

NURSING

UNIVERSITY OF ALBERTA | ALUMNI MAGAZINE | WINTER 2023/24

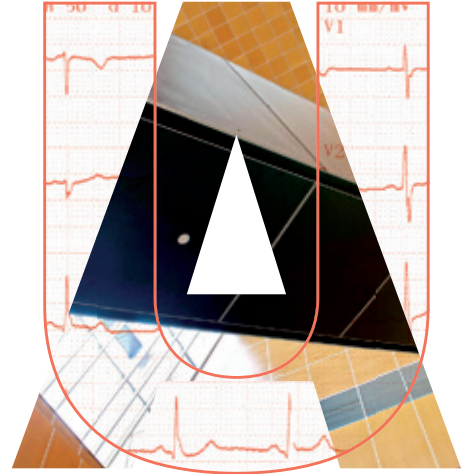
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contents

WINTER 2023/24



features

10 The New Generation

There is a critical need for PhD-educated nurses to conduct important research and educate tomorrow's health-care professionals

16 Faster Findings For Older Adults

Research usually isn't known for its speed. But some researchers are putting evidence-based best practices into action — fast

departments

2 Message From the Dean of Nursing

3 Charting

Faculty ranks high again; Better post-ICU care; Take action for quality care; Chronic illness meets exercise; New vaccine research tools; Learn calm cookery; Reddit mental health research; Meet undergrad researchers; Banish self-doubt — and more

8 Minor Patients, Major Research

Meet some researchers who identify and solve problems and spread best practices in pediatric nursing

21 The Station

Meet Beverly Leipert, expert in rural and remote health; Tips on coping with moral distress; Alumni award winners; A class known for giving — and more

32 Closing Thought

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.

The University of Alberta's *Nursing* magazine highlights tremendous achievements in the Faculty of Nursing community. It is distributed to alumni, faculty, staff, students and donors.

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Message From the Dean of Nursing

YOU ARE FUTURE-FOCUSED game-changers and I am so proud you are part of our growing alumni community. Whether you're a recent or long-standing graduate, I thank you for your support. Because of your mentorship, expertise and advocacy, the Faculty of Nursing's commitment to excellence in research, education and clinical practice endures.

As I reflect on the past year, I am filled with gratitude for our faculty community. And I'm inspired by our collective successes. This year, your Faculty of Nursing is again Canada's leading nursing program and in the Top 5 worldwide, according to QS World University Rankings by Subject. More recently, *Maclean's* magazine recognized us as the best in Canada: first place for our nursing program overall and first place for our research reputation.

So much of this is due to your willingness to share your insights and experiences on the front lines, in the classroom and in clinical research settings. You are shaping the next generation of nurse leaders. With your help, we are better positioned to prepare students to address the needs of the communities we serve with compassion and practical, culturally appropriate health care.

I am humbled by the generosity with which you've shared your research, wisdom and experiences in this magazine. Please read on and learn about how you and fellow alumni are addressing our research excellence areas, including children's and women's health, healthy aging, health equity and health systems, COVID-19, migration and mental health. These are a few of the research areas,

possibilities and practices to which your education can lead you.

As you read, I hope you'll feel inspired to continue building your skills through professional development and consider expanding your expertise by enrolling in a graduate or PhD program. Envision what being a nurse could mean for you and your community, now and in the future.

Thank you for staying in touch and supporting our purpose-driven research and education opportunities. You have my warmest appreciation.

Finally, with my tenure as dean ending, I'm pleased to welcome Shannon Scott as acting dean. Shannon's exceptional leadership and extensive knowledge of our faculty community will lead us to shared successes and strengthen our mission, values, priorities and excellence in nursing research, education and clinical practice.

Greta G. Cummings

'86 MEd, '03 PhD
Dean, Faculty of Nursing
University of Alberta





How It Started

There's an unbroken line of care between these students of 100 years ago and today's grads

THE ACADEMIC YEAR 2023-24 IS A MILESTONE for the Faculty of Nursing. The group pictured here began their studies in 1923-24, registering in a couple of different programs as the first U of A nursing students. The notes that came with this archival image read: "The first class of nurses at the University Hospital with Miss M. A. McCammon, Miss E. M. Sharpe and Dr. R. T. Washburn, Superintendent, on the steps of the Hospital [1923]." If you can provide us with any more information about any of the members of the first group of U of A student nurses, we'd love to hear from you at nucomms@ualberta.ca -MIFI PURVIS

GLOBAL RANKINGS

Best in Class

Nursing program maintains high ratings

THE 2023 QS WORLD UNIVERSITY Rankings by Subject are in, and the results affirm the Faculty of Nursing's continued tradition of excellence. The U of A program remains a top performer, clinching first place in Canada for the second year in a row. It also leapt from 23rd to fifth place in the global rankings, where the U of A was compared with 1,597 institutions.

"These rankings cement the Faculty of Nursing's internationally regarded expertise in nursing research, leadership and practice," says **Diane Kunyk**, '78 BScN, '02 MN, '11 PhD, vice dean of the faculty. "The continued improvement signals that our faculty is building something special for the profession of nursing that enhances the health and well-being of Albertans, Canadians and beyond."

In addition to the QS showing, *Maclean's* Univeristy Ranking placed the Faculty of Nursing first in Canada for reputation and first in Canada for research.

According to *Maclean's*, its program "ranks institutions in five broad areas based on

12 performance indicators, allocating a weight to each indicator... The rankings use the most recent and publicly available data. Statistics Canada provides numbers on faculty and student enrolment as well as data for total research income and five financial indicators."

Dean of Nursing, **Greta Cummings**, '86 MEd, '03 PhD, says, "Compassion, skill and sound judgment are at the heart of everything we do as nurses, educators, health-care leaders and researchers. Whether helping a frightened patient, conducting cutting-edge research, teaching the next generation of nurses or developing policy that will affect our health-care systems for years to come, our nurses have an impact."

Cummings says the program will continue to support the next generation of skilled nurse leaders so they can make significant contributions to health-care outcomes across Canada and the world. -OUMAR SALIFOU

NUMBERS

164

The number of active research grants in the Faculty of Nursing, with 65 students receiving internal awards for research

SENIORS AND COVID-19

Advice From Seasoned Canadians

When Gail Low, associate professor of nursing, embarked on a study about how older Canadians coped with anxiety during the COVID-19 pandemic, she promised to share what she learned broadly. The result is a free, downloadable online magazine – *Cooking Up Calm* – that blends mental health tips and nutritious recipes along with her academic findings.

"This is knowledge and wisdom shared by later-life Canadians for later-life Canadians," says Low. "It's a menu of strategies for mentally healthy living and it speaks to the tenacity and the perseverance of older Canadians."

Low and an international team of experts on epidemiology, aging and mental health surveyed 1,327 Canadians aged 60 and older. The survey was funded by the RTOERO Foundation (Retired Teachers of Ontario) and was conducted in the summer of 2022, just as some COVID restrictions were being lifted. The researchers found that, on average, participants scored relatively low on the Geriatric Anxiety Scale, but 22 per cent of them experienced severe anxiety. Participants who were in good to excellent health felt less anxiety than those in poor to fair health, and the oldest seniors were less anxious than younger seniors.

She says the project and the magazine take complex statistics from the study's results and turn them into everyday conversations about mental health that you could have with a neighbour, friend or relative while making freezer-friendly meals together. "We're making conversations about mental health more palatable," she says, noting that the threat of COVID-19 is still present for older Canadians. -GILLIAN RUTHERFORD



SUMMER RESEARCH PROJECTS

Undergraduate Research Excellence

Three U of A honors nursing students embark on research to improve the well-being of vulnerable people

U of A honors nursing undergrads Jaxon Lutzer, Priya Vyas and Alaa Fouli demonstrated that high-quality academic research can be achieved throughout the academic journey. Each student created a summer research project that investigated how vulnerable people interact with the health-care system. During their projects, the undergrads developed research, critical thinking and interviewing skills in hands-on settings, setting them up for success as emerging nurses. —GILLIAN RUTHERFORD



JAXON LUTZER

Involve respondents in research

Lutzer wanted to determine best practices to implement participatory research. He reviewed studies that covered transgender and non-binary people's health-care experiences. "They experience unique health inequities and discrimination, which can lead to mental health problems or underdiagnosis for cancer," explains Lutzer.

Participatory methodology involves study respondents, says Lutzer. He found the best studies included transgender people from the planning to the reporting phases, without which "the community voice gets drowned out."



PRIYA VYAS

Mitigate missed care with communication

Vyas studied the well-being of seniors living in long-term care homes, with a focus on missed care tasks, as repeatedly missed tasks can affect residents' psychosocial well-being. To gather data on how often care tasks were missed, she interviewed long-term care aides.

Vyas says that aides are involved "with basic but important tasks," such as helping with elimination and feeding the patient and taking them for walks. Generally, care tasks were missed due to lack of time or staff. Teams that communicated well missed fewer tasks.



ALAA FOULI

Learn how older Muslim women stay safe

Fouli researched how Islamophobia affects older Muslim women's perception of safety in Edmonton. As a woman who dresses in an abaya, a hijab and a niqab (long-sleeved robe, headscarf and face covering), Fouli brought her experience to her research. When she approached her interviewees, she learned how they felt and how they stayed safe.

"I was inspired to see how resilient these women were," Fouli says. She also built trust with her interviewees. "I realized it's OK for me to open up," she says. "It's about building that relationship."

IN THE COMMUNITY

New Tool in Vaccine Research

Meta-research published in *Vaccine*

As a public health nurse in Wetaskiwin, Alta., U of A honors nursing grad **Vidhi Vyas**, '22 BScN, recognizes the impact of intersectionality on vaccine uptake. While finishing the final year of their program, Vyas and fellow grad **Eunah Cha**, '22 BScN, wrote a meta-research paper that investigated the methodology of Canadian vaccine coverage research. Since then, the paper has been published in peer-reviewed journal *Vaccine*.

They wanted to determine whether previous research used intersectionality theory to understand gaps in vaccine uptake. Their findings revealed that use of this theoretical framework was limited. Out of 78 studies, only 20 used intersectionality in their analyses. No study explicitly stated it was using this framework. Most studies only tracked vaccine uptake associated with single characteristics, such as age. Others included limited gender identity options and many used the terms "sex" and "gender" incorrectly. Cha says identifying the gaps will increase vaccine uptake.

—SHIRLEY WILFONG-PRITCHARD

SOCIAL MEDIA SURVEY

Reddit Mental Health

Knowledge lack hinders healing

A CONTENT ANALYSIS conducted by undergrad student **Meghan Sit**, '22 BSc(Nutr/Food), of the Faculty of Medicine & Dentistry suggests that teens and young adults face barriers to mental health support. Her findings about posts on Reddit, a social news aggregation and discussion website, demonstrate

that people still feel stigmatized about disclosing their mental health problems.

Supervising Sit's work is Faculty of Nursing professor Shannon Scott, Canada Research Chair in Knowledge Translation in Children's Health, and Lisa Hartling and Sarah Elliot of the Faculty of Medicine & Dentistry. The project builds on research by Scott and Hartling, whose work connects health information to parents and families.

Sit's study aimed to better understand youth mental health experiences. She selected 98 information-seeking Reddit posts written in 2021 by 13-

24-year-olds. Next, Sit read the posts and analyzed their themes. The content suggested that low mental health literacy may prevent youth from seeking help. Posts asked about symptoms, medication and service access. The researchers found posts about embarrassment and shame, and other Redditors posted about negative experiences while accessing help.

The researchers say the study shows the need for a variety of solutions, including involving youth in developing the tools to boost their mental health literacy. —THERESE KEHLER

FIRST PERSON

Grassroots Solutions

I wanted to solve built-in problems that affected communities

By Kemi Amodu

MY RESEARCH PROGRAM FOCUSES ON HOW social factors such as gender inequities, conflict and migration influence the lives and well-being of women and children within the global context.

My most significant discovery while working with conflict-affected persons in Nigeria is the degree to which social location and culture affect peoples' lives. Government funding is not able to mitigate the harm of growing insurgencies, and cultural perspectives and religious factors influence health decisions. A UN report estimates that as of 2020 children under five comprised more than 90 per cent of the deaths — approximately 324,000 — attributable to conflict in Nigeria. My research showed that women who escaped and sought refuge in camps had a high rate of childbirth. This was their coping mechanism in response to the trauma of losing children. The consequence was an increased demand for maternity services in the refugee camp. The research showed a divergence between government and NGO interventions and the women's cultural beliefs about reproductive health and family planning. Combined



with gender conventions and limitations in health-care systems, phenomena such as conflict, climate change and political instability create barriers to health care for minority women around the world.

Political actors and development agencies do not adequately address health issues that affect women and girls. With my research, I find new solutions by engaging the people affected and the experts in the issues I am exploring. I find out who is most affected, and I seek their opinion. For

example, in my doctoral research in Nigeria, I got valuable insights from interacting with the community of self-settled refugees, finding out what their needs are and transforming those into actions for community-based interventions. At the U of A, I have the chance to collaborate with some of the most talented researchers in the world.

Kemi Amodu is an assistant professor at the Faculty of Nursing. Her new research focus is the maternal health, birth outcomes and experience of Black women in Alberta.

BILINGUAL NURSING PROGRAM

Self-Doubt Gets a Rout

A student tells how she banished impostor syndrome and gained confidence

When she started the Bilingual Nursing program, Sara Mack-Peterson struggled with uncertainty around program fit as well as impostor syndrome. "Going into my first year, I felt underprepared, and this coincided with my initial feeling of being an impostor," says Mack-Peterson. "I was

filled with doubt about my role and purpose in nursing and if I was cut out for this career."

Connecting with her peers was key to Mack-Peterson successfully adapting to the program and identifying her purpose as an emerging nurse. Early on, she joined a study group that supported her

studies and introduced her to people whom she befriended.

"The only people that authentically understand what it's like to have our course load, assignments and clinicals are the other nursing students," she says. "Coming to this realization made me feel less like an impostor when I was with my peers."

Now nearing graduation, Mack-Peterson continues to expand on her nursing knowledge and experience. She recently volunteered as the student lead for the Rural

Health Professions Action Plan rural excursion, where she saw the importance of bilingual nurses in rural workplaces.

And the impostor syndrome? "Those feelings are less intimidating as I have my friends around me who are sharing this experience," says Mack-Peterson. "I've grown proud of where I am and the career that I will have. Nursing school takes perseverance, and I'm confident that the end will justify the means!" —SANDRINE CAMMINGA, WITH FILES FROM SARA MACK-PETERSON

PRECISION HEALTH

Can Exercise Mitigate Chronic Illness?

Exercise is a well-known strategy for improving physical and mental health. Now, co-principal investigators Edith Pituskin, Stephanie Thompson and Michael Stickland are ready to explore its multiple applications as a diagnostic and therapeutic tool at the new U of A Precision Human Health Laboratory. A recent infusion of more than \$507,000 in infrastructure funding from the Canada Foundation for Innovation's John R. Evans Leaders Fund will make it possible for the team to equip the lab with tools that explore exercise tolerance and cardiovascular function.

There's a range of research possibilities, and one looks at how exercise affects patients with multiple illnesses, or comorbidities. The lab will also make it possible for therapeutic exercise to be personalized, says Pituskin, associate professor and Canada Research Chair in the University of Alberta's Faculty of Nursing and member of the Cancer Research Institute of Northern Alberta.

The goal, Pituskin says, is to "know the kind of treatment, the dose and how long to prescribe it." —OUMAR SALIFOU

QUOTED

"My master's education gave me the courage to advocate for planetary health, despite systemic barriers preventing change. I collaborated with Laura Reifferscheid, a friend I met in my first graduate course, and we made a plan to incorporate planetary health into nursing education at the U of A. I used my capstone project to create planetary health learning modules for nurses, and I frequently present at nursing courses and at conferences. Graduate nursing students have the knowledge, skills and passion to make a difference."

—Lindsay Komar, '22 MN

RESEARCH IN ACTION

Better Post-ICU Care

Nursing researchers are testing a treatment that reduces stress and promotes patient recovery during and after an ICU stay

BEING IN AN INTENSIVE CARE unit (ICU) can be stressful for both conscious and sedated patients. When the stress goes untreated it can cause immunosuppression, metabolic changes and increased sensitivity to pain, worsening patients' physical symptoms. It also affects patients' hormones and neurotransmitters, which leads to delirium or "ICU psychosis."

But patient stress in the ICU is neither monitored nor managed currently, says Elisavet Papathanasoglou, a professor in the Faculty of Nursing. She's the principal investigator of research that evaluates a stress reduction treatment for ICU patients. The treatment lasts up to five days, during which participating ICU patients listen to relaxation recordings and receive light massages. Some also listen to a 15-minute Mozart piano sonata.

The researchers hope to reduce the incidence of delirium through the treatment, supporting patients' recovery before and after discharge. And support after release matters: 70 per cent of patients who have been discharged from ICUs experience serious mental health problems, including post-traumatic stress disorder, anxiety and depression. Others experience post-intensive care syndrome,

which causes physical weakness, cognitive changes and severe mental health issues. Papathanasoglou says these health problems can persist for years.

The study's interim results are promising. The physical test results are blinded until the study's completion, so the researchers can't yet confirm whether the incidence of delirium changed. But patients did report less pain after the treatment. Before the intervention, patients reported an average of seven or eight out of 10 on a pain scale; after the intervention this becomes a two or a three," says Papathanasoglou. "That's huge for the patient."

Next up, Papathanasoglou will consult clinicians and survivors of ICU to create clinical practice recommendations for assessing and managing ICU patients' stress.

"As nurses we are aware of patient stress but the environment of care ... sometimes does not allow us to actually do something about that patient stress," she says. "This is so overdue."

—SANDRINE CAMMINGA





Minor Patients, Major Research

Meet a couple of researchers who develop solutions and spread best practices in pediatric nursing

By Colleen Biondi | Illustration by Katy Dockrill

BONNY GRAHAM IS AN EXPERIENCED COMMUNITY NURSE. She could see that there was a gap in the rates of childhood vaccinations between the children served by her employer, Maskwacis Health Services, and those from outside her community, 90 kilometres south of Edmonton. Health Canada reported that in 2015, the most recent year for which statistics are available, only 42 per cent of First Nations two-year-old children in Alberta had received all recommended doses of the diphtheria-tetanus-pertussis-polio vaccine compared with 78.3 per cent of non-First Nations children.

At the same time, researcher **Shannon MacDonald**, '93 BSc, '13 PhD, was thinking about that exact problem: the immunization gap. She wanted to help solve the problem and knew that she'd need to consult the experts: nurses like Graham, who work with families in their home communities.

"Shannon approached us with the research opportunity," Graham explains. "We knew it was a good idea. It offered another way to protect our kids." A research team was born, which called on the strengths of both the community and the faculty.

While vaccine uptake is one of Graham's many priorities, MacDonald has spent a career on it. She encountered the problem at the University of Indonesia in 2002

while she was collecting data for her master's thesis. During that time, she learned that children were dying in developing countries because willing families lacked access to immunizations. She reflected on her clinical experience in North America, where children were dying because their parents had opted out of available vaccinations.

"The combination of those two experiences focused my future studies on immunization," she says. "Every child has a right to be protected." Indeed, according to the Global Alliance for Vaccines and Immunization, more than two million children die annually from vaccine-preventable diseases.

In 2005, MacDonald started her PhD at the U of A. She graduated (after two maternity leaves) in 2013. Now an associate professor in the faculty, she has published 107 peer-reviewed articles and secured almost \$25 million in research grant funding. Some of her research projects are influenced by those experiences in Indonesia. The first, in conjunction with Graham and her colleagues and community members in Maskwacis, looks at how to improve immunization rates and practices in a First Nations community and relies on community partnership.

"We ran targeted focus groups in the community to look at why vaccinations weren't higher," Graham says. The team conducted face-to-face interviews with 39 participants in the community's immunization clinic—including staff, parents and grandparents—and observed clinic operations. The study, called FINCH: First Nations Childhood Immunization Project, was supported by a Canadian Institutes of Health Research (CIHR) grant valued at nearly \$200,000.

"There were challenges based on social determinants of health," Graham says. The World Health Organization defines these as non-medical factors that influence health outcomes, such as economic policies and systems, development agendas, social norms and political systems. Sometimes social determinants mean that urgent care gets in the way of preventive care.

"In our community there are child-care issues and transport issues," says Graham. "Violence and addiction can cause unanticipated events at home. Bereavement in our community means rescheduling appointments."

The Maskwacis team decided to tackle two barriers to childhood vaccination in the community: access and resources. It was clear that parents wanted vaccinations for their children. But with limited transportation in this large rural community, some parents were unable to make it to appointments. In addition, there were few child-care options for families, who would frequently bring a number of children to a “one child per appointment” system. This pressured nurses to either turn away or vaccinate unscheduled children.

“So, when the budget allowed, we hired a driver and changed our vehicle insurance so that the driver or nurses could transport clients from their homes to the health centre and back,” Graham says. It improved access and flexibility.

The team also wanted to start the vaccine conversation earlier, which calls on another community strength: prenatal and postnatal nursing care. Graham says the team wanted to take advantage of connections that already existed between families and front-line nurses to introduce the subject of vaccination earlier in a child’s life.

MacDonald, Graham and their research partners in Maskwacis recently launched a video called *Vaccines: A FINCH Video for Expectant Parents* that will screen at prenatal classes in the community and is available for other First Nations health clinics across Alberta. The video answers common questions about vaccinations, and it features First Nations animation, experiences, music and voices.

Improving vaccination rates is a work in progress, MacDonald says. “Achieving high vaccination coverage while attending to the complex and intricate realities of First Nations communities requires community-led solutions.”

MacDonald’s team is working on a second project that looks at vaccination rates for school-aged children in Alberta. Many missed their regular Grade 6 and 9 vaccines when school went online during COVID-19. At the height of the pandemic, only five per cent (of a targeted 95 per cent) of children were being vaccinated.

MacDonald’s two-year research project will look at the efficacy of catch-up vaccination programs with the aid of a nearly \$160,000 grant from the Canadian Immunization Research

Network. Her team will measure uptake, look at best practices—as they did in Maskwacis—and draw from the expertise of front-line providers. Research is critical, says MacDonald. “If you don’t evaluate what is and isn’t working, there’s no opportunity to improve or learn,” she says.

And sometimes research reveals surprising things. “We learned that there’s so much invisible work that nurses do,” says Graham. “Telephone reminders, following up on no-shows, arranging for transportation and sometimes discovering more pressing health needs in routine pre-vaccine assessments. We just don’t give up.”

MACDONALD’S COLLEAGUE, Shannon

Scott, ’06, PhD, is a pediatric nurse scientist and holds a Canada Research Chair in Knowledge Translation in Children’s Health. Her career has always been committed to pediatric nursing and improving health-related experiences.

“I only ever wanted to work with children and families,” she says. “That’s where my strength lies.”

Scott was raised in Manitoba, where she got her graduate nursing experience and clinical experience. She moved to Edmonton in 2000 to begin her PhD at the U of A and graduated in 2006.

Scott oversees a growing body of pediatric nursing research and best practices. But she knows that best practices only help children when they’re easily understood and widely practised.

“I started work in knowledge translation back in 2000 at the start of my PhD,” Scott says. Knowledge translation means using research to make decisions and inform practice.

Scott conducted the largest needs assessment in Canada to look at how acutely ill children accessed emergency health services. Health-care personnel at 32 emergency departments provided data. Scott and her team interviewed 1,000 parents in emergency waiting rooms. The researchers found that both parties craved timely information about childhood conditions and treatment.

The finding was an opportunity to look for ways to help doctors and nurses in emergency departments diagnose and treat children effectively. After all, in a remote community, emergency room personnel may not often see a child with an asthma attack or high fever.

As co-director of a national mobilization initiative called Translating Emergency Knowledge for Kids (TREKK), Scott’s team created online information tools and documents offering “bottom line recommendations” about common childhood conditions to help medical professionals assess, diagnose, treat and decide when to transport children. There are hundreds of resources on the TREKK website, says Scott. “They’re evidence repositories—algorithms, clinical pathways—the full body of work.”


To address parents’ needs, she took a primary role in developing more than 45 free online informational tools to help them make decisions. These include, for example, when to care for sick children at home, when to take them to the doctor and when to rush them to an emergency department. The tools address health concerns such as croup, fever, concussion, infections and pain.

“This is not armchair theorizing,” says Scott. “We are involved with the parents, merging their experience with the best available synthesized knowledge.”

The tools for parents include interactive videos, whiteboards, infographics and animated audiobooks. The CIHR provided \$2.5 million to develop this work from 2016 to 2026. The Stollery Children’s Hospital Foundation provided \$1 million in 2018 for Scott and her colleague Lisa Hartling, from the Faculty of Medicine & Dentistry, to adapt the tools for several cultures and to create a parent advisory council.

The parent advisory council helps develop the tools and vets them for accuracy, understandability and inclusivity. “We have very detailed discussions about content!” says Scott. The tools are playing in waiting rooms in 380 health-care sites in Alberta, getting more 900,000 views monthly, and the initiative has gone global. Each one is downloaded as many as 100,000 times a year from the TREKK website from more than 130 countries around the world. Next up, Scott is focused on creating research-based tools about pediatric heart failure, mental health conditions, sick children with intellectual disabilities, as well as teen sexuality.

She is also part of an international group looking at how best to recruit online study subjects. “Our dataset must be integral,” she explains. After all, research informs the best patient care. ◉



**There is a critical need for PhD-educated nurses
to conduct important research and teach
the students who will become tomorrow's
health-care professionals**

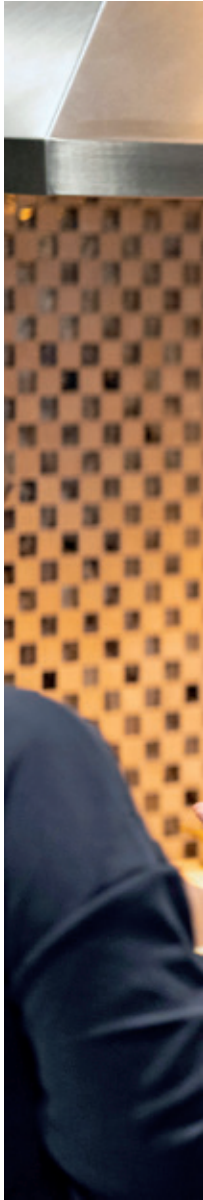
The New Generation

By Jennifer Allford, '84 BA

Photos by John Ulan



Harkeert Judge and Morgan Wadams relax preparing a family meal at home in Edmonton.



SHORTAGE OF PHDS

When **Greta Cummings**, '86 MEd, '03 PhD, started as a professor in the Faculty of Nursing in 2013, the faculty had 66 tenure track professors with tri-partite roles in research, teaching and service. A decade later, she's the dean of the faculty, and there are half as many such professors.

Nursing faculties everywhere are seeing drops in the number of candidates available to fill teaching positions. "This has been forecast for 20 years, and it's actually coming to pass that the numbers of professors are dropping," says Cummings. "The main problem is not having enough PhD-prepared nurses who want to become academic professors."

The Faculty of Nursing is ranked first in Canada and fifth globally, according to the 2023 QS World University Rankings by Subject. *Maclean's* 2024 Canadian University Rankings named it the top nursing program in Canada, with first place in program reputation and research. But rankings don't insulate the faculty from the shortage of nurses wanting to enter academia, which raises important questions. With fewer tenure-track professors, who will do the research that informs professional practice and underpins curriculum? Who will use it to teach the next generation?

"It's a very serious problem, to the point that this could cause the death of our profession if we can't right this," says **Diane Kunyk**, '78 BScN, '02 MN, '11 PhD, vice-dean in the Faculty of Nursing. "This is escalating and it isn't just for the University of Alberta. It's a global phenomenon."

The Canadian Association of Schools of Nursing has also raised the alarm. A 2017 position statement reported that "the number of nurses graduating with PhDs is insufficient to fill existing vacancies, and an aging academic workforce is further perpetuating a faculty shortage." With most Canadian nursing professors over the age of 55 and staring down retirement, unoccupied faculty positions are projected to increase. The association, like the Faculty of Nursing, suggested prioritizing doctoral education to try to address the problem.

Nursing programs are trying to address the problem, says Cummings, but the demand is daunting.

"Every program is growing and trying to grow their doctoral program. And ours is growing fast, which is also good," she says. "But the demand for academic professors in all of these schools has also gone up because they need to be able to teach all these students and guide them through anywhere from a three- to five-year program."

Samantha Louie-Poon, '16 BScN, '23 PhD, decided to do a doctorate in nursing for that reason: she wanted to mentor the next generation of nurses. "Specifically, I wanted to mentor populations with diverse experiences and nurses that come from systematically marginalized experiences and communities, similar to my experiences," she says. Louie-Poon, who is of Chinese descent, recently began a two-year postdoc at Dalhousie University, where she is studying racism and pain management for Asian children in Canada.

Kunyk says doctorate-level nurses not only teach but also—like Louie-Poon—conduct crucial research that improves care for patients and the public.

"Without nurses with doctorates, we're not developing our nursing knowledge and nursing research," Kunyk says. She notes that nursing research includes everything from investigating pain management to the root causes of vaccine hesitancy, from assisting ailing seniors at home to helping children with chronic diseases. "Nurses research really important things that other professions aren't looking at but that are very immediate to the public."

Louie-Poon hopes her research will have that kind of immediate benefit. "I want to foster inclusive spaces to provide meaningful inclusion," she says, "and to let the next generation of nursing students and nurses know that they have a place within nursing and nursing leadership."

Harkeert Judge, '15 BScN, '23 PhD, and her husband **Morgan Wadams**, '15 BScN, '23 PhD, met during their undergraduate studies in the Faculty of Nursing. Judge and Wadams, who were married in 2019, each worked for a year after their BSc in nursing—he at the Edmonton Remand Centre and she at a trauma ward at the University of Alberta Hospital. Both wanted to broaden their horizons, so they enrolled in a master's program at the U of A.

They signed up for an fast-track master of nursing program in the Faculty of Nursing, informally called the bypass program, which shaves time off post-graduate studies by letting outstanding master's students move into a PhD program after only one year. Students must have exceptional academic standing and have completed specified coursework. Judge and Wadams both qualified.

"We learned more about the PhD program and the fun that can be associated with doing research—and the doors that doing a PhD can open," says Wadams, who researched the experiences of men living with HIV as they transitioned in and out of Alberta correctional facilities.

"We didn't know exactly what we were getting ourselves into," says Judge, who researched how nurses practise patient- and family-centred care. "We just thought, 'This is a good opportunity to learn,' and we wanted to build our repertoire and stay in nursing because nursing is so diverse."

Judge and Wadams were interested in the variety and depth of nursing that a PhD can bring, but they might not have been aware how valuable they are to the future of the profession.



“

We didn't know exactly what we were getting ourselves into. We just thought, 'This is a good opportunity to learn.' And we wanted to build our repertoire and stay in nursing because nursing is so diverse.” —HARKEERT JUDGE

With need comes opportunity. Cummings says there is huge potential for doctorate-level education to open the field to diverse nursing leaders interested in equally diverse fields of study. “You can do whatever you want when you're in nursing, from any kind of specialty across the lifespan,” she says.

If the shortage of doctorate-level nurses is bad news, the good news is that Cummings, Kunyk and their colleagues across the country and around the world

are working on myriad solutions to attract more nurses like Louie-Poon, Judge and Wadams to PhD programs. Those solutions begin with awareness, says Cummings. “I am hoping we can turn things around,” she says. “This is an amazing profession. It really is the best job—to be able to work with young people who want to become nurses.”

ADDRESSING THE PROBLEM

Attracting nurses into doctoral programs requires more than pitching the many professional benefits of undertaking a PhD in nursing. It also means addressing the overlapping factors that contribute to the shortage—a feat that requires creativity, flexibility and, perhaps most of all, funding.

One factor is that freshly graduated nurses often want to spend some time working before considering graduate studies. Once they are on the front lines, it can be hard for them to walk away from the steady paycheque to go back to school.

“And to exit the workforce for years to get a PhD without financial support is difficult,” says Kunyk. “If they exit, they lose workplace benefits, and employers may not grant them time off because because of the nursing shortage.”

That said, experience can sometimes be a motivator.

Louie-Poon says her practice inspired her research. She worked as a registered nurse for four years at the Stollery Children’s Hospital in Edmonton before starting graduate studies, where her research focused on anti-racism strategies for mental health resources, specifically within Asian populations.

“As nurses, I think we come into research informed by a combination of things, from a professional clinical practice to bedside nursing—and we’re also informed by our own experiences,” she says. Louie-Poon is primarily focused on research now, but she is looking forward to eventually teaching and working with students at a research-intensive university.

The Faculty of Nursing is working to secure better doctoral funding—more awards and scholarships—so more people can afford to go to graduate school. “If we can help them financially, they can devote themselves full time to studies and graduate faster,” Kunyk says. Ideally, she says, Canadian universities could match many American nursing programs that are able to offer substantial funding for more intensive doctorate programs that take place over a shorter time.

Drawn by this “choose your own adventure” aspect of a PhD in nursing, Judge and Wadams started their doctorates in 2017 and graduated in 2023. “Your interests and all the people you meet along the road to completion lead to an individualized route of where you want to go,” says Wadams, who is now an assistant professor in the Faculty of Nursing at MacEwan University. “There are many different routes to pursue afterwards, and many have some kind of a teaching component.”



As nurses with PhDs, we have a lot to offer. We explore so many areas within nursing. Hopefully we can get more PhD-trained nurses in Canada and across the globe.” –SAMANTHA LOUIE-POON

Judge, who is working as a casual RN at the University of Alberta Hospital, is inspired by the nurse educators she has met and plans to conduct research that will improve the profession.

“Part of the shortage is that nurses get burnt out with different workplace settings and situations,” she says. “But there are different practice settings that require nurses to research, explore and create solutions to give that knowledge back to new nurses.”

Speeding up the time it takes to complete postgraduate studies, as the U of A’s fast-track program does, not only saves the student time and money in the short term, it gives the graduate a longer career to teach and research, which in turn helps preserve the professoriate.

At one point, Kunyk says, the only option was to juggle competing priorities and accept a shorter academic career.

“Because we practise nursing and often have caregiving responsibilities, by the time we do our PhD, it’s later in life,” says Kunyk. “So, instead of having a 40-year career, you’re having a shorter one, maybe 20 years.” That means a quicker turnover of nursing school faculty and the need for constant recruitment.

Another factor that limits the number of nurses pursuing doctoral studies is the fact that most nurses are women. “Despite best efforts, most nurses are still female,” says Kunyk. “Often PhDs are undertaken during child-bearing years.”

Once children are born, women are more likely than men to take time off to care for them, according to Statistics Canada. When women go back to work, many will carry more of the child-care and household duties—all of which makes it hard to find the time, energy and money to pursue a career in academia.

Judge, who is expecting her first child in January, admits her career trajectory is now a little more complicated. “I am hoping to teach; it’s just life is a little harder to plan a career around when you’re pregnant,” she says. The fast-track bypass program she and Wadams completed helped the couple decide they could manage the major life changes.

CREATIVE RECRUITING

As many front-line nurses leave the profession due to post-pandemic burnout and working conditions, more nursing programs are popping up in an attempt to address the shortage. Not all of them have a legacy of excellence, and it can be hard for prospective students to sort out which program will best meet their needs. But that means more competition for students considering doctorates, as well as a smaller pool of nurses who already have their PhDs and can teach. “Every school has vacancies in their tenure-track programs,” says Cummings.

That’s why the U of A Faculty of Nursing is always in recruitment mode. That includes formal recruitment, such as identifying undergraduate students who may want to pursue graduate studies and inviting PhD students and postdocs to teach a





Morgan Wadams, left, teaching the next generation of nurses at MacEwan University.

Samantha Louie-Poon, below, researches pain management among Asian Canadian pediatric populations.



country are paying attention. “I would say that nursing leaders across the country are starting to recognize the shortage as a challenge,” says Cummings. “In my view, this is a federal and provincial issue in Canada.”

In 2021, the Canadian Association of Schools of Nursing said nursing schools projected a need to fill more than 500 vacancies for nursing faculty and teaching positions across the country. “It needs a concerted national effort to support the education of nurses and doctoral programs,” Kunyk says.

Cummings, meanwhile, is hopeful the trend can be reversed. And she’s quick to point out that there are fewer vacancies in Canada than some other countries. “When I look at some of our collaborators around the world, we still have it really good here.”

But she sees a dangerous gap ahead. A 2022 report from the World Health Organization said there are far fewer people with doctoral degrees in nursing than in other professions. That represents a decreased overall capacity in the profession to prepare the next generation of nurses.

“We need to use all of the connections, networks, resources that we have to shine a light on it and to encourage young people to consider this as a good career pathway—and we need to help them fund it,” says Cummings. “Nurses are good at trying to solve problems. And this is a big problem that needs to be solved.”

Louie-Poon shares the motivation to improve the nursing profession, and she encourages other nurses to consider doing their doctorates so they can help their communities, too.

“As nurses with PhDs, we have a lot to offer,” she says. “We explore so many areas within nursing. Hopefully we can get more PhD-trained nurses in Canada and across the globe.”

course. It also includes more informal methods. “For example,” says Kunyk, “we had one faculty member return from Ireland recently. When doing presentations, she lets the audience know we are recruiting doctoral students.”

About 40 per cent of the graduate students in nursing at the U of A are international students, and each one is in high demand. “We’re all competing for the same brightest and the best,” says Cummings.

While the Faculty of Nursing’s excellent rankings are “huge for attracting talent,” Cummings says, it’s still expensive to bring international students to Edmonton. And the pandemic has caused many international students to want to study closer to home.

As the shortage of PhDs in nursing becomes more acute, experts across the



By Mary Frances Hill

RESEARCH REACHES AGING

It can take a decade or two for evidence to become clinical practice. Meet some researchers who are bridging the gap faster

ILLUSTRATIONS BY WENTING LI

CANADA'S POPULATION OF SENIORS AGED 85 AND OLDER is our fastest-growing demographic group. Improving care for those who'll need it is more important than ever, and COVID-19 showed us the challenges facing the long-term care sector. Research leaders from the Faculty of Nursing are enhancing standards of care for older adults near the end of life and living in long-term care (LTC) homes. And they're picking up the pace of knowledge translation, getting research findings into the hands of caregivers.

With an average age of 85, most residents of long-term care homes are frail and coping with chronic health conditions, most are women and most have dementia. In the aftermath of the pandemic, many LTC homes are still coping with outbreaks of COVID-19 and struggling to find enough direct care staff. By far, most direct nursing care is given by care aides, who are currently unregulated. These workers, who care for the most vulnerable and complex residents, have the least education and the most difficult working conditions, yet they're the ones who provide hands-on care and report changes in residents' conditions. Care in LTC facilities is a team effort that requires appropriate numbers of properly trained, regulated nursing and allied staff—and there aren't enough of them.

Given the challenges, long-term care homes need resilient leaders: managers and directors of care. "This is also a group under siege," says professor **Carole Estabrooks**, '87 MNurs, '97 PhD, principal investigator

in the Translating Research in Elder Care (TREC) research program since 2007. Fortunately, nurse scientists like Estabrooks have formed partnerships with long-term care homes, managers, policy-makers and funders, who are receptive to using research findings to improve the quality of care and life for residents, and the quality of work life and environment for staff.

Roots of Research

More than 25 years ago, when Estabrooks launched her career as a nurse scientist, she had the kind of resumé that afforded her choices in an academic home. The University of Alberta was a good fit. "I wanted to be a research scientist," she says. "At the time, in the late 1990s, Alberta was the 'research-richest' province." She jumped into her work and is now a professor in the Faculty of Nursing, where she holds a Tier-1 Canada Research Chair in Knowledge Translation in the care of older adults. She built a team of health scientists to research to make things better by moving research to action.

Early on, she began her work in hospitals focused on changing nurses' behaviour by incorporating research in their practice. She wanted to understand and influence clinician behaviour, using research to improve patient care and scale up strategies to use evidence in practice.

But she soon recognized that something was missing. "I became really disillusioned, almost despondent, when I realized that if you work only on nurses' behaviour to improve use of research-based evidence practice, you're just swimming upstream," says Estabrooks. "Nurses are constrained by the organizations in which they work."

So, she turned her focus to studying the nursing work environment, the impact it had on morale, patient care and well-being, and the health-care system.

A formative experience for Estabrooks early in her career was working as part of the International Hospital Outcomes study led by Linda Aiken and, in Alberta, by the late Phyllis Giovannetti, the findings of which were published in the *Journal of Nursing Research*.

That planted the seeds of Estabrooks's recent research, working with health scientists to connect nursing care to patient outcomes. She saw firsthand the challenges and rewards of large team research.

"It was a truly formative and transformative experience," she says. "It wasn't easy but it altered my trajectory. Both my postdoctoral work at the Institute for Clinical Evaluative Science and my seemingly casual connections to other scientists — some of whom I work with to this day — influenced my decision to move my work to LTC."

Few nurse scientists were working in long-term care and fewer were doing programmatic research using an integrated knowledge translation model, which entails working in deep partnership with system leaders, from design to implementation of findings.

"That model of integrated knowledge translation arose from my work with the Canadian Health Services Research Foundation and the influence of people like Jonathan Lomas and Ian Graham," she says. Lomas and Graham are Canadian researchers and experts in knowledge translation in health.

Estabrooks and other researchers established Translating Research in Elder Care (TREC) in 2007 with a \$4.7 million dollar grant from the Canadian Institutes of Health Research. TREC is a pan-Canadian health services research partnership of researchers, knowledge users, policy makers and citizens that aims to improve elder care. The work was welcomed by policy-makers and other decision-making partners in the LTC sector as well as by long-term care homes and funders. The appetite was high for research that would improve care and conditions. The number of Canadians over 85 is expected to triple by 2046 and dementia, which is a main driver of LTC home admission, is on the rise as baby boomers age. Chronic diseases increase with age and older adults face complex social challenges, such as loneliness.

Nursing science and the health and social sciences see a need to conduct and apply research. But according to the *Journal of the Royal Society of Medicine*, it takes an average of 17 years for research evidence to develop into clinical practice. So, Estabrooks set her sights on shortening the gap. "We are learning that the 17-year gap does not have to be," Estabrooks says. "But it takes effort, resources and planning." The Faculty of Nursing's support for applying research on the dimensions of aging allows nurse scientists to carry out this work, despite built-in obstacles.

One obstacle, Estabrooks says, is that long-term care homes have long been seen by nurses as less-than-desirable places to work. She and her team focus on transforming the work environment to improve staff retention, quality of worklife, and the quality of care and life for older adults. "Creating a positive work environment in LTC depends on many things — strong leadership, teamwork, resources, involving point-of-care staff in decisions, and staff feeling and being valued," Estabrooks says. But a positive environment is insufficient to help students and clinicians see long-term care as a desirable field, Estabrooks says. She says nursing education still has work to do.

In 2019 and 2020, Estabrooks and the TREC team collected data from staff in more than 90 western Canadian long-term care facilities. This baseline made it possible to complete an assessment during the height of the COVID-19 pandemic about



how the workforce was managing. Their findings: not well. The TREC team published several papers that reported on the mental health challenges faced by staff and the ensuing burnout and negative effects on their well-being.

"Staff worked under combat-like conditions, without adequate protective equipment at first, with constrained resources," Estabrooks says. "They saw death in greater numbers and witnessed the suffering that isolation practices imposed on residents, families and staff."

Long-term care staff are still dealing with the aftermath of the pandemic and the resulting workforce emergency. The Canadian Association for Long Term Care reports that in the fourth quarter of 2021, Statistics Canada found more than 35,000 vacant jobs in long-term care, a number that was 10,000 higher than that of the first quarter. It's an ongoing crisis in employee recruitment and retention, heralded by negative changes to mental health, burnout, well-being and job satisfaction, according to Estabrooks's research. "We need a healthy workforce because it is closely associated with resident care outcomes and quality of life," she says. "Robust, reliable data are critical."

The data and stories provided by the LTC partners and a core group of LTC staff during the pandemic have helped the TREC team provide a variety of resources. One example is an intervention called "coherent breathing," which the team introduced in long-term care homes. If practised regularly, the technique ameliorates the practitioners' stress, anxiety and burnout, and it improves sleep, calming the nervous system's "fight or flight" response. The team is preparing a "breathing toolkit" free of charge to reach a greater number of LTC staff.

TREC researchers have also developed ways to distribute research-based information quickly. For example, they completed a study identifying a nation-wide, informal advice-seeking network of LTC-home leaders. They also identified LTC homes from whom others sought advice. Such networks can be used to spread innovation. And the researchers

create information packages, videos and webinars for LTC homes and policy-makers, and host regional summits to discuss research findings. They regularly present and publish their findings. And always, the foundation of TREC's work is the science.

"When I was a young postdoc, I remember clearly Dr. Matthew Spence talking to me in a meeting," Estabrooks recalls. **Spence**, '59 MD, '06 LLD (Honorary) is a former president and CEO of the Alberta Heritage Foundation for Medical Research. "He looked me in the eye, shook his finger and said, 'Always take care of the science, Carole. Everything is possible, but only if you take care of the science.'"

Research Goes Global

Newly retired, **Wendy Duggleby**, '90 MNurs, is a researcher and mentor who has helped put U of A clinical nursing research into practice—on a global scale. She has worked with graduate students, fellows and partners who have gone on to conduct their own research across the world.

As a practising nurse in Saskatchewan, she worked in hospice care, student health and intensive care in the hospital setting. "But treatments were changing, the understanding of nursing was changing, and that's what led me back for my master's degree. I wanted to learn more about research." So she moved from Saskatchewan to Edmonton, with family in tow, to start graduate school at the U of A.

In one of her first research efforts during her master's degree, Duggleby questioned a hospital's practice, at the time, of denying patient-controlled analgesia after hip surgeries to seniors over 65. Thanks in part to her work building the evidence, the hospital changed its policy.

She went on to earn her PhD in Texas, before returning to the U of A to specialize, as a teacher and researcher, on geronto-oncology, focusing on the role of family caregivers in palliative and end-of-life care. She has since earned multiple awards for her research, including a Queen Elizabeth II Diamond Jubilee Medal.

Duggleby's return to Alberta after her doctoral studies in Texas reflected her recognition of the U of A as a national epicentre of nursing research. "I had such a strong foundation in research from my master's in nursing at the University of Alberta that earning a PhD in Texas was *fun*," she says with a laugh.

As a former research chair at the U of A, Duggleby conducted focus groups with caregivers and families dealing with end-of-life care.



She and research partner, Barbara Pesut of UBC, led a three-year study that determined how older persons who live in rural communities and have declining health can achieve and maintain better health and build social connections. That research led to Nav-Care, an initiative that organizes volunteer community "navigators" who visit people in their homes to help them connect with local resources.

The initiative has made such an impact in Canada that in late 2022, the European Commission announced it would invest more than \$8 million to adapt Nav-Care for European countries. Duggleby's research also led to My Tools 4 Care, an online tool kit that helps families and caregivers caring for those with Alzheimer's disease, dementia and other cognitive-related dysfunction.

A team-based approach to research translation in geriatric care is the natural outcome of these nurses' experiences. "Along with the high expectations in the faculty, you have all this support," Duggleby says. "My colleagues and I would get together and talk about different issues and how we can overcome them."

Research Relies on Community

Canada's aging population is more than a growing demographic. They're the ones who parented and grandparented, taught, coached, hired and mentored us, the ones who helped care for our children, who acquired wisdom and a wealth of experience.

In her role as assistant professor in the Faculty of Nursing, **Hannah O'Rourke**, '08 BScN(Hons), '15 PhD, (see page 25 for more about O'Rourke) also leads Connecting for Quality of Life Across the Lifespan (or CONNECT-QOL), a research program that designs interventions—simple actions and approaches that nurses can take to promote social connectedness among people with dementia in care homes.

Through the program, O'Rourke aims to build broader understanding of the ways that care staff in long-term residences can prevent loneliness among patients with dementia and promote social connectedness, a core element of quality of life for aging adults.

O'Rourke says the nursing faculty's strong research focus drew her to it. In fact, in an online interview in U of A's *Innovator Spotlight*, she credits Duggleby as a mentor. "She has shown me how to work productively in a national team; how to support trainees and offer constructive feedback to help them to develop their own passion and direction; and how to pursue highly rigorous research within an honest, collaborative and relational team."

In a continuous circle, the strength of the Faculty of Nursing and its support of research in healthy aging attracts and develops the brightest researchers from around the world. Ultimately, the swift application of this kind of research helps transform the lives of our most vulnerable seniors.

It turns out that community figures as highly among researchers as it does in the lives of the seniors they serve.—*With files from Mifi Purvis.* ❖



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Nursing grads commit to caring for communities and people around the world

THE PINNING CEREMONY, in which graduating nurses receive a U of A pin from a nursing teacher or mentor, signifies the successful completion of their studies. More importantly, it marks the beginning of their professional lives and commits them to patient care, from setting the stage for a healthy birth to providing dignity in death. To date, nearly a century's worth of U of A nurses have participated in this ceremony. Today, their commitment involves front-line nursing and community health, research and teaching, policy and management, and more. U of A grads care for people and communities around the world. -MIFI PURVIS

ALUMNI WISDOM

Alumni Awards 2023

Nursing alumni award honourees take their training and experience to roles as executives, researchers and community leaders, illustrating the strength and breadth of their U of A nursing education.

By Gillian Rutherford

Reagan Bartel

'04 BScN, '19 MPH, '19 GradCert(ComDiseases)

ALUMNI HONOUR AWARD

Her “nurse brain” helps her lead health services for the Métis Nation of Alberta

When the COVID-19 restrictions hit, Reagan Bartel knew she needed to do something to keep people connected.

“Isolation hit everyone hard, but for Alberta Métis, our community is so tight-knit, gatherings are wellness for us,” says Bartel, who is director of health for the Métis Nation of Alberta.

“To know that those things were going away for an unknown period of time during COVID? I asked myself, ‘How do you shift to find creative and innovative ways to maintain those connections?’”

With Bartel leading, the nation pivoted and moved cultural activities, health education and mental health supports for its 56,000 members online. She held online community meetings to answer questions. When vaccines were finally available, Bartel and her team had 10 days from conception to delivery to roll out the first Métis-led vaccination clinics in the country. Ultimately 80 per cent of Métis Nation of

Alberta members received at least two doses.

“Unfortunately, our health system is racist in Canada,” Bartel says. “And during COVID I wanted our department and my nation to be a safe space for our citizens.”

One of the pandemic legacies she is most proud of is a new mental health program that allows members up to 12 hours of psychological counselling at no cost. There’s a community wellness advocate in place to help members with more specialized needs. Community-based dental health clinics are being run in partnership with Access for All Dentistry, a U of A student-led initiative. Bartel’s next goal is to establish a primary care clinic run for Métis people by Métis people.

Bartel was uncommonly well prepared for the challenges of the pandemic because in 2018 she left her role on an intensive care unit to take a master’s degree in public health, as well as a graduate certificate in communicable diseases.

“As a bedside nurse, I saw the challenges that folks faced when their social determinants of health were not optimized, where socioeconomic status, intergenerational trauma, all of those issues, were contributing to poor health,” she says.

“I decided to look upstream, where I could take the critical thinking and problem-solving and analytical skills that I have as a nurse and apply them to wicked problems from a different lens.”

Bartel says she continues to approach her role the way she did as a critical care nurse—a leadership style that catches some by surprise.

“I ask, ‘What am I missing? How can I pull in somebody else’s knowledge?’ I poll the room, and that is a very nursing-centric way of being, where the team matters as much as the single individual who is leading that team.”

She encourages young people to consider nursing as a profession and hopes that hospital nurses who may be feeling stuck or burnt out will see her experience as a sign they can take their skills into other roles, rather than quitting the profession altogether.

“You don’t stop being a nurse just because you’re away from the bedside,” she says. “Once a nurse, always a nurse.”

PHOTO BY RYAN PARKER





Mona Lisa Bourque Bearskin

'95 BScN, '07 MN, '14 PhD

ALUMNI HONOUR AWARD

Witnessing loved ones subjected to racism in hospital shaped her life's work

Mona Lisa Bourque Bearskin was a young girl in foster care when her mother, Elma Bourque Bearskin, a victim of domestic violence, was gravely beaten. At her hospital bedside, Mona Lisa's grandmother, Marieanne, offered her daughter traditional healing prayers and medicine. But the nurses scolded her, took it away, told her she was harming her daughter and told them to leave.

"The way the nurses looked at my mom, she wasn't a

worthy human being," recalls Bourque Bearskin, a member of the *amiskosâkahikan nêhiyaw peyakôskân, ostêsimâwoyasiwêwin nîkotwâsik* Beaver Lake Cree Nation in northeastern Alberta. "That was really hard—to witness someone in your own family being belittled in that way."

With emotion in her voice, Bourque Bearskin shares her story to illustrate the syndemic effects of racism in Canada's health-care system. Her goal is nothing less than to help transform the way

health-care services are delivered through nursing education and practice by working with communities and local Indigenous knowledge systems.

Bourque Bearskin is an associate professor of nursing at the University of Victoria and holds one of six Research Chairs in Nursing, funded by the Institute of Indigenous Peoples' Health at the Canadian Institutes of Health Research. She is co-leading the country's first Indigenous wellness master's stream in collaboration with five other B.C. universities. The pilot course launched this fall with 21 students. It's a co-learning model in which each institution develops curriculum through partnerships with local Indigenous communities, she says, noting it's essential to understand and respect the traditional knowledge of the

local people, connected to the land and their languages.

Bourque Bearskin says in order for the health system to live up to the Calls to Action issued by the Truth and Reconciliation Commission of Canada, non-Indigenous allies need to listen to Indigenous Peoples' truths and take a human rights approach to safe and responsive care.

"It is not enough just to learn about reconciliation. We have to take action—to implement Indigenous health rights and take responsibility for health-care transformation."

As a step toward correcting colonial history and recognizing early Indigenous leaders in nursing, Bourque Bearskin and a group of community nursing leaders are working to launch Indigenous Nurses Day, April 10, to mark the birth of Edith Monture, the first Indigenous registered nurse in Canada, and to recognize Rose Casper, Western Canada's first Indigenous nurse.

While Bourque Bearskin has seen progress in health care, it has been too slow, she says. For now she takes comfort in the advice of her grandmother—*ahkameyimok*, which means "never give up" in Cree.

"Now, near the end of my career, I see our Indigenous nurses embodying their authentic selves, rooted in their own language and families. Co-creating something new and representing who they are, where they're from and working with their peoples is life-giving. It has been my most liberating professional and personal experience.

"It is in honour of *nohkum* that I do this work of reclaiming my *nêhiyaw* spirit, language, and land in wellness. The learning and healing never stop."

Hannah O'Rourke

'08 BScN(Hons), '15 PhD

ALUMNI HORIZON AWARD

Research blends science with clinical practice to make life less lonely for people living with dementia

At age three, Hannah O'Rourke started begging her parents to let her play the violin. They finally relented when she was still asking at 6½. Thus began her lifelong passion for playing the violin.

When it came time to choose a career path, O'Rourke picked nursing over music, but it's no surprise that

music is at the heart of at least one of her research projects.

Her research program, which focuses on social isolation among older adults living with dementia, was inspired by her experiences volunteering to play for care home residents, her relationships with her own grandparents and her doctoral research, which

made her acutely aware of the need for social connectedness to promote quality of life. In partnership with the Edmonton Symphony Orchestra, she developed a program called Music Connects Us to bring professional musicians into long-term care homes to create music with the residents.

"I cannot help but notice the centrality of relationships to my own quality of life," O'Rourke explains, adding they prompt her daily to consider what we know, and don't know, about providing effective, accessible opportunities to

promote feelings of social connectedness among people living with dementia in care homes.

"My values influence the ideas tested in my research studies. What I learn from the research also influences my values."

It's this blend of the practical with the scientific method for the benefit of patients that hooked O'Rourke on research.

"Nursing in a clinical environment is a really intense, difficult job and I loved many aspects of clinical nursing. But I like having the time to think and ask questions and work through problems over years instead of minutes," she says.

"As nursing researchers, we ask questions that have very practical implications for patient care," she says, adding that her work focuses on assessment and evaluation, much as clinical nursing work does.

O'Rourke also enjoys mentoring undergraduate students as the academic co-ordinator for the Faculty of Nursing Honors Program. She loves introducing them to the possibilities presented by nursing research. Many are surprised to learn it is not a solitary pursuit but instead relies on the same teamwork skills required for bedside nursing.

O'Rourke counsels the students on how to set boundaries and work-life balance, but also how to take advantage of opportunities that come along.

"I love being able to support undergraduate students to open their perceptions of how diverse a nursing career can be," she says. "Things have gone best for me when there's been an opportunity, something that interested me, and I followed it." ❖



CELEBRATE GIVING

With the Future in Mind

Expert on women's health in rural and remote communities wants to ensure research continues into often-neglected topic.

By Keri Sweetman | Photo by Dean Kalyan

BEVERLY LEIPERT, '02 PhD, grew up on a mixed grain and cattle farm near Kindersley, Sask., and later worked for 10 years as a public health nurse in rural Saskatchewan. She saw first-hand the health issues, isolation and stress experienced by many women living in rural and remote areas.

While life in rural and northern communities has many positive aspects, it can be a challenging existence, especially for women, she says. As a rural public health nurse, Leipert could see the need for change. It sparked her return to university to study rural women's health, an area of research that had been largely ignored. She obtained her master's degree in nursing from the University of British Columbia in 1992.

Wanting to dig deeper, she decided to pursue her PhD at

the U of A, knowing it had a strong reputation for nursing research. Her dissertation focused on the question of how women in remote northern communities in B.C. maintained their health. Her work revealed women used a variety of coping strategies of resilience to stay healthy, such as maintaining a positive attitude, developing fortitude and hardiness, using humour, making the best of rural contexts, being political, and giving and receiving social support.

During her doctoral studies, Leipert won the prestigious Izaak Walton Killam Memorial Scholarship in 1998. Winning the award and being supported by "powerhouse" researchers in the U of A's Faculty of Nursing changed her life, she says.

She wants to ensure similar opportunities for other students and notes

that according to the Canadian Association of Schools of Nursing, there is an acute need for more doctoral nurses.

So she has made a planned gift to the U of A. The Dr. Beverly D. Leipert and Dr. Russell W. Cornett Graduate Scholarship in Rural Women's Health and Rural Nursing in Canada commemorates her passion for that field of nursing as well as the memory of her late husband, who earned a law degree and a PhD in philosophy.

"We both really valued university education," says Leipert. "Having external financial support helped immensely in us achieving our educational and life dreams."

Among Leipert's career highlights are being appointed the University of Western Ontario's first Research Chair in Rural Women's Health, the first of its kind in the world. Now a professor emerita at Western, she was also lead

editor of the first book in Canada to focus on rural women's health research, *Rural Women's Health*. Her national and international research has covered a wide range of topics, including the mental health of rural senior women, the practices of rural public health nurses, rural women and violence, and the importance of small-town resources such as curling rinks to the well-being of rural women.

Research of this kind is vital to continue to help improve the health and lives of women, and doctorally prepared nurses can help lead the way, Leipert says.

"We are seeing many more stresses in agriculture and other resource-based industries, such as increased extreme fires and droughts. So rural communities are really under stress and strain, more than they ever have been except maybe during the Depression. It's significant and it's going to last for a while." ❖

"We both really valued university education. Having external financial support helped immensely in us achieving our educational and life dreams."





SELF-CARE

The Impossible Right Thing

Expert offers tips on dealing with moral distress

By Anna Schmidt

WHEN SHE STUMBLED ACROSS THE TERM “moral distress” in a reading for graduate school, **Sadie Deschenes**, '12 BScN, '17 MN, '22 PhD, paused. Suddenly, right there in black and white, was a name for countless upsetting experiences she had encountered as a pediatric intensive care nurse.

From that moment of discovery, Deschenes's interest in moral distress among nurses grew to the point she decided to pursue a PhD to learn more.

“I would be shocked to find a nurse who doesn't know what moral distress is or hasn't experienced it ... especially post-COVID,” says Deschenes, who is now a postdoctoral fellow at the University of Alberta and is poised to start an assistant professorship in January.

“[Yet] with this awareness, we're still behind on how to manage our distressing situations.”

Moral distress is the ethical crisis that occurs when you believe you know the right thing to do but can't carry through because of circumstances beyond your control. For nurses, those circumstances might be caused by inadequate staffing, restrictive policies or differences of opinion within the health-care team.

Deschenes recently published an academic study based on interviews with pediatric critical care nurses that asked them what would help mitigate moral distress.

Based on that research, she offers four recommendations.

Recognize the signs. Moral distress can manifest through emotional, psychological or physical symptoms, says Deschenes. Common signs include anxiety, decreased appetite, difficulty sleeping, migraines and stomach issues. You may feel irritable, apathetic and withdrawn from patients. Some nurses report feelings of worthlessness.

That said, it's important to realize not all difficult feelings point to moral distress. Deschenes suggests when you experience signs of distress, reflect on the upsetting situation and ask yourself, “If I could have, would I have done something differently for the patient?” If the answer is yes, you might be experiencing moral distress.

Communicate with your team.

The nurses who were interviewed identified clear communication within

their health-care teams as one of the keys to mitigating moral distress. If you encounter a difficult situation, Deschenes recommends reaching out to your colleagues—not to lay blame, but to seek understanding. Conversations can help support collaboration within the team and offer insight into why decisions were made. For example, why was a surgery performed on a terminally ill patient? While you may not reach agreement on how a situation was handled, communication allows the burden of responsibility to be shared.

“Maybe the physician was making a medical decision and the nurse wasn't sure why ... or the notes weren't very clear, or they didn't realize that the physician had a discussion with the family,” says Deschenes. “Once you start talking to people, you realize, ‘It's not all on me to figure it out ... and you can't change everything.’”

Build a support network. Outside the workplace, Deschenes suggests talking through your moral distress with a close friend. These conversations can help you work through feelings of pressure, guilt and responsibility. For Deschenes, regular meetups and a group chat with three friends from her nursing undergrad class provide support. “It's about finding people you trust and being vulnerable. Sometimes you might have to say, ‘Hey, I've experienced this.’” More often than not, they will have too, she says.

She also recommends researching the mental health supports available to you *before* an experience of moral distress. This could include pastoral care on your floor, psychology services through health benefits or the U of A's Alumni to Alumni Career Mentoring program, which matches newer nurses with those more established in the field.

Spread the word. Looking back, Deschenes wishes she could tell her younger self that she wasn't alone. If you're working as a preceptor, doing a buddy shift or simply meeting a new nurse on your unit, Deschenes suggests bringing up moral distress. “Say, ‘Hey, this is what I've experienced. This is normal. It doesn't make me a lesser nurse.’ ... Recognizing that it's out there, being able to name it and knowing you're not alone is huge.” ❖

Carmel Montgomery never planned on academia. But her curiosity and drive to deepen her practice convinced her otherwise.

CAREER

Far Horizons

How one RN took a winding path to places she never expected to go

By Caitlin Crawshaw | Photos by John Ulan

MANY OF US take a circuitous route on our career paths. Others, like **Carmel Montgomery**, '07 MN, '20 PhD, find their way with few, if any, wrong turns.

For Montgomery, who grew up in rural Saskatchewan, nursing was an obvious career choice.

"It offers opportunities for flexibility," she says. "Not only where you live, but what type of job you have, because you don't have to do the same thing for your whole career."

In the 27 years since she earned her undergrad nursing degree in Saskatchewan, Montgomery's career has taken her from rural Prairie hospitals to Wellington, New Zealand, and from nursing positions in intensive care units to roles as a clinical nurse specialist to research and academia.

She credits nursing with enabling her to evolve in unexpected ways to adapt to the dynamic reality of health care in the 21st century—ways she wouldn't have imagined when she set out to be a nurse.

Finding Opportunity in Adversity

Early on, Montgomery learned that although nursing offers a vast scope of work, geographical portability and flexible scheduling, the health-care system could quickly derail any well-laid plans. Her

graduation in 1996 with a nursing degree coincided with hospital closures and nurse layoffs across Saskatchewan. After a short time working in a hospital in Saskatoon, Montgomery found a more stable opportunity at a hospital in the northern Alberta town of Peace River.

"It ended up being fantastic because I got to do everything—medicine, surgery, pediatrics, obstetrics, ICU and emergency," she says. She particularly enjoyed intensive care nursing and decided to pursue extra training in the field. But after a couple of years, the health-care system across the country was still in flux. "All I could get in Canada were offers for casual work," she says. She decided to look further afield and snagged a full-time job at an ICU in Wellington.

She and her husband moved to New Zealand in 1999, and Montgomery found herself working with nurses from 13 countries. She learned about health-care systems and nursing around the world. When her husband was recruited to a job in rural Australia, Carmel worked for a nursing agency in multiple ICUs across Melbourne. She found job placements through the agency and ultimately worked at 10 different hospitals. After that, she found a full-time



job in Canberra, the capital of Australia.

"It was fantastic and I would have stayed there forever," says Montgomery, who felt that her ICU training and nursing education were greatly valued. But when her husband's project came to a conclusion, the couple came back to Canada in 2003.

"We picked Edmonton because I wanted to do my master's at the U of A," she says. She started her master's and began a new job as a cardiovascular ICU nurse at what would become the Mazankowski Alberta Heart Institute. In her mind, graduate school was an opportunity to hone her clinical skills, not a stepping stone to academic work.

"I was never going to do my PhD, I can tell you that," she says, laughing now at the irony. "No nurses who work clinically are ever planning to do their PhD."

An Accidental Academic

Montgomery pursued a master of nursing degree with the goal of becoming a clinical nurse specialist (CNS), which is similar to a

nurse practitioner in terms of advanced clinical skills but focuses less on clinical cases and more on research, leadership and education.

In her master's, she focused on critical care and cardiology nursing. Montgomery's thesis held that an objective method could be used to identify patient safety indicators to inform patients about unplanned outcomes associated with heart surgery. She loved the analytical work of graduate studies, but was happy to return to full-time nursing after graduating.

Over the next few years she worked in the cardiovascular ICU and as a part-time clinical quality consultant with Alberta Health Services, then moved to a job with Edmonton palliative home care as a clinical nurse specialist. But then she began thinking about how she wanted her career to evolve from there.

"It was a great job, but I was at a point in my career where I thought I should consider what I wanted to leave behind," she says. "Like, what's my legacy of having



worked all these years?"

Assessing how the system served palliative patients was part of her job at the time—and something she loved—but she wanted to go deeper and develop her skills further. “One thing I wanted to get better at was evaluating the services we are providing and how effective they are.”

Some of her colleagues recommended she do a doctorate to learn more about biostatistics, epidemiology and health economics. In 2016, she began a doctoral program in the Department of Critical Care Medicine in the U of A Faculty of Medicine & Dentistry.

Again, she didn’t begin her studies with the intention of being an academic. “I just love evaluating stuff,” she says with a laugh. She ultimately completed a dissertation on how frailty—a patient’s vulnerability to poor health outcomes as a result of aging—affects the cost of adult cardiac surgery in Alberta. Montgomery went on to do postdoctoral studies at the Institute of Health Economics, a research centre affiliated with the U of A that



explores how best to allocate health-care resources to maximize benefits for patients.

As time wore on, her fascination with research continued to deepen and she felt compelled to continue her nursing career in academia. She now works as an assistant professor in the U of A Faculty of Nursing and runs a multi-faceted research program. She continues to study outcomes associated with frailty in the ICU population, including evaluating an ICU

survivorship clinic that helps former ICU patients manage health issues.

As a nurse scholar, Montgomery seeks to help vulnerable patients by producing research that allows policymakers to fine-tune the health-care system to improve outcomes. However, she also hopes to benefit the nursing profession itself: “There’s a piece of me that says, ‘Well, what do I give back to nursing specifically.’” To that end, her research also examines how aspects of the health-care system—like

the high turnover rate in ICU nursing—affects nurses and how nurse practitioners can provide valuable specialized care in outpatient settings

“I’m able to work on projects I choose to work on rather than someone else’s priorities,” she says. “That’s a really unique situation to be in.”

Although her academic life is full, Montgomery continues to work the occasional ICU shift. “Because that’s real life,” she says. “And it keeps me connected to what’s happening in the real world.”

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.

COMPILED BY **MADISEN GEE**, '21 BA, '21 CERT(CSL)

RECONNECTING

CLASSMATES: Anne Summach, '94 BScN, is looking to reunite with fellow Class of 1994 graduates. "Are you interested in attending a reunion for the 30th anniversary of our BScN graduation? By now we've all become established nurses and some have moved on to other roles of clinical, leadership, education or research responsibility. Wouldn't it be nice to hear about the impact our graduating nurse colleagues have made across the province and country?" Those interested can reach out at summach@ualberta.ca.

ANSWERING THE CALL:

"This year I became a No. 1 international bestselling author!" writes **Shamel Rolle**, '23 PhD. "What a privilege to be one of nine Bahamian nursing professionals sharing

our stories in the anthology *Called to Care*, released on Amazon on July 9, the eve of the 50th anniversary of the independence of the Bahamas. My chapter shares the challenges and triumphs of my career, including my struggles as I pursued my doctoral degree. I hope our stories inspire nurses and health-care professionals around the world to push until their dreams come true; they shape nursing and health care!"

STORIES TO SHARE: Mary

Whale, '78 BA, '83 BScN, recently completed an art project, *Between the Lines: Merging Portraits and Stories of Older Adults*, consisting of 22 portraits and written stories. She is a proud U of A grad in nursing and arts and is excited to share her work. "The stories are very engaging, some of them belonging to



▲ The Class of '73 celebrated its 50th anniversary in October in Victoria. Five classmates who couldn't be there in person joined by video one evening. The next gathering is planned for 2026.

U of A alumni!" The portraits were displayed at Woodcroft Library in Edmonton and are now online at beautyinaging.weebly.com/blog.

LOCAL CONNECTIONS: The

Class of September 1961 hosts an annual reunion luncheon in Edmonton, says **Barbara Rocchio (Gammon)**, '61 Dip(Nu), '64 BScN. "This year's luncheon was held May 12, with 17 classmates attending in person and another four classmates linked to the luncheon by Zoom. We have set a date for our next luncheon of May 8, 2024." For more information, contact barb.rocchio@shaw.ca.

50 YEARS OF FRIENDSHIP:

Bev Dobbyn, '73 BScN, wrote to tell us that the Class of

1973 met at the Oak Bay Beach Hotel in Victoria in October to celebrate its 50th reunion. Members of the small class began their studies in 1969. "Over the next four years, some left and others joined," Dobbyn writes. Twenty-nine nurses graduated from the program. Ever since, members have met every five years. Since 50 is a milestone, Dobbyn says that the organizers made every effort to contact all members of the class to encourage participation in 2023.

The reunion was an opportunity to talk about changes over the years,



▲ Seventeen members of the Class of '61 caught up with each other in May in Edmonton and others who were unable to come joined by video. They've already set the date for 2024: May 8.



▲ Joyce Perrin

BOTTOM LEFT PHOTO BY RAY ULAN



“evidenced by loud and exuberant chatter,” Dobbyn reports. Smiles and laughter highlighted the mood as the class of '73 shared pictures and memories of 50 years. Five classmates, unable to attend in person, joined one evening by Zoom.

The women have started planning for their next reunion in three years. “We are not getting any younger!” Dobbyn says.

ADVENTURE OF A LIFETIME:

Joyce Perrin, '58 Dip(Nu), '59 BScN, is excited to share her book *Ants in My Pants: One Woman's Unexpected Adventures Across Seven Continents*. The book chronicles her two-decade journey across the globe visiting 156 countries on seven continents and can be purchased on joyceperrin.com. Joyce worked with the World Health Organization to improve health care in the Middle East, Africa and South America. After 23 years she settled in Panama, where she co-founded the Panama Hospice and Respite Foundation. After a rewarding career in health care that has touched lives around the world, Joyce now lives in Pickering, Ont. “I enjoy seeing my children and grandchildren embrace the adventure of travel and forge their own careers. Hugs and blessings for good health and happiness to all!” ☺

SADLY MISSED

In Memoriam

The Faculty of Nursing notes with sadness the passing of the following graduates, based on information we received between November 2022 and September 2023.

'44 **Edith Hazel Anderson (McLean)**, Dip(PHNU), '45 BScN, in February 2021

'45 **Mary Patricia MacMahon-Pechet (George)**, Dip(Nu), '46 BScN, in March 2023

'47 **Lucy Chisholm Weeks**, Dip(Nu), '48 BScN, in October 2020

'48 **Wilma Enid Slack (Doyle)**, Dip(PHNU), in January 2021

'49 **Laura Esther Lillian Edwards**, BScN, in July 2021

'49 **Jean Louise Gant (Redmond)**, Dip(Nu), '50 BScN, in May 2023

'49 **Kathleen Lillian Johnstone (Black)**, Dip(Nu), '50 BScN, in November 2022

'49 **Nola Lybbert**, Dip(Nu), in November 2021

'50 **Helen Edith Hennig (Bergmann)**, Dip(Nu), in February 2020

'51 **Ramona Marie Ganton (Zelenka)**, Dip(Nu), in May 2023

'51 **Lois Ann McNichol (Stroud)**, Dip(Nu), in October 2021

'52 **Ruth Wilson Burwash**, Dip(Nu), '79 BA, in August 2023

'53 **Kathleen Westgarth Hatfield (Welham)**, Dip(Nu), in July 2023

'53 **June Louise Lore (Oel)**, Dip(Nu), '54 BScN, in February 2023

'53 **Lillian Joan Parker**, Dip(Nu), in March 2023

'54 **Viola Jean Mallett (Ross)**, Dip(Nu), in December 2022

'54 **Patricia Joan Peacock**, Dip(Nu), in January 2023

'54 **Rose Elizabeth Proskurnik**, Dip(PHNU), in January 2023

'55 **Corinne Muriel Hannon**, Dip(Nu), in June 2021

'55 **Beverley Ann MacLeod**, Dip(Nu), in August 2023

'55 **Frances Shannon (Dawson)**, Dip(Nu), in May 2021

'56 **Irene Nora Belich (Popowich)**, Dip(Nu), in September 2021

'56 **Jean Ross Hinkson (McMorran)**, Dip(Nu), in February 2022

'57 **Phyllis Elaine Haynes (Bakken)**, Dip(Nu), in November 2022

'57 **Doreen Odelia Hindle (Stelter)**, Dip(Nu), in January 2023

'57 **Vida Margaret McMillan-McKay**, Dip(PHNU), in July 2021

'58 **Helen Agnes Chesterman (Adam)**, Dip(Nu), in December 2021

'58 **Marjorie Joan Heywood**, Dip(Nu), in May 2022

'58 **Norma Jean McCullough (Habkirk)**, Dip(Nu), in July 2022

'58 **Rose Mercier**, Dip(Nu), in February 2023

'58 **Donna Marion Riplinger (Miller)**, Dip(Nu), in April 2023

'58 **Shirley Lorraine Stephenson**, Dip(Nu), in August 2023

'59 **Elizabeth Mary du Plessis (Gamble)**, Dip(Nu), in March 2023

'59 **Barbara Joan Janz**, Dip(Nu), in March 2023

'59 **Katherine Ann Yakimets**, Dip(Nu), '60 BScN, in June 2023

'60 **Kathleen Ann Carry**, Dip(Nu), in June 2023

'60 **Barbara Ruth White**, Dip(Nu), in February 2023

'61 **Doreen Carol Leicht**, Dip(Nu), in January 2023

'61 **Mary E. Woodhead**, Dip(Nu), in January 2023

'62 **Phyllis Ruth Dearborn (Olson)**, Dip(Nu), in October 2022

'64 **Margaret Jean Foth (Marsh)**, Dip(Nu), '65 BScN, in December 2022

'64 **Marlene Thelma Howells (Johnson)**, Dip(Nu), in August 2022

'64 **Pamela White**, BScN, in October 2022

'67 **Mildred Joan Foster**, BScN, in November 2022

'67 **Sharon Mitsu Yuen (Hirabayashi)**, Dip(Nu), '69 BScN, in February 2023

'70 **Julia Anne Hutcheon**, Dip(PHNU), '71 BScN, in December 2022

'70 **Patricia Ann Schuster (Morphy)**, BScN, in July 2020

'71 **Danin Rosen Bodnar**, BScN, '84 MEd, in April 2023

'71 **Ann Elizabeth Johnson**, Dip(Nu), in June 2023

'71 **Tarcienne Meunier**, Cert(AdvObst), in February 2023

'72 **Margaret Kathleen Lucas (O'Neill)**, BScN, in May 2023

'72 **Gloria Jean Tetreault**, BScN, in April 2023

'73 **Gail Patricia MacKay (Coe)**, Cert(AdvObst), in July 2022

'74 **Nicole Elizabeth Macbeth Curtis**, Dip(Nu), in April 2023

'74 **Ida May Duriez (Carriere)**, BScN, in June 2023

'74 **Margaretann McMillan**, BScN, in July 2020

'75 **Cairn Kathleen Boyd**, BScN, in November 2021

'75 **Shirley Jean Devlin**, Dip(Nu), '82 BScN(Hons), '92 MEd, in September 2023

'75 **Clara Anne McRae (Parsons)**, Dip(Nu), in August 2022

'76 **Anne S. Cackett**, BScN, in November 2022

'76 **Sandra Lynn Dronyk**, BScN, '85 BA, in February 2023

'81 **Betty Rudolph**, Dip(Nu), in August 2023

'83 **Violet Elizabeth Elliot**, BScN(Hons), in March 2022

'90 **Rosemary Bridget Schmidt**, BScN(Hons), in December 2022

'93 **Lynette Marie Matchim**, BScN(Hons), in December 2022

'04 **Lorraine Janet Pearson**, BScN(Hons), in December 2022

'05 **Margaret Anne Ethel Halliwell**, BScN(Hons), in April 2023

'12 **Meagan Nadeen Paquette**, BScN(Hons), in August 2022

If you've lost a loved one who was a University of Alberta grad, contact alumni records at alumrec@ualberta.ca, 780-492-3471 or 1-866-492-7516.

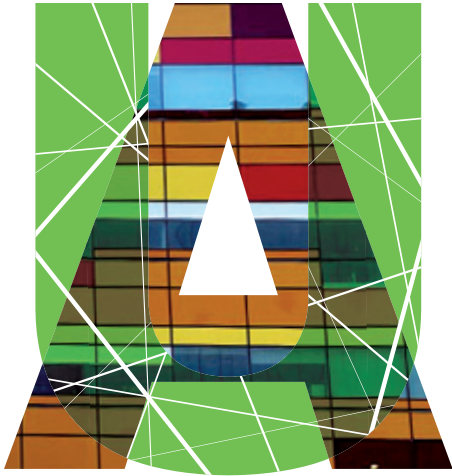


Great Grad

HIGINIO FERNÁNDEZ-SÁNCHEZ, '23 PhD, was raised in Texas after moving from Mexico at age five, but he wasn't an American citizen. Finding himself unable to register for university in the United States, he returned to Mexico. "It was a rough time for many reasons," Fernández-Sánchez says. "I was Mexican but I didn't speak, read or write Spanish well." He persevered and eventually graduated with his bachelor's and master's degrees. During his master's, Fernández-Sánchez heard about

the nursing PhD program at the U of A, where he decided to study with a focus on migration and health, inspired by a tragic encounter caring for an HIV-affected migrant family.

His work was supervised by assistant professors of nursing **Jordana Salma**, '09 MN, '17 PhD, and Bukola Salami (who is now at the University of Calgary), specialists in global health and community-based research. Fernández-Sánchez is now an assistant professor and postdoctoral fellow at the Cizik School of Nursing in Texas, where he's expanding his migration and health research. He advocates for communities marginalized by flawed policies, showcasing resilience, mentorship and dedication to community building. -GILLIAN RUTHERFORD



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Learn more. uab.ca/nursing



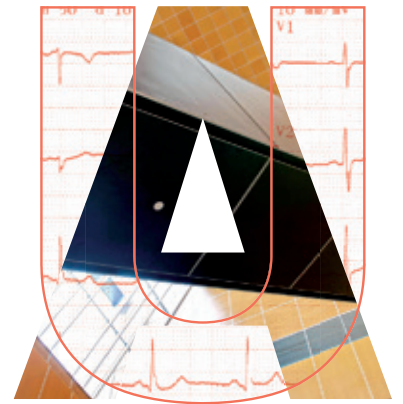
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