during their practicums, for example, how to chart using computer health records systems, the range of technologies and inconsistent work experiences meant they were inadequately prepared overall.

NATIONAL CHANGES

Kleib hopes to develop nationwide curriculum changes based on a larger joint study she is leading with McGill University researchers to learn more about the training needs of senior-level students on emerging technologies. “It’s not about one or another university in Canada. It is across the board.”

DIGITAL TRUTH

Kleib’s goal is to improve patient care by ensuring nurses are well trained at school and then have access to continuing education once in practice. “Every health-care setting is now a digital setting,” Kleib has been named to the 150 Nurses for Canada by the Canadian Nurses Association for her work on digital health. —



BRAIN WORKS

The Thinking Cap

A brain stimulator offers a cognitive edge

IMAGINE PUTTING ON A HELMET embedded with tiny electrodes that sit on your scalp, delivering a gentle electrical current to certain areas of your brain. After about 10 to 20 minutes, you might find yourself with a better ability to focus, sharper memory and a host of other cognitive benefits. That's the idea behind a promising experimental

treatment that could have applications for everyone from aircraft pilots looking to gain a cognitive edge to patients living with dementia.

"When we stimulate the brain, we make the neurons more efficient. We might be changing the blood flow going to those neurons as well," says **Mathieu Figeys**, '16 BScN, '22 PhD (from the Faculty of Rehabilitation Medicine).

Increased blood flow to certain areas of the brain often attends increased cognition, he explains.

Figeys is part of an interdisciplinary research team led by Esther Kim at the U of A examining the effects and potential applications of the new treatment. In the treatment, called transcranial direct current stimulation (tDCS), a researcher fits the cap on a subject and delivers a low current of between one and two milliamps. "The current is minimal, so safety-wise we know it's very safe," Figeys says. The treatment could apply to a wide range of people, including healthy adults looking to increase their mental performance, such as high-level athletes, says Figeys. "It can potentially be used in almost every brain-related disorder I can think of. Numerous clinical populations — such as in stroke recovery, chronic pain, mental health populations — and in healthy populations as well." ❖

— ADRIANNA MACPHERSON

INSPIRATION

The Impact of Loneliness

STEPHANIE CHAMBERLAIN, '19 PhD, started a post-doctoral fellowship in the Faculty of Medicine & Dentistry's Department of Family Medicine. But her inspiration came during a summer job as a care aide years ago. Today, the assistant professor studies loneliness and social isolation in older adults. Here, she talks about her inspiration. — SASHA ROEDER MAH

"I got interested in older adults and health systems while working a summer job as a care aide in long-term care. I loved the residents and co-workers, but I was frustrated with the lack of resources and limited research-based evidence. Topics I focus on — such as loneliness and other social determinants of health — are not readily available in administrative health data. We have to come up with creative ways to find this information in the data, so we supplement our work with other types of data collection. I'd like to do longitudinal analyses, examining loneliness over time and its influence on health to identify lonely people earlier in their health trajectory." ❖

No Turning Back

At 16, Bukola Salami immigrated to Canada from Nigeria, determined to become a doctor. Then she shadowed a nurse for a day in high school. "Once I got into nursing, there was no turning back," says Salami. "It's the contact you have with patients, the presence you have at their bedsides, and the relationships you develop with communities and families." Salami is a professor and fast-rising researcher in the Faculty of Nursing. She has studied data collection among Black communities, mentorship and leadership among Black children and youth, and vaccine hesitancy among Black Canadians, as well as undertaking a data analysis of how Black women use health services compared to others. She recently earned the Queen Elizabeth II Platinum Jubilee Medal and the Innovative Researcher Award from the Alberta Black Therapist Network. ❖ — GEOFF MCMASTER



EXCELLENCE

The Top Spot

U of A's Faculty of Nursing places first in Canada in global post-secondary rankings

THE UNIVERSITY OF ALBERTA is the top post-secondary school in Canada for nursing, according to the 2022 QS World University Rankings by Subject. The program not only ranked first in the country, but ninth in the world, steadily climbing up over the past few years from 17th in 2018.

“What sets us apart is that we are a research-intensive faculty with world-leading researchers of the highest calibre,” says **Diane Kunyk**, '78 BScN, '02 MN, '11 PhD, acting dean of the Faculty of Nursing. “This work spans the full human health experience, with cutting-edge research leadership in areas across the bookends of life.”

Higher education company Quacquarelli Symonds compiles the global rankings every year, assessing programs on a variety of criteria. This year, nursing earned the U of A's highest scores in the citations per paper and employer reputation categories, suggesting researchers are publishing important work and training highly employable professionals.



The U of A's Faculty of Nursing has a history of distinction in women's and children's health, health equity and healthy aging, alongside emerging strength in research on migration and mental health, and new research opportunities in Indigenous health, Kunyk says.

“Our faculty focuses on preparing nursing leaders to face challenges that are complex, global and critically important — and the pandemic has shown just how crucial this leadership is and will continue to be.” — ADRIANNA MACPHERSON



Laughing Matters

When grieving death, humour can both hurt and heal

FOR PEOPLE WHO'VE recently lost a loved one, humour can trigger episodes of intense grief — but it can also help in the recovery process, according to a new study by nursing professor **Donna Wilson**, '94 BScN.

The key is timing, plus you've got to know your audience, says Wilson, who is also an adjunct professor of medicine.

For the study, Wilson and her team conducted in-depth interviews with 10 middle-aged and older Canadians who had lost a member of their immediate family within the past two years, asking about their experiences with grief and recovery.

Seven of the 10 interview subjects identified humour as a grief trigger, particularly if their loved one had enjoyed humour themselves. Humour triggers grief but can also help with recovery, according to eight subjects. This was a surprising finding for Wilson

and her team, since they had found very little mention of humour in their review of the literature on grief.

In North America in particular, death and dying is treated as a solely serious topic, and humour can be seen as inappropriate, Wilson notes. This is not true in every culture.

“Nobody realized that humour is present many times for our mental health, even in grief,” says Begoña Errasti-Ibarrondo, associate professor with the University of Navarra and a visiting academic at the U of A's John Dosssetor Health Ethics Centre. “In Spain, for example, at funerals sometimes we may make jokes if it is appropriate and we tell funny stories about the person or the tricks they used to play.”

The researchers advise that when supporting someone who is grieving, it is important to talk to them about the person who died rather than avoiding the subject. However, they caution that it's best to check first with the bereaved person before turning to humour, as some may not be ready.

Wilson and Errasti-Ibarrondo plan to extend their research by working with other experts to learn more about how humour can help bereaved people. — GILLIAN RUTHERFORD



Aging in a Perilous Time

What has COVID taught us about aging? Will our learnings make the next public health crisis easier on our most fragile citizens?

By Shirley Wilfong-Pritchard
Illustration by Katy Lemay

BY NOVEMBER 2022, more than 5,000 Albertans had died of COVID-19, with people aged 60 and older accounting for 90 per cent of the deaths. In long-term care and retirement homes, Canada had the worst record for COVID-19 deaths among wealthy countries during the first year of the pandemic. More than 80 per cent of deaths occurred in these facilities, according to the Canadian Institute for Health Information. And more people suffered the indirect impacts of COVID-19 such as depression and anxiety, food insecurity, loneliness and social isolation, according to the National Institute on Ageing.

Sherry Dahlke says these statistics can tell us a lot about aging. She is a Faculty of Nursing associate professor and researcher whose work is focused on ageism in the nursing care of older people. She says the pandemic didn't teach us anything we didn't already know. But it has highlighted that ageism is prevalent in our society. "In Canada, we think we have this wonderful system, but we are not immune from ageism," Dahlke says. "And we are not putting the resources into care of older people."

Jordana Salma, '09 MN, '17 PhD, is a researcher and assistant professor

in the Faculty of Nursing. Her work involves improving health and well-being for racialized Canadians and older immigrant adults. She agrees that ageism has certainly played a role in exposing gaps in care across the board for older adults, but she says that how it intersects with racism and sexism needs to be part of the conversation. "Older adults from racialized communities remain on the margins and their experiences aren't well articulated or understood. The consequence of that is their needs aren't well understood."

Consequences of Ageism

The response to the COVID-19 pandemic has shown the ubiquity of ageism and the stereotypes that accompany it, according to the World Health Organization's global report on ageism. "In some contexts, age has been used as the sole criterion for access to medical care, life-saving therapies and for physical isolation," the report says.

Contributing to ageism is the myth that older people stop being productive after they retire. But in reality, Dahlke explains, at least 40 per cent of seniors volunteer in the community and many continue to work, freelance, pay taxes and contribute to their families, often financially.

Salma agrees. "Throughout the pandemic, older adults from immigrant communities volunteered locally and sent financial support internationally. They gave advice and information to family abroad, and provided emotional support." She adds, "The narrative of victimization is a false one, and we need to be careful when we identify needs and gaps in services, not to paint that as people being without agency because they do have a lot of agency."

Health-care providers aren't immune to ageism. In acute care, Dahlke explains, older people are expected to fit into a system that was designed for an acute illness, where the patient can be treated and discharged. In this model, older patients can be seen as "bed blockers" and moved into long-term care facilities. "I hope that COVID has shown us that we need to rethink care models for older people and look at meeting their needs rather than expecting them to fit into our systems and processes," she says.

If an older person believes that it's normal to have pain, or be incontinent, forgetful or immobile because of their age, they're less likely to seek medical advice, and less likely to treat illness in the early stages. By the time they visit a doctor, things may have progressed to the point that treatment options are more complicated — and expensive. And that's what doctors see — older people with complicated conditions, reinforcing the idea that seniors are fragile. "It's important that health-care providers have a more accurate idea of aging. If only seven per cent of older people have dementia, and I'm seeing confusion, it's not likely dementia, but a symptom of an acute illness," Dahlke says.

How Long-term Care Fits In

Dahlke stresses the fact that seniors in care are still members of the community and that connections to life outside the facility are crucial for maintaining mental and emotional health.

Without them, she says, people tend to deteriorate fairly quickly. She talks about how an independent 92-year-old woman who recently moved into an assisted-living complex described feeling as though she were no longer somebody — that she was expected to join the "walking dead." She complained that the facility's social programming offered nothing current, nothing to engage the mind. It took a lot of persistence for her concerns to be taken seriously. But Dahlke says she continues to see people entering care who, within a few months, become disengaged and depressed.

Making Things Better With Education

Tackling ageism in the next generation of nursing professionals is one approach to ensuring better outcomes for seniors in the future. Nursing students have textbooks on maternity, but not usually on geriatric nursing. What they learn about older people has generally been on the job, when they face health conditions in the elderly. The problem? This way of learning about aging contributes to the notion that age equals decrepitude.

But Dahlke is trying to combat this lack of understanding by developing learning activities for student nurses to give them a more complete picture of older people. "I've had one student come

up to me and say it's changed the way they think about aging," says Dahlke.

The activities Dahlke has developed include: communicating with seniors; distinguishing between and planning care for delirium, dementia and depression; understanding continence and mobility and challenging common assumptions about them.

Salma also includes elements of aging in her teaching, talking with her students about how older adults coped during the pandemic, how access to resources determined their outcomes and what supports are needed for them to recover. As she points out, "We've had a lot of deconditioning happening, where people became less connected, where their chronic illnesses were less managed."

In her research, Salma and her students examine life transitions that have affected racialized older adults during the pandemic — such as losing a spouse, losing family members abroad, or having a change in health status. They discuss how to support the needs of those most at risk.

Tapping the Font of Knowledge

It's important to recognize that older adults in our communities have life experience and wisdom, and need to be engaged to contribute. "We want to include older adults in our spaces, and we want to target ageism actively," Salma says. This includes recognizing the supports they need to engage in life.

Part of Salma's work is helping an advisory committee that includes active older adults from the Muslim community. She drives participants to the university to help remove barriers to participation. "It's not easy for an 80-year-old with mobility challenges to get to campus," she says. The seniors listen to student presentations and give counsel. She says it's empowering for them to claim academic spaces where they wouldn't normally feel at home.

Living Well and Aging Well

The pandemic laid bare the fact that living in an institution isn't healthy for older adults. To ensure older adults age well in their community, they need a broad co-ordination of services, including barrier-free housing in a

safe neighbourhood, a healthy diet, physical and mental activity, accessible transportation and opportunities to socialize. And some newly arrived older adults may face language and cultural barriers plus additional needs related to migration and settlement that require the co-ordination of immigrant and refugee services.

Salma adds that providing services in inclusive spaces would benefit older immigrants who have lived in Canada a long time but may still struggle with feelings of social exclusion and who find it difficult to counter stressors as they age. "They might be fluent in English, but when we grow older, we want to connect with home and the things that are most meaningful in our life. And some of that is language and food. If I enter a space where none of that is available to me, then I just won't go there," she says.

The Future of Care

With the population of seniors 85 and older expected to triple by 2046, the Canadian Nurses Association is calling for a cohesive, pan-Canadian approach to long-term care that guarantees quality of care, no matter where it is delivered.

Dahlke explains that the workers caring for seniors in congregate housing are often vulnerable themselves, with part-time, low-paying jobs and inadequate training. At the beginning of the pandemic, staff who were sick came to work as they had no sick leave and couldn't afford to lose a day's pay. The lack of vaccines and protective equipment helped the spread of the disease. Trained staff with appropriate equipment and time to care for each person are critical to avoiding disaster in the future.

Salma hopes that in the next major health crisis, whether it's related to COVID-19 or something else, we will react quicker.

"How can we envision alternative ways of aging well in our communities?" Salma asks. "It's a huge part of what is going to come out of this. And for that, I'm optimistic because our governments realize this, and our grassroots communities realize it. And when we have a common understanding, that is when we will see action and change." ❖

From small cities to rural and Indigenous communities, meet some nurses who are shrinking the gap in care among Canadians

By Gillian Rutherford

Photos by Michele Bouvier,
RooRoo Photography,
StandOut Photography,
John Ulan

Big

care

in SMALL
CENTRES

a

AS THE TOP NURSING SCHOOL in the country, the University of Alberta's Faculty of Nursing is shaping Canada's nursing leaders of tomorrow. Grads are trained to deliver the highest quality health care, no matter where they end up working. But the fact is, that can be harder to do when you're not posted to a major urban hospital.

A 2019 report from Statistics Canada found that Canadians living outside urban centres have worse health outcomes and disproportionate mortality rates, especially in Indigenous communities, which were healthy before colonization. A lot of it has to do with access. Another Statistics Canada report says 18 per cent of Canadians live in rural areas, but according to the Canadian Association for Rural and Remote Nursing, only 11 per cent of nurses work in rural or remote regions.

Nurses outside major centres find they have to be versatile generalists as they work to build trust with diverse populations while dealing with everything from limited access to specialists to spotty internet and, of course, unpredictable weather.

Meet five U of A nurses who are overcoming challenges to lead the way in delivering top-quality health care across our province and beyond.

Ready for Anything

Jessica Wilson, '09 BScN, flight ambulance nurse in the Northwest Territories

Jessica Wilson knew soon after graduating from the U of A's Faculty of Nursing in 2009 that variety would be the spice of her working life. She started out at the Royal Alexandra Hospital's labour and delivery department and immediately loved it.

"I thought it was going to be rubbing backs and calming babies, and it would be just so beautiful," she remembers. "Instead, it was a rodeo. It taught me to think fast and to improvise. It really grew my confidence as a nurse."

The best part was the adrenalin, says Wilson, who grew up near Seba Beach, Alta., west of Edmonton. "I was a farm kid who was used to riding horses and getting bucked off llamas," she says. "I'm an adrenalin junkie."

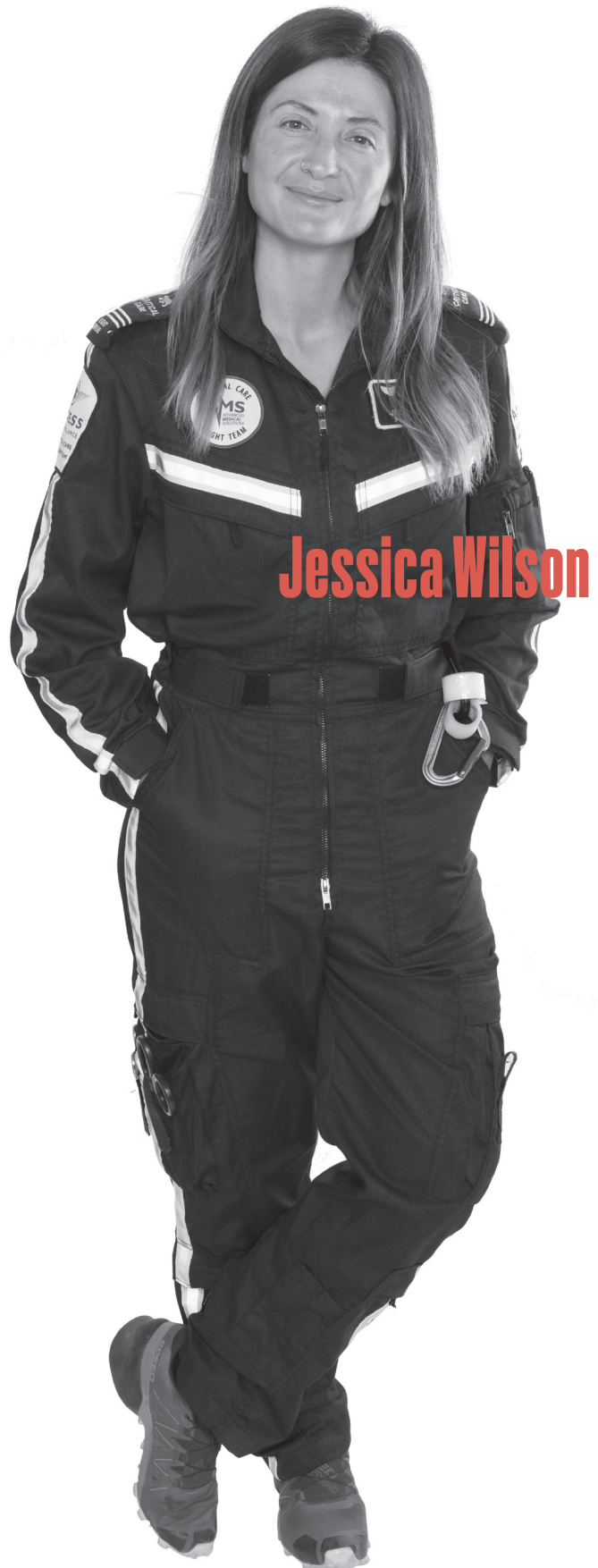
Further stints in the emergency department and both pediatric and adult intensive care added to her list of qualifications to join the air ambulance crews at Yellowknife's Advanced Medical Solutions Inc. When a call comes in, they are ready to fly within minutes.

"It's just grab your flight bag and let's roll," Wilson says with a laugh. She has worked with the service for two years. "Sometimes you have no idea what you're going to find — it could be a stabbing or a 10-month-old child who's not breathing properly. It could be a baby coming early — that does happen."

Her job demands that Wilson tap into all of her varied nursing experience.

"You're getting everything — pediatrics, labour and delivery, patients who are sedated and intubated that you're transporting to Edmonton," Wilson says. "And you get to see the North, which is so cool."

The air ambulance teams, typically a nurse and a paramedic, live and work together 24-7 for several weeks at a time, waiting for that emergency phone to ring. The pace can be frantic,





Jesse Alook

although they can ask for more rest if they get too fatigued. Wilson likes the challenge of teamwork between the paramedic and the nurse.

“You have this highly skilled, pre-hospital professional working and integrating with the hospitalized vision of where this patient is going to end up,” she says. “Everybody brings something different to the table and it’s very beneficial for the patient.”

Wilson is grateful that her husband, who is a firefighter, understands the pressures and the rewards of her non-traditional, non-hospital role, and she encourages other nurses to consider following a similar path to enjoy the rewards of a different way of nursing.

“You’re so important in those communities,” she concludes. “And I love pushing the boundaries of nursing. The world needs nurses like us.”

Promoting Indigenous Wellness

Jesse Alook, '19 BScN, '22 MPH, health promotion facilitator with the Alberta Health Services' Indigenous Wellness Core, winner of the Robert Wood Johnson Award

Jesse Alook's home on the Bigstone Cree Nation near Wabasca, Alta., was a busy place when he was growing up. No matter who showed up, they always received a warm welcome.

“I just thought my grandparents were popular, but now I see this was their way of helping people and showing them that, you know, they can be helped and there are people out there willing to help,” Alook says. “I come from a very community-driven family.”

One mosôm (grandfather) runs the nation's youth services, the other was a band councillor and an auntie is the longest serving nurse in the community.

Alook is now carrying on that tradition by working to make health-care services more accessible and culturally safe for Indigenous people across Alberta.

Armed with his bachelor of science in nursing and a master of public health degree specializing in health policy and management, Alook has recently started work as a part-time health promotion facilitator with Alberta Health Services' Indigenous Wellness Core, which delivers health services for First Nations, Métis and Inuit peoples in Alberta. He is also taking on a role with the Community-University Partnership on an Indigenous languages revitalization project.

Alook served as president of the Indigenous Graduate Students' Association in 2020-21 and also co-chaired a committee of the School of Public Health Students' Association, which advocated for all graduate students to take the Indigenous Canada online course. Alook received the Robert Wood Johnson Award as the grad student most likely to make a valuable contribution to health service management.

Before starting his master's, Alook worked as a nurse in the University of Alberta Hospital's Department of Emergency Services. As an Indigenous health-care professional, he knew his presence was important to the Indigenous patients he encountered.

“I feel that it brings a sense of comfort to Indigenous Peoples when they come into the hospital and they see

someone that looks like them, especially if they're from a small community," he says.

Alook found the work stimulating, but he was disheartened by the complications he saw from diabetes, heart disease and other chronic illnesses that affect Indigenous people disproportionately.

"I was putting on Band-Aids all day, just little solutions to problems that, if they had been addressed 20 or 30 years ago, then they wouldn't be showing up in emergency today," he says.

That drove Alook to consider studying health policy with the aim of making a bigger-picture difference to the inequities he saw, using his nursing training and experience to inform and ground his work.

"All the things that have happened to Indigenous people, including residential school, smallpox epidemics, everything in our colonial relationship with European settlers, has led to mistrust in the health system," he says. Alook will now work to build back that trust within the health-care system. He has the following three tips for non-Indigenous health-care professionals who want to help:

1. Do your own research to better understand the history of colonialism and its impact on Indigenous people in Canada.
2. Understand that there are many different Indigenous nations and communities and each has its own culture and health-care needs. One size does not fit all. "We're all Indigenous but we're also quite different," Alook says.
3. Be aware of your position as a care provider or a researcher and be sure your work is always for the betterment of the community where you work.

Driven by Compassion

Katie (Plamondon) Ward, '13 BScN, RN with Red Deer's Turning Point overdose prevention site

Katie Ward started working at the Turning Point overdose prevention site in Red Deer, Alta., when it opened nearly four years ago, but she didn't realize she would be saving lives — literally — every day. "At the beginning I found the overdoses very traumatic," she says. "You're essentially seeing people almost die right in front of you. You watch them turn blue. Now it's like second nature; I just respond."

Housed in a trailer in downtown Red Deer, the site receives an average of 110 visitors a day. Some are there for just a few minutes while others stay for hours. They bring their own drugs — fentanyl, methamphetamine, sometimes cocaine — and are given clean supplies and a small cubicle.

A team of nurses, paramedics and harm reduction staff watches over them as they inject and the drugs enter their system. If they overdose, they are given oxygen or naloxone to stop it. In June 2022, the team reversed 110 overdoses.

A lot of the clients her team serves are unhoused, "so they have nowhere else to go," Ward says. "We are non-judgmental and we provide a safe place so they don't have to hide and risk overdosing alone."

The clients come from Red Deer and smaller communities in central Alberta. Ward says clients are often victims of sexual abuse or intergenerational trauma. Some were prescribed narcotics for work injuries, then became addicted.





Erica Hurley

“Typically they are using drugs as a way of coping with their struggles,” Ward says. She says that humanity is at the core of staff-client interactions in the clinic and that she can’t judge clients by how they cope with their struggles.

Turning Point connects clients with detox, mental health treatment and housing services when it can. In June 2022, staff made 321 such referrals. It’s the success stories that keep Ward going. Often, she says, the first step to change is the compassionate relationship the staff build with their clients.

“I just like being there for them. They’re being judged all day, every day, everywhere they go. We provide a quiet place where they can just be, and do their thing safely,” says Ward, who was raised in the Christian faith.

“I don’t really consider myself a Christian anymore,” she says. “But I do believe that if Jesus were on this earth, he would be there in the trenches with me, loving the unlovable, saving the overdosing, treating humans like humans.”

Getting to the Heart of the Matter

Erica (Samms) Hurley, U of A Faculty of Nursing PhD candidate, registered nurse, nurse educator and professor at Memorial University of Newfoundland’s Faculty of Nursing

Erica Hurley is conducting her research right where her heart is — in the Mi’kmaq communities along the West Coast of Newfoundland where she grew up and is now raising her own family. Her goal is to turn the tide on disturbing statistics from the Heart and Stroke Foundation of Canada that show Indigenous women are twice as likely to die of heart disease and stroke as non-Indigenous women.

“A lot of heart health interventions are not gender- or culturally based, and the cookie-cutter approach just isn’t working,” Hurley says. In hopes of building heart-health services from the ground up, Hurley’s research follows a story-based Indigenous methodology grounded in a Mi’kmaq worldview that puts community and relationships at the centre of everything.

“The spirit is connected to mental health and physical health — all is interconnected,” Hurley says. “So when we’re talking about heart, or any type of health, we really have to understand — how is it connected to community?”

Hurley’s PhD research project “At the Heart of Health Care: An Exploration Into Mi’kmaq Women’s Thoughts of Heart” explores how Mi’kmaq women view the word heart, what they do to stay healthy and what public-health interventions they think might be effective in their community.

Hurley believes her method of inquiry can be used elsewhere to help identify other Indigenous communities’ particular needs so the health-care system can become more responsive.

“Each community knows what it needs — it’s just that we don’t necessarily have the resources, or we don’t have the infrastructure to move forward,” she says.

According to the Mi’kmaq Language keepers that she has consulted, there’s no word for “research” in the language, so Hurley is exploring what it means within her research work. Whenever she needs guidance, she seeks support from the team of professors who are supervising her work, as well as a

Mi'kmaq Elder and Knowledge Keeper: Arlene Blanchard-White and Dr. Elder Andrea Simon serve on her research advisory committee.

Hurley takes inspiration from her ancestors, including her great great-grandmother Mary Webb, a renowned Mi'kmaq healer and midwife who travelled up and down the coast, delivering more than 700 babies during her lifetime.

"She was very to-the-point, so I'm sure she would tell me, 'Just do what's got to be done to get it done right.'"

Helping Worried Families

Lisa Knisley, U of A Faculty of Nursing PhD candidate, registered nurse, executive director of TREKK (Translating Emergency Knowledge for Kids), recipient of SPOR Evidence Alliance 2019 seed grant for advancing the science of patient engagement in research

Lisa Knisley understands that knowledge is power, which is why she has devoted her career to putting clear, concise health-care information into the hands of families so they can make informed decisions — including when to take a sick child to the hospital and when to treat them at home.

"All worried families in Canada should have easy access to the information they need to help them make decisions," Knisley says. That information is not always as accessible to Indigenous families as it is for others because of the systemic racism and inequities created by centuries of colonization, Knisley says.

For her doctoral research, Knisley is working on a collaborative project with the Manitoba Métis Federation to ask Red River Métis families about their experiences looking for child health information and what they need.

For the past 10 years, Knisley has tapped into her dual training as a nurse and as a communicator to work with TREKK, which makes videos, infographics, and other tools about pediatric emergency medicine topics, useful to both parents and clinicians. Some of these materials will be culturally adapted for Red River Métis families based on Knisley's research findings.

Making sure that patients and families have accessible, accurate and respectful health information isn't just a nice thing to do, Knisley points out. It's critical to health outcomes, affecting everything from whether patients understand how to take prescribed medications properly to whether they are willing to go to the hospital the next time they need emergency care.

Knisley uses inclusive engagement practices to ensure families have their say. "How we carry out the research is as important as the research itself," she says. As a European settler, she works closely with the Manitoba Métis Federation and Métis scholar Michelle Driedger to ensure the project is done in a good way and respects Red River Métis culture and knowledge.

"Parents are the ones who are going to be making health-care decisions for their child," says Knisley. "We need to empower them with knowledge and ensure we work with them to create information that is useful, meaningful and accessible." ❖



the heart of a woman

Females comprise **51 per cent of the population**, but cardiovascular research aimed at them is almost non-existent. One researcher is changing that

TEN YEARS AGO, AS PART OF A QUALITATIVE STUDY she was conducting, nursing professor, associate dean of research and Carvazan Chair in Mature Women's Health **Colleen Norris**, '78 Dip(Nu), '82 BScN, '92 MN, '02 PhD, asked women what it felt like to be given a cardiovascular diagnosis by a health-care professional. The answer was not what she was expecting, and it was an a-ha moment for her.

"It's embarrassing. It's all my fault.' This is what one woman told me," Norris says.

"I thought to myself, 'Of course this is not your fault,'" she says. "But this is how women see it. We blame ourselves and then we hide it. This is how we fall into our gender roles."

Ever since then, Norris' research agenda has been clear — to raise awareness of women's heart health. She says it's easy to understand why cardiovascular health isn't front of mind for many women.

"It's not because we don't care about our health; it's because we don't make ourselves a priority," says Norris, who is a member of the Women and Children's Health Research Institute (WCHRI). "Instead of talking to someone about it, we keep it to ourselves. Rather than focusing on ourselves for a few hours, we'll be doing everything for everybody else."

The statistics speak for themselves. Women comprise 51 per cent of the Canadian population, yet evidence-based cardiovascular research aimed at just females is almost non-existent, explains Norris. And treatment and therapies designed specifically for women are missing from the health-care system.

Symptoms are overlooked in emergency departments, too. In fact, 78 per cent of cardiovascular symptoms are missed in women because they present with at least three additional symptoms over and above chest pain and discomfort compared

BY TARWINDER RAI | ILLUSTRATIONS BY MARY HAASDYK VOOYS



“It’s not because we don’t care about our health; it’s because we don’t make ourselves a priority,” says Colleen Norris.

to men. Of the women who are sent home from emergency departments annually in Alberta, 300 of them will return within 30 days having suffered a heart attack.

Part of the problem, Norris explains, is that historically, cardiovascular research studies are composed of male subjects. “We don’t even have the clinical evidence to support what treatments work for women. We’re still working on diagnosing women’s heart health,” she says. “We’re still working on being able to identify the symptoms.”

Her most recent research study (published by master of nursing student Nicole Tegg) paints a dim picture of women’s heart health. An environmental scan of 450 emergency departments across Canada revealed that only one has a female-specific protocol for women presenting with cardiovascular symptoms.

“But having found this, there is a movement to start saying ‘We need some answers here. And the answer is nursing research,’ she says, which will lead to better care by staff at the front line.

“We are getting away from the concept that nurses just go in and take care of their patients until their shift is over. The nurses of today have learned about research-based evidence. They are learning about the people, sex and gender, intersectionality. So, we are looking at every person regardless of their setting, using a biopsychosocial lens,” she says.

While recognizing that nursing-focused clinical research is still in its infancy, Norris is one of the researchers behind changing the landscape of the nursing profession.

And she’s doing this one research project at a time, while passing the torch to the next generation.

“The light of a candle does not diminish by lighting another,” says Norris, a philosophy she credits to her own mentor and supervisor, William Ghali, vice-president of research at the University of Calgary. “To me, mentorship is collegiality, so the first thing I tell my students is that we are here to do research and we are going to do it together.”

Fatigues to Scrubs

Christopher Picard crossed paths with Norris while taking her statistics course. As with many of her graduate students, that one course ignited a spark that quickly turned into a master’s-level research project.

Picard, an emergency room nurse and clinical nurse educator at the Royal Alexandra Hospital, is using triage narratives to collect data and investigate how cardiology care is delivered in emergency rooms to female patients. His route to emergency department research nurse wasn’t straightforward.

Picard was an army medic, stationed at a patrol base in Afghanistan. Having joined the army at a young age, he was looking for a career change. A friend suggested nursing, so he enrolled in the University of British Columbia’s accelerated program, and graduated in 2012.

While working in the emergency department and simultaneously pursuing his master’s at the U of A, Picard noticed something disturbing





at the hospital where he worked.

"Men go to cardiology and women go to internal medicine for the exact same complaints, and there is something wrong with that," he told Norris "This is not fair."

That conversation was the genesis of Picard's research interests, and he is now a part of Norris's team, helping her change the way the health-care system treats cardiovascular female patients.

"Christopher's data showed us what was happening when women were entering the emergency room," says Norris. "Triage narratives and data showed us that women were saying, 'Something is wrong with my heart,' but were being sent home. It showed us part of the issue is clinician awareness." A pilot study conducted by both researchers further validated what Picard was seeing. The study showed that women who complained of the same symptoms as men were being treated differently.

"It drives my research now," says Picard. "We've set women up for failure for decades. We've taught this failed paradigm to our clinicians. Women get substandard treatment and die." And this is where Picard's research hopes to make a difference.

The majority of people admitted to the hospital come through the emergency department, where the treatment path is often set. The patient's symptoms and complaints are recorded by the triage nurse, who then assigns a reason for the visit and acuity score treatment. A miscategorization at this step can contribute to a misdiagnosis of symptoms — and most often that happens to women, says Picard.

"These visits are typically recorded

in 70 words or less, no longer than a tweet," says Picard. "This is the very first documentation and assessment the patient receives and it's as close as it can get to the patient's own words."

Picard is looking to identify the key markers that demonstrate this disconnect using structured (visit categories) and unstructured (clinical narrative) data gathered when patients are in triage.

"This involves systemic barriers that need to be fixed," he says. "The women who eventually end up in cardiology have had huge delays."

His next steps build impact right where it matters. After publishing his review, he will begin to analyze triage narratives in the Edmonton zone, a dataset that includes almost two million emergency room visits.

"It will be the first study to actually examine what a triage narrative looks like and will offer insight into what a prototypical narrative is," says Picard. "For the U of A, this dataset is a unique opportunity. Being global leaders in artificial intelligence and qualitative methods, in addition to having access to rapidly growing volumes of clinical data, we have an opportunity to work with existing infrastructure and expertise. All the pieces are just waiting to be put together."

Back to the Clinic

Norris says a major part of advocating for women's heart health is bringing questions back to the clinical setting.

"We've done all this stuff clinically as nurses, just because we've always

New data showed what was happening when women went to the emergency department.



One patient, a new mom five days postpartum, had spontaneous coronary artery dissection — a tear in the wall of the heart.

done it that way. Now we are raising the question, 'why?' We are building research to support our questions," says Norris. "When I'm assigned a grad student, the first thing I say is, 'Let's see how we can apply this to women's health.'"

A perfect example of real-time research and impact in nursing is Natasha Yarrow's work.

Yarrow had been on the job for just two years, working as a registered nurse primarily in cardiology ICU. Little did Yarrow know at the time, the patient she was about to treat was going to change the way she practiced nursing.

Her patient — a new mom only five days postpartum — had spontaneous coronary artery dissection (SCAD), a tear in the artery wall in her heart.

What causes SCAD is unknown. But 90 per cent of SCAD patients are women between the ages of 30 and 60. Until the past few decades, SCAD went mostly undiagnosed and was often fatal.

This was Yarrow's first encounter with SCAD. She quickly realized she knew very little about the disease and that there was very little information available in terms of how to manage it after a patient leaves hospital.

"A big part of nursing is explaining to families what is going on and helping them understand the disease process," says Yarrow, as well as providing the tools they need. "With this patient, I didn't know what to say to her husband.

I didn't know how to explain the disease, and I couldn't find management strategies or even provide any basic knowledge or resources." This pushed her to find answers not just for herself but for her profession.

Yarrow moved to Edmonton and enrolled in the master of nursing nurse practitioner program with Norris. Here she published her scoping review, "Discharge Recommendations for Females Diagnosed With Spontaneous Coronary Artery Dissection."

Yarrow's scoping review identified a small number of cohort-based studies that showed followup care after SCAD should include patient-centred exercise training; social, emotional and mental health support; and lifestyle change management, similar to other cardiac rehabilitation programs.

"Colleen was able to connect me with the right people, set up a network, and she was consistently there to make sure I was on the right path," says Yarrow, who was conducting research for the first time. "She provided the nursing lens to make my research even more fitting."

At Norris's suggestion, Yarrow followed up her scoping review by embarking on a literature review to find out how well the information about how followup care was being translated to patients.

Next, Yarrow hopes to secure funding for a randomized controlled study. In the end, she says, "It would be nice to discharge a patient with a long-term plan in hand."

Crucial Connections

Just as SCAD research is evolving, so is the understanding of the connection between intimate partner violence and

cardiovascular disease in women later in life.

Jamie Mann's crusade began during a research course led by Norris, whom Mann counts as personally inspiring.

Mann's research — which focuses on intimate partner violence and its long-term impact on women developing cardiovascular disease later in life — was inspired by an encounter with a patient who disclosed she was experiencing intimate partner violence.

Mann, the physician, residents and a social worker scrambled for hours to get the patient help; no shelters had space or were willing to accommodate the woman despite all of the interdisciplinary team's efforts.

"It felt like she was screaming for help, but we couldn't help her. When intimate partner violence is disclosed, we should have sufficient resources available to help women," says Mann, now a master of nursing student in the family and all ages nurse practitioner stream.

In her current research, she is looking at improving cardiovascular health in women by addressing intimate partner violence as a unique and gendered risk factor for the development of cardiovascular disease.

In Canada, heart disease is the No. 1 cause of death in women over the age of 55. While factors such as high blood pressure, menopause, diabetes, tobacco use and physical activity are counted as major contributors, mental health and trauma are now being documented to play a role as well.

"Long-term trauma and abuse not only affects mental and emotional health, but has a stark impact on physical health," says Mann, who like Picard and Yarrow took a course of Norris's and undertook research to move the needle on women's heart-health care. "Trauma and abuse can directly lead to systemic inflammation

and over-stimulation of the body's compensatory stress-response mechanisms, resulting in cardiovascular damage."

Mann hopes her research will equip nurses with the tools and resources to promote routine screening for intimate partner violence, particularly for women who enter primary health care.

"Literature in this realm is evolving. Especially research connecting intimate partner violence with cardiovascular disease risk in women," says Mann. Diagnosing something like knee pain is routine, Mann says, but identifying mental health and social concerns are more difficult but necessary. "Nurses are here to provide holistic care. But if someone is in an abusive relationship, they may be unsupported when asking for help. We need to provide the tools and resources to identify these patients, to prevent further health concerns later in life."

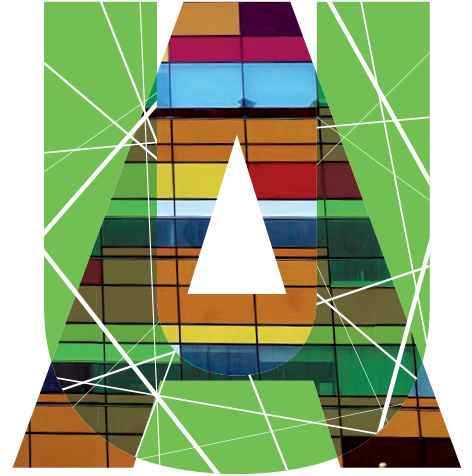
This is another opportunity to figure out a way to move the science along to solve a serious clinical problem, says Norris.

"We know that if you're living in a stressful environment, your cortisol is flowing all the time. And if you're in fight-or-flight mode all the time it affects your heart," says Norris.

"We need to start paying attention to women's health, especially when they come into the emergency department. More importantly we need to recognize our knowledge gaps, knowing that women's health is an intricate balance of sex and gendered factors, which we're looking at with a nurse's lens and nursing research." ❖

Mental health and trauma are now being documented as having a role in cardiovascular health.





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PHOTO BY JOHN ULAN

Help is Here

There are times to ask for support and times to offer it

NURSING IS IN EVERY FIELD. **Omolola Akinrinde**, '21 BScN, became interested in the profession for its various and diverse areas of practice. As a fourth-year international student, she participated in research about nurses' experiences of pandemic fatigue when caring for patients during COVID-19. Since graduation, she has become interested in mentoring. She knows it's impossible to go it alone when you're studying and working at a high level. "It's never a bad idea to reach out for support when the journey gets tough," she says. "This has been my way of leading — with the aim of supporting future nurses and potentially strengthening the nursing workforce." ❖

ALUMNI WISDOM

Five Things I've Learned About Doing the Right Thing

Developing ethical foundations helps the nurse as well as the patient, according to **Janet Storch**

By **Stephanie Bailey**

IN 1960, AT THE AGE OF 19, **Janet Storch**, '62 Dip(Nu), '63 BScN, '77 MHSA, '87 PhD, found herself feeling uncomfortable in an operating room. It wasn't squeamishness. As a University of Alberta student nurse, she was prepared for the visceral realities. What surprised her was the behaviour of the surgeons, who started throwing around profanities and insults as soon as the patient had gone under.

When she talked to a senior nurse about her concerns, she heard: "Unfortunately, nurses can't do much about it." That's when Storch decided to devote the rest of her career to proving otherwise.

As a clinician, researcher and educator, Storch has been advancing the field of applied ethics in health care ever since. She helped revise the Canadian code of ethics for nurses more than once, and she also wrote the book — literally — on patients' rights, back in 1982. Now retired, she shares a few takeaways from a career devoted to doing the right thing.

1. Question the Status Quo

"Ethics is an invitation to question long-standing practices," says Storch. It's the practice of asking hard questions to make the right decisions in the real world. In health care, Storch adds, practitioners need to ensure the questions they're asking prioritize the interests of the patient. Are they comfortable and safe? Are they informed and empowered? "It's important to keep a questioning mind that's person-centred and connected to caring. It isn't just an academic exercise."

2. Don't Be Afraid to Speak Up

Early in her career, Storch remembers interviewing U of A surgeon John Dossetor as part of a research project about ethics in health care. During the interview, Storch says, Dossetor recalled witnessing "army methods" of research that involved medical researchers simply ordering the recruits to get in line. The end of her interview with Dossetor ended up being the beginning of a rewarding professional relationship between the two, with Storch playing an integral role in establishing what would become known as the John Dossetor Health Ethics Centre at the U of A.

She learned a valuable lesson, she says: "Never be afraid to

speaking up about what you believe is right. Even if you're wrong, you learn that. Worst-case scenario, you have a conversation that helps both of you better understand an issue."

3. Play Your Part

"Ethics isn't just someone else's business," says Storch. When she started nursing, "the average nurse was still afraid to speak up to something that wasn't going well on the ward or just believed that it wasn't their problem." Times have changed, but Storch believes we can go further to entrench ethical thinking into the everyday. "As people find out how helpful it is to learn more about ethics to satisfy their need to feel comfortable about what they're doing, then I think the excitement grows about what ethics can mean, how it can help and what it can do."

4. Take a Load Off

Ethical thinking is the best remedy for a nagging doubt, says Storch. "As people come to see the difference between what they're doing and what they should be doing, it's astonishing how relieved they can feel." Weighing the ethical considerations of a decision empowers nurses to move forward with confidence. While Storch admits that ethical decision-making may be a headache in the short term, there is comfort in knowing you've covered your bases and can articulate your reasoning to patients, colleagues and supervisors.

5. Invest the Time

Storch understands that ethics protocols can add to overburdened workloads and lengthy research procedures. (Gone are the days of just lining up soldiers!) But it's worth it. Take, for instance, the protocol of obtaining informed consent from patients, which elevates them from subjects to active participants in research and their own health care. This protocol also adds value to research because it forces researchers to carefully think through their plan, why it matters and how it affects the patient. "Ethics is important inside and outside health care because it asks us to question why we're doing something and make the case for why it's important." ◊



PHOTO BY FAE PICTURES

CELEBRATE GIVING

Lifelong Friendships Leave a Legacy

Nurses have graduating classes that stick together like no other, and they find great ways to celebrate the connection

By Anna Schmidt

AT 18, **CLAIRE VERSCHAEVE**, '67 Dip(Nu), left her rural family farmhouse and moved into a large brick building in the heart of Edmonton, joining dozens of other young women at the University of Alberta nurses residence.

For a farm girl in the 1960s, it was one of the few pathways to a career, says Verschaeve. "The only thing we had to buy was a watch with a second hand and our white duty shoes. Classes, books, food, the nurses residence — everything was free."

At the time, nursing students learned hands-on at the University of Alberta Hospital, working on the units under the supervision of their clinical instructors. "If it wasn't free, I wouldn't have been able to do it," says Verschaeve. "My parents had no money."

She and her classmates graduated as a group of 100 nurses in September 1967. They had spent countless hours eating, sleeping, studying and working side by side, and resolved to stay in touch. In the coming decades, they met every five years for a class reunion.

Joan Douglas, '67 Dip(Nu), writes of the class's 55-year reunion last fall: "It was a joyous weekend. We renewed acquaintances, shared memories and celebrated. What a wonderful group!" The next reunion will be held in Calgary, Alta., in 2025.

At their 40-year reunion, they found themselves touring their old nursing residence, reminiscing about the rooms they'd lived in as young women. Before they parted ways, they'd decided to support the next generation of nurses by creating the Class of September 1967 Bursary in Nursing. "The class of September '67 is really quite special. We appreciate the fact that we had such good training and that it was free," says Verschaeve. "Now, students are paying rent and buying books and groceries."

The classmates contributed to an endowed bursary, where



Nursing graduates from the class of September 1967 donned green and gold for their reunion last fall.

the U of A invests the donations and uses the interest to fund the bursary each year, ensuring the gift continues in perpetuity. The bursary is awarded every March to a third- or fourth-year U of A nursing student who demonstrates financial need and commitment to the field. What started as a \$500 bursary in 2009 grew yearly, and the most recent recipient received \$2,100 in March 2022.

"Nursing is an amazing career," says Verschaeve, who retired last year at age 75. "We want to help nursing students today."

This October, the September class of '67 gathered in Nanaimo, B.C., for their 55-year reunion. "It was a joyous weekend," says **Joan Douglas**, '67 Dip(Nu). Verschaeve updated her friends on the bursary and the student who received it this year. In the evening the classmates donned their pyjamas and gathered in their rooms to chat late into the night.

"I love my people — we have an amazing bond," says Verschaeve. "Our bursary will continue on forever. It's a real legacy." ❖

If you are interested in starting a gift with your graduating class, please email Brianne Thomas at brianne1@ualberta.ca.

SELF-CARE

Mind Your Own Health

Women tend to care for everyone else first and themselves second. Here's how to shift that perspective

By Gillian Rutherford

WOMEN AND MEN ARE DIFFERENT right down to the cellular level, so it's no wonder that diseases progress differently between the sexes. Our sex affects our metabolism, body composition, kidney function, drug absorption — the list goes on. Those are the hard-wired differences we can't change. Scientists have been learning more about what they mean for women's health since the 1980s, when funders started insisting that researchers include women as subjects in medical studies.

But there's more than biology going on when it comes to women's health

outcomes. Gender disparities and gender roles — such as how much time you spend doing housework, whether you are a child's primary caregiver and whether you have emotional support at home — add up to extra stress that affects women disproportionately, contributing not just to mental health issues but also to cancer, heart disease and other illnesses. The good news? Knowledge is power — and no one knows your body and your health status better than you. Faculty of Nursing researcher **Colleen Norris**, '78 Dip(Nu), '82 BScN, '92 MN, '02 PhD, recommends ways that women can better take charge of their own health (see more on page 18).

Make your health a priority. Women are raised and socialized to take care of everyone else, often putting their own health second. As with oxygen masks on an airplane, Norris says, "you can't take care of those you love if you don't take care of yourself first." Evidence shows that women are less likely than men to seek medical attention, especially since the arrival of the COVID-19 pandemic, because they don't want to add to the burden on the system.

Develop a relationship with your clinician. Seek out a primary care clinician you trust. This could be a physician or a nurse practitioner, who may have more time and training to address all of the factors that affect your health. Nurses are educated to address not just the physical but the

whole psychosocial picture. Whichever clinician you see, put it in your calendar to get a checkup at least once a year so you can keep up with regular screening. It doesn't matter so much whether you choose a male or female practitioner; what's really important is that they answer all of your questions.

Recognize stress and alleviate it. Norris says it's on women to know their own health risks, whether it's eating too many processed foods high in salt and saturated fat, not getting enough sleep or exercise, or inherited factors. One of the biggest risks that often goes unrecognized is stress, which can be traced back to the gender imbalance. About 300 women a year present at an Alberta emergency department with cardiac symptoms, are discharged and go on to suffer a heart attack within 30 days. But the biggest predictor of that second cardiac event wasn't their sex. It was their high score on gendered factors related to home life, income, employment and education.

Find a community of support. There's a grain of truth to the old saying about social support: men stay healthier when they're married; women do better when they have a friend or a daughter for support. But we would all do well to cultivate a community. For example, if you're having trouble fitting exercise into your daily routine, ask a friend to help you try something new together. There's no use trying to do an exercise routine that you hate. Find something fun to try, and invite someone fun to try it with.

Be persistent if you think something's wrong. It's not always easy speaking to your health-care provider about your own health, even if you trained as a nurse. You could try bringing someone along with you who can ask questions and take notes during the appointment. Make sure you understand everything and ask for definitions if you don't. Recap the conversation as you go, so you understand what happens next. Follow up to be sure you're getting test results and that prescribed treatments are working. And remember, you can care better for others when you care for yourself first. ❖



AVENUES OF RESEARCH

Nursing the Workplace

A non-stop attitude to education and professionalism drives this occupational health nurse to succeed

By Gillian Rutherford

PICTURE A NURSE IN YOUR MIND'S EYE and you're likely to see someone in a clinical role, say at a hospital bedside or taking blood pressure in a clinic. But **Jodi-Ann Robinson-Perry**, graduating this winter, performs her nursing duties in a manufacturing plant, looking out for the health and well-being of more than 1,000 workers across Western Canada.

Robinson-Perry is uniquely qualified for her job as an occupational health nurse — not just because of her education but also thanks to her life experience.

Robinson-Perry first trained and first practised as a registered nurse in Jamaica, and gained more than a decade of hospital experience in the emergency department, operating room, pediatrics, palliative care and more.

It was a childhood family crisis, and a desire for more work-life balance, that motivated her to switch to occupational health nursing after she moved to Canada in 2016.

She remembers the day vividly, although it happened when she was in Grade 5. Her parents had sent her from their rural farm home to live with her eldest sister Jacquelyn in the city so she could get a better education. Her sister's husband would drive her to and from school. But one day he didn't show up.

A cousin came to take her home instead. Soon after, her brother-in-law's friends and workmates started arriving at the house. She couldn't hear what they were saying, but from their hushed tones, she could tell something serious had happened.

She soon learned that her brother-in-law had been fatally electrocuted at work that day.

"That changed the whole course of our lives," she says, "And I think it really played a role in me wanting to become a nurse and specifically specializing in occupational health nursing, to ensure that everyone makes it home safely to their loved ones at the end of each workday."

Education is Key

Robinson-Perry's parents were keen on ensuring all six children were properly educated, so Robinson-Perry lived with her sister, now a college principal lecturer in accounting and finance, through all of her school years. It was no surprise when Robinson-Perry chose nursing as her profession — she had always loved helping others and several of her aunts are also nurses.

Robinson-Perry helps oversee health and safety at

All Weather Windows, Western Canada's largest manufacturer of windows and doors. This includes responsibility for an on-site clinic at the head office in Edmonton, a team of casual nurses, paramedics and other health-care providers, preventive care and employee education, mental health supports, disability management and emergent, urgent and non-urgent care of ill or injured workers.

Along with her RN designation, Robinson-Perry holds a certificate in occupational nursing and also sought out extra training such as psychological health adviser certification through the Canadian Mental Health Association, and certifications in venipuncture, vision screening, audiometry, spirometry and advanced international trauma life support.

"I'm a firm believer in professionalism, re-skilling and up-skilling," Robinson-Perry says.

When it came time to choose a topic for her final U of A master's project, Robinson-Perry tapped into her love of education to investigate how well the current patchwork of programs and courses available across North America prepare nurses for occupational health nursing roles. She hopes to publish her findings and present them at a national conference.

She'd like to see more students exposed to occupational health nursing as a career option. She says having prepared

"I'm a firm believer in professionalism, re-skilling and up-skilling," Jodi-Anne Robinson-Perry says.

occupational health nurses on staff helps a business manage its workforce effectively and takes away strain from an overburdened health-care system.

"Many employers have been opting to employ less qualified staff that can be paid a lower wage — for example, persons with solely advanced first-aid training. They have less understanding of the health-illness continuum, knowledge and experience than an occupational health nurse has," she says. "Having an occupational health nurse as a disability manager really helps the business case."

Robinson-Perry's research supervisor, Joanne Olson, a professor of community health nursing, agrees.

"Nurses are equipped for this kind of work with their acute care background and their health promotion perspectives," Olson says. "A first-aid person can manage accidents on the site, but you also need someone to promote health for the workers and look at mental health. Nurses can do a more in-depth assessment of how mental health issues affect someone's work and family, and take a much broader perspective."

Empathy at Work

Robinson-Perry learned a lot about the juggling act many employees perform to find work-life balance. She worked throughout the pandemic while pursuing her graduate studies — and she gave birth to a baby girl, Payton, now nearly two years old. She credits support from her husband, Dushane, an IT systems analyst and operations team lead, for helping her to get through it all.

"It was just full — full-on work, then full-on school and



"Having an occupational health nurse as a disability health nurse really helps the business case," says Jodi-Ann Robinson-Perry, pictured with her daughter, Payton.

family commitments. It was really hectic," she recalls. "Dushane has been supportive and has gone above and beyond. He's an involved and active father. I am grateful for the care he provided me after my emergency C-section, when I couldn't adequately care for myself and Payton."

Robinson-Perry says her professors were also flexible, allowing her to hand in assignments early or providing advice on how to seek extensions, depending on her needs. She'd book meetings with her research supervisor for early mornings, when her husband was still home to care for the baby.

Olson remembers one meeting that had to be rescheduled because an employee at Robinson-Perry's worksite had been sent to hospital with chest pain. "I have to contact the family," Olson remembers Robinson-Perry telling her. "I'm going to make sure that the wife understands what happened."

Robinson-Perry takes her empathy into every situation. While doing her master's, she took part in the Black Youth Mentorship and Leadership Program to mentor a Grade 10 honours student who is interested in pursuing nursing.

The mentoring she gave him covered the gamut from resumé writing to job interview preparation to conflict management. It included an exploration of discrimination,

and tips about how to promote diversity, equity and inclusion.

Robinson-Perry says she experienced class-based discrimination in Jamaica, but other forms of discrimination such as racism were new to her when she arrived in Canada. "Initially I employed code shifting to 'fit in,' adjusted my speech to try to disguise my Jamaican accent, straightened my hair as it was deemed a more professional look versus its natural kinky, curly appearance," she explains. "However, after some time in Canada, I realized that I wasn't being authentic. Now I do whatever works best for me.

"I use my encounters as opportunities to educate others who might not have been exposed to other cultures."

What's Coming

Robinson-Perry's long-term goals include pursuing a PhD and becoming a nursing professor. Her openness, self-awareness and commitment to professionalism make her a leader in nursing already, according to Olson.

"She understands theoretically, professionally and personally what it takes to manage and balance family life along with being an effective worker," Olson says. "I was very impressed with how she is able to do that." ❖

TALK TO US

Class Notes

We'd love to hear what you're doing. Tell us about your new job, your career pivot, your latest award or your new baby. Celebrate a personal accomplishment, tell us about your volunteer activity or share a favourite campus memory. Submit your class notes to nucomms@ualberta.ca. We may edit for clarity, length and style.

LABOUR AND DELIVERANCE: "COVID changed our world, including ending my final preceptorship early and no convocation," writes **Dakota Borren**, '20 BScN. "Since graduation, I've been working on the labour and delivery unit in Red Deer, Alta. Last winter I completed my scrub training in the OBOR and assisted in many caesarean sections. Six months ago, I had my baby boy in the unit where I work. I had the pleasure of being cared for by my co-workers."

BIG CHANGE: "In February 2022, I made the big switch from acute care (labour and delivery) to primary care and quite the transition it has been!" writes **Kellie Willie**, '08 BPE, '11 BScN. "I have appreciated the learning, mentors and the shift of patient care towards a health promotion and longer term approach. Nursing is such a wonderful career in

that we have vast opportunities to explore all aspects of the health-care system and across the human lifespan."

JUST FOR FUN: This is written by class poet **Michelle Nadon (Jespersen)**, '62 Dip(Nu), who writes a nice poem every Christmas for the class of 1962. *Did you in your wildest dreams, Imagine that we'd be Still gathering in gangs, it seems To celebrate, you see? So, to Sept. 6-2 raise a glass, And toast each one of us 'Cuz 60 years since grad, our class Our chance to make a fuss.*

MENTORSHIP IN ACTION: **Jennifer Salt**, '98 BScN, '08 MN, has been the director of Integrated Home Care (Calgary Zone) with Alberta Health Services since 2019. In this role Jennifer is applying the LEAD framework, supporting leaders in continuous learning, fostering the development of others and building coalitions for organizational improvement and renewal. She reflects on her practicum in her master's in nursing leadership, supervised by one of the vice-presidents for Calgary Health Region. "I was exposed to the larger organization and elements that make up the system, like finance, contract and procurement, legal, audit, human resources and more," Salt says. "I was able to meet the directors and executive directors in the portfolio, who I wouldn't have otherwise met without the practicum. This experience broadened

my appreciation for what's required to run a health-care system."

THE BUSINESS OF HEALTH CARE: Join us in congratulating **Kate Young**, '07 BScN, '15 MBA, who was promoted to senior manager in Healthcare and Life Sciences at KPMG.

SUPER AMBASSADOR: "After graduation in 2021, I had the opportunity to work in the fields of postpartum and public health nursing. I'm thankful for the courses and clinicals that I learned," writes **Lan He**, '19 BSc, '21 BScN. "It helped me prepare for my transition from a graduate nurse to registered nurse. After a year of bedside nursing, I wanted to return for graduate studies to further my knowledge, addressing inequity that I noticed while caring for patients. During my time as an undergraduate student, I was a UAlberta Ambassador, meaning I gave campus/residence tours and hosted alumni/donor events. This was my favourite volunteer activity as it allowed me to connect with people from all walks of life, prospective students to alumni. It deepened my roots with the University of Alberta.

My role as a University of Alberta Ambassador inspired me to become the Faculty of Nursing representative for Alumni Council. I wanted to maintain my relationship with the U of A, and engage with my fellow nursing colleagues. I'm thankful for this opportunity with the U of A nursing community!" 📍

ENRICHMENT

Are You a Prospective PhD Student?

In celebration of our faculty's continuing high rankings, we are pleased to offer our incoming September 2023 cohort of PhD students a funding guarantee of \$15,000 for the first year of study. Our doctoral students are prepared to be the change agents of tomorrow by discovering innovative solutions to complex problems to improve nursing practice and science. Are you ready to re-energize your nursing career? International students must secure a study visa, establish residency, and have a social insurance number and bank account in Canada to qualify for this funding. Questions? Please contact nursing.graduate@ualberta.ca. 📍



Current student Farrell Bryenton

PHOTO BY LAUGHING DOG PHOTOGRAPHY

NUMBERS

296

The number of nursing students who received scholarships and bursaries in 2021 thanks to the generosity of donors

LIFELONG LEARNING

Smarten Up!

What have you been reading or watching that you have applied to your career or life? Have you attended any webinars or courses that have inspired you or given you new skills or certification? Have you worked with a mentor or mentored anyone? Submit your "Smarten Up" note to nucomms@ualberta.ca. We may edit for clarity, length and style.

PALLIATIVE CARE: "I recently took the Pallium Canada LEAP course and I would highly recommend it," writes **Danica Hans**, '13 BScN. "It's a great bite-sized course about palliative care that covers so many practical tips on how to apply the palliative care philosophy with any patient. I picked up great techniques and analogies from other participants and the course leader around discussing death and dying with my patients."

UPS AND DOWNS: Lately, my fellow nursing colleagues and I have been enjoying Nurse Blake on Instagram and his hilarious skits about the crazy things that we nurses see. Adding that sprinkle of nursing humour to the ups and downs of nursing has definitely helped us navigate our journey and establish our identity as a profession," writes **Lan He**, '21 BScN, '19 BSc. "As one of my wise patients once said, 'Don't just celebrate nursing week for just one week, celebrate nurses 365 days a year!'"

RECOMMENDED READING: *Human: Solving the Global Workforce Crisis in Healthcare* by Mark Britnell, recommended by **Kate Young**, '07 BScN, '15 MBA. 🍷



In Memoriam

The Faculty of Nursing notes with sadness the passing of the following graduates, based on information we have received in the last year.

Helen Morrison
Sandra Ralph
Diane Johnson
Brenda Powell
Donna G. Paynter
Sheila Ringrose
Mary Lutz
Elnora Riddle
Jean B. Jardine-O'Neill
Harriet McGurk
Bessie Marshall
Marg Acton
Margaret Swinton
Silvia Marshall
Olive Mitchell
Jeanette Blons
Lorraine Dennis
Michele L. Hoffman
Laverne Grant
Sandra Cunningham

Marian Wells
Ida Sansom
Patricia Sears
Dorothy Myers
Mary L'Heureux
Elizabeth Cantelon
Erna Stoik
Margaret Tait
Susan Brewster
Mary-Jo Vant
Jenny Weir
Joyce H. Baird
Jeanette Wentzell
Harriet Pool
Marie Polding
Joy Cox
Kathleen Minor
Victoria Fedorak
Darlene Yakimetz
Shirley Grace

Patricia Tilbrook
Ann C. McGill
Christina Grace Hamilton
Jane Pace
Margaret De Marco
Donalda Hallberg
Gertrude Utley
Helen Norton
Alvina Worobets
Dorothy Crowle
Adrian Abada
Margaret Worsell
Carol Martin
Jean Finley
Dianne W. Ferguson
Dorothy Shortreed
Anna Mae Maruyama
Mary Packman
Sarah J. Doughty
Elizabeth Kohle 🍷

QUOTE

"It's wonderful to meet the student receiving the award each year. As a family, we see how our award helps someone realize their career goals."

— An anonymous donor who established three scholarships, including one for an aspiring nurse practitioner



In Good Hands

WHEN GILLIAN LEMERMAYER, '89 BScN, '07 MN, '21 PhD, decided at age 17 to become a nurse, she was following in her mother's footsteps, so she expected her mom to be thrilled.

"I was surprised when she grew serious," Lemermeier remembers. "She said, 'OK, but do you understand what it means to be looking after people in this way?'"

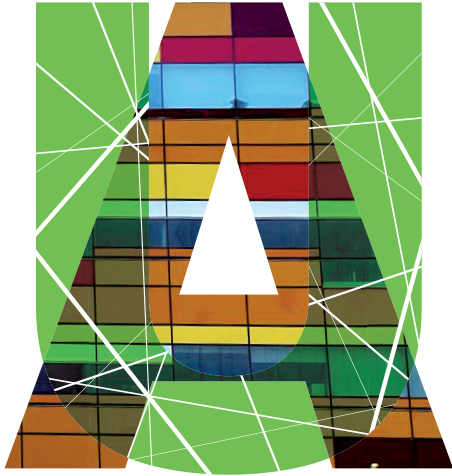
Years later, after working as a neonatal intensive care unit (NICU) nurse and now as an assistant professor in the Faculty of Nursing, Lemermeier understands her mother's question. "What happens between a nurse and a patient is more than transactional," she says.

"Built in is the privilege we have as nurses to be alongside

people as they're being born, as they're dying."

Lemermeier's research focuses on the ethics of the nurse-patient relationship and how it is shaped by technology, particularly artificial intelligence, in health care. She became interested in ethics early in her career when she'd sometimes hear what she considered to be a falsely dichotomous question: Who would you prefer to take care of your child — someone with a good bedside manner or an expert clinician? "I remember thinking, 'How in the world can they exist separately?'" she says.

Lemermeier's research is reflected in a paper she wrote for Qualitative Health Research about the ethics and embodied experience of NICU nurses' touches. ◊ — GILLIAN RUTHERFORD



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