

Faculty of Nursing

NURSING RESEARCH REPORT 2021-2022

**ADVANCING CLINICAL PRACTICE AND HEALTH CARE
THROUGH CUTTING-EDGE NURSING SCIENCE RESEARCH**



**UNIVERSITY
OF ALBERTA**

University of Alberta Faculty of Nursing Research Report: July 1st, 2021 - June 30th, 2022

Edited and compiled by: Allie Voisin, Diane Mielewczyk,
and Sasha Roeder Mah

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TERRITORIAL ACKNOWLEDGEMENT

The University of Alberta, its buildings, labs, and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, and Ojibway/Saulteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems, and cultures of First Nations, Métis and Inuit nations.



DEAN'S MESSAGE

The COVID-19 pandemic brought tremendous challenges and opportunities across the globe and has forever changed how nursing is learned, practised, and investigated. Nurses have heroically stepped up to this global health crisis as practitioners, educators, leaders, and researchers. As a result, a new era of nursing learning, nursing practice, and nursing research has emerged.

Research is the bedrock upon which our global reputation has been built and continues to grow. Our faculty advances meaningful and accessible research, and is the driver for our robust educational programs shaping tomorrow's nursing leaders. Our groundbreaking and innovative work has led to the Faculty of Nursing achieving QS rankings of No.1 in Canada and No.9 globally this year. As you peruse this report, you will understand why.

Our enduring commitment to excellence in research and its exponential growth demonstrates how we investigate innovative methods to advance policy, practice, education, leadership, and research. Although these past few years have been challenging, the impact of our research continues to advance the nursing landscape; and I believe that the importance of nursing's contributions has never been more appreciated by the public.

I am immensely proud to share the extraordinary accomplishments of our research faculty and graduate students during the 2021-2022 academic year. Please enjoy.

Diane Kunyk, PhD, MN, BScN, RN
Professor and Acting Dean,
Faculty of Nursing

ASSOCIATE DEAN OF RESEARCH MESSAGE

The Faculty of Nursing continues to push the boundaries of health sciences research. Our leaders and experts in the field are being recognized for their innovative and novel research programs. Their revolutionary contributions are behind the solutions to real-world health care needs in our communities, medical facilities and hospitals.

The COVID-19 pandemic had the medical world at a standstill. Globally, health care professionals were battling a virus that we knew very little about. But recent increases in research capacity here in Canada's No. 1 nursing faculty presented us with the unique opportunity to tackle this disease as front-line nurse practitioners both in the lab and in the field.

Our world-renowned research portfolios boast numerous examples of our nurses changing the profession globally. Our researchers and students are being

recognized as the movers and shakers of clinical nursing research on national and international stages. Our research chairs, graduate students, fellows, and international partners are collectively pushing the envelope on nursing-led research.

As you immerse yourself in this report, you will discover the Faculty of Nursing at the University of Alberta is home to agents of change in advancing health science, education, and practice.

I am proud to be a part of this thriving community as we continue to strive together for excellence, and support our health systems as Canada's leading nursing experts.

**Colleen Norris, PhD, MSc, BScN, RN
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Professor and Associate Dean of
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**from
July 1, 2021 to
June 30, 2022*



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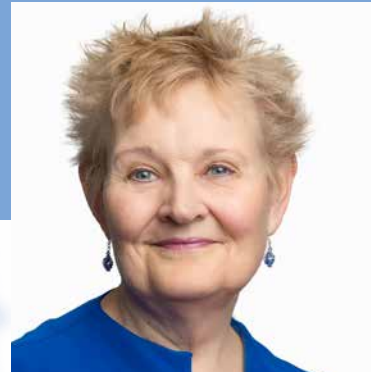


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IN GOOD HANDS:

When Gillian Lemermeyer decided at age 17 to become a nurse, she was following in her mother's footsteps. She expected her mom to be thrilled when she told her the news. "I was surprised when she grew very serious," Lemermeyer remembers. "She said, 'OK, but do you understand what it means to be looking after people in this way?'"

Examining everyday nursing ethics through touch and technology

By: Gillian Rutherford



"The human touch is essential to the ethical relationship between nurses and patients, even as nurses increasingly adopt technologies like AI in their learning and practice."

Gillian Lemermeyer, Nursing Researcher

Many years later, after working as a neonatal intensive care unit (NICU) nurse and now as an assistant professor in the Faculty of Nursing, Lermeyer understands the depth of her mother's question.

“What happens between a nurse and a patient is more than a transactional thing,” she says. “Built in is the significance of the privilege we have as nurses to be alongside people as they’re being born, as they’re dying. It’s meaningful work, and each of these moments contains ethics.”

“My mother was passing along to me her whole nursing

philosophy, and she’s the best nurse I’ve ever known.”

Lermeyer’s research focuses on the ethics of the nurse-patient relationship and how that relationship will be shaped by the proliferation of technology, particularly artificial intelligence, in health care.

Everyday ethics

Lermeyer first became interested in ethics early in her career when she’d sometimes hear colleagues present what she considered to be a false dichotomy: Who would you prefer to take care of your child – someone with a good bedside manner or an expert clinician?

“I remember thinking, ‘How in the world can they exist separately?’” she says.

She continues to build on her knowledge of what constitutes the best care as she trains nursing students at the University of Alberta.

“How can we develop more ethically sensitive practitioners, teaching nursing students to think about not just big ethical dilemmas, but also what we call ‘everyday ethics,’ all of the encounters with others we have in a day?” she asks. “We have these opportunities to connect with people so they feel cared for (or not).”

Lermeyer employs a research approach known as phenomenology, the study of everyday experiences and their meanings, to understand the “embodied ethics” of nursing – in other words, the things nurses know in their bodies through their daily practice.

Lermeyer interviews NICU nurses about the gestures and activities of their practice – changing a diaper, inserting an intravenous line, comforting a child in pain – to highlight and better understand the inherently ethical nature of the nurse-patient relationship.

“The experienced nurse moves deftly: turning, repositioning, containing, supporting, lifting, guiding the baby’s little body to find a comfortable position,” Lermeyer writes in her paper about the ethics of NICU nurses’ touches. “Without needing to think it through, make a plan, or use an algorithm or other prescription, it seems the know-how to soothe a babe is expressed as coming from the nurse’s hands.”

Reckoning with artificially intelligent technologies

Lermeyer wonders how the relationship will be influenced by the increasing use of technologies in health care. For example, to make up for limited spots in real-life clinical settings, student nurses now train using high-fidelity mannequin patients that have blinking eyes and beating hearts.

Are the “touches and gazes, movements and habits that facilitate connection between nurses and patients” lost when the patient is not human? Or does technology present an opportunity for the students to learn through trial and error, possibly making mistakes that would not be well tolerated by real patients? Technologies enable both of these things to happen, and we must be vigilant to understand their full effects, Lermeyer says.

“You will rarely hear me refer to a technology as simply a tool, which suggests it’s something that we can autonomously pick up and put down.”

Gillian Lermeyer, Nursing Researcher

Technologies have always extended and augmented the care nurses provide. In the early days it was warm compresses and poultices. The difference with digital and AI technologies may be the rate at which they are being designed and the lack of knowledge most bedside nurses will have about how they work and their full impacts, she points out.

“You will rarely hear me refer to a technology as simply a tool, which suggests it’s something that we can

autonomously pick up and put down.”

Instead, she says nurses’ relationships with humans and technology together shape “how we are as health professionals — just like with our smartphones, we become enmeshed with health-care technologies as we use them.”

Lermeyer wants to ensure we are thoughtful as nurses adopt new technologies. Her next project will examine ethical questions raised by

the use of AI and machine learning in health-care settings. For example, algorithms can rapidly process results, making diagnoses quicker and more accessible to health professionals, but they can’t replace the sensitivity or skill of the human who delivers the diagnosis.

For Lermeyer, that patient-caregiver relationship her mother told her about all those years ago remains the most important feature of nursing practice.

“In the end, we have vulnerable sick people who rely on us to respond to them in the best way we can, whether that is to try and heal them or whether that is to be alongside as they enter or leave this world,” Lermeyer says. “That’s the real nursing perspective — I’m with you, no matter how difficult this gets; I may not have all the answers, but I will be with you.”

RESEARCH METRICS

\$6,682,907

TOTAL AMOUNT OF FUNDING AWARDED during proposal fiscal year

55

NEWLY FUNDED RESEARCH GRANTS

Awarded from July 1, 2021 to June 30, 2022

287

Number of Publications

39

Researchers

10

Postdoctoral Fellows (PDFs)

226

Graduate Students

There are 152 active research grants

CANADA RESEARCH CHAIRS

- Carole Estabrooks - Tier 1 Canada Research Chair in Knowledge Translation
- Shannon Scott - Tier 2 Canada Research Chair in Knowledge Translation in Children's Health
- Edith Pituskin - Tier 2 Canada Research Chair in Chronicity

RESEARCH CHAIRS

- Mark Haykowsky - Endowed Nursing Research Chair in Aging and Quality of Life
- Colleen Norris - Cavarzan Chair in Mature Women's Health



FELLOWS IN THE CANADIAN ACADEMY OF HEALTH SCIENCES

- Alex Clark - Adjunct Professor at UofA FoN
- Greta Cummings - Professor & Dean, College of Health Sciences
- Carole Estabrooks - Professor & Canada Research Chair, UofA FoN
- Anita Molzahn - Professor Emeritus, UofA FoN
- Colleen Norris - Professor & Assoc. Dean of Research, UofA FoN
- Shannon Scott - Professor & Vice-Dean, UofA FoN

Areas of research excellence: Children and Women's Health, Healthy Aging, Health Equity and Health Systems

Emerging areas of research: Global Health and Migration, Mental Health

29

International PhD students

200+

media interactions with 219 million reached

RANKED:

#1

Nursing Program in Canada (Macleans, QS World Rankings)

#9

Worldwide (QS World Rankings)

Funding has been received from the following during the 2021-2022 proposal fiscal year:

- Alberta Registered Nurses Educational Trust
- Alberta Health Services
- Alberta Women's Health Foundation
- Canadian Heritage
- Canadian Institutes of Health Research
- Dalhousie University
- Health
- Healthcare Excellence Canada
- McGill University Health Centre
- Michael Smith Health Research British Columbia
- Multi Sponsor
- Canada's Networks of Centres of Excellence (NCE) Canadian Frailtyv Network
- Royal Alexandra Hospital Foundation
- Retired Teachers of Ontario Foundation (RTOERO)
- Social Sciences and Humanities Research Council
- The Leukemia & Lymphoma Society of Canada
- Trinity Western University
- University of Montreal
- University of Alberta
- University of Laval
- University of Manitoba
- Women and Gender Equality Canada
- Worldwide Universities Network



GETTING CHILDHOOD HEALTH RESEARCH INTO THE HANDS OF PARENTS

By: Women & Children's Health Research Institute (WCHRI)

It's midnight. Your four-year-old is congested and struggling to breathe, with a barky cough. What do you do?

Many parents experience situations like that, and it's terrifying. Edmonton researchers Lisa Hartling and Shannon Scott have devoted much of their careers to making sure parents have the knowledge they need to make informed decisions about their children's health in a crisis.

The two Stollery Science Lab Distinguished Researchers have worked together since 2005 in a field known as knowledge translation, communicating health research in forms that resonate with parents. Starting with hard-cover storybooks, they have created 23 tools to share evidence-based research on topics ranging from croup to concussions,

Shannon Scott, Professor, Faculty of Nursing

fever, ear pain, urinary tract infections and, most recently, COVID-19. Most of their tools are now e-books, videos or interactive infographics. They can be viewed at Trek.ca and are also played in 383 clinics, emergency departments and urgent care waiting rooms across Alberta.

Scott and Hartling are studying how to make their tools more relatable to parents from different cultural and linguistic backgrounds. But simply translating the existing videos and infographics isn't the answer.

Hartling and Scott are supervising a PhD student who is working with the Manitoba Metis Federation to look at the best way to reach parents in that community. They also interviewed French-speaking parents after they adapted one of their early videos, on croup, for a francophone audience.

Hartling's team adapted the same video for the Filipino community in Edmonton, adding a voice-over in Tagalog, then seeking input from Filipino parents about the tool. Last summer, their students

child to the hospital won't resonate with parents who use public transportation or live in rural or remote settings. The characters can't all be Caucasian and they can't all be from the same kind of family.

"Across the suite of tools, we are trying to ensure that we have diversity of the types of families—single-parent families, same-sex couples with children, families with a parent with a disability, all shapes and sizes of people," says Scott, a professor in the Faculty of Nursing.

Hartling and Scott have a parent advisory committee they rely on to help with their work. Efforts to increase the diversity on the local committee have not always been successful, but they are launching a national consultation network of parents that they hope will attract people from different backgrounds and geographic regions.

They are also developing a new tool to help parents navigate the challenges of having a child with COVID-19 and they have a postdoctoral fellow working on an app to increase accessibility to all their parent tools.

"We are trying to really increase the reach and break down barriers," says Scott. "It's our life's work."

Do you head to nearest hospital? The children's hospital across town? Or do you wait, and call your family doctor in the morning?

"We don't have the resources to translate a video into 10 or 12 languages," says Hartling, a professor of pediatrics in the Faculty of Medicine & Dentistry. "So how can we create tools at the outset that really resonate with multiple language and cultural groups?" This work, involving a team of staff and students, is supported by the Stollery Children's Hospital Foundation through WCHRI.

interviewed health-care providers and community leaders who work with Indigenous families and new immigrant/refugee communities in Edmonton.

Early results from these studies show the importance of the context, characters and background images in the videos and infographics.

For instance, a video showing a mother getting into her car and driving her sick

LINKING ACADEMIC FINDINGS WITH CONCRETE CHANGE FOR EDMONTON'S MUSLIM COMMUNITY

Nursing professor Jordana Salma brought together a group of Muslim seniors for advice on her research into healthy aging — and in return, she promises to take real action based on what she learns. By: Gillian Rutherford



For Jordana Salma, academic research should be a two-way street: an ongoing cycle of asking questions, identifying concerns and then working with communities to address them.

The assistant professor in the University of Alberta's Faculty of Nursing relies on Alberta's Muslim community to guide her studies of aging and health for seniors. In return, she promises to take concrete action based on what she learns to make life better for community members.

"I always imagine it as a balance between addressing community needs and at the same time advancing science," said Salma, who is also a member of the Women and Children's Health Research Institute. "They have to go hand in hand because of the real inequities that we see."

"It's not enough to explore what the issues are — we have to address them, and right away."

Salma has set up the Muslim Seniors Research Committee, a group of 12 seniors in Edmonton who advise her on three research projects supported by grants from the Social Sciences and Humanities Research Council (SSHRC), one about digital literacy within Arabic-speaking communities and two on the impact of social isolation on seniors, particularly during COVID-19.

The group meets four times a year and is actively recruiting new members across Alberta. The goal is to ensure Salma's research on healthy aging is community-driven and culturally sensitive.

Building trust

There is a historic lack of trust in authority figures, including academics, within some of the diverse Muslim communities, according to Salma.

"They want to know, 'Why do you want my information, what are you going to do with

it?'" she explained. "So, it's key to show that once we collect information we're also going back and doing things."

Salma, who did her undergraduate nursing degree in Lebanon, began her U of A research as a graduate student, interviewing seniors about how they dealt with stroke and other chronic health concerns. She established a pilot exercise program in response. That demonstration of her commitment to implementing evidence-based solutions continues to open doors now that she is a professor.

"As an example, we were recruiting participants for a study, so the research assistants asked an imam at a mosque to help us advertise and we had 70 names within an hour after prayer," Salma said. "That type of mobilizing in the community is really effective. It took a lot of time to build that trust."

Salma deliberately hires Muslim university students to

help with recruitment of study participants, translation, data collection and analysis.

"By familiarizing them with research methods, we are building capacity and sustainability within the community, so we can legitimize our voices and bring forward concerns to policy and decision makers," Salma said.

Salma sees hope in a photo voice project she is leading to capture women's pictures and stories about growing old in Canada.

"There's a lot of resilience and strength in the stories they share," she said of the 25 women who have been interviewed so far, noting most have agreed to be part of a public display.

"They want to disseminate these stories to counter the narrative of victimhood that seems to follow Muslim women everywhere."

FIGHTING AGEISM WITH EDUCATION

Sherry Dahlke is leading a Canada-wide project to test online training modules she developed for educating nursing students about caring for older patients. Will the modules help counter ageist attitudes?

By: Gillian Rutherford



“Ageism has been described by other scholars as the last ‘ism’ that is socially accepted. It’s subtle and insidious in societies around the world.”

Sherry Dahlke, Associate Professor

A University of Alberta researcher is hoping to start a Canada-wide revolution to combat discrimination against older people, starting with a change to the way nursing students are educated.

“Ageism has been described by other scholars as the last ‘ism’ that is socially accepted,” said Sherry Dahlke, associate professor in the Faculty of Nursing. “It’s subtle and insidious in societies around the world.”

Dahlke is leading a cross-Canada project to test her online training modules that tackle some of the “geriatric giants” – cognitive impairment, continence and mobility – as well as enhancing communication with older persons.

She said nurses’ biases – both overt and hidden – can affect the care older patients receive in acute, community and continuing care settings.

“If we have negative perceptions like, ‘You’re just old’ or, ‘It’s normal to get confused,’ then it is going to influence how we provide care and can influence people’s quality of life.”

The project is funded by the Social Sciences and Humanities Research Council and builds on a previous study funded by SSHRC and a McCalla Professorship award from the U of A.

The high cost of ageism

Though ageism is pervasive, the World Health Organization notes it is not well understood.

“Some theorists suggest it is because we fear dying that we project negative attitudes to people who are older and closer to dying,” Dahlke said.

Ageism can affect family and work relationships, as well as the service older people receive when they purchase goods and services.

“I experienced it myself when I stopped dyeing my hair and let it go grey in my 50s,” said Dahlke. “I realized that if I say I am against ageism, I should walk the talk.”

Although we are aging from the day we are born, we start to internalize negative perceptions about aging from an early age, she said, citing an American study that

estimated the annual cost of ageism to the health-care system at \$63 billion.

“It can lead to depression and erode the will to live, and that self-perception can contribute to a whole host of other chronic conditions,” she said. “If someone tells themselves, ‘I’m old and it’s OK to have pain,’ then they may not seek assistance for a condition that is treatable.”

Ageism is complex. Hostile ageism is overt and easy to recognize. Benevolent ageism, which involves being overly accommodating and taking away older people’s self-determination to do things for themselves, is harder to recognize, Dahlke said.

ROM

pH

Ageism: what health-care providers need to know

As part of the project, 700 nursing students at two universities will take the online courses Dahlke developed. The students will be tested for a spectrum of ageist attitudes before and after the courses.

In Dahlke's earlier study, nursing students reported that they did not recognize their need for more education about how to care for older people until they had graduated, entered the workforce and found themselves unprepared.

Dahlke is recruiting older persons to be part of an advisory group that includes academic gerontological experts, representatives from advocacy groups CanAge, HelpAge and the Canadian Gerontological Nurses Association. The group will evaluate the learning modules and determine whether this method might work with other health-care providers or even school-aged children.

Dahlke noted that older Canadians are a diverse group who experience aging differently. While there is no single antidote to diminish the negative effects of aging, she said research has shown benefits from strong intergenerational relationships, physical activity and weight training, eating a largely plant-

based diet, and having purpose in life. Genetics and environment can also affect how we age.

Recent movements to combat other forms of discrimination such as anti-Black and anti-Indigenous racism give Dahlke hope that attitudes can be changed.

"We need to stand up for all people who are being treated poorly, including older people," she said. "If we get everyone to start to recognize when they are being ageist, then we can make a choice to do something different. We need to get the message out to people of all ages."

INTERNATIONAL RESEARCH SUPPORTS VULNERABLE MIGRANT CHILDREN



Nursing professor Bukola Salami is leading a multidisciplinary network of 32 researchers in 12 countries studying the conditions vulnerable migrant children face before and after journeying from Africa to Canada. By: Geoff McMaster

Of more than 33 million international child migrants, most are from Africa and Asia, according to UNICEF estimates. Many carry with them the scarring trauma of war, gun violence, poverty and human trafficking.

Some travel with their parents, some alone. But not much is known about how these children fare once displaced. As a result, their physical and mental health can suffer drastically – even in more prosperous countries of the global North, according to Bukola Salami, a researcher in the Faculty of Nursing who studies child migration.

Children migrating to Canada from Africa – especially East Africa – have among the poorest social, economic and health outcomes in the country, said Salami, who is also a member of the Women and Children’s Health Research Institute. And while those from West Africa may have strong educational outcomes in their countries of origin, their prospects for employment are bleak once they arrive in Canada.

Salami created the african child and youth migration network in 2018, aimed at compiling evidence on the health of migrant and displaced children in africa and the global diaspora.




For those outcomes to improve, health-care providers and government policy makers need to know more about the conditions African children face both before and after migrating, argues Salami, principal investigator for the Health and Immigration Policies and Practices Research Program.

She has received \$18,000 from the Worldwide Universities

Network and \$200,000 from the Social Sciences and Humanities Research Council of Canada to expand the network’s capacity. It now includes 32 researchers across academic disciplines – including six at the U of A – from Canada, the United States, United Kingdom, Australia, New Zealand, Netherlands, Ghana, Nigeria, South Africa, Sierra Leone, Ethiopia and Rwanda.

“This research and network will assist in developing useful knowledge to improve the lives of vulnerable migrant children, including child and youth victims of human trafficking and those exposed to gun violence,” said Salami.

“Everything we do is about African migrant children in the context of migration across the globe.”



So far the network has completed a review of “all available literature on African child migration,” she said. One published study looks at the health of internally displaced children living in sub-Saharan Africa. Forthcoming studies examine the reproductive and mental health of immigrant and refugee children from the region.

“Sexual and reproductive health care for people living in displacement camps basically doesn’t exist in many cases,” she said.

In Canada, she points out that of some 7.4 million foreign-born residents, more than 13 per cent originate from Africa.

“How can we in Canada provide a more positive environment to address some of the issues African migrants come here with?”

Once they arrive, “We need to address the broader social determinants of health, such as income, systemic discrimination and social support,” she said.

network is now collecting data for vulnerable African migrant children in Canada, focusing especially on single-parent families, and those who have been separated and reunited.

“We’re also looking at those with at least one family member who has been involved in gun violence. We want to see how we are doing compared to other countries, because we do have inequities in Canada.”

Her previous research has shown that Black children “talk a lot about the influence of anti-Black racism on their health.”

In addition to researching and disseminating knowledge about migrant children and youth, the network will mentor and train students and early-career researchers interested in improving their conditions.



Salami is now analyzing data on internally displaced children in ethiopia. She hopes to interview abandoned children forced to beg on the street or who languish in displacement camps in ghana and nigeria.

FACULTY AWARDS

The Faculty of Nursing at the University of Alberta is known for advancing nursing knowledge; we are recognized as a leader both nationally and internationally. Our faculty is recognized for innovative contributions that are changing the face of global health.



DR. MATTHIAS HOBEN

- Yves Joannette Award of Excellence in Research in Aging (\$50,000 value)



DR. KATHLEEN HUNTER

- GSA Graduate Student Supervisor Award



DR. BUKOLA SALAMI

- Killam Accelerator Award (\$225,000 value) for most outstanding early career researcher at the University of Alberta
- Top 25 Canadian Immigrant Award



DR. SHANNON SCOTT

- International Nurse Researcher Hall of Fame Award from the Sigma Theta Tau International Honor Society of Nursing
- New Canadian Academy of Health Sciences Fellow

STUDENT AWARDS

Our graduate nursing students are driven by innovation, ready to advance professional nursing roles in diverse and complex contexts. Immersed in dynamic research through the mentorship and guidance of our renowned faculty, our undergraduate students make us proud with their many achievements and dedication to research excellence.

These awards were tracked by the Faculty of Nursing Graduate Office and encompass all internal award recipients from July 1st, 2021 – June 30th, 2022. We are proud of the countless external awards our students have received, though they are not listed in the information below.

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Alexandra Ansell	MN NP	ARNET	\$1,875	Colleen Norris
Alexandra Ansell	MN NP	Faculty of Nursing MN Scholarship in Nursing	\$7,500	Colleen Norris
Alix Malloy	MN NP	Verna Kennedy Taylor Nursing Graduate Award	\$2,700	Vera Caine/Dianne Tapp
Amanda Santos	MN	Helen Rollis Prize for Excellence in ANP	\$1,000	Vera Caine/ Olga Petrovskaya
Amanda Santos	MN	Scott Family Graduate Scholarship in Nursing	\$1,000	Vera Caine/ Olga Petrovskaya

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Amanda Santos	MN	Alberta Graduate Excellence Scholarship (AGES)	\$12,000	Vera Caine/ Olga Petrovskaya
Anndrea Vogt	BScN Honors	UG Summer Studentship	\$7,500	Sherry Dahlke
Arnel Ramic	MN NP	ARNET	\$1,875	Edith Pituskin
Asha Farah	MN NP	ARNET	\$1,875	Bukola Salami
Bisi Adewale	PhD	FGSR Graduate Student Support for Parents	\$1,300	Anna Santos Salas/ Wendy Duggleby
Bisi Adewale	PhD	Sandy McKinnon Memorial Graduate Scholarship in Nursing	\$2,100	Anna Santos Salas/ Wendy Duggleby
Bitu Miraashemi	MN	Class of September 1950	\$2,500	Matthias Hoben
Brittany DeGraves	PhD	Dr. Herman and Elly de Jongh Graduate Scholarship in Gerontological Nursing	\$1,600	Carole Estabrooks
Brittany DeGraves	PhD	Dr. Shirley Stinson Scholarship in Nursing History	\$5,000	Carole Estabrooks
Brittany DeGraves	PhD	FGSR PhD Recruitment	\$5,000	Carole Estabrooks
Chelsea Mowat	MN NP	Ronald Gordon Rowswell- O'Connor Graduate Award	\$4,200	Margot Jackson
Chentel Cunningham	PhD	Issak Walton Killam Scholarship	\$45,000	Shannon Scott
Chentel Cunningham	PhD	Jannetta MacPhail Award	\$3,200	Shannon Scott
Chentel Cunningham	PhD	Nursing Research to Practice	\$3,000	Shannon Scott
Cindy Sun	BScN Honors	UG Summer Studentship	\$7,500	Shannon Scott

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Christopher Picard	MN NP	UAH Class of 1959 Teaching & Learning Graduate Award	\$7,700	Colleen Norris
Corinne Rogers	PhD	Nursing Research Endowment	\$5,000	Vera Caine/Shannon Scott
Corinne Rogers	PhD	Peggy & Ivor Field Scholarship for Maternity Nursing, Midwifery, or Women's Health	\$2,000	Vera Caine/Shannon Scott
Danni Xu	MN NP	Class of September 1950	\$2,500	Elisavet Papathanasglou
Emmanuel Marfo	PhD	Nila Cushman Memorial Graduate Scholarship	\$1,000	Shannon MacDonald
Erica Hurley	PhD	Alberta Graduate Excellence Scholarship (AGES) Indigenous	\$12,000	Vera Caine/Shannon Scott
Erica Hurley	PhD	Inez Poole Nursing Grad Scholarship	\$14,000	Vera Caine/Shannon Scott
Erica Hurley	PhD	Nursing Research Endowment	\$5,000	Vera Caine/Shannon Scott
Fernanda Fengler Dal Pizzol	PhD	Alberta Graduate Excellence Scholarship (AGES)	\$12,000	Hannah O'Rourke/ Kathleen Hunter
Fernanda Fengler Dal Pizzol	PhD	Alice R Thomas & Bryan Campbell - Hope International Graduate Scholarship in Nursing	\$3,900	Hannah O'Rourke/ Kathleen Hunter
Frederick Anafi	PhD	FGSR Graduate Student Support for Parents	\$1,300	Donna Wilson
Banamwana	PhD	FGSR PhD Recruitment	\$5,000	Donna Wilson
Banamwana	PhD	Graduate Student Engagement Scholarship	\$10,000	Donna Wilson
Higinio Fernandez-Sanchez	PhD	President's Doctoral Prize of Distinction	\$5,800	Jordana Salma/ Bukola Salami

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Higinio Fernandez-Sanchez	PhD	Vanier	\$50,000 renewal	Jordana Salma/ Bukola Salami
Isabella Ng	BScN Honors	UG Summer Studentship	\$7,500	Carla Hilario
Jadyn Gansauge	BScN Honors	UG Summer Studentship	\$7,500	Shannon Scott
Jamie Mann	MN	Katherine Pisesky Memorial Graduate Award in Nursing	\$1,900	Colleen Norris
Jessica Katerenchuk	MN	Dr. Rene McElroy Day Scholarship in Nursing	\$1,400	Anna Santos Salas
Jose Tovillo	PhD	BMO Financial Group Graduate Scholarship	\$20,000	Vera Caine/Shannon Scott
Jose Tovillo	PhD	Dr. Florence Myrick Graduate Scholarship in Nursing	\$1,000	Vera Caine/Shannon Scott
Joyce Kamanzi	PhD	Graduate International Research Mobility Application	\$3,500	Solina Richter
Kaitlyn Tate	PhD	Alberta Graduate Excellence Scholarship (AGES)	\$12,000	Greta Cummings
Katerina Melino	PhD	Alberta Graduate Excellence Scholarship (AGES)	\$12,000	Joanne Olson/Jude Spiers
Katerina Melino	PhD	FGSR PhD Recruitment	\$10,000	Joanne Olson/Jude Spiers
Kathleen Bykowski	MN NP	Rural Healthcare Scholarship in Nursing	\$2,000	Donna Wilson
Kaylee Kim	BScN Honors	UG Summer Studentship	\$5,000	Shannon MacDonald
Keith King	PhD	Alberta Graduate Excellence Scholarship (AGES) Indigenous	\$12,000	Shannon MacDonald

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Keith King	PhD	Tri-Council (CIHR) - Sir Frederick Banting and Dr Charles Best Canada Graduate Scholarship - Doctoral	\$30,000	Shannon MacDonald
Kevin Loewen	BScN	UG Summer Studentship	\$5,000	Carmel Montgomery
Laila Hassanali	BScN Honors	UG Summer Studentship	\$7,500	Bukola Salami
Laura Derhousoff	MN NP	FGSR Indigenous Award for Part-Time Students	\$1,300	Sherry Dahlke
Laura Reifferscheid	PhD	Ruth E. McClure Graduate Scholarship	\$1,000	Shannon MacDonald
Laura Reifferscheid	PhD	President's Doctoral Prize of Distinction	\$10,000	Shannon MacDonald
Laura Reifferscheid	PhD	Tri-Council (CIHR) - Sir Frederick Banting and Dr Charles Best Canada Graduate Scholarship - Doctoral	\$30,000	Shannon MacDonald
Lisa Jones	PhD	Nursing Research Endowment	\$5,000	Shannon Scott
Lisa Vaughn	PhD	Alberta Graduate Excellence Scholarship (AGES) Indigenous	\$12,000	Anna Santos Salas
Lisa Vaughn	PhD	Dr. Shirley Stinson Scholarship in Nursing History	\$10,000	Anna Santos Salas
Maaya Narayanan	BScN	UG Summer Studentship	\$7,500	Carmel Montgomery
Maggie Lin	MN NP	Anne Rieder Graduate Scholarship	\$2,800	Shannon MacDonald
Maggie Lin	MN NP	ARNET	\$1,875	Shannon MacDonald
Maggie (Szu Ning) Lin	MN NP	Dr. Gary McPherson Leadership Scholarship	\$2,000	Shannon MacDonald

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Mallory Alcock	MN NP	Elaine Antoniuk Graduate Nursing Scholarship	\$11,000	Carla Hilario
Mallory Alcock	MN NP	Ludmyla Zujewsky Memorial Scholarship	\$1,500	Carla Hilario
Mallory Alcock	MN NP	FGSR Graduate Student Online Conference Award	\$485	Carla Hilario
Marianne Pearl Gregorio	BScN	UG Summer Studentship	\$7,500	Elisavet Papathanasglou
Mary Olukotun	PhD	Don Mazankowski Graduate Scholarship	\$1,000	Bukola Salami
Mary Olukotun	PhD	FGSR Graduate Student Online Conference Award	\$150	Bukola Salami
Mary Olukotun	PhD	FGSR PhD Recruitment	\$10,000	Bukola Salami
Mary Olukotun	PhD	Graduate Student Engagement Scholarship	\$10,000	Bukola Salami
Mary Olukotun	PhD	ARNET	\$1,875	Bukola Salami
Mashal	MN	Krista Rawson Graduate Award in Nursing	2,000.00	Christine Ceci
Maya Abdou	BScN	UG Summer Studentship	\$7,500	Shannon Scott
Megan Dawson	MN NP	Class of September 1950	\$2,500	Pauline Paul
Megan Eaker	PhD	FGSR PhD Recruitment	\$10,000	Vera Caine/Carla Hilario
Meghan Eaker	PhD	Alberta Graduate Excellence Scholarship (AGES) Indigenous	\$12,000	Vera Caine/Carla Hilario
Meghan Eaker	PhD	Amy Graham Dunlap	\$1,600	Vera Caine/Carla Hilario
Melissa Ristau	MN NP	Alberta Graduate Excellence Scholarship (AGES)	\$12,000	Kathleen Hunter

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Melissa Ristau	MN NP	Isobel Secord Graduate Scholarship	\$4,600	Kathleen Hunter
Morgan Wadams	PhD	Tri-Council (SSHRC) Social Sciences and Humanities Research Council Doctoral Fellowship	\$20,000 renewal	Vera Caine/Shannon Scott
Muneerah Vastani	PhD	FGSR Graduate Student Support for Parents	\$1,300	Vera Caine/Dianne Tapp
Muneerah Vastani	PhD	Graduate International Research Mobility Application	\$3,500	Vera Caine/Dianne Tapp
Nadia Green	PhD	Alberta Graduate Excellence Scholarship (AGES) Indigenous	\$12,000	Shannon MacDonald/ Manal Kleib
Nadia Green	PhD	Alberta Innovates SPOR Graduate Student Scholarship	\$30,000	Shannon MacDonald/ Manal Kleib
Neelam Punjani	PhD	ARNET Karen Polowick Scholarship for Nursing Leadership	\$1,875	Elisavet Papathanasglou
Neelam Punjani	PhD	Issak Walton Killam Scholarship	\$22,500 (covid ext)	Elisavet Papathanasglou
Olabisi Oyelana	PhD	Dr. Olive Yonge Teaching & Learning Scholarship	\$2,400	Vera Caine/Dianne Tapp
Olabisi Oyelana	PhD	Nursing Research Endowment	\$5,000	Vera Caine/Dianne Tapp
Patricia Villarama	BScN Honors	UG Summer Studentship	\$5,000	Anna Santos Salas
Patrick Chiu	PhD	Dr. Shirley Stinson Scholarship in Nursing History	\$10,000	Greta Cummings
Patrick Chiu	PhD	Alice Thomas Doctoral Award in Nursing	\$5,000	Greta Cummings
Precious Majekodunmi	BScN	UG Summer Studentship	\$7,500	Bukola Salami
Rashmi Devkota	PhD	Alberta Innovates SPOR Graduate Student Scholarship	\$30,000	Greta Cummings/ Matthias Hoben

(Year 3 of the award)

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Renee Crossman	PhD	Genevieve Gray PhD Medal in Nursing	Stirling Gilt & \$1,000	Jude Spiers
Robin Humble	PhD	Dr. Shirley Stinson Scholarship in Nursing History	\$10,000	Shannon MacDonald
Sadie Deschenes	PhD	UAH Class of 1959 Teaching & Learning Graduate Award	\$7,700	Shannon Scott
Samantha Louie-Poon	PhD	Nursing Research Endowment	\$5,000	Shannon Scott
Samantha Louie-Poon	PhD	Chinese Graduates Association	\$3,700	Shannon Scott
Sarah Lartey	PhD	FGSR PhD Recruitment	\$5,000	Greta Cummings/ Carmel Montgomery
Shaista Meghani	PhD	Alberta Innovates SPOR Graduate Student Scholarship	\$30,000	Elisavet Papathanasglou
Shaista Meghani	PhD	Ruth E. McClure Graduate Scholarship, UofA	\$1,000	Elisavet Papathanasglou
Shamel Rolle	PhD	Graduate International Research Mobility Application	\$3,500	Christine Covell/ Dianne Tapp
Shovana Shrestha	PhD	Nursing Research Endowment	\$5,000	Greta Cummings/ Matthias Hoben
Sobia Idrees	PhD	Dr. Shirley Stinson Scholarship in Nursing History	\$5,000	Joanne Olson/Manal Kleib
Sobia Idrees	PhD	Dr. Christine Newburn-Cook Graduate Award in Nursing	\$2,000	Joanne Olson/Manal Kleib
Sobia Idrees	PhD	FGSR Graduate Student Support for Parents	\$1,300	Joanne Olson/Manal Kleib
Sydney Slubik	BScN Honors	UG Summer Studentship	\$7,500	Carole Estabrooks

STUDENT NAME	PROGRAM	AWARD	AWARD AMOUNT	SUPERVISOR
Tamara Dorfman	PhD	FGSR PhD Recruitment	\$5,000	Shannon Scott
Tamara Dorfman	PhD	Isobel Secord Graduate Scholarship	\$4,600	Shannon Scott
Tamara Dorfman	PhD	South Edmonton Lioness Club Scholarship	\$1,200	Shannon Scott
Tatiana Penconek	PhD	Dr. Shirley Stinson Scholarship in Nursing History	\$10,000	Greta Cummings
Teresa Evans	PhD	Alberta Graduate Excellence Scholarship (AGES) Indigenous	\$12,000	Jude Spiers
Timur Bazavluk	MN NP	Class of September 1950	\$2,500	Elisavet Papathanasglou
Trina Thorne	PhD	ARNET	\$1,875	Carole Estabrooks
Trina Thorne	PhD	Margaret Baxter Memorial Graduate Scholarship in Nursing	\$8,800	Carole Estabrooks
Veronica Fiave	MN	FGSR Graduate Student Support for Parents	\$1,300	Simon Palfreyman
Yixing Li	BScN Honors	UG Summer Studentship	\$7,500	Carole Estabrooks
Zhe Li	MN NP	Dr. Herman and Elly de Jongh Graduate Scholarship	\$1,700	Tanya Park
Ziad Zahoui	BScN Honors	UG Summer Studentship	\$7,500	Shannon Scott

WOMEN'S HEART HEALTH SHOULD TAKE PRIORITY

Women with symptoms of a heart attack or stroke should never delay medical attention because of the COVID-19 pandemic, says a U of A expert. "Hospitals are safe and ready to care for you."

By: Colleen Norris

There is a growing concern among health-care professionals and researchers that patients with heart disease are delaying treatment and hospital visits due to COVID-19 fears. When they finally seek medical assistance, it may be after their condition has worsened and treatment is less likely to be lifesaving.

Recent research shows that there is a 50 to 60 per cent decrease in the number of patients visiting hospitals and clinics with heart concerns in Canada. Typically, there's about a 10-per-cent fluctuation of cardiac cases annually, which makes this particularly concerning as we know that heart attacks and strokes are still occurring, but patients are reluctant to come forward.

Colleen Norris is a researcher and educator at the University of Alberta, scientific director for the Cardiovascular Health and Stroke Strategic Clinical Network and working group chair of the Canadian Women's Heart Health Alliance.

This opinion-editorial originally appeared in the Edmonton Journal.



Studies suggest that recent respiratory infections can double the risk of a heart attack or stroke; any rise in heart attacks or strokes should have occurred by now as COVID-19 case counts continue to mount. More importantly, people with coronary artery disease or risk factors for atherosclerotic disease, like high blood pressure, have a heightened risk of developing an acute coronary syndrome (heart attack) during acute infections. Heart disease is the number one killer of Canadians, which makes this worrisome for Canadians, but even more so for women.

Despite a global understanding that the presentation, treatments and outcomes of cardiovascular diseases are known to be different between men and women, women continue to be under-diagnosed, under-treated, under-supported and under-researched. According to the Heart and Stroke Foundation of Canada, two-thirds of research into heart disease and stroke is based on cases involving men.

Five times as many women die from heart disease than from breast cancer. More importantly, women are under-aware that cardiovascular disease is the leading cause of premature death for women in Canada, and we expect the numbers of cardiac issues in women to rise amidst the pandemic.

Why? For many women — particularly those with children or elders at home — the coronavirus pandemic has given new urgency to many of the challenges that they have long been confronting, such as balancing multiple responsibilities, working without a safety net (paid sick leave or family leave), suffering from lack of short- and long-term care support and experiencing increasing levels of stress and anxiety.

We also know in times of stress the risk of heart attacks and strokes increases. Anxiety, frustration and depression — emotions exacerbated by the pandemic — are all linked with a heightened heart-attack risk. Through research, we know that women are more likely to worry about the negative consequences of coronavirus and more women report feeling negative mental health effects from worry over the virus.

Finally, we know that COVID-19 can affect the heart, which should be increasing the number of patients with heart problems — especially women, given the influence of existing sex and gender disparities that impact heart-disease recognition and outcomes.

There are various gender-related factors and differences that come into play when discussing how heart disease differs

from men and women; however, the overall message is clear regardless of sex and gender: don't delay critical treatment. Time is of the essence when it comes to treating heart attacks and strokes; the deaths that occur may not be a direct result of COVID-19, but it's surely an indirect result of the pandemic.

Heart condition patients still are and will always be a priority for health-care professionals, and hospitals are prepared and equipped to care not only for patients with COVID-19, but for anyone with life-threatening conditions.

There's no time like the present for women to stand up and advocate for their heart health. We are all worried about COVID-19, but that means now, more than ever, we should be focused on our health. If you have symptoms of a heart event or stroke (chest discomfort, shortness of breath, or other cardiac symptoms), call 911 immediately; hospitals are safe and ready to care for you.

Together, we can minimize the adverse health effects of the pandemic by seeking medical attention for critical, yet treatable, conditions like heart attacks and strokes.

LEADING A TEAM TO IMPROVE GIRLS' HEALTH AND QUALITY OF LIFE



Nursing professor Salima Meherali is leading international research to evaluate solutions for serious health-care services gaps — caused by the COVID-19 pandemic — for teen girls in low- and middle-income countries. By: Gillian Rutherford

According to Meherali, an increase in child marriages, unintended pregnancies, unsafe abortions and sexual violence is likely to be seen for years in low- and middle-income countries as a result of the COVID-19 pandemic.

“In many countries all the health services have been redirected towards preventing COVID-19 infection and providing treatment for COVID-19, which has had a negative impact on adolescent sexual and reproductive health and services, especially for girls,” said Salima Meherali, assistant professor in the Faculty of Nursing and member of the Women and Children’s Health Research Institute, who will head up a team of researchers in Pakistan, Ghana, Australia, the United Kingdom and Brazil.

“COVID has meant the closure of social spaces such as schools, community centres and health clinics where many young people receive their information and services,” said Meherali, who is an expert on health literacy.

Approximately 1.8 billion people are between the ages of 10 and 19 years and 90 per cent live in low- and middle-income countries, where they may already face barriers in accessing sexual and reproductive health services. Aid agencies are reporting a surge in

concerns; for example, a report from the United Nations Population Fund estimates that an extra 13 million child marriages will occur because of the pandemic. Meherali noted that past epidemics, such as various outbreaks of Ebola in Africa, have led to increases in unintended pregnancies, female genital mutilation and gender-based violence.

The researchers will identify sustainable and scalable ways to provide virtual health-care services to teens, such as a sexual health app that has been developed for youth in Togo, in West Africa.

“This type of intervention provides evidence-based, age-specific information for youth and connects them with health-care providers,” Meherali said.

This research is supported by the U of A and the Worldwide Universities Network Research Development Fund, which was set up to address global challenges with a research network made up of 23 universities in 15 countries, including the

U of A. The next step for the research team will be to apply for more funding to test culturally appropriate interventions in Pakistan and Ghana.

Meherali draws on her own direct experience providing nursing care to teens in Karachi, Pakistan, where she began her career.

“I have seen the consequences of early marriage and unintended pregnancies, and I have seen a lot of gender-based violence,” she said. “It motivates me to work toward improving the health outcomes for these girls and their overall lives.”

WAVE OF DELAYED GRIEF LIKELY AS PANDEMIC EBBS

Easing of restrictions will be hard on those who have lost loved ones to COVID-19, says U of A researcher who offers coping strategies to help yourself and others. By: Bev Betkowski



“We are seeing delayed grieving a great deal more because of COVID,” said Wilson, a professor with the U of A’s Faculty of Nursing who studies aging, death and grief.

With the pandemic’s many deaths reduced to lists of anonymous statistics and people unable to visit their loved ones’ deathbeds or hold funerals, Wilson said, grief will be freshly triggered now that people return to more normal lives and start to grapple with their experiences.

The impact of grief triggers

In a new paper, Wilson and her co-authors reviewed existing research on grief triggers – anything that is a reminder of a lost loved one – and found they can make the mourning process more difficult as many things can trigger grief. That includes those affected by a COVID-caused death.

“Now that people are getting out and about, if they drive past the nursing home where their

loved one was, a restaurant where they celebrated a special occasion or attended a family gathering, they are going to start having significant waves of grief, because now the triggers are out there.”

Special days of the year such as Christmas, anniversaries or birthdays are also difficult.

Those triggers can be debilitating, as each sets off a wave of grief, she added. These waves of grief, which often last two years or more, can affect the person’s ability to function

normally – for example, causing momentary lapses of attention that can lead to dangerous situations like distracted driving.

“Grief triggers can really impact how people get on with their lives and do their daily work,” Wilson said, noting that the triggers can also lead to permanent grief, which often requires professional help such as counselling.

In their search of research databases worldwide, Wilson and her co-investigators found only six research papers on grief triggers published over a span of 20 years – a sign that the topic is under-researched, she said, along with bereavement grief in general.

Wilson finds that highly concerning.

“We haven’t recognized grief and its triggers as being important. We haven’t recognized that grief is really a very common and very significant health and well-being concern,” she said.

“The pandemic should be a serious wake-up call about how people are grieving around us.”

Coping with grief

People who are grieving can best cope by accepting that grief will be triggered and that this is normal, Wilson advised.

“Recognize it and accept that you’re going to feel sad. Don’t try to block it or get angry at yourself. It’s normal and natural that you are missing that person.”

It’s also important to understand that the grief will ease, she added. “When that wave of grief hits you, it will go away.”

She advises avoiding triggers when it’s not a good time to be grief-stricken.

It can be helpful, though, to mark the loss of a loved one with a ritual such as visiting a gravesite with a friend if an in-person funeral wasn’t possible during the pandemic.

“If you’re not ready to go to a family gathering, don’t go if it’s going to make you feel worse, as you know your grief will be triggered and you don’t want to worry your family about your coping abilities. Don’t drive past

that restaurant. You can work to avoid untimely waves of grief –grief when you are not ready for it.”

“These late rituals may trigger grief but will also give you the support you need to have,” said Wilson.

leave the grieving person alone. Phone and tell that person you are thinking of them and how wonderful they and their loved one was.”

Don’t offer advice, such as how they can or should be “getting over it,” she added.

Arranging a regular phone call with a supportive friend or family member can also be a big help, and single and group programs in bereavement counselling are offered by most hospices.

The rest of us can help by becoming aware of those around us who are mourning, Wilson added.

“Recognize who is grieving around us and who is likely to be experiencing triggers, like the wedding anniversary of an aunt whose husband of 50 years has passed away. Please don’t ignore that or think it is better to





Offering to visit the gravesite together is a helpful gesture and might even help start a new, healing ritual, Wilson suggested.





“We will all grieve, so we need to think about those who need help now as they grieve, as we will also need help later on.”





COVID-19

RESEARCH FUNDING

Amidst unprecedented challenges due to the COVID-19 pandemic, our researchers provide hope for our most vulnerable populations around the globe through innovative programs of research and practices of care.

NURSING RESEARCHER		PROGRAM	PROJECT TITLE	AMOUNT / YEAR(S)
 	Cummings, Greta, Estabrooks, Carole	Op Grant: COVID-19- Project Grant	The Impact of the COVID-19 Pandemic on Long Term Care Home Staff and Residents	\$756,890 / 2020-21
	MacDonald, Shannon	Op Grant: COVID-19 Rapid Research FO - Social Policy and Public Health Responses	Vaccination in a Pandemic: The Impact on Routine Vaccinations and Future COVID-19 Vaccine Acceptance	\$334,908 / 2020-21
	Hoben, Matthias	Op Grant: Emergency COVID-19 Research. Gaps & Priorities-Healthcare Systems and Services	COVID-19 and the Care of Assisted living Residents in Alberta (COVCARES-AB)	\$244,610 / 2021-22

	NURSING RESEARCHER	PROGRAM	PROJECT TITLE	AMOUNT/ YEAR(S)
	Meherali, Salima	Op Grant: Wider Impacts of COVID-19 on Social/Economic/Population Issues/People Outcomes	Wider Impacts of the COVID-19 Pandemic on the Health and Well-Being of Pregnant and Parenting Youth and their Children in Canada.	\$308,499 / 2021-22
		Op Grant: Knowledge Synthesis: COVID-19 in Mental Health & Substance Use	Mental health and substance use among children and adolescents amidst COVID-19-A Systematic Review	\$46,886 / 2020-21
	Montgomery, Carmel	Op Grant: Frailty and COVID-19	COVID-19 Associated Outcomes of Critical Illness in Patients with	\$46,194 / 2020-21 to 2021-22
	Norris, Colleen	The ALBERTA COVID-Pandemic Follow-Up Study	Case Control Study that Includes Albertans who Tested Positive and Negative for COVID to Characterize and Monitor the Physical/Mental/ Sociocultural Effects of the Pandemic in Alberta	\$500,000 / 2021-23
	Salami, Bukola	Op Grant: COVID-19 Vaccine Confidence	Improving COVID-19 Vaccine Confidence and Uptake among Black Canadians	\$150,000 / 2021-22 to 2022-23
		Op Grant: Understanding/ Mitigating Impacts of COVID-19 on Children, Youth & Families	Mental Health of Black Youth after the COVID-19 Pandemic	\$149,248 / 2021-22

		NURSING RESEARCHER	PROGRAM	PROJECT TITLE	AMOUNT/ YEAR(S)
 	Salami, Bukola; Salma, Jordana	Project Grant - Priority Announcement: Population and Public Health	Promoting Outdoor Mobility via Enhancing Neighborhood Walkability for Racialized Older Women: A Community-Based Participatory Project.	\$100,000 / 2021-22	
		Project Grant	Promoting Outdoor Mobility via Enhancing Neighborhood Walkability for Racialized Older Women: A Community-Based Participatory Project.	\$49,725 / 2022-23	
	Salma, Jordana	Prize: Award of Excellence in Research in Aging	Promoting Outdoor Mobility via Enhancing Neighborhood Walkability for Racialized Older Women: A Community-Based Participatory Project.	\$50,000 / 2022-23	
	Scott, Shannon	Op Grant: Emerging COVID-19 Research Gaps & Priorities - Confidence in science	Overcoming Emerging COVID-19 Challenges with Relatable Science: Developing and Evaluating Knowledge Tools for Canadians	\$272,470 / 2021-22	
		Prize - IHDCYH Talks	What to Expect when Visiting the ED during the COVID19 Pandemic	\$700 / 2021-22	

JOURNAL

PUBLICATIONS

*Includes published review, research, discussion and protocol papers

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