

**FINAL REPORT**  
**JULY 1, 1999 - JUNE 30, 2004**

**NURSING EFFECTIVENESS,  
UTILIZATION AND OUTCOMES RESEARCH UNIT**



A collaborative project of the University of Toronto, Faculty of Nursing  
& McMaster University, School of Nursing

Grant # 06221

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## **A Message from the Co-Principal Investigators**

On June 30, 2004, the Nursing Effectiveness, Utilization and Outcomes Research Unit (NEUORU) completed its second five-year mandate. During its ten-year history, the network of researchers comprising the unit consistently produced quality research. The unit provided evidence to policy makers, nursing organizations, and the nursing profession to support positive change in clinical service, education, and health policy throughout an era of radical change in health care.

An important facet of the unit is its longevity. The firm foundation of long-term funding by the Ministry of Health and Long-Term Care (MOHLTC) enabled the unit's research to become more sophisticated and diverse. Senior researchers were able to mentor junior colleagues who built on their experience and replaced them upon their retirement. The unit itself was able to build on previous work. In the early 1990s, the unit concentrated its research on the quality of nursing worklife. Subsequently, the emphasis switched to human resource issues. The unit studied restructuring and its impact on the nursing workforce. Currently, the emphasis is on workforce planning and projection, particularly issues of recruitment, retention, effective use of nurses, and the result of the current nursing shortage. The unit contributes to the knowledge of policy decision makers with regard to how many nurses will be needed in the future and how many professors and educational sets will be needed to meet future demand, and makes recommendations about future data collection. Research by the unit provides practical solutions and seeks to expand theoretical understanding. Over time, the researchers have become more reactive to social change. Unit researchers understand that the future health care system will have to adapt in innovative ways to cope with an aging population and workforce and a society in which greater vigilance is needed to address unanticipated crises.

The NEUORU continues to use its broad research framework of planning (policy) and production (education), and management of health systems;<sup>1</sup> unit researchers have made contributions in each of these areas. During 2003-2004, the two NEUORU sites collaborated in *The Nursing Labour Market in Canada: An Occupational/Sector Study* which provided comprehensive baseline data about many aspects of the nursing profession in Canada and internationally. Preparatory to the renewal of unit funding, an interest in future trends is now apparent in the unit's research agenda. Researchers at the NEUORU sites have been investigating human resource planning from complementary perspectives. Projects involving human resource modeling were undertaken at one site, and studies of human resource management in specific corporate environments were carried out at both sites. Individual studies examined a wide variety of subjects, including: health and safety in the workplace, the human resource implications of health care crises such as SARS (severe acute respiratory syndrome),

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<sup>1</sup> Hall, T. (1993). *Human Resources for Health: A toolkit for planning, training and management*. World Health Organization, Geneva, Switzerland. Unpublished report.

***Message***

***Nursing Effectiveness, Utilization and Outcomes Research Unit***

and issues related to changing work arrangements, skill mix, and the future supply of nursing staff.

Dissemination of findings is a key function of the unit. Findings are distributed via reports to funding agencies and government bodies, books and articles published by the academic press, and presentations in a variety of health care related fora (provincially, nationally, and internationally). The unit also disseminates information to a wide audience through the publication of fact sheets, which consist of one-page overviews of research related to current issues in the health care system. In the coming years, the dissemination aspect of the NEURU's mandate will become even more prominent following the appointment of knowledge brokers at each site. We will have a new look in the future and the unit will have a new name, "Nursing Health Services Research Unit" (NHSRU), but we will continue to conduct multi-disciplinary research to answer the complex questions that arise in our mandated field of inquiry.



Linda O'Brien-Pallas, RN, PhD  
University of Toronto Site



& Andrea Baumann, RN, PhD  
McMaster University Site

## SUMMARY

Since 1991, Drs. Linda O'Brien-Pallas and Andrea Baumann have co-directed a nursing research unit funded by the Ontario Ministry of Health and Long-term Care (MOHLTC), situated at both the University of Toronto and McMaster University. The unit has undergone a substantial evolution since its beginning. At its inception, the mandate of the Quality of Nursing Worklife Research Unit (QNWRU) was to promote, foster, and conduct multidisciplinary research intended to expand the understanding of factors that influence the quality of worklife for nurses. In 1996 the unit was renamed the Nursing Effectiveness, Utilization and Outcomes Research Unit (NEUORU), and its mandate was expanded to include the development, implementation, and dissemination of research focussing on the design, management, utilization, outcomes, and provision of nursing and allied health services.

The NEUORU's relationships with policy and decision makers in the Ontario Ministry of Health and Long-Term Care (MOHLTC) and other important stakeholder groups have grown closer since 1996. Research has been conducted in response to both consumer and stakeholder needs and priorities identified by the MOHLTC. The research agenda has also been shaped by key documents, including the Ministry of Health Business Plan (1996), the Provincial Coordinating Committee on Community and Academic Health Science Centre Relations (Subcommittee on Primary Health Care, 1996), and the Institute of Medicine (1996). Individuals and groups representing a variety of health care related issues consulted with co-investigators and members at the unit to produce important publications such as *Good Nursing, Good Health: An Investment for the 21<sup>st</sup> Century* (Nursing Task Force, 1999) and the *CNAC Report* (2001). Unit members also contributed to the Romanow and Walker Commissions. Recently, the NEUORU has been instrumental in the research and dissemination of *The Nursing Labour Market in Canada: An Occupational/Sector Study*, a definitive portrait of the contemporary nursing profession in Canada.

The unit's multidisciplinary research team, representing seven universities across Ontario, conducted 207 research projects between July 1999 and June 2004. NEUORU researchers were successful in obtaining over \$50,000,000 from regional, provincial, national, and international funding sources (see Appendix B for project summaries). Funding agencies included:

- Regional Funding: University of Windsor Research Grant for Women, Health Care Corporation of St. John's, Sunnybrook and Women's College Health Sciences Centre, Simcoe County CCAC, Hospital for Sick Children Foundation, Metro Toronto Community Health Centres, Hamilton-Wentworth Department of Social and Public Health Services, Sigma Theta Tau, Lambda Pi Chapter, Markham Stouffville Hospital, Institute for Work and Health, Community Care Access Centre of Halton, System Linked Research Unit on Health and Social Services Utilization, Ryerson Polytechnical University, University Health Network, Change Foundation, Institute for Clinical and Evaluative Sciences, Centre for

Leadership in Learning, City of Hamilton, Home Care Programme for Metropolitan Toronto and Humber Memorial & Etobicoke General Hospitals, Ivy Foundation

- Provincial Funding: Ontario Hospital Association, HEALNet, AIDS Bureau of Ontario, Ontario Ministry of Health and Long-Term Care, Ontario HIV Treatment Network, Ontario Workplace Safety and Insurance Board, Registered Nurses Association of Ontario, Alberta Heritage Foundation for Medical Research, Ontario Women's Health Bureau, College of Nurses of Ontario, Ontario Health Care Evaluation Network, Newfoundland, Ontario Council of Teaching Hospitals, Psychiatric Patients' Advocacy Office, Council of Ontario University Programs in Nursing
- National Funding: Social Sciences & Humanities Research Council, National Health Research Development Program, Canadian International Development Agency, National Science and Engineering Research Council, Alzheimer Society of Canada, Canadian Health Services Research Foundation, Canadian Institutes of Health Research, Kidney Foundation of Canada, Health Canada, Canadian Institute for Health Information, National Federation of Nursing Unions
- International Funding: National Institute for Nursing Research & National Institutes for Health and School of Nursing, Queensland University of Technology, New South Wales Ministry of Health, Australia, Victoria Ministry of Health, Melbourne, Australia

The NEUORU has been active in circulating the work of its co-investigators through a variety of media. Unit researchers have produced 533 publications, excluding the additional written works currently in press or submitted for review. In addition, 44 fact sheets have been written to disseminate researchers' recent work on nursing issues. These publications have been requested by individuals, educational institutions, health units, hospitals, associations, health services, business organizations, and various professions in Ontario, Canada, and internationally.

Since 1996, the NEUORU has hosted a number of local, national, and international visitors to the McMaster and University of Toronto sites. Delegates from across Canada, Finland, Japan, Australia, England, Wales, Sweden, Germany, the United Arab Emirates, and United States have consulted or visited the unit.

## **INTRODUCTION**

This report represents both the annual report for July 1, 2003 through June 30, 2004 and the final report for the NEUORU for 1999-2004. The report describes the mission and objectives of the NEUORU, outlines its organizational structure and operations, and introduces the co-principal investigators. It details the research activities in which the NEUORU has been engaged and highlights research studies undertaken by investigators in terms of their policy implications.

The appendices provide biographical information about the co-investigators and summaries of their research and publications.

***OUR MISSION***

To develop, conduct, and disseminate research that focuses on the:

- design
- management
- utilization
- outcomes
- provision

..... of nursing.

***OUR PURPOSE***

**Overall Purpose**

The Nursing Effectiveness, Utilization and Outcomes Research Unit received initial funding from the MOHLTC from 1996-2001. The overall purpose of the unit is to study the planning,<sup>2</sup> production,<sup>3</sup> and management<sup>4</sup> of nursing human resources with the goal of developing strategies to meet current and future health needs. Unit researchers:

1. Investigate the appropriate supply, distribution, and deployment of nurses and how to enable nurses to meet their responsibilities following restructuring of the health care system.
2. Determine methods of maintaining quality while realizing funding efficiencies in the health care system.

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<sup>2</sup> Planning: The process of estimating the number of health personnel and the kind of knowledge, skills, and attitudes required to achieve predetermined health targets.

<sup>3</sup> Production: Assessing the quantity and quality of existing educational programs including curricula, physical facilities, faculty, and enrolment.

<sup>4</sup> Management: Mobilization, motivation, development, and fulfilment of human beings in and through work. Concerned with working environments, staffing patterns, and incentives.

3. Provide the MOHLTC with the basic information needed to make necessary changes to HHR practices in Ontario

### **Expanded Role**

In 1997, the MOHLTC approached the NEUORU with the suggestion of completing a health human resource (HHR) planning framework and program for Ontario. As a result of the Nursing Task Force (1999) recommendations in *Good Nursing, Good Health: An Investment for the 21<sup>st</sup> Century*, the MOHLTC awarded the NEUORU additional funding from 1999-2004 to assist in monitoring the impact of the Nursing Task Force recommendations. This led to an expanded role for the NEUORU and an additional purpose.

### **OUR OBJECTIVES**

The original mandate of the NEUORU is broad enough to allow unit researchers to investigate an extensive array of subjects, including: nursing human resource planning and modeling, nursing skill requirements, need and preparation required for advanced nursing practice, strategies to reduce systemic barriers to evidence-based practice, the effect of technological advances on delivery of nursing care, access and barriers to nursing services in the community, health outcomes related to alternative providers and multi-disciplinary practice, the effects of nursing numbers and staff mix (RN, RPN) on patient care outcomes, the appropriate use and role of unregulated health care workers, factors which facilitate an efficient and cost-effective nursing service, and the effects of downsizing of medical schools and reduction in residents on nursing.

Additional funding relating to the original 1996-2001 NEUORU objectives was received from the MOHLTC for the period of July 1, 2003 to June 30, 2004. Thus, the original 1996-2001 NEUORU objectives and 2001-2004 expanded role objectives were integrated and are categorized below:

#### **1. Monitoring of Nursing Resources and Health Human Resource Modeling**

Define the concept of vacancy as a prerequisite of estimating the vacancy rate for nurses in Ontario.

Explore standard and non-standard working arrangements for nurses.

Investigate issues surrounding the mobility of the nursing workforce.

Evaluate and develop HHR databases and nurse-sensitive data elements for use in situational and trend analyses and simulation modeling exercises to determine which factors influence nursing and HHR activities in Ontario.

Test and validate the strengths and limitations of current HHR modeling approaches using provincial data that meets quality standards and work to develop an integrated approach for nursing HHR.

Examine the relative effectiveness of supply, utilization, effective demand, and needs based models of nursing HHR, and develop methodologies that examine the impact of HHR relative to system, caregiver, and client outcomes based on a critical appraisal of the previous activities.

Define the current practice demands and resource utilizations of restructured settings in which nurses work.

Develop databases and methodologies that will allow examination of the utilization and outcomes of nursing service.

Continue to monitor the nursing situation in Ontario and Canada to determine which factors influence nursing and HHR activities in Ontario.

Build electronic models of HHR, based on a critical appraisal of the previous activities, which examine the impact of HHR relative to system, caregiver, and client outcomes.

Conduct studies that examine production and management of nursing human resources.

Evaluate management interventions designed to improve the health of nurses and the quality of worklife in all settings where nurses are employed.

Support studies that address key issues for nursing personnel in hospital and community settings.

Assist in monitoring the impact of the Nursing Task Force recommendations.

## **2. Nursing Education**

Assess existing educational data sources and develop a database of Ontario educational nursing human resources to determine the supply of registrants for practice, trend the factors influencing the supply of registrants for practice, and analyze the cost of clinical education.

Examine both nursing skill requirements and the preparation required for advanced nursing practice.

**3. Care Delivery Models**

Develop and validate new approaches and management interventions for structuring nursing roles, and work within the immediate occupational environments of nurses to improve their health and the quality of worklife across all settings.

Study the impact of evidence-based practice and strategies to reduce systemic barriers to evidence-based practice.

Study the effect of technological advances on delivery of nursing care.

Evaluate care delivery models and study factors that facilitate an efficient and cost-effective nursing service.

Study the effects of downsizing of medical schools and reduction in residents on nursing.

Examine the decision making process.

Examine access and barriers to nursing services in the community.

**4. Impact of Policy on Care**

Evaluate the impact of RPN extended practice role policy on care.

Evaluate the impact of privatization policy on care in health care sectors.

Evaluate the impact of BScN entry to practice policy on care.

**5. Restructuring and Organizational Design**

Assess the impact of restructuring, organizational design, current practice demands, and resource utilization on patient, personnel, and organizational outcomes across sectors. This includes continuing trend analyses to identify key issues for workforce planning and supporting the development of a nursing report card for Ontario.

***EXPANSION OF ONGOING HEALTH HUMAN RESOURCE MODELLING  
ACTIVITIES***

In May 2002, the MOHLTC announced it would provide the NEUORU University of Toronto site with additional funding from November 2002 - March 2005 to generate projections of future nurse supply and provide guidance to policy makers regarding whether the supply will

be adequate to meet the health care needs of Ontarians.

Additional funding will enable the NEUORU University of Toronto site to:

1. Collect data on staffing and utilization of nursing resources in both the long-term care and community sectors.
2. Analyze and integrate data from all available sectors in order to design and test actual simulation models.

## **IMPACT OF RESEARCH ON POLICY, PRACTICE, & MANAGEMENT DECISIONS**

The following is a sample of some completed projects by NEUORU researchers that influenced policy, practice, and/or management decisions. The examples illustrate the link between research and policy. Other studies carried out by unit researchers are equally significant (see Appendix B for a complete list of studies by NEUORU researchers).

- NEUORU provided seed funding from 1999 – 2001 for the Effective Public Health Practice Project. This project provides systematic reviews of the literature relevant to public health. The provincial Public Health Research, Education & Development (PHRED) program, managed by Hamilton Social and Public Health Services, synthesizes research evidence to inform practice. These reviews have become important references for public health practitioners. They are also used to identify research needs for public health nurses and other public health professionals.
- An evaluation and feasibility study for a long-term care resource centre was piloted for a year and was positively evaluated by users. BRAZIL, ROYLE (CO-PIS), & MONTEMURO
- A first ever international study examining the impact of the status of nursing and midwifery worldwide provided a baseline understanding of the state of nursing and midwifery services throughout the 190 Member States of the World Health Organization. Findings suggested there is a critical need to understand and support nurses and midwives in influencing policy and legislation and improving their work conditions. O'BRIEN-PALLAS, HIRSCHFELD, BAUMANN, SHAMIAN, BAJNOK, ADAMS, ISAACS, LAND, SALVAGE, BISCH, MILLER, ISLAM, & LUBA
- A collaborative HHR program was implemented with the Aga Khan University to enhance nursing in the areas of education, regulatory framework, and program development. BAUMANN, FRENCH (CO-PIS), & AMARSI

- A model was developed for the delivery of after-hours primary health care in Metro Toronto Community Health Centres (CHC) with recommendations at the individual CHC level and metro-wide CHC level. **DiCENSO (PI), BAUMANN, BLYTHE, HAINES, & SILVERMAN**
- A study was undertaken to evaluate the most effective school-based physical activity interventions and recommended public health practice to provide guidance to public health managers/administrators and front-line staff with respect to the provision of services. **DOBBINS (PI), BEYERS, DEWOLFE, FELDMAN, LOCKETT, MICHEL, MICUCCI, THOMAS, VOHRA, & UNDERWOOD**
- A state of the art conceptual model was developed and an initial assessment of the supply and utilization based aspects of this model for nursing in Ontario was conducted. **O'BRIEN-PALLAS, TOMBLIN MURPHY, BIRCH, & ALKSNIS**
- The effectiveness of the CNO's Participative Resolution Programme to deal with complaints against nurses was evaluated. It was found that both nurses and those who filed complaints were satisfied with the process and outcomes, and approximately 33% of the complaints were actually system problems. **FRENCH (PI), EYLES, WALTERS, & BEARDWOOD**
- A new patient care delivery model was evaluated which provided useful information about the effectiveness of a model for organizing nursing care and scheduling nursing personnel to improve the continuity of nursing care on inpatient units in acute care hospitals. The study also provided data on the reliability and validity of a nursing sensitive outcome measure developed by the research team. **IRVINE, SIDANI, & MCGILLIS HALL**
- A nursing sensitive outcomes literature synthesis concluded with recommendations that a nursing job satisfaction pilot study be conducted in Ontario using multiple measures to determine the "best" ongoing measure for nursing job satisfaction. The findings were disseminated to researchers and policy makers. **IRVINE (PI), SIDANI, MCGILLIS HALL, WATT-WATSON, MALLETT, & LASCHINGER**
- NEUORU research staff developed two papers which were submitted to the Nursing Task Force that have been widely distributed in the Province of Ontario and elsewhere. **O'BRIEN-PALLAS & BAUMANN**
- Province Wide Nursing Project Research Centre report and recommendations to the MOHLTC resulted in transfer of money to RNAO for clinical guideline development and implementation. **ROYLE (PI), CILISKA, BAUMANN, DEBER, NOESGAARD, BOBLIN-CUMMINGS, BARNESLEY, HAYWARD, MITCHELL, EAGLE, & UNDERWOOD**
- Data collected was used to assess system capacity to produce the required number of future nurses. Faculty retirements over the next 5-10 years will influence the ability of the system in

Ontario to expand training capacity. **WILLIAMS & O'BRIEN-PALLAS**

- Evidence from a study that examined factors which influence variability in nursing workload in community nursing influenced policy makers to move to baccalaureate entry to practice. **O'BRIEN-PALLAS (PI), IRVINE, MURRAY, & COCKERILL**
- Policy synthesis provided more than four dozen recommendations to policy makers on how to improve the quality of the working environment and the health of the nursing workforce and hence, potentially, improve patient outcomes. **BAUMANN, O'BRIEN-PALLAS (CO-PIs), ARMSTRONG-STASSEN, BLYTHE, BOURBONNAIS, CAMERON, IRVINE DORAN, KERR, MCGILLIS HALL, VÉZINA, BUTT, & RYAN**
- The first international comparison of nurses' work issues highlighted the universality of common workforce issues facing nurses and provided excellent direction for policy developments. **AIKEN, SOCHALSKI, SILBER (CO-PIs), SHAMIAN, ANDERSON, TU, GIOVANNETTI, CLARKE, RAFFERTY, HUNT, & BUSSE**
- A study that investigated nursing work environments using Rosabeth Moss Kanter's organizational empowerment theory assisted in understanding the acquisition and use of power by nurses to better influence the health care system and control of nursing work. **LASCHINGER (PI), FINEGAN, & SHAMIAN**
- Balanced Scorecard for Ontario Hospitals report provided a foundation on which to develop more comprehensive quality measurement programs that can serve quality improvement and public accountability needs. **BAKER, ANDERSON, MCKILLOP, MURRAY, & PINK (PIs)**
- Findings from a study examining nursing staff mix models are expected to inform the government, hospital administrators, and nurse leaders of the impact that organizational change and staff mix changes have on specific outcomes for the patient, the care giver, and the teaching hospital environment in Ontario. Results were an important consideration in the deliberations of the Expert Panel on Nursing and Health Outcomes established by the Ontario MOHLTC. **MCGILLIS HALL, IRVINE (CO-PIs), BAKER, PINK, LEATT, SIDANI, O'BRIEN-PALLAS, & DONNER**
- *Nursing Report 2001* introduced and structured a nursing perspective within the *Hospital Report* and identified and tested a set of measurable indicators for nursing in Ontario. **MCGILLIS HALL (PI), IRVINE DORAN, LASCHINGER, MALLETT, & O'BRIEN-PALLAS**
- New TB disease management program at St. Michael's Hospital (SMH), Toronto was created in collaboration with community and hospital partners on July 1, 1999. **OH, EDELSON, YANG (CO-PIs), PETRYSHEN, GAUDET, GOULD, POLLOK, AVENDANO, & LABRETON**

- A five-year analysis of the financial performance and condition of Ontario hospitals is pertinent to the theory and practice of hospital funding, scorecard and report card development, accounting and audit practices, and ICES research that incorporates MIS financial or statistical data. **PINK & MCKILLOP (CO-PIs)**
- Developed recommendations for job strain and organizational interventions aimed at preventing or reducing work-related risk factors that can be shared with stakeholders in order to improve the worklife and health of Ontario RNs. **SHAMIAN, O'BRIEN-PALLAS (CO-PIs), KERR, KOEHOORN, THOMSON, & ALKSNIS**
- The Quick Response Initiative determined that it was equally effective to conventional Emergency Department care in terms of health status, safety, and high satisfaction with health care services. The shift in care from acute hospital to community services did not lead to a reduction in overall health care costs. **WEIR (PI), THOMPSON, WALSH, MCCOLL, BROWNE, BYRNE, ROBERTS, GAFNI, & MERRILL**

## **HHR MODEL**

Historically, determining the appropriate supply and mix of nursing resources has been based on a framework in which the required number of health care providers was estimated and compared with the estimated supply of providers.<sup>5</sup> This reliance on primarily supply and utilization based approaches led to cycles of over and under supply in the physician, nursing, and other health provider workforces.

The HHR Conceptual Framework<sup>6</sup> (see Figure 1) is a dynamic system-based framework from which to evaluate an integrated health human resource planning process. This model incorporates each of the three methodological approaches for planning and forecasting HHR described by Birch et al.<sup>7</sup> but places these approaches in the context of assessment of needs and outcomes of service provision. This model considers:

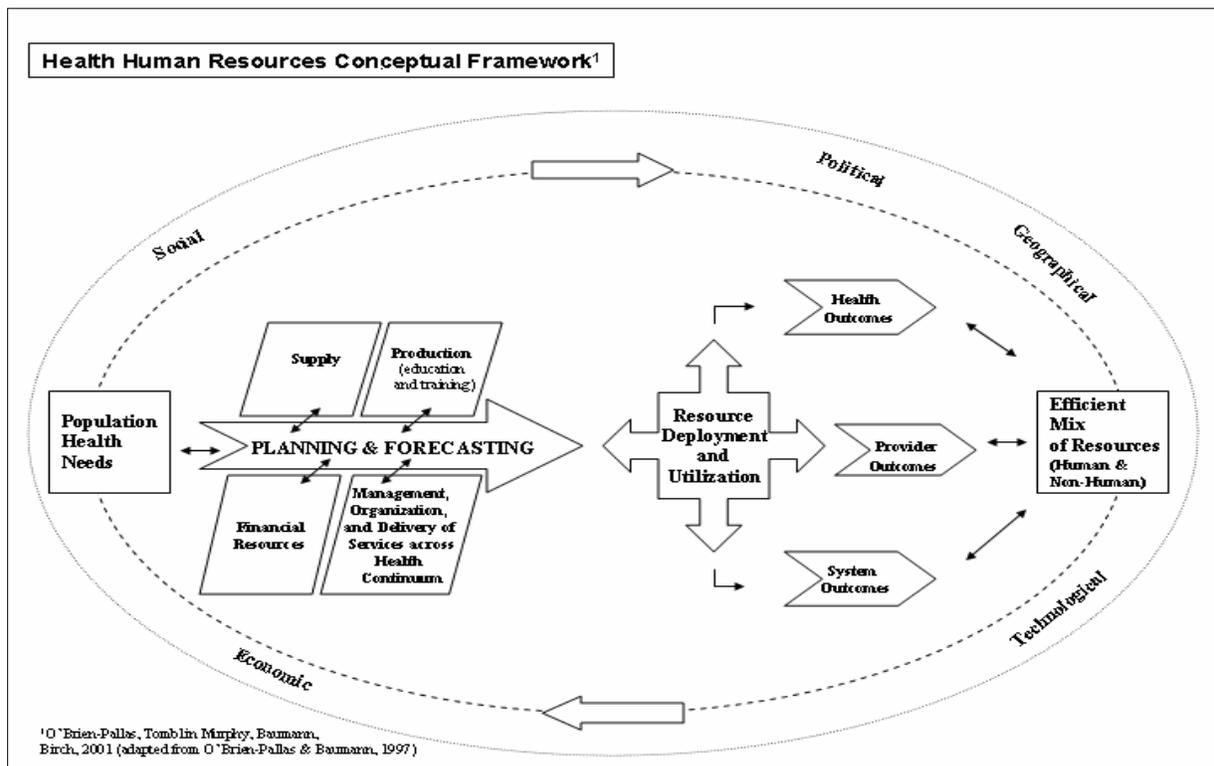
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<sup>5</sup> Markham, B. & Birch, S. (1997). Back to the future: A framework for estimating health care human resource requirement. *Canadian Journal of Nursing Administration*, 10(1), 7-23.

<sup>6</sup> O'Brien-Pallas, L., Tomblin Murphy, G., Baumann, A., & Birch, S. (2001). Framework for analyzing health human resources (p.6). In Canadian Institute for Health Information. *Future development of information to support the management of nursing resources: Recommendations*. Ottawa: CIHI.

<sup>7</sup> Birch, S., Lavis, J., Markham, B., Woodward, C., & O'Brien-Pallas, L. (1994, June). *Nursing requirements for Ontario over the next twenty years: Development and application of estimation methods* (Working Paper 94-13). CHEPA, McMaster University, Hamilton, Ontario.

- Population characteristics related to health levels and risks (needs-based factors);
- Service utilization patterns, nurse deployment patterns, and others who provide similar or the same services (utilization-based);
- The economic, social, contextual, and political factors that can influence health spending (effective demand-based); and
- The population clinical and health status, provider, and system outcomes resulting from the different types of nurse and other health provider utilization.



Simulations of the health system are used to provide needs-based estimates aimed at optimizing outcomes.<sup>8,9</sup> The practical applications of the model are currently being tested by members of the research team.

<sup>8</sup> O'Brien-Pallas, L. (2002). Where to from here? [Editorial]. *Canadian Journal of Nursing Research*, 33(4), 3-14.

<sup>9</sup> O'Brien-Pallas, L., Birch, S., & Murphy, G. T. (2001). Workforce planning and workplace management. *International Nursing Perspectives*, 1(2-3), 55-65.

## **RESEARCH UNIT DESCRIPTION**

The NEUORU is a collaborative project of the University of Toronto, Faculty of Nursing and McMaster University, School of Nursing. The NEUORU is directed by two co-principal investigators (Drs. Linda O'Brien-Pallas and Andrea Baumann). Fifty co-investigators are involved in various research projects related to HHR and are contributing members of the NEUORU. This research team represents a multi-disciplinary group from nursing, business, labour studies, economics, health care policy, engineering, sociology, gerontology and anthropology. Many of the co-investigators are affiliated with other universities, including: Laval University, University of Ottawa, Ryerson Polytechnic University, University of Western Ontario, University of Windsor, and York University. In addition, the Executive Director of Nursing Policy for Health Canada is a member of the co-investigator team. The NEUORU has been recognized provincially, nationally, and internationally for its comprehensive team approach to problem identification and resolution.

## **AREAS OF EXPERTISE**

The multidisciplinary team of researchers represent diverse areas of expertise, including:

- Complex Multi-Level Modelling
- Decision Making and Problem Solving
- Evidence-Based Practice
- Health Care Teams
- Health Economics
- HHR Development – Planning, Production, and Management
- Nurse Practitioners
- Nursing Costs
- Nursing Informatics
- Outcome Measurement
- Policy Development and Analysis
- Professional Delivery Models
- Public Health, Community-Based Interventions
- Redeployment
- Research Methods
- Restructuring
- Simulations of the Health System
- Skill Mix
- Workload Redesign

## **NEUORU ORGANIZATION**

The NEUORU operates with the assistance of an External Advisory Committee. The members examine the extent to which the NEUORU has been able to meet its mandate and monitor the overall functioning of the unit in terms of goal achievement. In addition, members provide advice on operational issues and promote the mandate of the unit in the nursing

community. The membership has changed over the course of the last five years but still reflects the diversity of the interested stakeholder groups relevant to nursing issues.

## **MEMBERS OF THE EXTERNAL ADVISORY COMMITTEE**

### **PRESENT MEMBERS**

**Andrea Baumann** (Co-Chair)

Associate Vice-President (International Health), Faculty of Health Sciences;  
Co-Principal Investigator, NEUORU  
McMaster University  
*December 1996 - present*

**Linda Beyer**

Nurse Practitioner, Hamilton Urban Core  
Community Health Centre  
*December 1996 – present*

**Anne Coghlan**

Executive Director, College of Nurses of  
Ontario  
*July 2000 – present*

**Joanne Young Evans**

Executive Director, Registered Practical  
Nurses Association of Ontario  
*February 2001 – present*

**Kelly Kay**

Executive Director, Canadian Practical Nurses  
Association  
*February 2001 – present*

**Trish Nesbitt**

President, Registered Practical Nurses  
Association of Ontario  
*October 2001 – present*

**Lesley Bell**

Chief Executive Officer, Ontario Nurses  
Association  
*December 1996 – present*

**Stephen Birch**

Professor & Director, Centre for Health  
Economics and Policy Analysis, McMaster  
University  
*December 1996 – present*

**Jennifer Dziuba**

Graduate Student, McMaster University  
*August 2001 – present*

**Doris Grinspun**

Executive Director, Registered Nurses  
Association of Ontario  
*December 1996 - present*

**Andreas Laupacis**

President & CEO, Institute for Clinical  
Evaluative Sciences  
*October 2001- Present*

**Linda O'Brien-Pallas** (Co-Chair)

Professor & CHSRF/CIHR National Chair,  
Nursing Human Resources; Co-Principal  
Investigator, NEUORU, University of Toronto  
*December 1996- present*

**Susan Plewes**

Executive Assistant/Health Policy Advisor,  
Office of the President, Ontario Hospital  
Association

*February 1999 - present*

**Janet Rush**

Chief Nursing Officer, The Hospital for Sick  
Children

*October 2001 – present*

**Shirlee Sharkey**

Past President & Chief Executive Officer,  
Saint Elizabeth Health Care; President,  
Registered Nurses Association of Ontario

*December 1996 – present*

**FORMER MEMBERS**

**Vivek Goel**

Chair, Department of Health Administration,  
Faculty of Medicine, University of Toronto

*December 1996 – January 2001*

**Mary Ellen Jeans**

Executive Director, Canadian Nurses  
Association

*December 1996 – January 2001*

**Linda LaHay**

Past President, Registered Practical Nurses  
Association of Ontario; Co-Chair, Joint  
Provincial Nursing Committee

*December 1996 – January 2000*

**Kathy McGilton**

Lecturer and Doctoral Candidate, Faculty of  
Nursing, University of Toronto

*December 1996 – January 2000*

**Jean Reader**

Chief of Nursing  
Hospital for Sick Children

*December 1996 – January 2000*

**Barbara Thornber**

Executive Director, Registered Practical  
Nurses Association of Ontario

*December 1996 – July 2000*

## **UNIT PARTNERSHIPS**

Research collaboration exists between the NEUORU and such renowned organizations as the Centre for Health Economics and Policy Analysis, Institute for Clinical Evaluative Sciences, Hospital Management Research Unit, and Health Information Research Unit. Partnerships have been expanded to include the Ontario Hospital Association, Canadian Institute for Health Information, Joint Policy and Planning Committee, Psychiatric Patient Advocate Office, Workplace Safety and Insurance Board, and the World Health Organization. These partnerships allow NEUORU researchers to examine cost-effective outcomes through the use of the best knowledge, skills, and technologies available across and within professions and settings.

## **ORGANIZATION AT THE UNIVERSITY OF TORONTO SITE**

The University of Toronto site is directed by Dr. Linda O'Brien-Pallas. Dr. O'Brien-Pallas is a Professor at the Faculty of Nursing, University of Toronto. She is also cross-appointed to the Department of Health Policy, Management, and Evaluation at the Faculty of Medicine at University of Toronto, the University of Technology in Sydney, and the University of Melbourne.

Dr. O'Brien-Pallas is the Canadian Health Services Research Foundation/Canadian Institutes of Health Research Chair, Nursing Human Resources (<http://www.hhr.utoronto.ca>). She has served on several boards, including the Canadian Nurses Advisory Committee and the Registered Nurses Association of Ontario. She was an invited member of Canadian Nursing Advisory Committee and is a co-founder of the Dorothy M. Wylie Nursing Leadership Institute. Her research interests and publications include nursing health human resources, workload measurement and patient classification systems, factors influencing variability in nursing resource use and patient outcomes, and the quality of nursing worklife.

The University of Toronto site included the following personnel from July 1, 2003 to June 30, 2004.

<b>Name</b>		<b>Title</b>	<b>Start</b>	<b>End</b>
Chris	Alksnis	Senior Research Associate	2000	2003
Amanda	Cook	Research Assistant	2004	present
Julie	Lee	Research Officer	2003	present
Xiaoqiang	Li	Research Associate	2003	present
Marcia	Luba	Research Officer	1996	present
Karen	Mak	Research Officer	2002	present
Brad	Milburn	Research Associate	2003	present
Zahid	Naseer	Research Officer	2004	present
Marianne	Ono	Research Officer	2004	present
Angela	Pagniello	Research Officer	2000	2003

Elisabeth	Peereboom	Research Projects Coordinator	1994	present
Brenda	Shantz	Research Assistant	2003	present
Sping	Wang	Sr. Research Associate	2001	present
Jen	Watson	Secretary (Temporary)	2004	present
Sara	White	Research Officer	2004	present
Caixia	Wu	Research Officer	2004	present

**Externally Funded Personnel and Research Trainees**

<b>Name</b>		<b>Title</b>	<b>Start</b>	<b>End</b>
Mohamad	Alameddine	Doctoral Student	2003	present
Irene	Andress	Chair Research Apprentice	2004	present
Julie	Bigl	Undergraduate Summer Fellow	2004	present
Irene	Cheung	Research Assistant	2001	2003
Karen	Eisler	Doctoral Student	2003	present
Karen	Gayman	Chair Research Apprentice	2002	2003
Laureen	Hayes	Postdoctoral Fellow	2003	present
Jana	Lait	Project Coordinator	2001	present
Melanie	Lavoie- Tremblay	Postdoctoral Student	2003	present
Judy-Lynn	McGrath	Chair Research Apprentice	2003	2003
Raquel	Meyer	Research Officer & Doctoral Student	2000	present
Barb	Mildon	Chair Research Associate	2003	present
Jane	Moser	Chair Research Apprentice	2003	2003
Rivie	Seaberg	Acting CHSRF Chair Coordinator	2001	present
Kimberley	Sears	Doctoral Student	2003	present
Anagaile	Soriano	Research Apprentice	2001	2003
Donna	Thomson	Doctoral Fellow	1998	present
Gail	Tomblin	Doctoral Fellow	1998	present
Min	Murphy Zhang	Project Coordinator	2002	2003

## **ORGANIZATION AT THE MCMMASTER UNIVERSITY SITE**

The McMaster University site operates under the leadership of Dr. Andrea Baumann. Dr. Baumann is the Associate Vice-President (International Health) for the Faculty of Health Sciences, Professor in the School of Nursing, and former Associate Dean of Health Sciences (Nursing). She is the Director of a World Health Organization Collaborating Centre in Primary Health Care and Nursing Education and is the Vice President (Research) for the Canadian Association of University Schools of Nursing. Her leadership positions have included Chair of a hospital Board of Trustees and membership on the Interim Governing Council of Canadian Institutes of Health Research.

Dr. Baumann has authored/edited three books and has numerous peer reviewed publications focusing on decision making and health human resource issues. She has been a grant reviewer on three multi-disciplinary councils and has been a member of various journal editorial boards. Currently, she is the Editor for the Americas of the *Journal of Advanced Nursing*. Dr. Baumann's research interests include HHR planning, production, and management; health care systems and organizational restructuring; migration and mobility; clinical decision making; and quality practice environments.

The McMaster University site included the following personnel from July 1, 2003 to June 30, 2004:

<b>Name</b>		<b>Title</b>	<b>Start</b>	<b>End</b>
Jennifer	Blythe	Senior Scientist and Associate Professor	1999	present
Jamie	Clark	Project Consultant	2001	present
Kristin	Cleverley	Project Coordinator	2004	present
Jennifer	Dziuba	Graduate Student	1999	present
Anita	Fisher	Doctoral Candidate	2001	present
Jaclyn	Havaanar	Student Intern	2004	present
Laurie	Kennedy	Research Unit Coordinator	1996	present
Camille	Kolotylo	Research Associate	2001	present
Mariko	Koyama	Doctoral Candidate	2001	present
Joanne	Leeming	Administrative Assistant	2000	present
Elena	Oreschina	Research Project Coordinator	2001	present
Ann	Rheaume	Career Reorientation Award Recipient	2004	present
Lauren	Thompson	Student Intern	2003	present

## **STRATEGIES TO ENHANCE RESEARCH TRANSFER**

Key audiences for the NEUORU include hospital managers and administrators, front line staff, policy makers from professional associations and government, and other researchers. The diversity of stakeholders warrants a multi-faceted dissemination strategy. Consequently, the unit employs several communication methods (radio, television, and print media) to reach various audiences with differing needs, interests, and communication styles. Research findings are disseminated through peer reviewed journals, professional and organizational newsletters, working papers and factsheets published by the NEUORU, and presentations made at scholarly conferences. Our website (<http://www.fhs.mcmaster.ca/nru>) features activities and publications by co-principal investigators and co-investigators (see Appendix C for examples of these publications). In addition, the unit works directly with nursing leaders, health care organizations, and policy makers to influence policies that affect nursing and patient care. The NEUORU's External Advisory Committee includes health policy analysts, a nursing union representative, and members of professional associations who assist the NEUORU by circulating information through their respective networks.

## **CURRENT NEUORU DATABASE HOLDINGS**

Databases held at the NEUORU University of Toronto site are managed on workstations that have physical and electronic security features. The databases are updated frequently for use by researchers. The information is derived from various sources and consists of data sets on nursing registration, post-secondary education and utilization/demand. The type of databases housed at the unit includes: CNO, RNMD/RNDB, OCAS, Ontario MIS, DAD, Ontario Case Costing Project, Ontario Long-Term Care Levels of Care, OCCPS/Forthcoming Complex Continuing Care, and NACRS. Refer to Appendix D for additional information on the databases.

## **DISSEMINATION – UNIVERSITY OF TORONTO SITE**

From the period of January 1, 1999 to July 30, 2004, the University of Toronto site received a total of 495 information requests. An overview is provided below (see Appendix E for further details).

- Requests came primarily from the following groups:
  - Educational Institutions – 30.3%
  - Ontario Ministry of Health and Long-Term Care – 20.0%
  - Non-governmental Organizations – 18.4%
  - Hospitals / Health Care Institutions – 12.1%
  
- Most frequent type of requested were:
  - Publication materials – 36.6%

- Literature/article searches – 29.5%
- Data Analysis – 18.0%
  
- Most frequently requested subject areas were:
  - Trends – 26.9%
  - Workload – 27.7%
  
- Most frequent action carried out by NEUORU were:
  - Gathering and distributing information – 72.7%
  - Custom written summary or report – 11.9%

## **SELECTED RECENT RESEARCH ACTIVITIES AND POLICY IMPLICATIONS**

### ***1. EVIDENCE BASED STANDARDS FOR MEASURING NURSE STAFFING AND PERFORMANCE***

Nurse staffing and work overload are key sources of dissatisfaction and concern for nurses working in hospitals. Hospital boards and administrators rely on measures of workload, cost, and nurse productivity to guide organizational planning and policies (e.g., hiring). However, few resources are available to support an argument for enriched staffing standards. This is due to the limited availability of data as well as a lack of clarity regarding the relationship

This Canadian Health Services Research Foundation (CHSRF) funded project, led by Dr. Linda O'Brien-Pallas and Donna Thomson, examined the interrelationships between variables thought to influence patient, nurse, and system outcomes between management decisions, cost and quality of nursing care, and nursing productivity in order to develop quality and evidence-based standards that will foster efficient and effective nursing service delivery. Five hospitals in Ontario and one hospital in New Brunswick participated in the study. The objectives of the project were:

- To develop and validate evidence-based, quality adjusted ranges of staffing standards for cardiac and cardiovascular nursing services;
- To develop a staffing methodology that can be adapted to other clinical settings; and
- Work in collaboration with the MOHLTC in Ontario and New Brunswick and other decision making partners to determine how the Management Information System (MIS) databases and the study findings can be used to monitor system performance and what data elements should routinely be collected.

Preliminary findings will be disseminated to policy and administrative decision makers throughout Canada via the NEUORU website (<http://www.fhs.mcmaster.ca/nru/>). Other dissemination strategies include presentations at nursing, health service, and health policy

conferences; and a series of fact sheets sent to nurses, hospital and nurse administrators, and others.

In the final report submitted to CHSRF in December 2003, recommendations were designed to inform decision making within hospital cardiac and cardiovascular units. Findings suggested unit productivity levels greater than 93% must be reduced and recommended productivity values should target  $85\% \pm 5\%$  in order to reduce cost and improve the quality of patient care. Organizations will benefit from hiring experienced, full-time, baccalaureate prepared nurses; staffing enough nurses to meet workload demands; and creating work environments that foster nurses' mental and physical health, safety, security, and satisfaction. The results further suggested organizations will benefit from a shift in emphasis from the cost of inputs to the cost of outputs and the quality of care. Finally, recommendations were made regarding routine data collection in Canada and avenues for further research.

## **2. NURSING AGING WORKFORCE RESEARCH PROJECT**

The Nursing Aging Workforce Research Project, led by Dr. Marjorie Armstrong-Stassen, is part of a larger project examining issues related to the aging workforce. The larger project, which includes Human Resource executives and managerial and professional employees from both the private and public sectors, began in the fall of 2001. The preliminary findings for this part of the project are available at <http://web2.uwindsor.ca/faculty/busad/AgingWorkforce/Professionals/index.html>. The initial phase of project (conducted in early 2002) was a survey of a random sample of nurses aged 50 selected from the College of Nurses of Ontario database. The second phase of the project (conducted in fall 2002) involved in-depth interviews with 20 randomly selected nurses. The final phase (conducted in fall 2003) involved the distribution of a second questionnaire. The objectives of the project are:

- To identify the Human Resource policies and practices hospitals and agencies are implementing to promote the effective utilization of nurses 50 and over, and
- To determine what role these strategies play in the decision of nurses to remain actively engaged in their organization.

Respondents to the first questionnaire included 427 nurses ranging from 50 to 69 years, with an average age of 55. They had been employed with their current hospital or agency an average of 18 years and in their present job an average of 13 years.

Nurses felt that the issue of the aging of the workforce was extremely important for their organization. However, approximately half of the nurses felt their organization was not very effective in recruiting managerial and professional employees 50 and older and was doing a poor job in retaining them. Nurses ranked alternative work arrangements as the most important HR practice in encouraging older nurses to remain in the workforce and ranked flexible work arrangements highest among alternative work arrangements. The majority of nurses indicated

their organizations were currently not providing flexible schedules. Over two-thirds of the nurses reported their organization was providing nurses 50 and over with development opportunities (promotion and transfer) and access to new technology to assist them to perform their jobs, but less than half of the organizations were providing them with the opportunity to learn new skills. Nurses also reported little attempt by their organization to provide age awareness training to managers or to educate managers about effective ways to utilize managerial and professional employees 50 and over.

Less than one-third of the organizations in this project are engaging in HR practices designed to encourage nurses 50 and over to remain in the workforce by promoting delayed retirement or providing pre-retirement options (e.g., phased or partial retirement). The most common practice is to re-employ nurses after they have retired on a part-time or temporary basis. Lack of retention strategies may reflect that for the past decade many organizations have encouraged early retirement as part of their downsizing and restructuring initiatives. These findings have considerable relevance for nursing human resource managers concerned with the nursing supply in the future

### ***3. HEALTH HUMAN RESOURCES PLANNING: AN EXAMINATION OF RELATIONSHIPS AMONG NURSING SERVICE UTILIZATION, AND ESTIMATE OF POPULATION HEALTH AND OVERALL STATUS OUTCOMES IN THE PROVINCE OF ONTARIO***

This study, led by Gail Tomblin Murphy and Linda O'Brien-Pallas, was funded by the Canadian Health Services Research Foundation (CHSRF) from 2000 to 2003. The goal of the study was to develop and test a way to establish, monitor, and predict the need for nursing services by using the health needs of the population. The study explored the relationship between the health needs of Ontarians, their use of community and hospital nursing services, and variations in outcomes.

The findings suggest that decisions about the deployment of nursing resources are associated with differences in outcomes. Greater intensity of nursing resources was associated with shorter lengths of stay (other things being equal). There was no evidence that greater intensity of nursing resources resulted in poorer patient outcomes as measured by higher rates of readmission, lower levels of patient satisfaction, or lower levels of self-reported health. This information is important to health care managers and health human resource planners in considering the planning and use of health human resources.

The findings also suggest that while a cutback in nursing staff is easy to justify during hard fiscal times, an increase in staff is not always easy to justify when times get better. Moreover, decreases and increases in the care provided by nurses have tangible effects for both patients and systems. Consequently, greater attention needs to be paid to the mix of inputs. There is no use having more beds, theatres, MRIs, or physicians if the appropriate number of nurses to

generate optimal service outputs and health outcomes is lacking.

This study suggests that with considerable data manipulation and sophisticated analysis it is possible to model needs for nursing health human resources based on the health needs of the population. Population health surveys offer a viable vehicle for understanding and predicting nursing health human resources when data is linked with use, supply, census, and other data at the public health unit catchment area.

The results may be used by policy makers, decision makers, and researchers to help create effective mechanisms and policies for establishing, monitoring, and predicting the variety of needs for nursing services at the population level. The findings are important to healthcare managers and health human resources planners in their efforts to deploy efficient mixes of healthcare resources, and identify future HR requirements to support the effective provision of health human resources. This study also highlights infrastructure and organizational barriers that need to be addressed if health human resources planning is to be conducted in ways that meet the needs of the populations.

#### **4. ONTARIO TRAINING CENTRE IN HEALTH SERVICES AND POLICY RESEARCH**

The Ontario Training Centre (OTC) in Health Services and Policy Research, directed by Dr. Alba DiCenso, partners with a growing number of cutting edge health care organizations. The centre offers graduate training leading to a Diploma in Health Services and Policy Research at Lakehead, Laurentian, McMaster, Ottawa and York universities or to an equivalent qualification through the proposed Collaborative Graduate Program in Health Services and Policy Research at the University of Toronto. The program objectives are:

- To enhance the quality and breadth of *trans-disciplinary* training in health services research;
- To include decision makers as partners in teaching, program, and curriculum planning, and;
- The provision of field placements for students.

The Diploma in Health Services and Policy Research is a competency-based program focusing on: 1) Understanding the Canadian health care system; 2) Ability to carry out health services research; 3) Understanding theories of how the health of populations is produced; 4) Understanding theories of health and health services knowledge production; and 5) Knowledge exchange and development of research partnerships. The program is open to students enrolled in a designated research-focused graduate degree program at the Master's or PhD level in one of the six participating universities.

In addition to approved courses, learning experiences in the program include:

**Summer Institutes:** These are one-week learning events held during the summer months at one of the six universities participating in the OTC. Students are required to do prior preparation and

follow-up work under the guidance of their OTC faculty mentor. Institutes bring OTC students together from all participating universities to meet and discuss important issues in health services research with distinguished faculty and policy makers.

**Research Practicum:** OTC program students spend at least 200 hours with a health services research team and acquire skills in the development of a research project, including: selection of design, sampling strategy and measurement; ongoing data management and analysis; and presentation/discussion of results. Students work in research teams led by OTC faculty.

**Policy Practicum:** Students spend at least 200 hours in a policy/decision making environment working with stakeholders in the health care system to better understand that environment, how to relate to it, and how to communicate effectively with other stakeholders.

This program is extremely important for the development of nursing research capacity in Ontario in the future. It has the potential to greatly improve the partnership between researchers and policy makers.

## CONCLUSION

As evidenced in this report, the NEUORU is addressing complex health human resources policy and practice issues relevant to nurses and Ontarians. With the extensive research activities and publications completed to date, the NEUORU has built a firm foundation to continue applying its broad research framework of planning, production, education and management of health systems (Hall, 1993) beyond provincial borders. It has partnered itself with national and international collaborators to share knowledge and expertise.

In the forthcoming years, the NEUROU will conduct its multi-disciplinary evidence-based research under the new name “Nursing Health Services Research Unit” (NHSRU). Although the University of Toronto and McMaster University sites will pursue site specific objectives, our complementary perspectives embrace diverse approaches to studying health human resources and sharing of comprehensive knowledge among researchers from diverse disciplines and expertise, healthcare professionals, decision makers, and policy makers.

In addition, the NHSRU will bring knowledge transfer to the forefront as a key priority. A mechanism for knowledge transfer between the MOHLTC and NHSRU is in place to ensure the best, most current evidence is used to guide policy and management decision making. With the appointment of knowledge brokers at both sites, the NHSRU’s infrastructure will foster opportunities that include a forum to:

- Disseminate findings and network with other researchers.
- Discuss the application of research findings with decision makers, policy makers, and other researchers.
- Facilitate scholarly debate and exchange among researchers and students through formal seminars.

As a preview of the quality of research and deliverables to come, we invite you to meet our investigators and examine the research activities, publications, and dissemination achieved over the past five years in the appendices that follow.

## Appendix A:

### NEUORU Co-Investigators

The 50 co-investigators of the NEUORU are committed to developing and conducting targeted research within the unit's mandate. The co-investigators are presented by site.

#### AT THE UNIVERSITY OF TORONTO:

##### **MICHAEL CARTER, PhD**

*(Mathematics, University of Waterloo)* is Professor in the Departments of Mechanical and Industrial Engineering, and Computer Science at the University of Toronto. His research has focused on healthcare productivity and effectiveness, with over 50 studies in hospital, home care, and mental health institutions. Special research interests include scheduling and information systems application in health care, course and examination time tabling, and production scheduling and sequencing. Dr. Carter is a three time recipient of the Annual Practice Prize for Operational Research, and has received the CORS Award of Merit for lifetime contributions to Canadian Operational Research.

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**RAISA DEBER, PhD** *(Political Science, Massachusetts Institute of Technology)* is Professor in the Department of Health Policy, Management and Evaluation at the University of Toronto. Her work on Canadian health policy includes extensive publications and lecturing, participation in editorial boards and review panels, and advisory roles with numerous local, provincial, national, and international bodies. Notable projects include definitions of “medical necessity”, examination of

public and private roles in the financing and delivery of health services, and the study of medical decision making and issues surrounding patient empowerment.

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**GAIL DONNER, RN, PhD** *(Adult Education, University of Toronto)* is Professor Emeritus in the Faculty of Nursing at the University of Toronto, and a Partner in Donner & Wheeler Career Planning Consultants. Her research and consulting interests include career development, health policy, and nursing administration. In addition to presenting papers, seminars, and workshops on a variety of health care topics, Dr. Donner has been active on a number of boards and committees. For her contributions to nursing and the community, she has received the RNAO Award of Merit, Metropolitan Toronto’s Salute to the City Award, and the Order of Ontario in 2001.

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**DIANE DORAN, RN, PhD** *(Health Administration, University of Toronto)* is Associate Professor and Associate Dean, Research and International Relations in the Faculty of Nursing, and Co-Investigator in the Patient Safety Research Cluster at the University of Toronto. Her research interests include evaluation of methods for improving the quality of health care, measurement of patient outcomes, and innovations in patient

safety. Current projects are evaluating methods for training multi-disciplinary teams and for assessing patient outcomes in various care environments. Dr. Doran has received the Premier's Research Excellence Award, the Canadian Association of University Schools of Nursing Award of Excellence in Nursing Research, and the Dorothy Pringle Research Excellence Award.

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**CHRISTINE DUFFIELD, RN, PhD** (*Nursing, University of New South Wales*) is Professor of Nursing and Health Services Management, as well as Director, Centre for Health Services Management at the University of Technology (UTS), Sydney, Australia. Her research relates to nursing workforce issues with a particular emphasis on the role of nurse managers and leaders. Currently, she is leading a three-year study of the effects of nursing workload, the skill-mix of nurses, models of nursing care and nurse to patient ratios on the quality of patient care. Dr. Duffield's community activities include directorships of the War Memorial Hospital Board and the Hope for the Children Foundation.

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**MICKEY KERR, PhD** (*Epidemiology, University of Toronto*) is Assistant Professor in the School of Nursing at the University of Western Ontario. He also holds an Associate appointment at the Centre for Health and Well-being at the University of Western Ontario, and status appointments in the Faculty of Medicine and School of Graduate Studies at the University of Toronto. His research interests include risk factors for musculoskeletal disorders, workplace psychosocial environment, and biological

mechanisms for injury. His thesis investigated risk factors for low-back pain in workers at a large automobile assembly complex.

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**HEATHER K. SPENCE LASCHINGER, RN, PhD** (*Educational Studies, University of Ottawa*) is Professor and Associate Director, Nursing Research in the School of Nursing at the University of Western Ontario. She also holds the position of Principal Investigator on several provincial and national studies. The foci of Dr. Laschinger's research include investigating the impact of nursing work environments on nurses' workplace health and work behaviours, profiling nursing management structures, and pilot testing patient satisfaction questionnaires. She was the recipient of the 2003 Registered Nurses' Association of Ontario Leadership Award in Nursing Research.

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**LINDA MCGILLIS HALL, RN, PhD** (*Nursing Administrative Science, University of Toronto*) is Assistant Professor in the Faculty of Nursing at the University of Toronto and New Investigator, Canadian Institutes of Health Research. Her research interests include determining nursing's effectiveness in the health care system, examining methods for costing nursing services, and the impact of differing staff mixes on outcomes. Her papers on staff mix in nursing and nursing work design initiatives have been published in peer-reviewed journals.

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**KATHERINE SIMONE McGILTON, RN, PhD** (*Nursing Administrative Sciences, University of Toronto*) is a Scientist at the Toronto Rehabilitation Institute; Affiliate Scientist at the Kunin-Lunenfeld Applied Research Unit, Baycrest Centre for Geriatric Care Toronto; and Lecturer at the University of Toronto. Her research interest is in the development and application of outcome measures in gerontological practice, and the development of interventions to enhance relationships between nursing staff and their clients and between staff and their supervisors.

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**LYNN NAGLE, RN, PhD** (*Nursing, University of Rochester*) is Assistant Professor in the Faculty of Nursing at the University of Toronto. She is also Chief Information Officer for Mount Sinai Hospital in Toronto where she is responsible for information and communication technology, and information management. Dr. Nagle's research has been directed toward evaluating the impact of technologies in clinical practice settings. She is the Canadian nursing representative to the International Medical Informatics Association Nursing Work Group and is the current and founding President of the Canadian Nursing Informatics Association.

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**ELIZABETH PETER, RN, PhD** (*Bioethics, University of Toronto*) is Assistant Professor in the Faculty of Nursing at the University of Toronto. Her research explores the relevance of feminist ethics in examining ethical issues in home care, such as trust relationships among caregivers and care recipients, the health and well-being of

nurses, and the influence of place on the moral agency of nurses. She is principal investigator of two studies: *Home Care Ethics: Identification & Analysis of Issues* and *Ethical Dimensions of Home Care Policies for Children and Youth*. Dr. Peter is a member of the Joint Centre for Bioethics and a collaborator with the Home Care Evaluation and Research Centre at the University of Toronto.

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**PATRICIA PETRYSHEN, RN, PhD** (*Epidemiology, University of Western Ontario*) is Assistant Deputy Minister of Performance Management and Improvement with the Ministry of Health Services for the Government of British Columbia. Her previous roles include Vice President, Ambulatory and Community Services and Chief Nursing Officer at St. Michael's Hospital in Toronto; Chair, Health Canada's Ministerial Advisory Council on Tobacco Control; Associate Professor in the Faculties of Nursing and Medicine at University of Toronto; and member of the Ontario Women's Health Council. Her research interest is clinical and economic outcomes of patient care. Dr. Petryshen received the Award of Excellence in Nursing Administration from the Faculty of Nursing at the University of Toronto.

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**GEORGE H. PINK, PhD** (*Finance, University of Toronto*) is Associate Professor in the Department of Health Policy and Administration at the University of North Carolina, Chapel Hill. He is also an Adjunct Professor in the Department of Health Policy, Management and Evaluation at the University of Toronto, and Adjunct

Senior Scientist at the Institute for Clinical Evaluative Sciences. Dr. Pink's research focuses on hospital performance measurement, health executive compensation, and nursing costs. He serves on committees of healthcare organizations in both Canada and the United States.

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**DOROTHY PRINGLE, RN, PhD**

*(Nursing, University of Illinois)* is Professor in the Faculty of Nursing at the University of Toronto. She also serves as Chair of the Advisory Board of the Institute of Healthy Aging of Canadian Institutes of Health Research; Director, Nursing and Health Outcomes Project for the Ontario MOHLTC; and Senior Researcher at Baycrest Centre for Geriatric Care. Her clinical and research interests are in the care of disabled and impaired older people in institutional settings. Dr. Pringle has published more than 30 articles and book chapters and presented at more than 100 scientific conferences.

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**JUDITH SHAMIAN, RN, PhD** *(Nursing Executive Tract, Case Western Reserve University)* is Associate Professor in the Faculty of Nursing at the University of Toronto; Executive Director of Nursing Policy at Health Canada; and past President of the Registered Nurses Association of Ontario. In 1995, Dr. Shamian received the Ross Award for Nursing Leadership. Her research interests focus on health care politics and policy, and international health.

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**SOURAYA SIDANI, RN, PhD** *(Nursing, University of Arizona)* is Associate

Professor in the Faculty of Nursing at the University of Toronto. Her research focuses on refining research methods and measures for determining the clinical effectiveness of interventions. She has been involved in projects evaluating different interventions, care delivery models, and educational programs. Her publications include a book on the theory-driven approach to intervention evaluation. Dr. Sidani serves as a consultant for researchers and clinicians undertaking evaluation projects.

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**GAIL TOMBLIN MURPHY, PhD**

**(candidate)** *(Nursing Science, University of Toronto)* is Associate Professor in the School of Nursing at Dalhousie University. Her research interests include nursing health human resources, demand forecasting models, and testing nursing service delivery models. Current projects include a study of relationships between nursing service utilization and overall health status in Ontario, and the development of mechanisms to predict service needs in Atlantic Canada. Professor Tomblin Murphy is a founding member of the Atlantic Consortium of Research Utilization for Nurses. She has received the Award of Excellence in Research from the Canadian Association of Nurses in AIDS Care.

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**ANN TOURANGEAU, RN, PhD**

*(Nursing, University of Alberta)* is Assistant Professor in the Faculty of Nursing at the University of Toronto; cross-appointed Adjunct Scientist at the Institute for Clinical Evaluative Sciences; and a board member at West Park Healthcare Centre. Her research is in the area of nursing outcomes. She is

currently developing and refining theories about the determinants of hospital quality outcomes such as excess mortality and unplanned readmission to hospital. She was a recipient of the Ontario Career Scientist award in 2003.

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**JOAN TRANMER, RN, PhD** (*Nursing, University of Toronto*) is Director, Nursing Research Unit at Kingston General Hospital; Assistant Professor in the School of Nursing and Department of Community Health and Epidemiology at Queen's University; and Career Scientist at Ontario MOHLTC. As a member of a senior nursing leadership team, Dr. Tranmer facilitates evidence-based practice and policy decisions, and promotes research and scholarship within the clinical setting. Her research studies explore factors that contribute to patient and caregiver quality of care outcomes, and development of strategies to enhance the effectiveness of patient care.

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**SUSANNE WILLIAMS, RN, MEd** (*Education, Queen's University*) is Dean, Faculty of Community Services at Ryerson Polytechnic University. She has served as an active member of the Council of University Programs in Nursing, Joint Provincial Nursing Committee, St. Elizabeth Health Care Foundation Board; and past President of the RNAO and RNFO. Her research interests include policy development, professionalization of nursing, particularly the supply of nursing human resources and overcoming challenges of supply; and database development.

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#### **FORMER CO-INVESTIGATOR:**

**RUTH GALLOP, RN, PhD** is Professor and Associate Dean (Research) in the Faculty of Nursing, and cross-appointed Professor in the Department of Psychiatry, Faculty of Medicine, University of Toronto. She is also a researcher and honorary visiting professor at the School of Health and Community Studies, De Montford University, Leicester, England. Dr. Gallop serves as a consultant and resource person for the CNO, and expert witness in legal cases involving alleged violations of professional boundaries. Her research interests have focused on the nurse - patient relationship, with a particular emphasis on patients diagnosed with personality disorders and histories of severe early trauma.

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#### **AT MCMASTER UNIVERSITY:**

**NOORIE AKHTAR-DANESH** is Assistant Professor in the School of Nursing and Associate Member of the Department of Clinical Epidemiology & Biostatistics at McMaster University. He received his PhD in (Medical) Statistics from the University of Newcastle Upon Tyne, UK (1997). His PhD focused on evaluating different methods of analyzing postoperative pain measures. He is the statistician and a co-investigator in the CHSRF continuity of care study of diabetes. He has an expertise and interest in modeling risk. His research interests include methods of analyzing pain measurements, structure of fabricated data sets, longitudinal data and repeated measures, modeling risk factors of diabetes and cardiovascular diseases.

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**MARJORIE ARMSTRONG-STASSEN, MLHR, PhD** is Professor, Management and Labour Studies in the Odette School of Business at the University of Windsor. Her research interests are in the areas of organizational downsizing, layoff survivors, the aging workforce, work stress and coping, and human resource management. She has implemented numerous research studies in this area. Her present research examines how organizations are addressing the issue of the aging workforce and is funded by the Social Sciences and Humanities Research Council of Canada. She has published and presented nationally and internationally.

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**VISHWANATH BABA, MBA, PhD** is Professor of Human Resources Management at the DeGroote School of Business. He received his PhD in organizational behaviour from the University of British Columbia. His interest in management training in the developing world has led to an active consultancy to the Canadian International Development Agency and International Development Research Centre of Canada. He is the principal investigator on a project funded by the Social Sciences and Humanities Research Council of Canada focusing on Work and Mental Health. He is also on the executive board of the Research Committee on Mental Health and Illness of the International Sociological Association, and served as President of the International Society for the Study of Work and Organizational Values.

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**BARBARA BEARDWOOD, MA, PhD** is Assistant Professor, Health and Society

Programme, Division of Social Science at York University. She received her PhD in Sociology from McMaster University and worked as a Postdoctoral Fellow in the Environmental Health Program, McMaster University. She is the course director for *A Critical Study of Health and Society*. Her current research, which is funded by WSIB, focuses on the injured worker: from reflection to action on compensation and return-to-work issues.

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**JENNIFER BLYTHE, MLS, PhD** is Associate Professor in the School of Nursing, McMaster University. She has graduate degrees in Anthropology and Library and Information Science. She is Senior Scientist at the McMaster Site of the NEUORU and is involved as co-investigator in many of the projects carried out by the researchers based at the unit. Her major research interests include health human resources. Recent emphases have been on migrant nurses, SARS and casualization, and the preferences of nurses for full and part-time work at different stages of their careers. She is involved in the graduate nursing program and has sat on a number of committees for graduate student theses.

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**SHERYL BOBLIN, RN, PhD** is Assistant Professor in the School of Nursing at McMaster University. Her research foci include nursing competency, decision making of patients and healthcare providers, and learning needs of patients and nurses. She is involved in the graduate and undergraduate nursing programs at McMaster University, and takes an active

role in the administration and implementation of the fourth year of the undergraduate program. She is the Level 4 Coordinator and Course Planner for two fourth-year courses. She is a member of the Graduate Faculty and is on supervisory committees for graduate and doctoral students.

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**DENISE BRYANT-LUKOSIUS, RN, PhD** is Assistant Professor in the School of Nursing at McMaster University and has an appointment as an Advanced Practice Nurse in Malignant Urology at the Juravinski Cancer Centre. She is also a CHSRF/CIHR Postdoctoral Fellow at McMaster University and the University of Manitoba Schools of Nursing. Her research interests include the development and evaluation of advanced practice nursing roles and supportive cancer care for patients with advanced prostate cancer.

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**RON BURKE, MA, PhD** is Professor at the Schulich School of Business at York University and Director of Research, International Organizational Studies. He completed his PhD in Industrial and Organizational Psychology at the University of Michigan and has received numerous research grants, including a three-year strategic grant to investigate *Hospital restructuring and the nursing staff well-being* with co-investigator E. R. Greenglass. He has published extensively and conducted workshops and seminars on various topics, including: occupational stress, women in management, performance appraisal and employee development, and conference leadership. He has also been a consultant on

specific organizational projects in both the private and public sector.

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**SHEILA CAMERON, RN, EdD** is Professor and Dean of the Faculty of Graduate Studies and Research at the University of Windsor and also Professor in the School of Nursing. She has conducted a number of studies examining the impact of downsizing and mergers on hospital nursing staff since 1991. This work has been published in national and international journals and presented at numerous conferences in North America and worldwide. Research funding for these studies has been received from the Ontario MOHLTC and SSHRC.

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**DONNA CILISKA, RN, PhD** is Professor in the School of Nursing at McMaster University and has an appointment as a Nursing Consultant with the Hamilton-Wentworth Regional Department of Public Health Services. She is the Co-Editor of *Evidence-Based Nursing*, and is the Co-Director of the Canadian Centre for Evidence-Based Nursing. Her research interests include community health, obesity, eating disorders, and research dissemination.

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**MARGARET DENTON, PhD** is Director of the McMaster Centre for Gerontological Studies and Professor of Gerontology Sociology at McMaster University. She teaches courses in research methods, aging, and health and society. Her research interests include women's health, formal care giving, health and aging, community health and social services, long-term care,

supportive housing, and retirement and income inequality. She is currently involved in three research projects. She is a co-investigator on *Social and Economic Dimensions of an Aging Population* and principal investigator on *Planning for Later Life*; both projects are funded by SSHRC. She has also been awarded funding from the WSIB for a research project entitled *Organizational Change and the Health and Well-being of Home Care Workers*.

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**ALBA DICENSO, RN, PhD** is Professor in the School of Nursing and the Department of Clinical Epidemiology and Biostatistics at McMaster University. From 1993-2001, she held a MOHLTC career scientist award. In 2001, she was conferred a Nursing Chair in Advanced Practice Nursing by CHSRF and CIHR which is co-sponsored by the Ontario Ministry of Health and Long-Term Care. She is the Director of the Ontario Training Centre for Health Services and Policy Research. Between 2001 and 2002, she chaired a panel on implementing clinical practice guidelines for the RAO that produced a very popular implementation toolkit. Most recently, she co-chaired the MOHLTC Steering Committee examining the barriers and facilitators to the integration of NPs in primary healthcare in Ontario.

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**MAUREEN DOBBINS, RN, PhD** is Assistant Professor in the School of Nursing at McMaster University and has an appointment as a Public Health Associate with the City of Hamilton, Social and Public Health Services. She is a Postdoctoral Fellow sponsored by CIHR and a member of the Canadian Centre for Evidence-Based

Nursing. Her research interests include research transfer and uptake, evidence-based decision making, organizational culture, outcomes research, health economics, and health services delivery.

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**ANN EHRlich, RN, MHSc** is Assistant Professor in the School of Nursing at McMaster University and cross-appointed as a Public Health Research Consultant to the Hamilton Social and Public Health Services Department PHRED (Public Health Research Education and Development) Programme. She received her Masters degree in Community Health and Epidemiology from the University of Toronto and has been involved in education, research and practice in Canada and internationally. Her many roles include Course Planner in Community Health, COUPN representative, consultant to Health Canada for the Skills Enhancement Programme for Health Surveillance, and Project Coordinator of an interdisciplinary endeavour to support the reduction of maternal mortality and women's reproductive health in Haiti.

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**SUSAN E. FRENCH, RN, PhD** is Professor at the School of Nursing, McGill University and has been an Associate Dean, Faculty of Medicine and Director, School of Nursing since July 2001. She received her PhD in Adult Education from the University of Toronto. She has held several administrative positions in nursing, including Associate Dean of Health Sciences (Nursing), McMaster University 1980-90, and was instrumental in the development of the accreditation programme

of undergraduate nursing education in Canada. From 1983-2003, she was extensively involved in the development of nursing in Pakistan through a series of endeavours funded by CIDA. Since her move to McGill University, she has been an integral member of the Executive Committee and the Board of FERASI.

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**ESTER GREENGLASS, PhD** is Professor of Psychology at York University. She received her PhD from the Department of Psychology, University of Toronto. Her research interests include stress and job burnout, downsizing and its psychological effects on nurses, and coping. In collaboration with R. Schwarzer she developed the Proactive Coping Inventory (PCI), a valid and reliable instrument to assess coping. Her research has resulted in several scholarly publications in journals and books.

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**MARTHA HORSBURGH, RN, PhD** is Director of the School of Nursing, University of Saskatchewan. Her research interests include the quality of nursing worklife and the impact of hospital downsizing on nurses who remain in the system (the survivors). She is also heavily invested in the study of adult self-care, especially as it relates to individuals with chronic illness and their caregivers. Both lines of research feature quantitative and qualitative approaches to the generation of new knowledge. Results have been published widely and presented nationally and internationally.

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**MABEL HUNSBERGER, RN, PhD** is Associate Professor of Nursing at McMaster University with a specialty in pediatric nursing. She received her undergraduate and Master's degrees in the United States and completed her PhD at the University of Waterloo. She has taught undergraduate and graduate students in nursing, and was instrumental in setting up and evaluating the first Clinical Nurse Specialist/Neonatal Practitioner program at McMaster in the 1980s. She also played a key role as Coordinator in the McMaster-Mohawk-Conestoga collaborative initiative in 2001. From August 2002 until June 2004, she was in the United Arab Emirates participating in a McMaster School of Nursing international project as Chair, Department of Nursing, at the University of Sharjah.

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**JANET LANDEEN, RN, PHD**, is Assistant Professor in the School of Nursing at McMaster University. She earned her Master's degree in Education from the University of Victoria and her PhD in Health Sciences from the University of Toronto. She currently holds a five-year CIHR Investigator's Award. Her research interests have concentrated on psychosocial aspects of schizophrenia with a primary focus on the role of hope in coping with illness. She is interested in the role of nursing in promoting the quality of life of individuals with severe mental illnesses, particularly schizophrenia.

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**MAUREEN MARKLE-REID, RN, MScN, PhD**, is Assistant Professor in the School of Nursing at McMaster University. She teaches in the undergraduate BScN

programme and the nursing graduate programme. The focus of her research is home and community based care. Current funded research projects focus on health promotion among vulnerable elderly populations and their caregivers living in the community and receiving home care services. She is the principal investigator and lead author on several grants and publications evaluating the costs and effects of various service delivery models for community dwelling elderly populations and their caregivers.

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**COLLEEN McKEY, RN, MScHSA, PhD, CHE** is Assistant Professor in the School of Nursing at McMaster University. She teaches at both the undergraduate and graduate levels in the areas of leadership and management. Her research focuses on leadership, knowledge dissemination, and mentorship. Her administrative positions in the School of Nursing include: Director, Nursing and Health Care Leadership and Management Program; Director, Nursing Education Research Unit; and Assistant Director, Educational Resources for the School of Nursing. She has also held a number of senior administrative positions in the hospital sector and been actively involved with various healthcare boards and task forces.

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**DIANE MORIN, RN, MSc, PhD** is a nurse. She completed a MSc in Community Health at the Université Laval, Quebec and a PhD in Public Health and Policy at the University of London, UK. Her areas of interest include health services research and nursing practice evaluation in both primary

care and the interdisciplinary context. She was one of the investigators in the provincial evaluation of the Info-Santé services in Quebec and in the linked study on the use of Info-Santé by the aged population. She is currently leading studies focusing on nursing practice in home care and interdisciplinary collaboration in primary care in rural, remote and isolated areas in Quebec.

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**CHARLOTTE NOESGAARD, RN, MScN** is Assistant Professor in the School of Nursing at McMaster University. She has extensive expertise in the utilization of knowledge management in clinical practice and was one of the investigators of the Province Wide Nursing Project that examined the integration of healthcare services across the continuum of care (acute, long-term, and home care services). She is a past President of the RNAO. She is currently the Vice Chair of the Grand River Hospital Board and is involved in the Joint Executive Committee for the Region of Waterloo as it advances healthcare services into the 21<sup>st</sup> century.

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**JENNY PLOEG, RN, PhD** is Associate Professor in the School of Nursing at McMaster University and an Associate Member of the Gerontology Programme. She has an appointment as Public Health Associate with the Public Health and Social Services Division, City of Hamilton. In 2002, she obtained a CIHR/St. Joseph's Healthcare Hamilton investigator career award. She is Co-Director of the Community Care Research Centre, which is funded by CIHR as part of the Community

Alliances for Health Research program. Her research interests include health and aging, health promotion and disease prevention, caregiver support, and evaluation of community health services.

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**ANN RHEAUME, RN, PhD** is Assistant Professor at the École de Science Infirmière, Université de Moncton. She received her PhD in sociology from McGill University. Her thesis examined the changing entry to practice requirements in nursing. Her research interests are the professionalization of nursing, impact of restructuring efforts and role changes in nursing personnel.

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**DYANNE SEMOGAS RN, MN,** is Assistant Professor in the School of Nursing at McMaster University and the Clinical Director of the M.A.C. Door intervention program for street youth. She was formerly the Research Coordinator of the Quality of Nursing Worklife Research Unit and the Advanced Health Assessment and Diagnosis Professor for the Ontario Educational Programme for Nurse Practitioners. She is a member of the Executive Committee of the McMaster University Student Outreach Clinic and has been actively involved in several community boards.

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**JANE UNDERWOOD, RN, MBA** is Associate Clinical Professor at the School of Nursing, McMaster University and a co-investigator in the Nursing Effectiveness, Utilization and Outcomes Research Unit (NEUORU). She is also the Senior Partner of Underwood and Associates (Public Health Consultants). She has worked closely

with the *Health Canada Skills Enhancement for Health Surveillance* program, been actively involved in the designation of community health nursing as a specialty and participated in various core competencies for public health initiatives.

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**OLIVE WAHOUSH, RN, MSc, PhD (candidate)** is Assistant Professor at the School of Nursing, McMaster University. She is currently completing her PhD in Health Policy Management and Evaluation at the University of Toronto. She is a co-investigator for a national study (CHARSNN) funded by the CIHR in 2004. She has served on the executive of numerous RNAO interest groups and her local chapter, and has received several awards and scholarships.

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**ROBIN WEIR, RN, PhD** is Professor at the School of Nursing, McMaster University. Her research interests are in the areas of quality of nurses' worklife and psychosocial and behavioural research related to health. She has held numerous administrative positions in nursing such as Chair and Dean of Studies in the BScN program at McMaster (1979-85) and Assistant Director Educational Resources (1995-98). She has published and presented papers nationally and internationally and has consulted with various community agencies on nursing issues such as quality assurance standards for practice.

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**ISIK ZEYTIÑOĞLU, PhD** is Professor in Human Resources and Management in the School of Business at McMaster University.

Her research interests include non-standard and flexible work arrangements, women's work and occupational health, health sector human resources, international industrial relations/human resource issues, and women in business as managers/professionals. She is currently principal or co-investigator of numerous funded projects that reflect these interests. She is also Chair of an international network of researchers sponsored by the International Labour Organization.

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## Appendix B:

### Part 1- Ongoing Research

The following ongoing research projects cover the reporting period from July 1, 2003 to June 30, 2004 inclusive. Projects are listed in alphabetical order by first investigator with NEUORU investigators highlighted in bold text.

AFFONSO (PI), **DORAN, PETRYSHEN**, FERGUSON-PARÉ, & VINCENT

**EXPLORATION OF THE PHENOMENON OF NEAR MISSES TO DELINEATE NURSING'S CONTRIBUTION TO PATIENT SAFETY SCIENCE**

Funded by: Ontario MOHLTC (2003 – 2005)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Explore nursing's relationship to patient safety, including structures, processes of care, and nursing sensitive outcomes.
- Guide the development of measurement indicators, data collection methods and information systems to guide decisions related to nursing services and the nursing workforce.
- Create Tiger Teams/SWOT analysis, led by nurses, as an innovative approach to identify and influence processes of care that are most vulnerable to errors.
- Develop a tracking computerized monitoring system on the incidence of near misses and clinical uncertainty encountered by nurses in busy clinical settings.

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**AKHTAR-DANESH & LANDEEN** (PIs)

**HOW IS DEPRESSION RELATED TO THE DEMOGRAPHIC FACTORS IN THE 37 HEALTH REGIONS IN ONTARIO?**

Funded by: OMHF (May 2004 – September 2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

The secondary analysis of the Canadian Community Health Survey will address the following research questions:

- What is the prevalence of depression and co-morbid obesity and overweight by health region of Ontario?
- What are the demographic characteristics of individuals with depression and co-morbid obesity in the regions of Ontario?
- How does the prevalence of the depression change based on the BMI index in the health regions (the answer would be achieved using multivariate logistic regression modeling)?

- How does the probability of the depression change based on the BMI index in individuals (the answer would be achieved using multivariate logistic regression modeling)?
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**ARMSTRONG-STASSEN (PI)**

**THE ROLE OF HUMAN RESOURCE POLICIES AND PRACTICES IN THE RETENTION OF OLDER EMPLOYEES**

Funded by: SSHRC (2001 – 2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the preparedness of employers to deal with the aging workforce. Questionnaires were developed to identify the human resource strategies organizations are implementing to promote the retention of older employees and to determine what role these strategies play in the decision of older employees to remain actively engaged in their organization.
  - Survey packets were mailed out to randomly selected HR executives and RNs in the fall of 2001 and again in the fall of 2003. In July 2004, survey packets were mailed out to randomly selected members of the Canadian Association for Retired Persons (CARP).
  - The findings of this study will identify the readiness of organizations, and specifically those in the healthcare sector, to meet the challenge of the aging workforce. Some of the innovative strategies for recruiting and retaining older employees will require changes in current rules regarding pensions and mandatory retirement age.
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**ARMSTRONG-STASSEN (PI) & TEMPLER**

**THE MANAGEMENT OF AN AGING WORKFORCE: AN ASSESSMENT OF HOW WELL EMPLOYERS ARE MEETING THE CHALLENGE**

Funded by: University of Windsor Seed Grant (2000) & SSHRC (2001 – 2004)

Stage: Report writing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the preparedness of employers to deal with the aging workforce.
  - A questionnaire was developed to assess what HR strategies employers currently have in place to meet the needs and preferences of older employees and what special HR policies they expect to implement in the future.
  - Survey packets were mailed out to over 2,000 HR managers in the fall of 2001. The findings of the more extensive SSHRC-funded study will identify the readiness of companies to meet the challenge of the aging workforce. Some of the innovative strategies for recruiting and retaining older employees will require changes in current rules regarding pensions and mandatory retirement age.
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ARTHUR, KING (CO-PIs), PURDEN, **TRANMER**, ROBICHAUD-EKSTRAND, TAPP, MCFETRIDGE, WATT-WATSON, & RUKHOLM

**TRAINING PROGRAM FOR THE DEVELOPMENT OF CARDIOVASCULAR NURSING RESEARCH CAPACITY IN CANADA**

Funded by: CIHR (2003 – 2008)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To implement a training program designed to increase cardiovascular nursing research capacity.
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**BAUMANN (PI), BLYTHE, DENTON, & ZEYTIKOGU**

**THE NEW HEALTHCARE WORKER: THE IMPLICATIONS OF CHANGING EMPLOYMENT PATTERNS IN RURAL AND COMMUNITY HOSPITALS**

Funded by: MOHLTC (2004 – 2005)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine the influence of human resource policies on standard and non-standard work arrangements on the nursing workforce in rural workplaces, including the functioning of nursing and multi-disciplinary teams in a sample of rural/community hospitals.
  - Explore the preferences of nurses working in community/rural hospitals for standard and non-standard work and the reasons for their choices.
  - Investigate the extent to which nurses whose employment preferences are met experience better quality of worklife than nurses whose preferences are not met.
  - Investigate the implications of having preferred employment arrangements for retention.
  - Compare the findings from rural/community hospitals with those from large urban teaching hospitals, taking into account differences in rural and urban labour markets and patient populations in different types of hospital.
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**BAUMANN, (PI) GRINSPUN, TOMPKINS, & BLYTHE**

**WHAT ARE THE FACTS? GRADUATING NURSING STUDENTS: THEIR DEMOGRAPHICS, EMPLOYMENT PLANS AND PREFERENCES**

Funded by: MOHLTC (2004 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose of this study is to inform policy makers at the Ministry of Health and Long-Term Care, the Ministry of Training, Colleges and Universities, associations such as the Registered Nurses Association of Ontario and recruiters for health care organizations about the demographic characteristics and employment options available to nursing graduates in

Ontario in 2004. The results of this study will encourage health care planners to capitalize on the scarce resource represented by new nursing graduates by making more full-time employment available.

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**BAUMANN & KEATINGS (PIs)**

**THE IMPACT OF THE IMPLEMENTATION OF THE NURSING RESOURCE TEAM ON HAMILTON HEALTH SCIENCES**

Funded by: Ontario MOHLTC (2003-2005)

Stage: Analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To explore flexible work arrangements which will result in cost savings, resource sharing, flexible staffing and high quality care.
  - To explore the impact the Nursing Resource Team (NRT) has had on the nursing personnel of Hamilton Health Sciences.
  - To explore the impact implementation of the NRT has had on the management and administration.
  - To perform an economical analysis examining the impact the NRT has had on fiscal resources of the organization.
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**BESNER, DORAN (CO-PIs), MCGILLIS HALL, GIOVANNETTI, GIRARD, HILL, MORRISON, & WATSON**

**A SYSTEMATIC APPROACH TO MAXIMIZING NURSING SCOPES OF PRACTICE**

Funded by: CHSRF (2003 – 2005)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Study aims at improving utilisation of the health workforce and measuring the impact of staff mix/staff ratio changes on quality of care, cost-effectiveness, patient and provider satisfaction and workforce planning.
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**BLYTHE (PI), BAUMANN, UNDERWOOD, AKTAR-DANESH, & ORESCHINA**

**MAXIMIZING “BRAIN GAIN” IN HEALTH CARE. EVALUATING THE POTENTIAL OF INTERNATIONALLY-EDUCATED NURSES CURRENTLY RESIDENT IN ONTARIO**

Funded by: MOHLTC (2004 – 2005)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To gather information about the stock of internationally-educated nurses residing in Ontario, particularly their experiences of entering the nursing workforce. What barriers and facilitators do internationally-trained nurses currently face in entering the nursing labour

force in Canada? How can the integration of internationally-trained nurses in the Canadian workforce be facilitated?

- Describe and analyse issues relevant to nurse migration from the perspective of key stakeholders such as employers, governments, and regulatory bodies.
- Investigate the experience of foreign trained nurses in Canada, including barriers and facilitators to integration in the Canadian healthcare system.
- Provide recommendations to policy makers on maximizing the expertise of nurses with overseas credentials who are resident in Canada.
- A report will be submitted to the Nursing Secretariat.

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**BOBLIN (PI), BAXTER, ALVARADO, BAUMANN, & AKHTAR-DANESH**

**REGISTERED NURSE AND REGISTERED PRACTICAL NURSE DECISION MAKING**

Funded by: MOHLTC (2003 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To further test the psychometric properties of the DMI instrument.
- To identify and describe nursing decision making and to describe how nursing decision making is influenced by variables such as education, experience, and setting.
- To describe and differentiate between decisions made by RNs and RPNs.
- To explore the impact of nursing decision making on nurses' education needs.
- To explore the regulatory and practice issues associated with RN and RPN decision making.

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**BROWN (PI), MCGILLIS HALL, LASCHINGER, & DORAN**

**HOSPITAL REPORTS RESEARCH COLLABORATIVE**

Funded by: MOHLTC, Ontario Hospital Association (OHA) (2003 – 2013)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Evaluation of selected evidence-based indicators representative of nursing care for feasibility and validity.

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**BROWNE (PI), ROBINSON, ROBERTS, GAFNI, BYRNE, WEIR, CROOK, MAJUMDAR, WILLMS, & GUENTER**

**COMMUNITY-BASED HIV/AIDS SERVICES EVALUATION UNIT: THE EFFECTS AND EXPENSE OF INTERSECTORAL MODELS OF COMMUNITY-BASED CARE FOR PEOPLE INFECTED AND AFFECTED WITH HIV/AIDS**

Funded by: AIDS Bureau Ontario MOHLTC (1999 – 2004)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The evaluation program will focus on the impact of programs and services on those infected by, affected by, and at-risk of acquiring HIV.
- A steering committee composed of stakeholders, providers, policy makers, and investigators will provide direction to the process of evaluation through the research process.
- Through this process, collaborative community services can be systematically developed and rigorously evaluated using comparative research designs.
- Results will have an impact on the ongoing development of services, and the application of new knowledge to practice and policy development.

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**BRYANT-LUKOSIUS (PI), GREEN, FITCH, MCFARLANE, MACARTNEY, MILNE, & ROBB-BLENDERMAN**

**THE ADVANCED PRACTICE NURSING ROLE IN ONTARIO REGIONAL CANCER CENTRES:  
AN INTERIM EVALUATION**

Funded by: Ontario MOHLTC (March 2003 – July 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose of this study is to describe and understand health care provider perceptions of the structure and process factors influencing the development and implementation of new APN roles in Ontario regional cancer centres.
- Study findings will inform recommendations for supporting the continued development of existing APN roles and to improve the introduction of future APN roles in Ontario regional cancer centres.
- This study is the first step in a long-term strategy to provide a systematic and evidence-based approach to the successful introduction of APN roles in Ontario regional cancer centres. Study recommendations will provide the foundation for future research and ongoing evaluation of implementation strategies and the impact of oncology APN roles.

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**BRYANT-LUKOSIUS (PI), RAAND, NEVILLE, & WHELAN**

**LINKING WITH THE COMMUNITY: PATIENT, FAMILY AND HEALTH CARE  
PROVIDER PERCEPTIONS OF NEEDS AND CARE FOR PATIENTS WITH  
METASTATIC PROSTATE CANCER IN HAMILTON-WENTWORTH**

Funded by: Hamilton Regional Cancer Centre Foundation (2003 – 2004)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To develop a better understanding of how metastatic prostate cancer affects the health of patients and families, and to determine priority health needs and new approaches to improving the delivery of health care services.
  - As one component of a comprehensive needs assessment, the results of this study will inform the development of new model of supportive care for patients with metastatic prostate cancer.
  - In applying the principles of Participatory Action Research, this study will establish collaborative working relationships among key stakeholders within the prostate cancer community to guide and direct the development of supportive care services for patients with metastatic prostate cancer.
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**CAMERON (PI) & ARMSTRONG-STASSEN**

**THE WORK ENVIRONMENT AND RETENTION OF NURSES OVER 45 YEARS OF AGE**

Funded by: NEUORU (2004 – 2006)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To look at work environment factors affecting senior nurses and their continuance in the workforce. It is known that significant numbers of nurses leave nursing practice before 65 years of age which compounds the anticipated nursing shortage occurring in Canada. We hope to be able to identify factors that employers can consider to improve retention of these senior nurses.
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**CAMERON (PI) & ARMSTRONG-STASSEN**

**INVESTIGATION AND COMPARISON OF CRITICAL ISSUES FACING HOSPITAL AND COMMUNITY HEALTH NURSES IN ONTARIO**

Funded by: MOHLTC (2000 - 2001) NEUORU (2002 – 2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To explore the workplace experiences of nurses in hospital and community settings. Nurses completed questionnaires designed to measure selected organizational, interpersonal, and job related characteristics in their employment.
  - Preliminary analysis suggests that there are differences between the groups.
  - Results will be helpful to nurse managers as they try to recruit nurses in this time of growing shortage.
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**CHAMBERS (PI), EHRLICH, & O'CONNOR**

**THE ROLE OF HEALTH SURVEILLANCE IN LOCAL PUBLIC HEALTH PRACTICE**

Funded by: Health Canada (2002 – 2003)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To describe the role that health surveillance plays in public health practice using three recent case scenarios.
  - Importance of integrating surveillance into the education and practice of all public health professionals including public health nurses/community health nurses is emphasized.
  - Publication as a special insert to the *Canadian Journal of Public Health* after paper reviewed externally.
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**CROOKS, GREEN (CO-PIs), FERGUSON-PARE, BAKKER, TRANMER, & FITCH**

**MEETING THE NEEDS OF CANCER PATIENTS AND FAMILIES TODAY AND TOMORROW:  
ONCOLOGY NURSE DEMOGRAPHICS AND CLINICAL ROLE FUNCTIONS**

Funded by: MOHLTC (2004 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Human resource planning for oncology nursing.
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**DAVIES (PI) & PLOEG**

**DETERMINANTS OF THE SUSTAINED USE OF RESEARCH EVIDENCE IN NURSING**

Funded by: CHSRF (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The evaluation team, in partnership with the RNAO and the Canadian Nurses Association, is conducting a three-year study and follow up of the RNAO Best Practice Guideline evaluation project at 12, 24 and 36 months of the 45 participating organizations (acute care, long term care, community, public health). The study will determine the patterns of the sustained use (or not) of research evidence (Best Practice Guidelines) and identify the factors that predict successful implementation in nursing and health care services.
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**DEBER (PI), BRIMACOMBE, ADAMS, & VERRIER**

**PUBLIC AND PRIVATE FUNDING IN FINANCING AND DELIVERY: TRENDS IN PRIVATE  
DELIVERY OF HEALTH CARE**

Funded by: CIHR (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Study examines the mix of public, private not-for-profit, and private for profit providers in a small business or a share-holder owned corporation who are involved in delivering health care; how this varies by sector; and how this in turn affects costs, distribution of costs, access, equity, quality, and patient outcomes. The research will employ document review and elite interviews, supplemented by available quantitative data.
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**DEBER (PI), WILLIAMS, BAUMANN, O'BRIEN-PALLAS, ET AL.**

**FROM MEDICARE TO HOME AND COMMUNITY (M-THAC): OVERTAKING THE LIMITS OF PUBLICLY-FUNDED HEALTH CARE IN CANADA**

Funded by: CIHR (2001 – 2006)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Integrate health services, population health, and clinical research for examination of the policy and service delivery implications of our increased reliance on a broad range of community-based services, for a broad range of clients.
  - Inform policy and service delivery by fostering timely, high-quality research that seeks to document and understand the implications of the shift to home and community, and its differential impact on diverse populations, in partnership between community-based and university-based researchers.
  - Create a structure for conversation, mutual learning, and collaboration among community organizations and researchers about the implications of home and community care.
  - Disseminate research findings and improve the transparency and accountability of decision making.
  - Provide opportunities for training health researchers in a broad variety of disciplines in an environment characterized by interaction with community partners.
- 

**DEBER (PI), WILLIAMS, & CONRAD**

**DO REGIONALIZATION MODELS MATTER? HOME CARE RESOURCE ALLOCATION IN MARITIME PROVINCES**

Funded by: CIHR (2000 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Compare how various health regions in the Maritime provinces allocate resources across health care sectors.
- Examine whether resource allocation decision making is affected by the varying configurations of services incorporated into regional budget envelopes.

- Given the dynamic nature of health reform, it is crucial that informed policy development and decision making be based on knowledge about the advantages and disadvantages of various approaches to deciding how regional funding envelopes are constructed, and whether budgets for particular services are protected or integrated into funding envelopes.
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**DiCENSO**

**NATIONAL CHAIR FOR MANAGEMENT OF NURSING SERVICES**

Funded by: CHSRF, The University Health Network, & Ontario MOHLTC  
(2000 – 2010)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Focus is on capacity building bringing new researchers to the point where they can independently contribute to applied health services and policy research issues.
- 

**DiCENSO (PI), ANGUS, ARMSTRONG, COCKERILL, COYTE, DAVIES, DORAN, EDWARDS, GOERING, HUTCHISON, MINORE, MONTELPARE, O'BRIEN-PALLAS, PONG, RIOUX, RUKHOLM, SPASOFF, & WOODWARD**

**ONTARIO TRAINING CENTRE IN HEALTH SERVICES AND POLICY RESEARCH**

Funded by: CHSRF & CIHR (2002 – 2012); Ontario MOHLTC, Mental Health & Rehabilitation Reform Branch (2002 – 2008); and Ontario MOHLTC (Research Unit) (2003 – 2004)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Using a consortium model which allows six universities (McMaster, Lakehead, Laurentian, Ottawa, Toronto, and York) to share their strengths.
  - Purpose of this training centre is to:
    - Build a critical mass of skilled, independent health services researchers in Ontario, especially Northern Ontario.
    - Ensure that the health services research conducted by these individuals meets the needs of health services policy makers, planners, and managers.
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**DORAN (PI), HARRISON, LASCHINGER, HIRDES, RUKHOLM, SIDANI, MCGILLIS HALL, & TOURANGEAU**

**AN EVALUATION OF THE FEASIBILITY OF INSTITUTING DATA COLLECTION OF NURSING SENSITIVE OUTCOMES IN ACUTE CARE, LONG-TERM CARE, COMPLEX CONTINUING CARE AND HOME CARE**

Funded by: Ontario MOHLTC (2002 – 2004)

Stage: Data collection and analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Evaluate the feasibility, quality, and utility of instituting outcomes data collection for nursing-sensitive outcomes in acute care, long-term care, complex continuing care, and home care.
- Determine the frequency and timing with which it is necessary to collect data on symptoms over the patient's health care stay for the purpose of outcomes assessment.
- Conduct pilot testing of the reliability and validity of a therapeutic self-care scale for acute care and home care, and the MDS functional status scale for acute care.
- Assess the training requirements and resources required to institute nursing-sensitive outcomes assessment within the province of Ontario.

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**DORAN (PI), MYLOPOULOS, KUSHNIRUK, NAGLE, STRAUS, SIDANI, HIRDES, LAURIE-SHAW, AFFONSO, TOURANGEAU, & HILLAN**

**OUTCOMES IN THE PALM OF YOUR HAND: IMPROVING THE QUALITY AND CONTINUITY OF PATIENT CARE**

Funded by: Communication and Information Technology Ontario (CITO), ONTARIO MOHLTC (2004 – 2006)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Provide health care managers and policy makers with valuable information for their use in designing more effective systems for communicating and utilizing patient health information and for improving the continuity and quality of care.
- Provide nurses with new opportunities for enhanced access to comprehensive and pertinent patient-related and health information.

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**DORAN (PI), MYLOPOULOS, KUSHNIRUK, NAGLE, STRAUS, SIDANI, HIRDES, LAURIE-SHAW, AFFONSO, TOURANGEAU, HILLAN, & LEFEBRE**

**OUTCOMES IN THE PALM OF YOUR HAND: IMPROVING THE QUALITY AND CONTINUITY OF PATIENT CARE, PHASE 3**

Funded by: CHSRF (2004 – 2007)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Investigate usability of PDAs by nurses to simultaneously: 1) Assess patients' responses to treatment; 2) Access electronically accessible resources to support clinical decision making; and 3) Receive feedback in real-time to modify their treatment plans.

- Investigate the impact of the "information system" on the continuity of information transfer between community and acute care settings.
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**DUFFIELD, O'BRIEN-PALLAS, DIERS, HALL, KING, AISBETT (CO-PIs), & ROCHE**  
**NURSING WORKLOAD, SKILL MIX AND MODELS OF CARE RESEARCH**

Funded by: Ministry of New South Wales Health (2003 – 2006)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Establish the relationship between nursing skill mix and models of nursing care on patient outcomes, case-mix adjusted; and
  - Collect empirical evidence on the impact of increased in-patient acuity and reduced length of hospital stay (LOS) on nurses' workload.
  - Research will be carried out in two complementary steps. First, routinely collected historical administrative data will be analysed. Information from this step will be used in the second step in which data will be collected prospectively at the ward/unit level.
  - Research will fill important gaps in what is currently known about nursing workloads, skill mix, and models of care, and their impact on patient outcomes.
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**DYKEMA (PI), ERICSON, DAVIDSON, & RHEAUME**

**THE EFFECTS OF HEALTH CARE REFORM ON THE LIVES OF NURSES IN NEW**  
**BRUNSWICK**

Funded by: SSHRC (2001 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose is to: 1) Provide an understanding of workplace factors which influence nurses' well being and their ability to provide quality care; and 2) Identify workplace policies that will allow nurses to practice to their full potential.
  - Preliminary results suggest that nurses are concerned with many issues, such as: heavy workloads, the changing roles of health care personnel, and the educational preparation of new graduates. Increased input into how health care reforms are implemented would decrease the stress associated with reforms.
  - A report of the study results will be submitted to a range of stakeholders.
  - Decision makers will gain insight into issues relevant to nurses and nursing care. Policies which ensure quality nursing care is relevant to both decision makers and policy makers will be identified.
-

ESTABROOKS (PI), LANDER, LU, BOSCHMA, WATT-WATSON, STEVENS, O'BRIEN-PALLAS, DONNER, & WILLIAMS

**THE DETERMINANTS OF RESEARCH UTILIZATION IN AN ACUTE CLINICAL SETTING**

Funded by: Alberta Heritage Foundation for Medical Research (1999 – 2001) & CIHR (formerly NHRDP) (1999 – 2004)

Stage: Data analysis and report writing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Determine: 1) A set of factors that influence research utilization by nursing personnel concerning pain management; 2) An explanation of how these factors interact; 3) A blueprint that we can use to study these factors in a more comprehensive multiple case study; and 4) Findings that enable us to begin to plan appropriate interventions to improve pain management by increasing the use of pain research.
  - Examine what guides research utilization and what barriers there may be to research utilization in the acute clinical setting.
  - Nurses make up the majority of health workers in hospitals. Therefore an increase in use of scientific research (evidence) will have a positive effect on patient and system outcomes.
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FERNIE (PI) & DORAN

**DESIGN AND EFFICACY OF NOVEL INTERFACE SLING SYSTEMS FOR LIFTING PATIENTS**

Funded by: CIHR (2003 – 2005)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Objective of this study is to reduce caregiver stress and potential for injury during patient lifting and transferring tasks by improvements in sling design.
  - Product(s) and evaluation derived from this research will have significant direct and indirect benefits for the health and safety of primary caregivers and for the comfort and safety of patients.
- 

HEYLAND (PI), TRANMER, GROLL, PICHORA, DUDGEON, PARENT, ANDERSON, EVOY, & FITZGERALD

**IMPROVING THE QUALITY OF END OF LIFE CARE IN CANADA: A LONGITUDINAL STUDY OF SERIOUSLY ILL HOSPITALIZED PATIENTS AND THEIR CAREGIVERS (SINGLE SITE)**

Funded by: Physician Services Incorporated (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine patient and caregiver perspective on quality care issues associated with care during the terminal stages of illness.
-

HOLNESS (PI), COREY, HOUSE, LISS, PURDHAM, SASS-KORTSAK, SCOTT, SILVERMAN, TARLO, VERMA, ABEL, EAKIN, FAUGHNAN, HARGREAVE, HOSEIN, **KERR**, LOU, LOUGHEED, PRATT, SKOTNICKI-GRANT, & SWITZER-MCINTYRE

**CENTRE OF RESEARCH EXPERTISE IN OCCUPATIONAL DISEASE**

Funded by: Ontario Workplace Safety and Insurance Board (WSIB) (2003 – 2008)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Stress-related problems are becoming a major source of disability claims for nurses. This centre will provide expert guidance on research in this area and as a co-investigator could provide seed money for grants for nursing-related research.

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HUTCHISON (PI), ABLESON, BRAZIL, CHAMBERS, **CILISKA**, **DENTON**, EYLES, GIANCOMINI, HURLEY, **PLOEG**, WOODWARD, & **ZEYTIKNOGLU**

**COMMUNITY CARE RESEARCH CENTRE**

Funded by: CIHR (2001 – 2006)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- A partnership of public and voluntary community care agencies in Hamilton, Ontario and an interdisciplinary group of McMaster University researchers from health, social, and management sciences.
- The research program will focus on the organization and delivery of community health and social support services. Research activities will span clinical, health and social services, health policy, health systems, and determinants of health research.
- Objectives include:
  - Generating new knowledge in the field of community care;
  - Building research and evaluation capacity in community care;
  - Stimulating interagency and intersectoral collaboration and resource sharing in research;
  - Providing opportunities for agency staff and managers to acquire and apply research skills; and
  - Promoting the application of research evidence to clinical practice, management, and policy making.
- Five research projects have been identified as priorities for the first year, including:
  1. Integration, coordination and continuity of care for socially disadvantaged seniors;
  2. health promotion with immigrant and refugee clients;
  3. Telephone support services for family caregivers;
  4. Organizational and community values about community care; and
  5. Guidelines for the identification and management of elder abuse by staff and volunteers of community care agencies.

**IRVINE (PI), PICKARD, HARRIS, COYTE, MACRAE, LASCHINGER, & DARLINGTON**

**MANAGEMENT AND DELIVERY OF COMMUNITY SERVICES IN ONTARIO: IMPACT ON THE QUALITY OF CARE AND QUALITY OF WORKLIFE OF COMMUNITY BASED NURSES**

Funded by: CHSRF (2000 – 2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Phase one objectives were to: 1) Assess the extent of private sector involvement in the delivery of home care nursing services; 2) Describe the method for contracting professional nursing services within the 43 Ontario Community Care Access Centres; 3) Describe the method for monitoring service agreements; and 4) Refine the variables and sampling strategy for phase two. A final report of Phase one has been produced.
- Phase two objectives examine the relationship between contract structural variables and variables for: 1) quality of care (process); 2) client outcome; 3) cost; 4) nurse outcome; and 5) process and client and nurse outcome. Phase 2 is in progress.

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**KERR (PI), LEMIRE RODGER, HEPBURN, LASCHINGER, GILBERT, & O'BRIEN-PALLAS**

**PARTNERS: THE OTTAWA HOSPITAL**

**ADOPTING A COMMON NURSING PRACTICE MODEL ACROSS A RECENTLY MERGED MULTI-SITE HOSPITAL**

Funded by: CHSRF, Change Foundation, Ontario MOHLTC, & The Ottawa Hospital (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Determine the multilevel impact of adopting a new, common clinical practice model or nursing care across three recently merged campuses of The Ottawa Hospital.
- It is hypothesized that the implementation of this new model will have direct impact at three different levels in the organization: individuals, units, and (former) hospitals.
- Three main research questions will be addressed: 1) What are the effects of introducing a new model for nursing care on nurse work stress and nurse well-being? 2) What are the effects of introducing the new nursing care model on organizational climate, at both the unit and hospital (site) levels? and 3) What are the effects of introducing the new nursing care model on quality of patient care?
- Given the extent of hospital restructuring across Canada, examining a hospital in the process of a substantial merger will help demonstrate how adopting a standard model of nursing care will impact on nurse well-being, organizational climate, and nurse sensitive patient outcomes.
- This study is of direct relevance and benefit to managers, policy makers, and the nursing community at large.

LANDEEN (PI), KIRKPATRICK, TWEDELL, EVANS, MARTIN, NASHEF, & DOYLE

**EVALUATING CHANGE IN KNOWLEDGE, SKILLS, AND ATTITUDES OF REGISTERED NURSES IN A NEW PSYCHIATRIC MENTAL HEALTH NURSING PROGRAMME**

Funded by: Centre for Leadership in Learning, McMaster University (2003 – 2005)

Stage: Data analysis and report writing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose of this project is to systematically address the measurement of knowledge, skill, and attitudinal change in students who complete a new Psychiatric Mental Health Nursing Programme (PMHNP).
- To develop and evaluate measures of knowledge, skill, and attitudinal change in students enrolled in a new Psychiatric Mental Health Nursing Programme. Specifically, students enrolled in the PMHNP will demonstrate:
  - Increasing levels of knowledge specific to the programme.
  - Increasing skills in completing mental status examinations and in using effective communication strategies with standardized patients.
  - Attitudes toward individuals with mental illness which are consistent with the College of Nurses of Ontario Code of Ethics and a recovery-oriented approach. The ability to self-reflect on their progress throughout the programme, and modify their learning approaches if needed.
- Results of this project will have particular interest to the School of Nursing. Dependent upon the outcomes, the larger BScN Programme may be interested in adopting these measures for all students. Internally, results will be shared with the Nursing Education Research Unit, the Undergraduate Nursing Education Committee of the BScN Programme, and the nursing faculty at large through a Nursing Academic Seminar. It will be shared within the Faculty of Education through Education Rounds and manuscripts will be prepared for publication in the *Pedagogue* (the Faculty of Health Science educational journal) and the *Journal of Nursing Education*.

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LAPORTE (PI), DEBER, O'BRIEN-PALLAS, & BAUMANN

**WHERE DO NURSES WORK? WORK SETTING AND WORK CHOICE**

Funded by: CIHR (2003 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examines the relation between individual, job, and employer characteristics and the successful recruitment and retention of nurses across various employment settings in Ontario. It will apply the concepts and tools of labour economics and health services research to better understand the factors that affect nurses' propensity to remain in the profession and their choice of work setting.

**LASCHINGER, WONG (CO-PIs), ARMSTRONG-STASSEN, KERR, WHITE, D'AMOUR, SAXE-BRAITHWAITE, MATTHEWS, VINCENT, RITCHIE, WILK, SEMENIUK, SHAMIAN, GRINSPUN, OKE, WARD, & MAPA**

**A PROFILE OF THE STRUCTURE AND IMPACT OF NURSING MANAGEMENT IN CANADIAN HOSPITALS**

Funded by: CHSRF (2003 - 2006)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Study will profile nursing leadership/management structures in Canadian hospitals by examining the organizational and structural characteristics of nursing management roles in hospitals across the country.
- Information can inform decision making for the design of effective nursing leadership role configurations and organizational structures in hospitals and provide knowledge that can be incorporated into future preparation of nurse leaders.

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LINGARD (PI), REGEHR, BAKER, BOHNEN, REZNICK, ORSER, DORAN, ET AL.

**TEAM TALK: AN INTERVENTION TO STRUCTURE INFORMATION SHARING AND PROMOTE PATIENT SAFETY IN THE OPERATING ROOM**

Funded by: CIHR (2002 – 2007)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Refine our existing categorization of team communication practices relevant to information management and transfer in the operating room setting.
- Develop and pilot a comprehensive, usable checklist instrument to systematize information management and transfer.
- Develop and pilot a reliable and valid observational scale for use in assessing the impact of the checklist instrument on team communication practices.
- Provide preliminary data regarding baseline variation in the observation scale and the anticipated effect size for the checklist intervention.

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MANTLER, (PI), ARMSTRONG-STASSEN, CAMERON, & HORSBURGH

**THE IMPACT OF HIRING INCENTIVES ON THE RETENTION OF HOSPITAL STAFF NURSES**

Funded by: SSHRC (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine the impact of recruitment incentives on the commitment and retention of currently employed nurses.

- To make recommendations regarding the use of incentives for recruitment and retention.

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**MCCUTCHEON, DORAN (CO-PIs), EVANS, MACMILLAN, MCGILLIS HALL, PRINGLE, & SMITH**  
**THE IMPACT OF THE MANAGER'S SPAN OF CONTROL ON NURSING MANAGEMENT**  
**LEADERSHIP AND PERFORMANCE**

Funded by: CHSRF (2001 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examine the influence of the manager's span of control (total number of staff reporting to the manager) on the relationship between nursing management, leadership, and performance as measured by patient satisfaction, nurses' job satisfaction, intent to stay, and turnover.
- Examine how the manager's leadership style affects nurse and patient outcomes.
- Examine how the manager's span of control influences nurse and patient outcomes.
- Investigate which particular leadership style contributes to optimum nurse and patient outcomes under differing spans of control.
- Increase our knowledge of how the manager's span of control affects nursing leadership and subordinate effectiveness has implications for policy development regarding the number of subordinates a nurse manager can effectively supervise.
- Empirical evidence identifying the particular leadership style that contributes to optimum performance will help nurse leaders perform effectively and positively influence nursing staff satisfaction, staff retention, quality of care, and unit labour turnover.

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**MCGILLIS HALL (PI), DORAN, & LASCHINGER**

**NURSING REPORT 2002: INDICATOR TESTING AND VALIDATION**

Funded by: Ontario MOHLTC and OHA (2002 – 2007)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Introduce and structure a nursing perspective within the *Hospital Report Series* in Ontario.
- *Nursing Report 2001* identified evidence-based indicators representative of nursing care through input from key stakeholders and leaders in nursing in Ontario.
- Evaluate the selected indicators for feasibility and validity.

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**MCGILLIS HALL (PI), PINK, JONES, & LEATT**

**AN UNDERSTANDING OF CANADIAN-TRAINED NURSES IN THE US**

Funded by: Ontario Ministry of Health (2004 – 2005)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Gain an understanding of the Canadian-trained RNs in the U.S and to identify the basic motivations for emigration of Canadian nurses licensed to work in North Carolina and to determine their interest in returning to Canada to work.
  - Provide information to governments, professional associations, health systems, and regional health authorities about the reasons why Canadian nurses leave Canada. Understanding these reasons will be instrumental in designing appropriate strategies to retain and repatriate Canadian-trained nurses.
- 

**MCGILLIS HALL (PI), PINK, MCKILLOP, O'BRIEN-PALLAS, & THOMSON**

**A COMPARATIVE ANALYSIS OF MODELS FOR COSTING NURSING SERVICES**

Funded by: CIHR (2001 – 2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examine the costing methodology employed for nursing services in Ontario and evaluate its relationship to actual nursing services utilization in the health care sector.
  - Phase one identifies types of nurse staffing models utilized in Ontario hospitals, restructuring strategies used in reducing nursing costs, and mechanisms used to determine past and current nursing costs within these sites.
  - Phase two will examine the accuracy of data collected by CIHI, OHRS, and OCCP for each of the study sites, determine whether inconsistencies exist, and validate the core data elements for use in this study.
  - Phase three will evaluate the relationship between nurse staffing and actual nursing costs reported to the government for funding nursing services and the sensitivity of available data for costing nursing services in Ontario hospitals.
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**MCGILLIS HALL, PRINGLE, DORAN, PINK, & STREINER**

**NURSE STAFFING MODELS, RESIDENT OUTCOMES AND SYSTEM OUTCOMES IN LONG-TERM CARE**

Funded by: CIHR (2003 – 2005)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Addresses need for a description and evaluation of the nurse staffing models and caregiving practices employed in long-term care facilities in Ontario in relation to resident needs, and the outcomes these models and practices are associated with.
-

**MCGILTON, GURUGE (COPIs), LIBRADO, CABELL, & YETMAN**

**IDENTIFICATION OF FACTORS THAT INFLUENCE STAFFS' ABILITY TO DEVELOP SUPPORTIVE RELATIONSHIPS WITH FAMILY MEMBERS IN COMPLEX CONTINUING CARE ENVIRONMENTS**

Funded by: Collaborative Research Program: Rehabilitation & Long-Term Care and Candian Nurses Foundation - Nursing Care Partnership Program, & CHSRF (2002 – 2004)

Stage: Data analysis and report writing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Study will help to understand factors that facilitate staff caring effectively for family members of patients living in complex continuing care environments.
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**MCGILTON, MCGILLIS HALL (CO-PIs), PRINGLE, O'BRIEN-PALLAS, KREJCI, & WILLIAMS**  
**IDENTIFICATION AND TESTING OF FACTORS THAT INFLUENCE SUPERVISORS' ABILITY TO DEVELOP SUPPORTIVE RELATIONSHIPS WITH THEIR STAFF**

Funded by: CHSRF (2002 – 2004)

Decision Making Partners: Sunnybrook & Women's Health Sciences Centre, Baycrest Centre for Geriatric Care, Toronto Rehabilitation Institute, Ontario Association of Non Profit Homes and Services for Seniors, Ontario Long-Term Care Association

Stage: Data analysis and report writing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Understand impact of supportive supervisors on job satisfaction, absenteeism and job stress of staff in long-term care environments.
  - Research questions are: (1) What are the individual (personal and professional) and organizational (unit and facility) determinants that influence the supervisors' ability to establish supportive relationships for care providers from the perspective of the supervisors and care providers? (2) What are the relationships between supportive supervisory relationships and organizational (e.g., turnover, absenteeism) and nursing (e.g., job satisfaction, stress) outcomes?
  - Policy makers, providers, and managers are concerned about the quality of care in long-term care facilities in Canada because of chronic dissatisfaction.
  - Results from study will provide long-term care organizations and policy makers with practical information concerning unit and organizational factors influencing supervisors' ability to be supportive and demonstrate what specific supportive behaviours influence outcomes.
-

MUGGAH (PI), KAUFMAN, **EHRlich**, ALVAREZ, FRANCOEUR, & FOURON

**PROMOTING WOMEN'S REPRODUCTIVE HEALTH IN HAITI**

Funded by: AUCC-CIDA Canada (2002 – 2004)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To strengthen the capacity of health professionals and their educators to improve women's reproductive health and reduce maternal mortality in Haiti. Two workshops have been held to date in Haiti for School of Nursing in Haiti, Midwifery School and the Faculty of Medicine. The first was to conduct an overall planning workshop for the project; the second (April 2003) a workshop in Clinical Teaching and Epidemiology. Project was temporarily on hold due to political instability from November 2003-June 2004. Project recommenced in June/July 2004 with McMaster Faculty visiting Haiti in July 2004. Links between Haitian Partners and PAHO established Haiti as a priority country for WHO.
  - Workshop Report completed for Workshop 1 and 2. Nursing and Midwifery Programmes have completed first work plan and have received funding for these activities.
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NAGLE & MITCHELL (CO-PIs)

**ELECTRONIC COMPANION: EXPANDING SELF-CARE FOR PERSONS WITH DIABETES**

Funded by: Richard Ivey Foundation (2003 – 2005)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To develop web-based application to provide technology to support the self-care of persons with diabetes. Study will focus on evaluation of application including usability and utility. Model is being developed for replicability among other persons living with chronic illness (e.g., arthritis, alzheimers, renal disease).
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O'BRIEN-PALLAS

**NURSING HEALTH HUMAN RESOURCES FOR THE NEW MILLENNIUM - NATIONAL CHAIR FOR NURSING HUMAN RESOURCES**

Funded by: CHSRF, University Health Network (UHN), Ontario MOHLTC (2000 – 2010)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Worked closely with provincial and federal policy decision making bodies (e.g., Ontario Joint Provincial Nursing Committee, Health Canada, and Canadian Nursing Association) to ensure that evidence is used in making HHR decisions.
- Provided mentoring and educational opportunities to post-doctoral fellows, doctoral students, and research apprentices.

- Consultant for CHSRF and CIHR related to national policy issues and publications.
  - Fostered international linkages with Australia, United States, and United Kingdom to support dissemination and understanding of current HHR statistics and quality of worklife issues.
  - Participated in design and implementation of three Dorothy M. Wylie Nursing Leadership Institutes for nurses, administrators, and policy makers.
  - Further information about Chair activities is available at: [www.hhr.utoronto.ca](http://www.hhr.utoronto.ca).
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**O'BRIEN-PALLAS & BAUMANN (CO-PIs)**

**DEVELOPMENT OF A HEALTH HUMAN RESOURCE DATABASE FOR NURSING**

Funded by: MOHLTC (1999 – 2004)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examine current databases and determine strengths and weaknesses.
  - Test and validate current HHR modeling.
  - Define the current practice demands and resource utilizations of restructured settings.
  - Conduct a situational analysis to determine the factors that influence nursing and HHR activities in Ontario.
  - Build computer models of HHR.
  - Several databases are available at the NEUORU University of Toronto site.
  - Nursing human resource estimates based on retirement and utilization have been updated annually at the University of Toronto site.
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**O'BRIEN-PALLAS (PI), BAUMANN, PRINGLE, TOMBLIN MURPHY, BIRCH, KEPHART, NAGLE, MCGILLIS HALL, DONNER, PINK, THOMSON, GUNDERSON, LEMONDE, ALKSNIS, ZEYTIINOGLU, & BLYTHE**

**THE NURSING LABOUR MARKET IN CANADA: AN OCCUPATIONAL/SECTOR STUDY.**

Funded by: Nursing Sector/Labour Market Study Management Committee

(2002 – 2004)

Stage: Report writing and dissemination

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Designed to address the current and future state of the nursing labour market in Canada, this study provides the basis for the first ever national, long-term nursing human resource development strategy incorporating all three regulated nursing occupational groups.
- Findings will inform Phase II of the federally commissioned Occupational/Sector Study focusing on the formation of strategy and implementation.
- Stemming from this study will be a final report outlining the primary findings and recommendations in each of the 15 step reports. Individual research reports encompass an array of topics, including: international and national literatures; concurrent research; labour

market analyses; simulation modeling to project future nurse supply; perspectives of employers, nurses, and students; nursing education capacities; immigration and emigration trends; migration patterns; nursing career patterns; and nurse-technology experiences.

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**O'BRIEN-PALLAS, TOMBLIN MURPHY (CO-PIs), BIRCH, THOMSON, DUFFIELD, ALKSNIS GUNDERSON, PRINGLE, HUGHES, PENNOCK, KEPHART, HUBERT, TOMBLIN, NEVILLE, SMADU, & LEMONDE**

DECISION MAKERS: SHAMIAN, AUFFREY, MACMILLAN, COGHLAN, CLOSSON, WARD, & MOORE.

**HEALTH HUMAN RESOURCES MODELLING: CHALLENGING THE PAST, CREATING THE FUTURE**

Funded by: CHSRF (2002 – 2005)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Research addresses the dynamic nature of the needs for nursing human resources, specifically the challenges involved in the provision and management of human resources that are responsive to those needs.
  - To enhance existing demographic-focused approaches to Health Human Resources Planning (HHRP) by moving beyond considerations of supply and utilization to consider the factors and shocks that influence the health system.
  - Project 1 will assess changes in the levels and distribution of health over time and will provide decision makers with an evidence base that will allow the matching of nurse resources to changing population health needs.
  - Project 2 will focus on understanding the way other inputs constrain or enhance the rate of production of nurse human resources in the hospital sector.
  - Project 3 will assist in developing evidence-based strategies for retaining different target groups of nurses.
  - This program involves partnerships between decision makers, policy makers, and researchers from Ontario, Nova Scotia, Newfoundland & Labrador, Prince Edward Island, New Brunswick, and Saskatchewan.
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**O'BRIEN-PALLAS, TOMBLIN-MURPHY, SHAMIAN (CO-PIs), LASCHINGER, BIRCH, D'AMOUR, GALLANT, KEPHART, MCGILLIS-HALL, SMADU, THOMSON, & VERRIER**

**UNDERSTANDING THE COSTS AND OUTCOMES OF NURSES' TURNOVER IN CANADIAN HOSPITALS**

Funded by: CHSRF (2003 – 2006)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine how the rate and intensity of nursing turnover (the loss of human capital as providers leave and the lost productivity as new hires are oriented) impact patient satisfaction and safety, nurse satisfaction, health and safety, and system outcomes (turnover costs). An understanding of the correlates and the impact of turnover will assist policy makers to design mechanisms and policies to effectively recruit and retain nurses as market competition increases due to shortages.

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**PETER (PI) & MCKEEVER**

**HOME CARE ETHICS: IDENTIFICATION AND ANALYSIS OF ISSUES**

Funded by: SSHRC (2002 – 2005)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Identify ethical issues pertinent to home care through a comprehensive review of health, bioethics, sociology, and lay literature published since 1975; to conduct an analysis to clarify and critique the terms, principles, and arguments which have been used to identify and address these ethical issues; and to propose and defend solutions to these ethical issues.
- As a result of health system restructuring and public preferences, more acute and long-term health care services are provided in the homes of Canadians. These services prevent, delay, or substitute for long-term and acute institution-based services. The demand for home care services is expected to rise as more clients are discharged from the hospital earlier and sicker, and as the Canadian population ages. Technological advances have allowed for more medical treatments and assistive and monitoring devices to be now offered in the home.
- Consequences of these changes raise new unaddressed ethical issues for home care. Situations can arise where caregivers do not have the resources needed to care for someone at home adequately. It can also be very difficult to maintain a person's privacy and dignity in the home when home care workers and high-tech equipment are frequently present.
- Purpose of this research is to identify, explore, and analyze these ethical issues to provide direction to caregivers, care recipients, educators, researchers, and policy makers.
- Make an original contribution to nursing because little ethical guidance is currently available to home care nurses.
- A series of papers will be written for the purposes of providing clarification and guidance to those concerned with ethical issues in home care.

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**PETER (PI), SPALDING, CONRAD, KENNY, & MCKEEVER**

**ETHICAL DIMENSIONS OF HOME CARE POLICIES FOR CHILDREN AND YOUTH**

Funded by: The Hospital for Sick Children Foundation (2003 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Identify key elements/dimensions of health policy that are ethically relevant to the home care of children and youth. These will inform both a conceptual and practical analysis of the inherent ethical issues at a macro, meso, and micro level.
  - Identify systematically within provincial and territorial home care legislation, regulations, and policies, key policy elements or dimensions that are relevant to children and youth.
  - Conduct a conceptual analysis of these documents by making transparent their underlying values and their potential impact upon children and their families through the critique of the terms, principles, and arguments used both in their development and in the discourse of health reform.
  - Conduct a practical analysis to develop a position paper regarding home care for children and youth to direct future policy development in relation to the Kirby and Romanow reports.
- 

**PINK (PI), KILPATRICK, LEATHERMAN, LOHR, SAVITZ, & THOMAS**

**THE BUSINESS CASE FOR QUALITY**

Funded by: Center for Health Management Research (2003 – 2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Project will address the pressing need to understand in detail the financial disincentives that keep providers from adopting quality enhancing initiatives.
  - The goal is to propose payment policies that will increase the likelihood that health care delivery entities can adopt and sustain initiatives that increase quality and, at the same time, will make sense from a business perspective.
- 

**PLOEG & HUTCHISON (PIs)**

**FORMATIVE EVALUATION OF A COLLABORATIVE PROGRAM TO BUILD RESEARCH AND EVALUATION CAPACITY IN HAMILTON COMMUNITY CARE AGENCIES**

Funded by: Hamilton Community Foundation, Community Health, Education and Research Fund (2004 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine the extent to which the CCRC collaborative partnership has been able to implement a program to build research, program evaluation, knowledge-based practice and quality management capacity in Hamilton community care agencies.
- To assess the impact in Hamilton community care agencies of the CCRC collaborative partnership to enhance research and evaluation capacity.
- To identify barriers to and facilitators of building research and evaluation capacity in Hamilton community care agencies.

- To develop recommendations to strengthen the CCRS's effectiveness in building research and evaluation capacity in Hamilton community care agencies.
- 

**PLOEG & WOODWARD (PIs)**

**MANAGING CONTINUITY FOR DISADVANTAGED SENIORS: EVALUATION OF INTERVENTIONS AIMED AT STABILIZING SENIORS HOUSING SITUATION AND ENSURING ACCESS TO AND DELIVERY OF APPROPRIATE HEALTH AND SOCIAL SERVICES**

Funded by: CHRSF and Ontario MOHLTC (2002 – 2005)

Stage: Data collection and analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To evaluate the impact of an innovative, collaborative, community-based program for vulnerable seniors who are homeless or at risk of homelessness.
  - The program brings together health, housing, and social agencies and attempts to coordinate care across these sectors to provide care continuity.
  - The program has three components: an outreach service for marginally housed and homeless seniors; two transitional apartments to allow seniors to regain life skills needed to maintain housing; and coordination of services for seniors in three rent-geared-to income apartment buildings. Evaluation is occurring at the systems level, the component level, and the client level.
- 

**RATHWELL, DEBER (CO-PIs), BRECKENRIDGE, NAUENBERG, NEVILLE, TOMPSON, KENNY, NESTMAN, & CONRAD**

**BUILDING A PUBLIC DIALOGUE FRAMEWORK FOR DEFINING THE MEDICAL BASKET**

Funded by: CHSRF (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Program purpose is to produce a framework and process for public dialogue about the definition of the medicare basket in Canada.
  - Objectives are as follows: (1) To develop a preliminary framework which will guide data collection and analysis regarding the different approaches to collective funding of health services across jurisdictions and sectors; (2) To investigate the approaches to defining the basket of services to be covered across Canada, European countries, and the private health insurance sector using this framework; (3) To clarify ethical implications of the identified approaches; (4) To incorporate the findings into a revised framework and design a strategy for conducting dialogue with the revised framework as the guide; and (5) To test the acceptability of the framework and proposed process for conducting dialogue with key decision makers and community representatives in Ontario and the Atlantic provinces.
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RIDEOUT (PI), AKHTAR-DANESH, & BROWN

**PROGRAM EVALUATION OF THE MCMASTER-MOHOWK-CONESTOGA  
COLLABORATIVE BSCN PROGRAM: USE OF Q-METHODOLOGY TO EXAMINE FACULTY  
EXPERIENCE OF THE COLLABORATION**

Funded by: Niemeier Fund (2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To understand and describe the structure, process and outcomes of the collaborative program from the perspective of students, faculty, employers, preceptors, and the administration.
  - The instrument will be used to explore the experience of faculty in the collaborative program and identify the particular strengths, limitations, and areas for change.
  - Examine the feasibility and usefulness of Q-Methodology in educational research.
- 

ROOS (PI), DEBER, & FORGET

**EXPLORING ALTERNATIVE FUNDING MODELS FOR CANADIAN HEALTH CARE**

Funded by: CIHR (2002 – 2004)

Stage: Data collection and analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Create reliable estimates of how hospital, physician, pharmaceutical, home care, and nursing home costs vary across the population and to determine what drives these costs. These estimates will allow us to evaluate various schemes that have been proposed to contain health care costs while ensuring that Canadians have reasonable and equitable coverage for their health care needs.
- 

SCARDAMALIA (PI), RUSSELL, CAMPBELL, SORESNEN, & MCKEY

**EDUCATION AND RESEARCH CONSULTANT TO THE HHS PATIENT CENTRED  
PROFESSIONAL PRACTICE STEERING COMMITTEE**

Funded by: SSHRC (2002 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Collaborative Research grant will enable work on a project called “Beyond Best Practice: Research Based Innovation Learning and Knowledge Work”.
- This is an international collaboration with leaders in the field of education and research from 14 other universities in Canada, the US, Asia, and Europe. The overall goal of the project is to create the knowledge base for the development of innovative capacities over the lifespan and to actually create and develop the technology for such innovations.
- To engage in collaborative e-learning, problem solving, and constructive knowledge building. By the end of this year-long project the learning outcome will be production of a

Patient Centred Care Philosophy, which will underpin the interprofessional practice model at HHSC.

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SEMOGAS (PI)

**GIRL'S CIRCLE: A MECHANISM FOR CONNECTING FEMALE STREET YOUTH WITH COMMUNITY PARTNERS**

Funded: Department of Justice (2003 – 2004)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To provide access to peer support and social skills training through the formation of a Girl's Circle that works together on common interests and goals.
  - To enhance opportunities related to careers and school for participants through community service.
  - To build a sustainable community business resource network to support Girl's Circle activities.
  - To improve relationships and quality of life amongst participants.
  - To increase education/career opportunities through the scholarship fund.
- 

SHANNON (PI), LEWCHUK, MACDERMID, WESTMORLAND, **BABA**, BAINES, **BAUMANN**, **DENTON**, HAINES, **LASCHINGER**, LOHFELD-UZUNOZ, SHAIN, VERMA, WILLIAMS, & **ZEYTIINOGLU**

**WORK ORGANIZATION AND PREVENTION OF ILLNESS AND INJURY**

Funded by: CIHR (2003 – 2004)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To develop a Centre for Research Development in Work Organization and Prevention of Illness and Injury. The centre will develop an innovative multi-disciplinary graduate course, a variety of fellowships for graduate students, and support their research projects in work organization.
- 

**SIDANI (PI), DAVIS, STREINER, DORAN, BEATON, & MCGILTON**

**ALTERNATIVE APPROACHES TO ASSESSING OUTCOMES IN HEALTH SERVICES RESEARCH**

Funded by: CIHR (2004 – 2007)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examining the utility of three approaches for assessing health-oriented patient outcomes: prospective assessment, retrospective pretest, and transition or perceived change.

SIDANI (PI), EPSTEIN, BOOTZIN, MORITZ, & SECHREST

**ALTERNATIVE METHODS FOR CLINICAL RESEARCH**

Funded by: National Institute of Health - National Institute of Nursing Research  
(2001 – 2006)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Determine the extent to which accounting for the influence of client characteristics, preference for treatment, and dose of the intervention on outcomes affects the validity of conclusions in intervention effectiveness research.
  - Examine the utility of the theory-driven approach as an alternative to the RCT for evaluating the effectiveness of interventions.
  - Results will inform researchers of alternative strategies for designing intervention evaluation studies that incorporate features of everyday practice while maintaining internal validity. The goal is to enhance the clinical relevance of research.
- 

SLIFKIN (PI) & PINK

**COOPERATIVE AGREEMENT FOR THE NATIONAL EVALUATION OF THE RURAL HOSPITAL FLEXIBILITY PROGRAM**

Funded by: Technical and Non-Financial Assistance for the Office of Rural Health Policy  
(2003 – 2006)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Project will assess impact of Flex Program on rural hospitals and communities and role of states.
  - Flex program goals are: 1) Improving access to and the quality of health care services; 2) Improving the financial performance of CAHs; and 3) Engaging rural communities in health care system development.
  - Monitoring project has three main components. G. H. Pink will direct the financial element of the second component, “Institutional Performance,” which will use secondary and primary data to assess the impact of the Flex Program on hospital financial status and quality of care, and to develop benchmarks for financial performance and quality improvement for small rural hospitals.
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SNELLING (PI), EHRLICH, GRAFTON, MACLEAN, & MICHEL

**EVALUATION OF NURSE PRACTITIONER PRE-POSTNATAL PROVINCIAL PROGRAMME WITH 10 ONTARIO HEALTH UNITS**

Funded by: Ontario MOHLTC (2003 – 2006)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To evaluate the Nurse Practitioner Pre-Postnatal programme currently underway in affiliation with 10 public health units in Ontario. The evaluation is being undertaken as a partnership between PHRED and CHRU.
- Site visits conducted for Phase I. Qualitative data analysis to be started in September.
- Final Report to MOHLTC in 2006.

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STAUS (PI), BAKER, DAVIS, SIBBALD, KUSHNIRUK, **DORAN**, ZWARENSTEIN, REDELMEIRER, LINGARD, BOHNEN, MCCARTHY, MATLOW, ETCHELLS, HEBERT, CHIGNELL, **VINCENTE**, & AFFONSO

**INNOVATIONS IN PATIENT SAFETY AND KNOWLEDGE TRANSLATION**

Funded by: CIHR (2003 – 2007)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Provides funding to train doctoral and post-doctoral students.

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STEWART (PI), BROWN, BURGE, CAMPBELL, **DiCENSO**, DOZOIS, ET. AL.

**INTERDISCIPLINARY TRAINING IN PRIMARY HEALTH CARE RESEARCH**

Funded by: CIHR (2002 – 2008)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Build a critical mass of skilled primary health care researchers who will work in successful interdisciplinary research teams.

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**TOMBLIN MURPHY, O'BRIEN-PALLAS** (CO-PIs), BIRCH, **PRINGLE**, ROOTMAN, ALKSNIS, DARLINGTON, KEPHART, & PENNOCK

DECISION MAKERS: AUFFREY, BERTHELOT, CLOSSON, GRINSPUN, JEANS, MACMILLAN, OKE, **SHAMIAN**, & WAHL

**HEALTH HUMAN RESOURCE PLANNING: AN EXAMINATION OF RELATIONSHIPS AMONG NURSING SERVICE UTILIZATION, AND ESTIMATE OF POPULATION HEALTH AND OVERALL STATUS OUTCOMES IN THE PROVINCE OF ONTARIO**

Funded by: CHSRF (2000 – 2003)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Question: “What are the effective mechanisms and policies for establishing, monitoring, and predicting the variety of needs for nursing services?”

- Explore relationships among the health status of Ontarians and self-reported use of nursing services and nursing service utilization (as reported in the MIS data) in Ontario hospitals.
  - Explore the relationship between nursing service utilization and variations in mortality, unexplained readmission, length of stay, and patient satisfaction.
  - Develop a population needs indicator of nursing services.
  - Develop a new needs-based approach for determining future HHR requirements.
  - Findings will assist decision makers across Canada to determine methods for modeling and will provide specific direction for policy decision makers at the Ontario MOHLTC.
- 

**TOURANGEAU, MCGILTON (CO-PIs), TEARE, & WODCHIS**

**UNDERSTANDING DETERMINANTS OF OUTCOMES IN COMPLEX CONTINUING CARE**

Funded by: CHSRF (2004 – 2007)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Understand determinants of patient outcomes in complex continuing care.
- 

**TOURANGEAU (PI), TU, DORAN, PRINGLE, MCGILLIS HALL, O'BRIEN-PALLAS, VERMA, & LOZON**

**NURSE STAFFING AND WORK ENVIRONMENTS: RELATIONSHIPS WITH HOSPITAL-LEVEL OUTCOMES**

Funded by: CHSRF (2002 – 2005)

Stage: Post-intervention data collection and analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Survey a sample of Ontario acute care hospital RNs and RPNs to determine their assessments of the nature of their work environments, their responses to these work environments, and their assessments of the outcomes of their work.
  - Determine specific objective Ontario acute care hospital characteristics (e.g., nursing skill mix, nursing dose, hospital location, patient days, and hospital size).
  - Determine specific Ontario acute care hospital outcomes (e.g., mortality rates, readmission rates, and length of stay) for medical and surgical patients.
  - Determine relationships among the above variables, particularly between nursing-related hospital-level variables and the hospital-level outcomes of mortality, readmission, and length of stay.
  - Identify and describe models of hospital nursing-related characteristics associated with best global hospital outcomes.
-

**TOURANGEAU (PI), TU, DORAN, PRINGLE, O'BRIEN-PALLAS, & MCGILLIS HALL**  
**NURSING AND OTHER DETERMINANTS OF HOSPITAL LEVEL OUTCOMES SUCH AS 30-DAY MORTALITY AND READMISSION RATES**

Funded by: CIHR (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Propose and test theoretical models describing relationships between nursing-related and other hospital characteristics with two hospital quality of care indicators: 30-day mortality and 30-day readmission rates.
  - Study the determinants of 30-day mortality and readmission rates for hospitalized patients with a focus on studying nursing-related structures and processes that might influence hospital mortality and readmission rates.
  - Findings will be used to develop decision-assisting tools for hospitals to use when planning strategies aimed at improving 30-day mortality and unplanned readmission rates.
- 

**TRANMER, GODWIN (COPIs), MCCANS, O'DONNELL, BOLTON, HARRISON, STAPLES, BEATTY, LAM, & HEYLAND**

**PRIMARY CARE MANAGEMENT/ACTION PLAN FOR ADVANCED CHRONIC DISEASES (THE ROAD MAP PROJECT)**

Funded by: MOHLTC (2004 – 2006)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the effectiveness of a new model of nursing care--a primary care based, nurse specialist--on guideline adherence and patient outcomes.
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**TRANMER (PI), GREEN, ROBB-BLENDERMAN, GROOM, DAY, GROLL, MCCANS, & GINSBURG**  
**A DESCRIPTION OF CARDIOVASCULAR HEALTH, SYMPTOM BURDEN, SOCIAL SUPPORT AND PHYSICAL AND EMOTIONAL WELL BEING IN ELDERLY PATIENTS WITH CANCER**

Funded by: Kingston General Hospital Foundation & Canadian Nurses Partnership Fund (2003 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine personal, physical and social factors that impact functional well being in older persons living with cancer, to inform the development of a personal and social risk profile for functional well being - cross sectional study
- Descriptive study will describe *who* the elderly cancer patient who receives treatment is and *what* are the levels of physical (cardiovascular) health and social supports.

- Project will be used as the initial step towards the development of further research to address quality care issues for elderly persons living with cancer.
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**TRANMER (PI), GREEN, ROBB-BLENDERMAN, GROOM, GROLL, GINSBURG, & MCCANS  
HEALTH AND WELL BEING IN OLDER PERSONS LIVING WITH CANCER**

Funded by: Oncology Nursing Society (2004 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine across a health care region the personal, physical, and social factors that impact functional well being in older persons living with cancer in order to inform the development of a personal and social risk profile for functional well being.
- 

**TRANMER (PI), HAMILTON, ADAMS, ARTHUR, O'CALLAGHAN, GROLL, BART, PARRY, & DAY  
A COMPARISON OF PATIENT HEALTH STATUS, QUALITY OF LIFE AND CAREGIVER  
BURDEN IN PATIENTS > 75 YEARS TREATED FOR CORONARY ARTERY DISEASE WITH  
CORONARY ARTERY BYPASS SURGERY, PERCUTANEOUS INTERVENTIONS OR  
MEDICATION**

Funded by: CIHR (2002 – 2005)

Stage: Data collection

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine patient, personal, and social factors that contribute to quality of life for older persons with symptomatic coronary artery disease.
  - Relevant to the increasing number of elderly Canadians with CAD and their caregivers and to health care providers. Treatment options are currently provided to elderly patients with little knowledge or understanding of the long-term risks and benefits.
  - Most patients are willing to accept some risk if there is a reasonable likelihood of enhanced quality of life and reasonable burden of care. The information gained from this study will allow health care providers to better answer these complex questions for patients and their caregivers.
- 

**TRANMER (PI), HARRISON, MCCANS, O'CALLAGHAN, DAY, & GROLL  
THE INFLUENCE OF GENDER ON SELF-CARE CAPACITY, ACCESS TO INFORMAL AND  
FORMAL SUPPORTS, AND HEALTH CARE OUTCOMES IN ELDERLY PATIENTS WITH  
HEART FAILURE: REGIONAL PERSPECTIVE**

Funded by: CIHR (2004 – 2007)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine across a health care region the gender differences in supportive care resources and functional outcomes in older persons living with chronic illness, specifically congestive heart failure, to inform the development of a personal and social risk profile for functional well being.
- 

**TRANMER, HARRISON, STAPLES, MCCANS, O'CALLAGHAN, DAY, & GROLL**

**THE INFLUENCE OF GENDER ON SELF-CARE CAPACITY, ACCESS TO INFORMAL AND FORMAL SUPPORTS AND HEALTH CARE OUTCOMES IN ELDERLY PATIENTS WITH HEART FAILURE: SINGLE SITE**

Funded by: CIHR & Drummond Foundation (2002 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the gender differences in supportive care resources and functional outcomes in older persons living with chronic illness, specifically congestive heart failure, to inform the development of a personal and social risk profile for functional well being - single site and short term outcomes.
  - This research is relevant to the increasing number of elderly women and men with heart failure, their caregivers, and to health care providers. Prior to committing extensive resources to widespread HF health management programs we need to have a comprehensive understanding of the needs of HF patients.
  - Information gained from this study will contribute to the future planning of regionally based, gender sensitive health services for elderly persons living with heart failure.
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**TREGUNNO (PI), DORAN, MCGILLIS HALL, BAKER, JEFFS, AFFONSO, FOWLER, COKE, & MERKLEY**

**LEADERSHIP TO PROMOTE PATIENT SAFETY CULTURE AND LEARNING IN CRITICAL CARE**

Funded by: CHSRF (2004 – 2006)

Stage: Ongoing

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Explore the ways in which the critical care environment contributes to/or prevents the delivery of safe patient care. It will also explore the perceptions of multiple direct care providers simultaneously as a means of maximizing knowledge about critical care teamwork and the role of nursing leaders in transforming the safety culture.
-

**UNDERWOOD (PI), BAUMANN, BLYTHE, & EHRLICH**

**COMMUNITY NURSING CAPACITY: HOW MANY NURSES ARE THERE, WHERE ARE THEY AND WHAT DO THEY DO?**

Funded by: MOHLTC (2004 – 2006)

Stage: Beginning

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To evaluate the capacity of Community Health Nursing in Ontario.
  - Determine how many nurses are working in the community in Ontario and their characteristics in terms of age, gender, place of work, and years of employment.
  - Discover the enablers and barriers to nurses practicing to their full scope of skills and knowledge.
  - Provide recommendations for policy makers in Ontario regarding the deployment and assigned responsibility of public health nurses, home health nurses, and other nurses in the community.
- 

**WELLS (PI), MCGILL, FRAZER, GREEN, THEBERGE, RANNEY, MEDLEY, MACGREGOR, COLE, KEIR, MOORE, CALLAGHAN, HAINES, KERR, NAQVI, & POTVIN**

**CENTRE OF RESEARCH EXPERTISE FOR AN ACTION CENTRE FOR THE PREVENTION OF WORK-RELATED MUSCULOSKELETAL DISORDERS**

Funded by: Ontario Workplace Safety and Insurance Board (WSIB) (2003 – 2008)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research*

- Muskuloskeletal problems are the largest single category of work-related disability claims for nurses. This centre will provide expert guidance on research in this area and as a co-investigator could provide seed money for grants for nursing-related research.
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**WILKINS, SCHINDEL MARTIN, & MCKEY (PIs)**

**LONG-TERM CARE BEST PRACTICE RESOURCE CENTRE-EDUCATIONAL MODULES EVALUATION STUDY**

Funded by: Ontario MOHLTC (2003 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose of this study is to learn how participants in the three educational units sponsored by the Long-Term Care Best Practice Resource Centre of the Continuing Gerontological Education Cooperative of Hamilton used the information they have received about available resources within their organizations.
-

WILLIAMS (PI), DEBER, LUM, VERRIER, & RAPPOLT

**RESETTING THE INSTITUTIONAL AND STRUCTURAL BALANCE IN CANADA'S HEALTH SYSTEM: PRIVATIZATION, GLOBALIZATION AND THE CASE OF REHABILITATION SERVICES IN ONTARIO**

Funded by: SSHRC (2001 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Analyze the theoretical and applied policy implications of the ongoing shift in the locus of care outside of public hospitals, focusing on the specific case of rehabilitation services in Ontario.
- This shift is significant not only because it changes the *site* of care but because: (a) it results in an increasing proportion of care being provided in a policy arena characterized by a relative lack of legislative and regulatory (i.e., institutional) constraints; and (b) it potentially leads to fundamental change in the role of the state and its (structural) relations with other key political actors, including the organized medical profession, other health care professions, hospitals, and global health care corporations.

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WILLIAMS (PI), DEBER, LUM, VERRIER, RAPPOLT, FLOOD, & COYTE

**FROM HOSPITAL TO HOME AND COMMUNITY: ANALYZING LOCAL REALITIES AND GLOBAL LOGICS IN CANADIAN HEALTH CARE**

Funded by: SSHRC (2001 – 2004)

Stage: Data analysis

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Study implications for federal/provincial governments, regional/local agencies, and consumers with regard to the ongoing shift from hospital to home and community.
- Objectives of this research are: 1) To “map” the ongoing shift in health care from hospital to home and community on a province by province basis; 2) To analyze the political dynamics of this shift among elite decision makers and the general public; 3) Examine, using the case study of Ontario, the extent to which this shift coincides with a reduction in the provincial state's role in the health field and greater reliance upon local agencies subject to the logic of competitive markets; and 4) To assess the implications for theoretical understandings of the post-war state, public access to health care services, the social distribution of the costs of illness, and social cohesion.

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YASSI (PI), BRYCE, GERSHON, BIGELOW, COPES, CORBIÈRE, DALY, **KERR**, NOBLE, PATRICK, & QURESHI

**BARRIERS AND FACILITATORS TO IMPLEMENTING PROTECTIVE MEASURES AGAINST SARS FOR HEALTHCARE WORKERS: A COLLABORATIVE INTERDISCIPLINARY STUDY**

Funded by: CIHR (2004-2006)

Stage: Start-up

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- SARS had a major impact on nurses, especially in Ontario and BC. This project will explore the key organizational issues that affected nurses' experiences during the SARS outbreak. It will use focus groups and surveys to examine factors in BC and Ontario that may have contributed to the difference in SARS outcomes between the two areas.
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## Appendix B:

### Part 2 - Past & Completed Research Projects

The following research projects cover the period from July 1, 1999 to June 30, 2004 inclusive. Projects are listed in alphabetical order by first investigator with NEUORU investigators highlighted in bold text.

AFFONSO (PI), JEFFS, **DORAN**, & ET AL.

**NEAR MISSES: HEALTH PROFESSIONAL AND CONSUMER PERSPECTIVES**

Funded by: University of Toronto, Patient Safety Research Cluster (2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Delineate characteristics of the structures and processes of care that influence patient care outcomes.
- Explore the phenomenon of near misses in selected patient care settings to delineate staff perceptions and processes of care associated with their occurrence.
- Identify similarities and differences in contributing factors across disciplines of health professional groups (nurses, physicians, and pharmacists) and health care consumers (patients/families).
- Elicit variations of perceptions by qualitative analysis among nurses, other health care providers, and patients/families regarding what constitutes near miss events, safe processes, risks, indicators for measurement, and desired patient outcomes.
- Develop and refine the methodology for examining near misses in future study.

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AIKEN, SOCHALSKI, SILBER (CO-PIs), **SHAMIAN**, ANDERSON, TU, GIOVANNETTI, CLARKE, RAFFERTY, HUNT, & BUSSE

**OUTCOMES OF HOSPITAL STAFFING**

Funded by: National Institute for Nursing Research & National Institutes for Health (1998 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Determine the relative effects of hospital staffing on severity adjusted inpatient mortality and selected nurse outcomes controlling for other likely variables.
- Determine the extent to which organizational attributes that affect nursing practice mediate the effects of nurse staffing on patient outcomes.
- Further develop the reliability and validity of failure to rescue as a measure of hospital performance and to examine the relationship between nurse staffing, organizational attributes, and several additional outcome measures.

- Initial findings presented at the International Society for Quality in Health Care, Ireland and at ICN, London, England.
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**ARMSTRONG-STASSEN (PI) & WAGAR**

**THE LONG-TERM IMPACT OF DOWNSIZING ON THE INDIVIDUAL, THE WORK GROUP, AND THE ORGANIZATION**

Funded by: SSHRC (1998 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine the long-term impact of organizational downsizing on individual functioning, work-group behaviour, and organizational effectiveness within the manufacturing and government sectors.
  - The final mail out of questionnaires took place in the fall of 2001.
  - The findings provide HR and other managers in both the private and public sectors with information on the long-term effects of downsizing on individual functioning; work-group and organizational effectiveness; the factors that influence effectiveness over time; and the steps that need to be taken to minimize the harmful effects often associated with downsizing.
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**BABA (PI), JAMAL, & JOHNS**

**WORK AND MENTAL HEALTH ACROSS CULTURES: PROJECT - A STUDY OF NURSES IN CHINA**

Funded by: SSHRC & FCAR (1999 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Attempts to document at a broad level the organizational behaviour of nurses working in hospitals in Mainland China. More specifically, the investigators are exploring the antecedents and consequences of work related stress, burnout, and depression.
  - Also interested in the cross-cultural portability of models of mental health.
  - Findings will encourage the development of training programs and organizational development efforts toward improving the quality of worklife for nurses.
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**BAKER, ANDERSON, MCKILLOP, MURRAY, & PINK (PIs)**

**DEVELOPMENT OF A BALANCED SCORECARD FOR ONTARIO HOSPITALS (PHASE 2)**

Funded by: OHA (1999 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Increase accountability to the public, improve hospital performance, and augment data quality.
- Clinical Utilization and Outcomes: Complex and shifting patterns of care emphasize the need

to consider a broad range of indicators when examining hospital care. The indicators contained in this report provide a foundation on which to develop more comprehensive quality measurement programs that can serve quality improvement and public accountability needs.

- Patient Satisfaction: Overall, patients in Ontario are very satisfied with their in-patient experiences. They would return to the hospital for care and would recommend it. They felt their stay helped them and thought highly of nursing care and physician care.
- System Integration and Change: Without improvements in information use and the development of organizational structures and processes that increase coordination and integration, hospitals will be unable to respond to the changing demands of the health care system and their communities.

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BAKER (PI), BROWN, ANDERSON, MCKILLOP, MURRAY, & PINK

**EVALUATING THE USE OF HOSPITAL PERFORMANCE MEASURES BY TOP MANAGEMENT TEAMS**

Funded by: HEALNet (1999 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the use and barriers to more effective use of hospital performance measures by upper management through a case study of three hospitals.
- Results to date indicate that a variety of factors are linked to use of performance measures.
- This research will support improvements in the design of performance indicators and balanced scorecards and identify interventions, including training and system design, to improve the use of such performance measurement systems.

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BALDERSON (PI), PETRYSHEN, ROURKE, & WASYLENKI

**IMPACT OF SEVERE ACUTE RESPIRATORY SYNDROME (SARS) ON HOSPITAL EMPLOYEES AND PHYSICIANS**

Funded by: St. Michael's Hospital Research Centre

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Healthcare workers have been at the forefront of the SARS outbreak.
- Survey to gain an understanding from the employees at St. Michael's Hospital about their experience with the SARS outbreak and the impact of these extraordinary events.
- Survey asks for information about their exposure to SARS, perceptions of risk and coping, use of protective measures, and impact of the SARS outbreak on personal life and work.
- Survey is also being completed by other healthcare workers in Toronto, Singapore, and Beijing. At St. Michael's Hospital, Toronto staff are being surveyed at the end of SARS I and again at the end of SARS II.
- Findings will be used to inform practice and policy to promote staff and physician safety.

- Research will be referred to in a multi-site grant application to CIHR.
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**BAUMANN, ZEYTIKOGU, BLYTHE, DENTON, & O'BRIEN-PALLAS (CO-PIs)**

**THE NEW HEALTH-CARE WORKER: THE IMPLICATIONS OF CHANGING EMPLOYMENT PATTERNS**

Funded by: CIHR (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To explore the impact of current employment arrangements on the recruitment and retention of nurses.
  - The objectives are to:
    - Examine the human resource policies on standard and non-standard work arrangements and how these policies are operationalized in three large teaching hospitals;
    - Examine the effects of standard and non-standard employment arrangements on the nursing workplace, including the functioning of nursing and multi-disciplinary teams;
    - Explore nurses preferences for standard and non-standard work and the reasons for their choice;
    - Investigate whether nurses whose preferences for particular employment arrangements are met experience better quality of worklife than nurses whose preferences are not met; and
    - Evaluate the implications of having preferred employment arrangements for retention and suggest policy recommendations for managers and decision makers.
  - Study will result in a better understanding of the consequences of contemporary work arrangements. Findings will assist human resources decision makers in creating employment arrangements that will benefit managers, nurses, and ultimately patients.
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**BAUMANN (PI), CRAWFORD, LIODIKAS, UNDERWOOD**

**RESPONSES TO QPASS™ (QUALITY PRACTICE SETTING SURVEY)**

Funded by: NEURU (2002 – 2004)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To quantitatively and qualitatively analyze the data from the QPASS™ survey responses to provide information for creation of public policy for nurses.
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**BAUMANN (PI), MACKAY, UNDERWOOD, & RISK**

**QUALITY PRACTICE SETTING SURVEY (QPASS™) TOOL DEVELOPMENT**

Funded by: NEURU (2000 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To develop and test the Quality Practice Setting Survey tool.
  - The purpose of the tool is:
    - To assess workplace attributes that support professional quality practice and provide the foundation for a report that is presented to the participants who filled out the survey.
    - To provide information for public policy.
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**BAUMANN, O'BRIEN-PALLAS (CO-PIs), ARMSTRONG-STASSEN, BLYTHE, BOURBONNAIS, CAMERON, IRVINE DORAN, KERR, MCGILLIS HALL, VÉZINA, BUTT, & RYAN**

**THE WORKING ENVIRONMENT AND HEALTH OF THE NURSING WORKFORCE - A POLICY SYNTHESIS**

Funded by: CHSRF (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To bring together research and experiential knowledge about nurses' health and well-being in the work environment.
  - Examined the impact of the working environment on the health of the nursing workforce and hence, potentially, on patient outcomes.
  - More than four dozen recommendations to policy makers on how to improve the quality of the working environment and the health of the nursing workforce and hence, potentially, improve patient outcomes.
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**BAUMANN & UNDERWOOD (CO-PIs)**

**NURSING WORK ENVIRONMENT: STRATEGIES FOR ADDRESSING WORKLOAD ISSUES**

Funded by: Health Canada (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To identify issues relevant to understanding nursing workload.
  - To explore strategies for optimizing nursing workload.
  - Findings will assist in identifying strategies to address workload issues for nurses.
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**BAUMANN, FRENCH (CO-PIs), & AMARSI**

**DEVELOPMENT OF WOMEN HEALTH PROFESSIONALS**

Funded by: CIDA (1995 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Utilizes a health human resource model to build nursing capacity in the government, educational, and service sector.

- A collaborative health human resource program to enhance nursing in the area of education, regulatory framework, and program development (with Aga Khan University).
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**BAUMANN (PI), MEAGHER-STEWART, BLYTHE, UNDERWOOD**

**DEVELOPMENT OF A PRELIMINARY PLAN TO HAVE EPIDEMIOLOGY INCLUDED IN UNIVERSITY SCHOOLS OF NURSING CURRICULA THROUGHOUT CANADA**

Funded by: Health Canada (Jan 2004 – Mar 2004)

Stage: Completed

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To identify specific strategies to ensure that surveillance skills are incorporated into university nursing curricula and to identify how and where skills enhancement for health surveillance can be incorporated into university nursing programs for credit.
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**BAUMANN (PI) BLYTHE, UNDERWOOD, & DZIUBA**

**CAPACITY, CASUALIZATION, AND CONTINUITY: THE IMPACT OF SARS**

Funded by: MOHLTC (2003 – 2004)

Stage: Completed

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the impact that casualization of the health care workforce had during the episodes of SARS and anticipate its potential to affect delivery of health care during any future medical crisis.
  - To develop a clear comprehension of the cause(s), prevalence, and practices related to casualization of the health care workforce in Ontario
  - To identify the impact caused by casualization of health care professionals on the capacity to care for SARS patients, capacity to care for non-SARS patients/residents, and the potential for transmission of SARS across sites/sectors.
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**BRAZIL, ROYLE (CO-PIs), & MONTEMURO**

**EVALUATION OF A LONG-TERM CARE RESOURCE CENTRE**

Funded by: R. Samuel McLaughlin (1999)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To establish the feasibility of a long-term care resource centre.
- The evaluation established that considerable information resources existed in the community and that it was feasible to establish a long-term care resource centre.

- The long-term care resource centre was piloted for a year and was positively evaluated by users.
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**BURKE & GREENGLASS (CO-PIs)**

**HOSPITAL RESTRUCTURING AND NURSING STAFF WELL-BEING**

Funded by: SSHRC (1999 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- This study examines the impact of organizational transitions such as hospital restructuring on the well-being of nursing staff.
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**CARTER (PI)**

**FORECASTING SHORT TERM BED AVAILABILITY IN AN ACUTE CARE HOSPITAL**

Funded by: Sunnybrook and Women's College Health Sciences Centre (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To develop a practical, statistical method to predict the number of beds that should be available for emergencies and elective admissions 1 or 2 days in advance.
  - To provide confidence intervals on availability.
  - To develop a tool for the hospital to use for short-term planning (e.g., potentially rescheduling elective surgery in advance).
  - To analyze the causes of ER critical care bypass and redirect with the objective of reducing cancelled surgery rates.
  - To improve the hospitals resource utilization in terms of beds and reduce the cancelled surgery rate.
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**CARTER (PI), BUSBY, GENDREAU, LAKATS, & SORIANO**

**HOME CARE STRATEGIC PLANNING MODEL**

Funded by: Simcoe County CCAC (1999 – 2000); Ontario Graduate Scholarship (2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Develop a model that will estimate the total annual cost of providing a desired level and quality of home care service.
  - The model will include: forecast estimates of future demand for home care, enable agencies to determine how much service can be delivered given existing funding levels and/or how much money/resource is required for a specified level of care.
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CHOCHINOV (PI), STERN, & WEIR

**CANADIAN VIRTUAL HOSPICE BUSINESS PLAN**

Funded by: Western Economic Diversification Project, Winnipeg, Manitoba  
(August 2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The main goal is to develop an overall design and business model for an internet-based interactive network to establish the Canadian Virtual Hospice (CVH).
  - The CVH is viewed as a communications portal, using chatrooms, bulletin boards, and a library system as the primary interactive components.
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COHEN, DRUMMOND (CO-PIs), HEBERT, FERRIS, PRINGLE, & GLOBERMAN

**THE MANAGEMENT, ETHICS, AND LEGALITY OF EXCHANGING PERSONAL HEALTH INFORMATION BETWEEN PROFESSIONALS AND AGENCIES FOR ALZHEIMER DISEASE**

Funded by: Alzheimer Society of Canada (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Descriptive study using mainly focus groups and interviews to understand the management, ethics, and legality of exchanging personal health information between professionals and agencies for Alzheimer Disease.
  - Will help better understand how to exchange information in light of the new Privacy Act.
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DEBER (PI), BARANEK, & ABELSON

**RESEARCH IN FINANCING HEALTH CARE AND CHANGING THE PUBLIC EXPECTATION: DETERMINING INTERESTS, COMPETENCIES**

Funded by: CIHR (2003 – 2004)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Explore the underlying reasons for the low response, for the shortage of qualified applications, and to make recommendations that will increase the number of responses and the number of successful applications in a future RFA in this area.
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DEBER (PI), DICK, PONG, & JENNETT

**POLICY IMPLICATIONS OF GEOGRAPHY AND SCOPE OF SERVICES FOR TELEHEALTH**

Funded by: Health Canada Office of Health and the Information Highway (OHIH)  
(2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examine the macro policy issues and implications of telehealth services around boundaries (federal/provincial/regional), scope of service, and settings (institution and home).
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**DEBER (PI), MYERS, MILLSON, HALMAN, ROBINSON, & STEWART**

**USE OF EVIDENCE BY PERSONS LIVING WITH AIDS**

Funded by: HEALnet (1998 – 2004)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Project explored three questions: 1) What range of roles do people with HIV/AIDS wish to play in making treatment decisions about their own care? Is the perception that this cohort is more likely to be autonomous accurate? 2) “Causes”: What characteristics explain preferred role? Does preferred role related to how people use information? What sources of information are used and do these vary with the stage of the illness? Does preferred role vary by sub-group within this population (e.g., the homeless, intravenous drug users, lower SES)? Are there gender differences? 3) “Consequences”: What are the implications of preferred role for health outcomes?
  - By linking questionnaire data to outcomes data in the HIV Ontario Observational Database (HOOD), the research may be able to test the suggestion that “activists live longer” or, at least, see whether preferring a passive role is associated with poorer outcomes.
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**DEBER (PI), BAUMANN, BOBLIN-CUMMINGS, & STEWART**

**PREFERENCES FOR PARTICIPATION IN MEDICAL TREATMENT DECISIONS**

Funded by: SSHRC (1997 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Look at people with Multiple Sclerosis and their views on autonomy and balancing roles of family, providers, and patients.
  - Ascertain the extent to which results previously obtained regarding problem-solving and decision-making involvement in angiogram patients hold for other groups.
  - Investigate policy and ethical implications of various patient roles.
  - Examine the impact of disease and respondent characteristics on preferences for involvement and information.
  - Final Report submitted.
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**DEBER (PI), COCKERILL, COHEN, & LEGGAT**

**THE IMPACT OF POPULATION-BASED FUNDING MODELS ON SPECIALIZED SERVICES**

Funded by: NHRDP (1998 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Ascertain the potential impact of population-based funding on specialized services.
- Develop a new typology based on three dimensions: location of service (inpatient vs. outpatient), fixed costs (high to low), and the extent to which quality requires highly specialized expertise and/or a critical mass of patients.
- This typology may be useful in developing funding formulas and monitoring quality of care, particularly in regionalized models, and stresses the importance of looking at critical mass and at the influence of non-geographically based expertise, features often overlooked in

current planning models.

- Our analysis would suggest that provincial governments are wise in moving slowly toward fully integrated budgeting, at least until the potential impact on the quality and economic viability of specialized services can be analyzed.
  - Their current focus on strengthening primary care and its links with community-based services promise to gain many of the likely advantages of regionalization, particularly the breaking down of funding silos, without “throwing out the baby with the bathwater.”
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**DENTON (PI), ZEYTIKOGU, & WEBB**

**ORGANIZATIONAL CHANGE AND THE HEALTH AND WELL-BEING OF HOME CARE WORKERS**

Funded by: Research Advisory Council, Ontario WSIB (2000 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To study the impact of health care restructuring and other organizational changes on home care agencies and on the health and well-being of home care employees.
  - Data collection includes key informant interviews with managers, focus groups with service providers and office staff, and a questionnaire to all home care employees in Hamilton-Wentworth.
  - Previous research has shown that home care workers are at risk for chronic stress problems, exhaustion, musculoskeletal disorders, workplace injuries, and accidents; furthermore, these health care problems have been linked to social organization of work
  - Findings will make significant contributions to policy formation and professional practices in Canada and elsewhere.
  - Will also have an impact on health-related policy formation in home care at local, provincial, and international levels.
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**DENTON (PI), ROSENTHAL, FRENCH, GAFNI, JOSHI, & MARTIN-MATTHEWS**

**SOCIAL INEQUALITIES AND PREPARATION FOR LATER LIFE**

Funded by: SSHRC (1999 – 2000, 2000 – 2001, 2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- A qualitative study looking at the development of a model of Reflexive Planning for Later Life.
  - Both financial and non-financial considerations (i.e., health, leisure) are considered.
  - Findings will impact on both policy and research.
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**DENTON (PI) & ZEYTIÑOGLU**

**HEALTHY WORK ENVIRONMENTS IN COMMUNITY BASED HEALTH AND SOCIAL SERVICE AGENCIES**

Funded by: SSHRC (1996 – 1999)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The objective of this research was to examine the impact of home care work on home care workers' health and well-being.
  - Findings show associations between home care work factors and the mental well-being of home care workers.
  - Organizational change, fear of job loss, excessive workload, and lack of organizational and peer support were associated with increased levels of stress and decreased levels of job satisfaction.
  - Repetitive tasks, poor air quality and physical office environment, extended work hours, increased workloads, lack of organizational support, and work-related injuries were found to be associated with self-reported musculoskeletal disorders.
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**DERMAN & CARTER (CO-PIs)**

**A MODEL FOR PREDICTING BED AVAILABILITY IN AN ACUTE CARE HOSPITAL**

Funded by: Sunnybrook & Women's College Health Science Centre (2000 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Use statistical methods to forecast the number of vacant beds that should be available for elective patients "tomorrow" at Sunnybrook.
  - This model will allow the hospital to make better decisions regarding the cancellation of elective surgeries in advance rather than at "the last minute".
  - Plan to design a decision support system that could be used by the hospital.
  - This work could have a significant impact on discharge planning and scheduling elective surgery. The same methods can be applied several days in advance.
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**DiCENSO (PI), SIDANI, IRVINE, LASCHINGER, ANDRUSYSZYN, GAFNI, HUTCHISON, GUYATT, WALTER, BHATIA, & CATY**

**EVALUATION OF THE PRIMARY CARE NURSE PRACTITIONER INITIATIVE**

Funded by: MOHLTC (1997 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To evaluate Nurse Practitioners (NPs) in primary and tertiary settings.
- The focus is on: the evaluation of educational programs to prepare NPs; identification of employment settings; practice patterns; and evaluation of the impact of NPs on quality of care, patient outcomes, and the health care system.

- Findings will expand the understanding of the Acute Care Nurse Practitioner role and provide empirical evidence to guide decision-making by policy makers at different levels.
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**DiCENSO (PI), SIRACUSA, & PLOEG**

**IDENTIFICATION OF ADOLESCENTS LIKELY TO ENGAGE IN HIGH RISK BEHAVIOUR**

Funded by: Hamilton-Wentworth Department of Public Health Services, Teaching Health Unit (March 1999 – December 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The first outcome in this study is the identification of predictors of adolescent high-risk behaviour.
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**DiCENSO (PI)**

**FACILITATORS AND BARRIERS TO INTEGRATION OF NPS IN ONTARIO**

Funded by: Ontario MOHLTC (2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- This study identified the barriers that must be overcome and the facilitators that must be encouraged to further integrate NPs into the following primary health care settings: community health centres, long-term care, aboriginal health access centres and health care centres, primary care networks, health service organizations, emergency departments, fee-for-service physician practices, public health units, VON, CCACs, and other community agencies. The study also examined which practice models work best to support integration of nurse practitioners.
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**DOBBINS (PI), BRUNTON, KOTHARI, & JACK**

**EXPLORING THE PROCESS OF EVIDENCE-BASED DECISION MAKING AMONG  
DECISION MAKERS IN PUBLIC HEALTH AND LOCAL BOARDS OF HEALTH IN  
ONTARIO**

Funded by: Niemeier Award (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To understand and describe the decision making process related to program planning in public health units in Ontario and to clarify the role of research evidence in the decision process.
  - Summary and report was disseminated to funding agency and study participants.
  - These results will assist in the development of research transfer and uptake strategies in public health.
  - The implementation of proven effective public health interventions will eventually result in enhanced population health outcomes.
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**DOBBINS (PI), ROOTMAN, GREEN, & CAMERON**

**DEVELOPMENT AND EVALUATION OF DISSEMINATION STRATEGIES IN PUBLIC HEALTH AND HEALTH PROMOTION**

Funded by: CIHR (2000 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To develop a registry of all published reviews evaluating the impact of public health and health promotion interventions.
  - To evaluate the impact of a dissemination strategy to various target users across Canada.
  - On-line registry of published reviews, dissemination of research results on Tobacco Control, and impact summary of the effectiveness of a dissemination strategy
  - Results will assist in the development of effective research transfer and uptake strategies, and facilitate decision maker access to research that evaluates the effectiveness of interventions.
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**DOBBINS (PI), BEYERS, DEWOLFE, FELDMAN, LOCKETT, MICHEL, MICUCCI, THOMAS, VOHRA, & UNDERWOOD**

**A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF SCHOOL-BASED PHYSICAL ACTIVITY INTERVENTIONS IN PROMOTING PHYSICAL ACTIVITY IN CHILDREN AND ADOLESCENTS AGED 6-18**

Funded by: Hamilton-Wentworth Department of Social and Public Health Services - Public Health Education, Research and Development Division (April 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- An evaluation of the most effective school-based physical activity interventions and making recommendations for public health practice will provide guidance to public health managers/administrators and front-line staff with respect to the provision of services.
  - The identification of intervention effectiveness will promote the use of physical activity interventions that are known to be effective. This will promote the use of physical activity outcomes among children and adolescents in Ontario.
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**DOBBINS, THOMAS (CO-PIs), O'BRIEN, EDWARDS, CILISKA, BEYERS, RICHARDSON, & UNDERWOOD**

**IMPROVING COMMUNICATION AMONG PUBLIC HEALTH RESEARCHERS AND DECISION AND POLICY MAKERS**

Funded by: CHSRF (1999 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To promote improved communication between public health researchers and public health decision and policy makers in Ontario in order to promote increased uptake of systematic review results into public health policy and decision making.
- To develop a communications infrastructure that will allow the future development of summaries of each systematic review and their translation into French.

- To determine the format (current vs. simplified) that is most useful in decision making by policy makers and public health managers/administrators for the summaries from eight systematic reviews.
  - To evaluate the impact of the summaries on decision and policy making.
  - Results will assist other researchers in summarizing study results. In addition, the expectation is that writing summaries that conform to the preferences of the target users will promote increased research transfer and uptake into public health policy and practice.
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**DORAN (PI), BAKER, LINDGARD, MARSHMAN, & TREGUNNO**

**THE ROLE OF TEAMS IN PATIENT SAFETY: A CRITICAL REVIEW OF THE LITERATURE AND STAKEHOLDER VALIDATION**

Funded by: University of Toronto, Patient Safety Research Cluster (2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Conduct a critical review and analysis of the literature investigating team effectiveness, with a particular focus on how characteristics of teams and team processes contribute to safety.
  - Critically review the state of the evidence concerning the following team concepts: communication, cohesiveness, collective efficacy, decision making, team leadership, coordination, role clarity, role conflict, and team effectiveness.
  - Pilot test a selected number of instruments measuring the team concepts for face and content validity and sensitivity to variation in team performance.
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**EDWARDS (PI), DAVIES, SKELLY, PLOEG, & DOBBINS**

**RNAO BEST PRACTICE GUIDELINES PROJECT**

Funded by: Ontario MOHLTC (2000 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To evaluate the impact of the implementation of nursing practice guidelines into various clinical areas and settings.
  - Reports to the MOHLTC and to the individual health care settings that participated will outline the level of success in implementing the guidelines, barriers experienced, and impact on patient outcomes and quality of nursing worklife.
  - Assist in the development of more effective dissemination strategies for the implementation of practice guidelines.
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**ELLIS, RAINA (CO-PIs), BROWNMAN, BROUWERS, CHAMBERS, CILISKA, HAYNES, LAVIS, O'BRIAN, RAND, SUSSMAN, & WHELAN**

**DIFFUSION AND DISSEMINATION OF EVIDENCE-BASED CANCER CONTROL INTERVENTIONS**

Funded by: Agency for Healthcare Research and Quality (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To systematically review the literature regarding effectiveness of cancer control prevention strategies.
  - To systematically review the literature regarding effectiveness of strategies to promote dissemination, diffusion, and uptake of cancer control prevention interventions.
  - To derive policy and research recommendation from the above review.
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ESTABROOKS (PI), STEVENS, LANDER, WATT-WATSON, O'BRIEN-PALLAS, DONNER, WILLIAMS, BOSCHMA, HUMPHREY, & GOLDEN-BIDDLE

**THE DETERMINANTS OF RESEARCH UTILIZATION IN A PEDIATRIC ACUTE CLINICAL SETTING**

Funded by: CIHR (formerly NHRDP) (1999 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Determine: 1) A description of factors that influence nurses' use of pain management research; 2) An explanation of how these factors function; 3) A blueprint that we can use to study these factors in more comprehensive case studies; and 4) Findings that enable us to begin to plan appropriate interventions to improve pain management by increasing the use of pain research in pediatric contexts more widely.
  - Address conclusion that there is a significant problem with research use among health professionals and health policy makers.
  - Nurses make up the majority of health workers in hospitals and in Canada; therefore, an increase in use of scientific research (evidence) will have a positive effect on patient and system outcomes.
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EYLES (PI), BIRCH, EHRLICH, ELLIOTT, HERRING, JERRETT, JUSTICE, & MOFFAT WARRY

**DECONSTRUCTING THE DETERMINANTS OF HEALTH: TOWARDS AN UNDERSTANDING OF LOCAL-LEVEL HETEROGENETICS**

Funded by: SSHRC (1999 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To investigate the determinants of health at a local level in four neighbourhoods in Hamilton.
- Current study re: Gender and Health
- To determine the role that social capital plays as a determinant to health amongst women living in the industrial neighbourhood of Hamilton.

- Findings from the quantitative and qualitative studies to date indicate significant differences in health status and the determinants to health in the selected neighbourhoods.
  - One poster and one presentation made at conferences: Social Determinants of Health, Toronto, December 2002; Presentation of qualitative research on Women and Social Capital in the Industrial Neighbourhood of Hamilton will be presented September 25 in Hamilton.
  - Ongoing data collection with men and women re: Gender and Social Capital in different neighbourhoods.
  - Two 4L02 students involved in determining perceptions of neighbourhood amongst immigrant women in the Downtown of Hamilton and comparing this data with existing data (earlier results from this study) from non-immigrant women in the Downtown (April 2004).
- 

FISHER (PI), BAUMANN, & BLYTHE

**NURSING VACANCY RATES IN ONTARIO**

Funded by: MOHLTC (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The Nursing Secretariat at the MOHLTC has identified inconsistencies in the use of the term "vacancy" and in the number of vacancies reported.
  - The purpose of the study is to clarify and define the term vacancy as it applies to nursing.
  - To quantify nursing vacancies in acute and long-term care settings in Ontario.
  - A draft template has been developed and will be evaluated by testing it on a sample of acute care hospitals and long-term care institutions in the seven regions of Ontario.
  - The template will be amended based on the results of the pilot test and additional interviews.
  - It will be used as a data collection instrument in an Ontario-wide study to quantify the number of nursing vacancies.
- 

HEYLAND (PI), TRANMER, FRANK, GROLL, PICCHORA, & PARENT

**IMPROVING THE QUALITY OF END OF LIFE CARE: UNDERSTANDING THE PERSPECTIVES OF SERIOUSLY ILL HOSPITALIZED PATIENTS AND THEIR FAMILIES**

Funded by: Physician Services Incorporated (2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Will result in important new knowledge regarding what impacts quality of life at the end of life and what can be done to improve both the patient and their caregivers' experience of end-of-life care in Canada.
- Longitudinal approach will provide a unique assessment of what defines "good quality" end of life care, and the factors that contribute to this care.
- In this longitudinal study we will address the following research questions:

- Quality of life (QOL) of patients and caregivers: What are the factors associated with a decrease in QOL in patients and caregivers?
  - Factors important to good quality end of life care: Do patients and caregivers differ in terms of the level of importance assigned to, and their satisfaction with, factors considered important to good end of life care, and do these factors change over time?
  - Preference regarding location of death: Does patient preference for location of death change over time from preferred death at home to preferred death in hospital? Does caregiver preference for location of patient death change over time?
  - Caregiver burden: What are the factors associated with increased caregiver burden?
  - Resource utilization: Is there a difference in the pattern of resource utilization between patients? What are the factors associated with increased resource utilization?
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**HORSBURGH (PI), FOX, THRASHER, BEANLANDS, LOCKING-CUSOLITO, & HOWE**  
**CAREGIVING EXPERIENCES OF MALE AND FEMALE, WORKING AND NON-WORKING, PARTNERS OF DIALYSIS PATIENTS**

Funded by: The Kidney Foundation of Canada (1998 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examines the experience of caring for dialysis patients. The population being investigated included male and female, working and non-working partners of dialysis patients.
  - The experiences shared by the partners helped promote a better understanding of this unique caregiving experience.
- 

**IRVINE (PI), O'BRIEN-PALLAS, SIDANI, MCGILLIS HALL, PETRYSHEN, HAWKINS, & WATT-WATSON**

**THE RELATIONSHIP BETWEEN PATIENT AND SYSTEM OUTCOMES AND THE QUALITY OF NURSING CARE IN ACUTE CARE HOSPITALS**

Funded by: NHRDP (1998 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Phase one examined content validity, internal consistency, and inter-rater reliability (where applicable) of the instruments.
- Phase two evaluated the relationships between the structure, process, and outcome variables identified in the conceptual framework; generated a parsimonious model for predicting nurse-sensitive patient outcomes; and evaluated the construct validity of the outcome measures.
- Baccalaureate preparation of nurses, nurse experience level, and team nursing were related to nursing interventions, coordination of care, and the perceived effectiveness of care.
- Patients' functional health outcomes, symptom status, perceived health benefit, and length of

stay were related to one or more of the nursing process variables (i.e., nursing intervention, care coordination, and effectiveness of care).

- Results suggest that it is possible to identify and measure nurse-sensitive patient outcomes for acute medical and surgical patients. Results also underscore the importance of educational preparation of unit staff and the importance of structuring the care delivery model in order to promote teamwork and collaboration among unit staff.
  - Final report submitted to NHRDP in March 2001.
  - Two papers have been published based on the theoretical work that guided the development of this proposal.
- 

**IRVINE, SIDANI, & MCGILLIS HALL****AN EVALUATION OF A NEW PATIENT CARE DELIVERY MODEL AT MARKHAM  
STOUFFVILLE HOSPITAL**

Funded by: Markham Stouffville Hospital (Mar 1999 – Jan 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Results will provide useful information about the effectiveness of a model for organizing nursing care and scheduling nursing personnel in order to improve the continuity of nursing care on inpatient units in acute care hospitals.
  - A secondary outcome of the project will be to provide data on the reliability and validity of a nursing sensitive outcome measure that the research team has developed.
  - A paper describing the new care delivery model and the results of the first phase of data collection is being presented at Mount Sinai Hospital.
- 

**IRVINE (PI), SIDANI, MCGILLIS HALL, WATT-WATSON, MALLETTE, & LASCHINGER****NURSING SENSITIVE OUTCOMES: A LITERATURE SYNTHESIS**

Funded by: Ontario MOHLTC (2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Identified the essential characteristics or attributes defining each outcome concept.
- Identified the instruments that have been used to measure each outcome concept in acute, community, and long-term care settings.
- Reviewed the content of the instruments and assessed their congruence with the essential attributes of each outcome concept.
- Critically reviewed the instruments for reliability, validity, responsiveness to change, sensitivity to nursing care, and clinical utility
- Recommended that a nursing job satisfaction pilot study be conducted in Ontario, using multiple measures to determine the “best” ongoing measure for nursing job satisfaction. The instruments suggested for use in this pilot study included two nursing occupation-specific measures, the McCloskey/Mueller Satisfaction Scale (MMSS) and the Nursing Job

Satisfaction Scale (NJS), and the work-related satisfaction measure the Job Descriptive Index (JDI).

- Final report submitted to the MOHLTC and a proposal to publish the final report as a book has been submitted to Sage Publications.
- The findings were disseminated to researchers and policy makers at an invitational symposium in March, 2001.

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**IRVINE DORAN (PI), SIDANI, WATT-WATSON, O'BRIEN-PALLAS, CAMERON, STEVENS, GALLOP, & POMERLEAU**

**AN INVESTIGATION OF THE NURSE CASE MANAGER ROLE AT THE ONTARIO  
WORKPLACE SAFETY AND INSURANCE BOARD**

Funded by: WSIB (1999 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examined the definition and implementation of the case manager role.
- Investigated factors that influence the development and implementation of the case manager role.
- Investigated structures that are developed within the system for the case manager to coordinate communications, client services, and workplace responses.
- Identified outcomes associated with the case manager role.
- Final report submitted to WSIB.
- Seminars to disseminate the findings within the Board are planned for the fall of 2001.
- Papers for publication to disseminate the findings to the practitioners within the field and to researchers are under development.

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**JAFFREY, VAN BERKEL (CO-PIs), THOMAS, & CILISKA**

**COMMUNITY ACTION PROGRAM FOR CHILDREN**

Funded by: Health Canada (1992 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Development of several different community interventions for healthy child development.
- Evaluation and further implementation of several childhood interventions.
- Contributed to further policy development of “Healthy Babies, Healthy Children” and “Early Years”.
- Reviewed the content of the instruments and assessed their congruence with the essential attributes of each outcome concept.
- Critically reviewed the instruments for reliability, validity, responsiveness to change, sensitivity to nursing care, and clinical utility.
- Recommended that a nursing job satisfaction pilot study be conducted in Ontario using multiple measures to determine the “best” ongoing measure for nursing job satisfaction. The

instruments suggested for use in this pilot study included two nursing occupation-specific measures, the McCloskey/Mueller Satisfaction Scale (MMSS) and the Nursing Job Satisfaction Scale (NJS), and the work-related satisfaction measure the Job Descriptive Index (JDI).

- The findings were disseminated to researchers and policymakers at an invitational symposium in March, 2001.
- Final report submitted to the MOHLTC and published in February.
- The literature review has been updated and expanded to include patient safety outcomes. It will be published as a book by Jone and Bartlett Publications.

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**KERR, LASCHINGER (Co-PIs), SHAMIAN, O'BRIEN-PALLAS, THOMSON, KOEHOORN, LECLAIR, MCPHERSON, AIKEN, & SOCHALSKI.**

PARTNERS: CANADIAN COUNCIL ON HEALTH SERVICES ACCREDITATION, CANADIAN HEALTHCARE ASSOCIATION, ONTARIO NURSES ASSOCIATION, CANADIAN FEDERATION OF NURSES UNIONS, CANADIAN NURSES ASSOCIATION, ORDRE DES INFIRMIÈRES ET INFIRMIER DU QUÉBEC, CANADIAN INSTITUTE FOR HEALTH INFORMATION, COLLEGE OF NURSES OF ONTARIO, STATISTICS CANADA, CANADIAN PRACTICAL NURSES ASSOCIATION, & HEALTH CANADA

**MONITORING THE HEALTH OF NURSES IN CANADA**

Funded by: CHSRF (1999 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Study the feasibility of establishing an ongoing system to monitor the health of nurses.
- Describe the most important factors that contribute to work related health problems, identify perceived gaps in this information, and propose a mechanism for monitoring nurse health based on the project synthesis and stakeholder input.
- Relevant to health policy makers and health care administrators who will need evidence-based research when developing performance indicators.
- Data can be used by decision makers to monitor the effects of workplace conditions on nurses' health, enable them to detect early signs of work related negative health outcomes, and facilitate timely initiation of actions to ameliorate negative effects of workplace conditions.
- Conclusions will address concerns of financial relevance and policy suggestions to directly aid decision makers as they make organizational level policy change.
- Main findings were presented at the RNAO Healthy Workplaces in Action meeting in Toronto, November, 2002.
- A project website is currently under construction ([www.nursehealth.org](http://www.nursehealth.org)) and should be available in the fall of 2003.
- Stress/burnout and musculoskeletal problems (e.g., back pain) were identified as the main health concerns; excessive workload, decision making authority, and availability of technology were the main work-related issues associated with these health problems.

- Study suggests that there is no dedicated data source or combination of sources that currently exist that can adequately address the issue and that the best option would be to create a new dedicated system of collecting the information.
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**KERR (PI), MUSTARD, FRANCHE, LASCHINGER, SHAMIAN, & SCHWARTZ**

**EXPLORING STRESS DIFFERENCES BETWEEN FULL TIME AND PART TIME NURSES**

Funded by: NEUORU (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Explore the differences in physiological stress levels, measured by mean salivary cortisol levels, between full and part time nurses.
  - Determine if any relationships exist between the major questionnaire instruments for work and life stressors and salivary cortisol.
  - A better understanding of the consequences of stress in the work environment could lead to the development of more effective intervention strategies to improve job satisfaction and reduce stress at work which will assist in the attraction and retention of nurses.
  - Data collection was completed in the summer 2003 with a conference presentation planned for fall 2003.
  - A total of almost 140 full time and part time nurses have participated. Data are currently being analyzed.
- 

**KERR (PI), SHAMIAN, THOMSON, O'BRIEN-PALLAS, SOCHALSKI, AIKENS, KOEHOORN, HOGG-JOHNSON, & SHANNON**

**THE RELATIONSHIP BETWEEN WORKPLACE EFFORT AND REWARDS AND VARIOUS OUTCOMES INCLUDING STRESS, IN A SURVEY OF ONTARIO ACUTE CARE HOSPITALS**

Funded by: HEALNet (1999 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Determine if there is an association between perceived efforts and rewards associated with work and the measurement of the key sub-scales of a work-related burnout scale within the acute care hospital nursing survey population in Ontario.
- Nurses reported high levels of absence due to burnout, musculoskeletal pain, and illness.
- Nurses reporting an imbalance between the efforts and rewards associated with work were more likely to report all health problems examined.
- The proportion of variance accounted for was much higher within rather than across hospitals.
- One working paper completed for the Institute for Work & Health.

- Refereed conference presentation at the Canadian Psychological Association Annual Convention (June 2000).

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KIRSH (PI), **BEARDWOOD**, COCKBURN, DURAN, FENECH, JEAN-BABTISTE, LEBLANC, MCKEE, & POLANYI

**PARTICIPATORY RESEARCH BY INJURED WORKERS: FROM REFLECTION TO ACTION ON COMPENSATION AND RETURN-TO-WORK ISSUES**

Funded by: Workplace Safety and Insurance Board Joint Grant, University of Toronto (1999 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To enhance the capacity of injured workers to identify, understand, analyze, and address their concerns regarding barriers to return to work and to formulate policy recommendations.
- The findings suggested that injured workers found the compensation process stressful
- A core of injured workers perceived problems in the return to work process as they had problems obtaining a diagnosis, appropriate treatment, and rehabilitation.
- This was related to: a lack of knowledge on the part of health professionals regarding occupational health problems, especially invisible injuries; an inability to obtain treatment quickly; the attitudes of some health professionals; an input by injured workers and their family doctors into when the worker should return to work; and a lack of support for injured workers. In many cases these problems resulted in increased stress and depression for injured workers.

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LASCHINGER (PI), FINEGAN, & SHAMIAN

**TESTING A WORK EMPOWERMENT MODEL IN NURSING HOSPITAL SETTINGS**

Funded by: SSHRC (1997 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Designed to investigate nursing work environments using Rosabeth Moss Kanter's organizational empowerment theory.
- Workplace empowerment strongly related to factors commonly associated with nursing turnover. Creating workplaces that provide nurses' access to these structures may be a useful recruitment and retention strategy for attracting and retaining autonomous professional nurses.
- Staff nurses perceived work empowerment significantly related to trust in management and job satisfaction (Laschinger, Finegan, Shamian, & Casier, 2001).
- Staff nurses' perceptions of work empowerment significantly related to psychological empowerment and job strain (Laschinger, Finegan, Shamian, & Wilk, 2001).
- Staff nurses' perceptions of structural and psychological empowerment significantly related to organizational trust, organizational commitment and job satisfaction (Laschinger, Finegan,

& Shamian, 2001).

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**LASCHINGER (PI), FINEGAN, FALK RAFAEL, & HAVENS**

**WORKPLACE EMPOWERMENT OF HEALTH PROFESSIONALS IN RESTRUCTURED HOSPITAL WORK ENVIRONMENTS**

Funded by: SSHRC (1999 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Designed to investigate empowerment in nursing work environments using Rosabeth Moss Kanter's organizational empowerment theory.
  - Current directions of this research involve pilot testing of a workplace empowerment intervention and determining the applicability of Kanter's theory in social work, nursing, occupational therapy, and physical therapy.
  - Workplace predictors of occupational stress: Testing Cooper's stress model (2001 - 2002).
  - Nurse Manager Health Study: designed to investigate the effects of structural work environments on the physical and mental well-being, as well as job satisfaction of nurse managers working in general hospitals in Ontario (2003).
  - Empowerment within the learning environment: A comparative study (Siu, 2003).
  - Structural empowerment, magnet hospital characteristics, job satisfaction and nurse assessed quality of care in nursing work settings (Robertson, 2003).
  - Perceived workplace empowerment, magnet hospital traits, and perceived mental and physical health in Canadian critical care nurses (Tigert, 2002).
  - Workplace empowerment and burnout among nurse educators (Sarmiento, 2002).
  - Workplace empowerment, effort-reward imbalance, and perceptions of nursing care quality in medical-surgical settings (Kluska, 2002).
  - Clinical nurse educators work empowerment, job tension, and satisfaction (Davies, 2002).
  - Staff nurses perceived work empowerment significantly related to psychological empowerment and trust in management (Cline, 2001).
  - Relationship between empowerment and ICU nurses' self-rated work effectiveness not moderated by Type A personality factor (DeVries-Rizzo, 2001).
  - Empowerment and collective accountability explain significant variance in nurse assessed patient care quality (Tuer-Hodes, 2001).
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**LASCHINGER (PI) & KERR**

**PREDICTORS OF NURSES' MENTAL AND PHYSICAL HEALTH WITH A CLIMATE OF HOSPITAL RESTRUCTURING: PILOT TESTING A MODEL**

Funded by: NEURU (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Test a theoretical model derived from the literature to explore the determinants of nurses' health.
  - Results may inform policy makers and health care administrators in the development of evidence-based strategies to preserve and improve the health of nurses.
- 

**LASCHINGER (PI) & MCGILLIS HALL**

**PATIENT SATISFACTION WITH NURSING CARE IN A SAMPLE OF ONTARIO HOSPITALS:  
A SUB-COMPONENT OF HOSPITAL REPORT 2002**

Funded by: MOHLTC (2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Conduct pilot studies within hospitals from the five geographic regions of Ontario to determine the psychometric properties of a modified version of the Patient Judgment Hospital Quality (PJHQ) scale and compare its relative value as a measure of patient satisfaction with nursing care to a generic patient satisfaction measure.
  - Examine whether the PJHQ is an appropriate measure of patient satisfaction with nursing care for use in Ontario in future Hospital Reports projects.
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**LAVIS (PI), ABELSON, GOLD, ABERNATHY, BARTRUM, CLARK, COUTTS, & DOBBINS  
TOWARD BEST PRACTICES IN RESEARCH TRANSFER**

Funded by: MOHLTC (2001 - 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To describe the extent to which research institutes in Canada facilitate the transfer and uptake of their research results to the target audience and determine the extent to which these strategies are evidence-based.
  - Reports to the institute and the MOHLTC regarding the status of research transfer and uptake strategies that are being used.
  - Make recommendations on the strategies that should be used for various target audiences.
  - Individual research institutes will gain a better appreciation for how they are performing compared to others with respect to research transfer strategies, and will be motivated in becoming more evidence-based in their approach.
  - The MOHLTC will be able to provide clearer direction to their funded research institutes with respect to the types of transfer strategies that must be put into place.
- 

**LAW (PI), KING, DOBBINS, & PLEWS**

**STRATEGIC DECISION MAKING IN CHILDREN'S REHABILITATION CENTRES**

Funded: MaxBell Foundation (2002 – 2004)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To describe the decision-making process in children's rehabilitation centres in Canada and to assess barriers to using research in program planning.
  - The results of this study will assist in the development of more effective research transfer and uptake strategies.
- 

LEE (PI), **AKHTAR-DANESH, CILISKA, DOLOVICH, GAFNI, BIRCH, & HUNT**

**THE EVALUATION OF CONTINUITY OF CARE AT THE GROUP HEALTH CENTRE**

Funded by: CHSRF (2000 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The Group Health Centre (GHC) is a 44,000 patient multi-specialty, multi-disciplinary Health Service Organization located in the Algoma District health region.
  - This study is a collaborative effort between local researchers from the Algoma District health region and a multi-disciplinary panel of McMaster University experts.
  - Through the intensive evaluation of a subgroup of GHC's diabetic patients, the study will assess how the quality and cost of health care is affected by the determinant factors influencing the provision of continuity of care.
  - Specific objectives include: the identification of barriers and solutions; and a comprehensive evaluation of the relative benefit of capitation vs. fee for service payment from the health services and personal (patient and provider) perspectives.
  - Findings will provide researchers and policy makers with valuable information regarding capitation and the resources involved.
- 

LEFORT (PI), **SIDANI, & BURKE**

**EVALUATING THE IMPACT OF NURSE PRACTITIONERS IN ACUTE CARE SETTINGS - ST. JOHN'S SITE**

Funded by: Health Care Corporation of St. John's, Newfoundland (1999 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examine the role of the nurse practitioner in an acute care setting in St. John's, Newfoundland as an extension of a previous project.
  - Begin to identify the implementation of the nurse practitioner role in this province and its effectiveness in achieving high-quality, cost-effective care.
  - Provide a database, based on the results of the two studies that will delineate the contribution of the nurse practitioner role within the health care system at the national level.
-

LEVITT (PI), TANIGUCHI, CHAMBERS, MORDEN, PAPAIOANNOU, DICENSO, ET. AL.

**BUILDING CAPACITY IN EDUCATION AND SERVICE DELIVERY IN LONG-TERM CARE**

Funded by: OMOHLTC (2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Through the collaboration of McMaster University's Department of Family Medicine, the School of Nursing, Shalom Village, and the Faculty of Pharmacy at the University of Toronto, 3 initiatives have been undertaken:
  - Development of a strategy document which addresses the barriers and incentives for recruitment and retention of family physicians, nurse practitioners, and pharmacists in long-term care.
  - A collaborative service delivery model which addresses the governance of family physicians, nurse practitioners, and pharmacists in long-term care.
  - A collaborative curriculum plan in long-term care that will serve as a model for family medicine residents and students in nurse practitioner and pharmacy programs.

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LOVE (PI), HUNSBERGER, LANDEEN, COSKEY, HUNTER, & LAPPAN

**HOPEFULNESS AND THE NURSE: THE ROLE OF HOPE IN THE CARE OF MEDICALLY FRAGILE CHILDREN WITH CANCER**

Funded by: Niemeier Fund (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Three-part study to examine the role of hope for medically fragile children with cancer, his/her parents, and the care-giving nurse.
- Fifteen nurses providing care on a tertiary level pediatric oncology unit are being interviewed.
- The nurses' perceptions regarding their understanding of hope, its meaning, how they sustained it, and how it affected their daily interactions with hospitalized children will be analysed.
- Findings will provide a greater understanding of how the concept of hope affects the nursing care of medically fragile children in an oncology setting.

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MAJUMDAR, BAUMANN (CO-PIs), ROBERTS, & TAYLOR

**PRIMARY HEALTH CARE FOR KWAZULU WOMEN OF SOUTH AFRICA**

Fund by: CIDA (1998 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The main goal of this project was to increase the capacity of the Department of Nursing at the University of Natal, Durban to develop, conduct, and sustain a Primary Health Care (PHC) training programme based upon participatory and distance learning strategies.

- The project activities included the development of: a primary health care participatory and distance learning programme, including appropriate materials for learning (i.e., training workbook); a learning resource centre at the University of Natal and the establishment of an email network between McMaster and Natal Universities and KwaZulu Region; and strategies which will ensure the improvement of the environment and the economic status of the people of KwaZulu Region.
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MARKLE-REID (PI), WEIR, BROWNE, SHADWICK, ROBERTS, & GAFNI

**FRAIL ELDERLY HOMECARE CLIENTS: THE COST AND EFFECTS OF ADDING NURSING HEALTH PROMOTION SERVICES TO HOMEMAKING**

Funded by: CHSRF (2000 – 2004); MOHLTC, Community Care Access Centre of Halton; McMaster University, System Linked Research Unit on Health and Social Services Utilization

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Main goal is to lower the number of frail elderly people in acute care hospitals or institutions.
  - Evaluate the cost and effects of adding nursing health promotion services to homemaking.
  - Gather scientific evidence assessing the impact on costs and health of current eligibility policies on nursing and homecare for the frail elderly.
  - Identify which frail elderly clients and caregivers will benefit from health-promotion interventions by registered nurses.
  - Help decision makers set priorities on appropriate allocation of homecare services for frail elderly homecare clients.
  - The study will have implications for others with chronic conditions in the community by showing which interventions will help identify unrecognized problems and individuals at increased risk in order to provide appropriate care.
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MCCUTCHEON, IRVINE DORAN (CO-PIs), EVANS, MACMILLAN, MCGILLIS HALL, PRINGLE, & SMITH

**THE IMPACT OF THE MANAGERS' SPAN OF CONTROL ON NURSING MANAGEMENT LEADERSHIP AND PERFORMANCE**

Funded by: CHSRF (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Investigate the impact of managers' span of control on leadership effectiveness, staff satisfaction, patient satisfaction, and nurse turnover.
-

**MCKEY (PI)**

**LEADERSHIP PRACTICES, ORGANIZATIONAL COMMITMENT, AND CONDITIONS OF WORK EFFECTIVENESS OF CHIEF NURSING OFFICERS IN ONTARIO'S RESTRUCTURED HOSPITALS**

Funded by: NEUORU (2001 – Completion of dissertation)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To provide a foundation for nursing leadership research that focuses on leadership practices and work effectiveness.
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**MCGILLIS HALL (PI), IRVINE DORAN, & SIDANI**

**DEVELOPMENT AND TESTING OF QUALITY WORK ENVIRONMENTS FOR NURSING**

Funded by: Ontario MOHLTC (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- An intervention study designed to provide support and assistance to hospitals as they address worklife issues for nurses.
  - Assist nurse executives to develop interventions that enhance the quality of worklife for nurses in a sample of hospitals in Ontario.
  - Evaluate the impact of those initiatives on patient, system quality, and nurse outcomes.
  - Identify strategies for enhancing the quality of worklife for nurses in health care organizations in Ontario.
  - Results will provide useful information about the effectiveness of strategies for improving the quality of worklife of nurses working in acute care settings.
- 

**MCGILLIS HALL (PI), SPALDING, BOOTH, LACROIX, ACTON, RAJROOP, & BANDALI**

**EXAMINING NURSING KNOWLEDGE AND SKILL REQUIREMENTS IN PEDIATRIC HOME CARE NURSING**

Funded by: Hospital for Sick Children, Home Care Program (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose of this research is to examine current approaches and develop and test a new method for measuring nursing productivity in home care settings in Ontario by evaluating its relationship to outcomes for the system and the patient.
- Specifically, this study will investigate the type of mechanisms used to measure home care nursing productivity in Ontario (i.e., the quantity of nursing inputs--the mix of nursing labour) and the structures in place in CCACs and home care provider agencies to promote the development of knowledge work in nursing (i.e., ongoing education programs offered, support for education, and evidence of learning organization principles).
- Next, a theoretical approach for measuring home care nursing productivity based on human capital theory and labour theory will be developed. Indicators for assessing nursing

intellectual capital as a measure of nursing productivity will be validated and tested.

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**MCGILLIS HALL, IRVINE (CO-PIs), BAKER, PINK, LEATT, SIDANI, O'BRIEN-PALLAS, & DONNER**

**A STUDY OF THE IMPACT OF NURSING STAFF MIX MODELS AND ORGANIZATIONAL CHANGE STRATEGIES ON PATIENT, SYSTEM AND CARE GIVER OUTCOMES**

Funded by: CHSRF, Ontario Council of Teaching Hospitals (1998 –2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Little empirical research exists which examines the relationship that changing staff mix has on the registered nurse, on the hospital system, and on the quality of care. This is the first research of this nature to be conducted in the Canadian hospital environment.
  - Findings from this study are expected to inform the government, hospital administrators, and nurse leaders of the impact that organizational change and staff mix changes have on specific outcomes for the patient, the care giver, and the teaching hospital environment in Ontario.
  - Results were an important consideration in the deliberations of the Expert Panel on Nursing and Health Outcomes established by the Ontario MOHLTC.
  - Results will be presented at a variety of forums (local, national, and international) including a proposed one-day conference in collaboration with the OHA.
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**MCGILLIS HALL (PI), IRVINE DORAN, LASCHINGER, MALLETTE, & O'BRIEN-PALLAS**  
**NURSING REPORT 2001 (A COMPONENT OF *HOSPITAL REPORT 2001*)**

Funded by: MOHLTC (2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Introduce and structure a nursing perspective within the *Hospital Report*.
  - Identify and test a set of measurable indicators for nursing in Ontario.
  - Identify indicators for inclusion in a system-level nursing report within the framework for a balanced scorecard and propose definitions and potential data sources for these
- 

**MCGILLIS HALL (PI), WADDELL, DONNER, & WHEELER**

**OUTCOMES OF A CAREER DEVELOPMENT PROGRAM FOR REGISTERED NURSES AT THE HOSPITAL FOR SICK CHILDREN**

Funded by: Ryerson Polytechnical University (2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine the impact of a career planning and development program for registered nurses on nurse and system outcomes at the Hospital for Sick Children.
- The specific objectives are to assess whether there is significant improvement in: (1) nurse

outcomes of career decision making autonomy, self-efficacy, and job satisfaction; and (2) system outcomes of absenteeism, turnover, and organizational commitment following participation in a career development and planning program.

- Potential outcomes of a career development program on an organizational level are nurses who are committed to the organization in which they work and have the skills and flexibility to link personal effectiveness and satisfaction with achievement of the organization's strategic objectives.

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**MCGILTON, GURUGE (CO-PIs), LIBRADO, CAMPBELL, & YETMAN**

**IDENTIFICATION OF FACTORS THAT INFLUENCE STAFFS' ABILITY TO DEVELOP SUPPORTIVE RELATIONSHIPS WITH FAMILY MEMBERS IN COMPLEX CONTINUING CARE ENVIRONMENTS**

Funded by: Collaborative Research Program: Rehabilitation and Long-Term Care (2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Address the paucity of information in the area of family-staff relationships in complex continuing care environments from the perspective of the nursing staff. Specifically, to identify factors which influence the staffs' ability to establish supportive staff-family member relationships.
- Relevant to persons living in complex continuing care environments because the care the residents receive can be seen as dependent not only on individual staff and/or family members but also on the relationship of the staff and family members.
- An in-depth knowledge and understanding as to how staff build and maintain supportive relationships with family members will help improve the quality of care the residents receive.
- Contribute to the nursing knowledge in the area of staff-family member relationships in complex continuing care.

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**MCGILTON (PI), IRWIN-ROBINSON, BOSCAR, MINOR, & SPANJEVIC**

**SITTING ON THE BEDSIDE: A PLANNED TIME FOR INTERACTIONS**

Funded by: Collaborative Research Program: Rehabilitation & Long-Term Care (2003 – 2004)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Study provides evidence that enhancing interactions between staff and clients results in improved staff satisfaction.

**MCKILLOP (PI) & PINK**

**HOSPITAL REPORTING, FUNDING AND PERFORMANCE MONITORING PRACTICES  
ACROSS CANADA**

Funded by: CIHI (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Comprehensive inventory of practices related to the management of the financial resources dedicated primarily to hospital-delivered acute care in Canada as of December 2000.
  - Principal findings include: 1) Provinces are moving towards population-based methods to apportion the majority of operating funds; 2) Strong interest is being demonstrated in developing a capacity for retrospective monitoring across Canada.
  - Recommendations for the future include: 1) Health service organizations should be required to report using the MIS Guidelines; 2) Outcomes of different health service organization funding approaches should have more extensive evaluation.
  - Book published: *The Financial Management of Acute Care in Canada: A Review of Funding, Performance, and Monitoring Practices.*
- 

**MICHELLE (PI), EHRlich, & WRIGHT**

**NURSE PRACTITIONER CERVICAL CANCER SCREENING PILOT PROJECT  
EVALUATION**

Funded by: MOHLTC

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the structure, process, and outcomes related to the Northern Nurse Practitioner Cervical Cancer Screening Pilot Project conducted in five Northern Ontario Health Units.
  - Key issues found in the evaluation were related to recruitment and retention of nurse practitioners.
  - Final Report sent to MOHLTC in August 2003.
  - Two presentations will be made at OPHA in November 2003.
- 

**NAGLE (PI) & CLARKE**

**ASSESSING THE AVAILABILITY OF INFORMATICS EDUCATION FOR CANADIAN NURSES  
- EDUCATIONAL INSTITUTION COMPONENT**

Funded by: Office of Health Information Highway, Health Canada (2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- With the rapid introduction of health care information systems and technology in practice settings there is a need to ensure that nurses are equipped with knowledge and skill in informatics in order to effectively discharge their Information and Communication Technology (ICT) related responsibilities in their employment settings.
- Study identified a dearth of informatics education opportunities currently available to nursing

students across the country, a low level of preparedness of nursing faculty to integrate informatics into curricula, and very limited ICT infrastructure and informatics support for faculty and students.

- Recommendations for next steps will be addressed in partnership with ACEN, CASN, ONP, CNA, and CNIA. These include:
  - Need for education and dissemination of information about the state of Nursing Informatics (NI) education in Canada;
  - Need to develop core informatics competencies for nurses; and
  - Requirement to further develop informatics capacity among nursing faculty.
- Findings have been widely shared with the key stakeholder groups and individuals, published on the Canadian Nursing Informatics Association (CNIA) web site with links from the CNA and provincial association web sites, and distributed in report format to the Office of Health and the Information Highway (OHII) office of Knowledge Development and Enhancement, all participants, and key stakeholder groups.
- Future research will focus on understanding the informatics competencies required in nurses' employment settings.

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**O'BRIEN-PALLAS (PI), MEYER, ALKSNIS, TOMBLIN MURPHY, WILLIAMS, THOMSON, LUBA, & LEMONDE**

**EVALUATION OF PART ONE OF STRATEGY 7 OF NURSING STRATEGY FOR CANADA**  
Funded by: Health Canada (2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Publicly funded new entrant admission and quota data were collected and evaluated for this purpose. A secondary objective was to collect historical data from 1991 onwards and future quota until 2006/07. Data were also collected for Post-RN degree, Master in Nursing, and PhD in nursing programs.
- Greater than 10% increase (43%) in nursing entry to practice seats was observed between 1998/99 and 2000/01 across Canada, for all nursing designations combined (Registered Nurses, Registered Psychiatric Nurses, and Licenced Practical Nurses).
- Canadian nursing seat data are confounded by multiple problems, including: challenges in comparisons across time and geography due to varying funding mechanisms, differing definitions of "nursing seat", and limitations of administrative databases (degree of completeness, reporting mechanisms).
- Several challenges and limitations were noted in collecting and analyzing data for this project. From our experience we recommend a standardized reporting framework across all programs be developed, validated, and implemented in the near future.

**O'BRIEN-PALLAS (PI), THOMSON, MCGILLIS HALL, PINK, TU, KERR, ALKSNIS, AIKEN, & SOCHALSKI**

PRINCIPAL DECISION MAKER: **SHAMIAN**

**EVIDENCE BASED STANDARDS FOR MEASURING NURSE STAFFING AND PERFORMANCE.**

Funded by: CHSRF (2000 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Develop and validate evidence-based, quality adjusted ranges of staffing standards for cardiac and cardiovascular nursing services.
  - Develop a staffing methodology that can be adapted to other clinical settings.
  - Work with our decision making partners, the Ontario and New Brunswick MOHLTC, to establish how the MIS databases and the research study findings can be used to monitor system performance and to determine what types of data should be routinely collected from the patient's discharge record.
  - Data collection completed in five hospitals in Ontario and one in New Brunswick.
- 

**O'BRIEN-PALLAS (PI)**

**PHYSICIAN HUMAN RESOURCE PLANNING COMMITTEE**

Funded by: MOHLTC (2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Vice Chair, Subcommittee on Modelling, Physician Human Resource Planning Committee.
  - Member, Expert Panel Physician Human Resource Planning Committee.
  - Answered questions related to downsizing medical schools and reduction in residents on nursing.
- 

**O'BRIEN-PALLAS (PI), GERLACH, PEERBOOM, DARLINGTON, MURPHY, & MCCARTHY**

**DEVELOPMENT OF A SERVICE MANAGEMENT INFORMATION SYSTEM**

Funded by: Psychiatric Patients' Advocacy Office & Ontario MOHLTC (1998 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Development of a client advocacy data collection tool/database.
  - System implemented and under validation by Psychiatric Patients' Advocacy Office.
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**OH, EDELSON, YANG (CO-PIs), PETRYSHEN, GAUDET, GOULD, POLLOK, AVENDANO, & LABRETON**

**PARTNERS: WESTPARK HOSPITAL AND TORONTO PUBLIC HEALTH UNIT**

**ACTIVE PULMONARY TUBERCULOSIS: AN INTEGRATED DISEASE MANAGEMENT APPROACH**

Funded by: The Change Foundation (1997 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Developed and implemented a disease management approach to tuberculosis (TB) in the context of inter-sectoral collaboration with the public health department and other care providers, for improved clinical, organization, and ultimately population economic outcomes.
  - New TB disease management program at St. Michael's Hospital, Toronto was created in collaboration with community and hospital partners (City of Toronto Public Health Department and Westpark Hospital) on July 1, 1999.
  - Various members of the research team joined with hospital and community partners to work with the MOHLTC, advisory committees, and task forces, to advocate for disease management TB programs.
  - The final report submitted to The Change Foundation: *Tuberculosis Disease Management Program, A story of Success in an Environment of Change*, September 2000.
  - Disseminated study findings via media, conferences, and speaking engagements.
- 

**PEACHEY (PI) & WEIR**

**IMPACT OF NURSE MANAGERS/LEADERS EMPOWERING BEHAVIOURS ON STAFF NURSE WORKPLACE EMPOWERMENT, ORGANIZATIONAL COMMITMENT, ABSENTEEISM AND PATIENT OUTCOMES**

Funded by: NEUORU, McMaster University (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To investigate the link between specific behaviours of nurse leaders and empowerment of staff nurses.
  - Findings will add to the understanding of the relationship of nurse managers' leadership behaviours and their impact on nurse effectiveness and adverse impact on the organization in terms of financial costs and quality of patient care.
- 

**PETER**

**HOME CARE ETHICS: HISTORICAL PERSPECTIVES IN NURSING**

Funded by: Sigma Theta Tau (2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Uncover historical insights into ethical concerns in home care nursing.
  - Presentation: Historiography & the Advancement of Nursing Ethics. Health Care in A Complex World: An International Research Conference, Toronto, May 2001.
  - Publication submitted to *Nursing Inquiry*: The history of nursing in the home: Revealing the significance of place in the expression of moral agency.
-

**PETER****PICKING UP THE PIECES: NURSING WORK AND ETHICS IN AN ERA OF HEALTH REFORM**

Funded by: NEUORU, University of Toronto (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- As the result of health reform, nurses have experienced the tremendous stress of heavy workloads, difficult professional responsibilities, unsafe workplaces, and severe nursing shortages.
  - Focus groups were held across Canada that included participants who were front-line nurses, nursing leaders, and others concerned with nursing issues (Baumann et al., 2001). The focus group data made it clear that the difficult work environments described had significant ethical implications.
  - A secondary analysis of the data was then conducted that examined the moral habitability of these work environments.
  - Four overarching categories were developed through the analysis: 1) oppressive work environments; 2) incoherent moral understandings; 3) moral suffering; and 4) moral influence and resistance.
  - The findings indicate that the work environment was perceived to be morally inhabitable. Many nurses were found to be suffering in environments that were oppressive across many dimensions.
  - The social positioning of nurses left them vulnerable to being overburdened by and unsure of their responsibilities; nevertheless, nurses found meaningful ways to resist and influence the moral environment.
- 

**PETER****THE WORK ENVIRONMENT & HEALTH OF HOME CARE NURSES: ETHICAL IMPLICATIONS**

Funded by: NEUORU, University of Toronto (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Limited research has been conducted that has explored the relevance of historical nursing insights in examining current ethical issues.
  - Explore ethical concerns in home care nursing, specifically with respect to the work environment and health of home care nurses in a manner that is sensitive to historical dimensions and insights.
  - Make an original contribution to nursing because little ethical guidance is currently available to home care nurses.
-

**PINK**

**THE OCOTH MANAGEMENT PRACTICE ATLAS**

Funded by: Ontario Council of Teaching hospitals (1999 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Produced a compendium of financial and statistical performance indicators for all teaching hospitals in Ontario.
  - Data quality is an important issue in performance measurement and there were significant variations among Ontario teaching hospitals in the calculated measures.
  - OCOTH Management Practice Atlas published in August, 2000.
- 

**PINK & MCKILLOP (CO-PIs)**

**A FIVE YEAR ANALYSIS OF THE FINANCIAL PERFORMANCE AND CONDITION OF ONTARIO HOSPITALS**

Funded by: ICES (2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Evaluate the financial performance and condition of Ontario hospitals over a five-year period.
  - Identify some possible reasons for variation in performance and, where possible, to compare the financial performance and condition of Ontario hospitals to US hospitals during the same period of time.
  - Findings will be pertinent to the theory and practice of hospital funding, scorecard and report card development, accounting and audit practices, and ICES research that incorporates MIS financial or statistical data.
  - Results of the analysis should be of interest to hospital managers, MOHLTC, OHA, and the government of Ontario.
- 

**PREYRA (PI) & PINK**

**PERFORMANCE INCENTIVES IN THE COMPENSATION CONTRACTS OF NON-PROFIT HOSPITAL CEOs**

Funded by: SSHRC (2002 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Investigate performance incentives in the compensation contracts of non-profit hospital CEOs.
- To the extent that the non-profit board uses executive compensation to encourage the hospital CEO to achieve certain objectives, we will explore how powerful this mechanism is, its limitations, and what the implications are for a hospital's ability to achieve benchmark levels of performance within its broader mission
- Develop scheme to classify various methods used to provide incentives in study hospitals.

- Test correlation between hospital's performance incentive approach and actual performance outcomes.
  - Outcomes will include two or more articles for publication in peer-reviewed journals.
- 

ROSENBAUM (PI), LAW, **DOBBINS**, & PLEWS

**INFORMATION TRANSFER: WHAT DO DECISION-MAKERS WANT AND NEED FROM RESEARCHERS**

Funded by: MOHLTC (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To describe the information needs of decision makers in childhood disability.
  - Report to the MOHLTC and other childhood disability researchers outlining recommendations for presenting research results to decision makers and summary of the needs of decision makers.
  - Results will assist childhood disability researchers in Ontario and Canada in communicating key areas of interest to decision makers so that future research can address these issues.
  - Researchers will better understand how to present research to decision makers so as to promote its transfer and uptake.
- 

SEMOGAS (PI), MAHONEY, & THOMAS

**PREVENTING HOMELESSNESS AMONG STREET YOUTH 16-25 YEARS OF AGE: GYBE PROJECT**

Funded by: Supportive Community Partnership Initiatives (SCPI) (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- This study hopes to empower street youth to make lasting changes to get off the streets. It will include a primary, secondary, and tertiary prevention strategy.
  - Emphasis is placed on enabling these youths to make decisions about their own needs and outlining concrete steps to address them.
  - This study will utilize the best practice model called the "Back Door" in Calgary, Alberta, and also include health principles from the Ottawa Charter for Health Promotion (1986).
  - The strategies will help reduce homelessness among participants, reduce at risk health behaviours, increase health promotion behaviours among participants, and identify participants who wish to seek further post-secondary education.
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SHAMIAN, O'BRIEN-PALLAS (CO-PIs), **KERR**, KOEHOORN, THOMSON, & ALKSNIS

**EFFECTS OF JOB STRAIN, HOSPITAL ORGANIZATIONAL FACTORS AND INDIVIDUAL CHARACTERISTICS ON WORK-RELATED DISABILITY AMONG NURSES**

Funded by: Ontario WSIB (1999 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Develop recommendations for job strain and organizational interventions aimed at preventing or reducing work-related risk factors that can be shared with stakeholders in order to improve the worklife and health of Ontario RNs.
  - Merged and analyzed administrative databases including WSIB hospital claim rates, the MIS trial balance record from the MOHLTC, and data from a large cross-sectional survey of acute care hospital nurses in Ontario.
  - Conducted focus groups with nurses and interviews with hospital administration at 10 acute care hospitals in Ontario. Discussed factors contributing to, and potential solutions for, high rates of musculoskeletal injuries, stress, and absenteeism among nurses.
  - Obtained nurses' perspectives on the presence and effectiveness of potential workplace interventions developed from earlier phases of the study aimed at enhancing health and safety in their work environment.
- 

SHAMIAN (PI) & THOMSON

**QUALITATIVE ANALYSIS OF THE FREE TEXT COMMENTS FROM A NURSING SURVEY OF OVER 8,000 ACUTE CARE HOSPITAL RNS CONDUCTED IN 98/99**

Funded by: NEUORU, University of Toronto (2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Conducted survey in conjunction with an international research project to explore the impact of hospital staffing and organizational characteristics on patient outcomes.
  - Comments made by nurses completing the survey provided a wealth of untapped information about nurses' perceptions of the worklife environment, which adds to our understanding of their answers to the defined questions on the survey.
  - Data entered into NUDIST software to provide a comprehensive analysis of nurses' comments by categorizing the comments into logical grouping and identifying the frequency.
- 

SIDANI (PI), IRVINE, PORTER, LEFORT, O'BRIEN-PALLAS, & ZAHN

**EVALUATING THE IMPACT OF NURSE PRACTITIONERS IN ACUTE CARE SETTINGS**

Funded by: NHRDP & CIHR (1999 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Evaluated, for the first time, the effectiveness of the nurse practitioners' services in achieving expected quality of care and cost outcomes.
- Examined the practice pattern of nurse practitioners, including technical and interpersonal style, and the effects of their practice pattern on patients' functional and clinical outcomes, and on the system's outcomes of satisfaction with care and costs of care.
- Provided empirical evidence for:

- Identifying best practices for decision-making regarding the institution of the ACNP role in other acute care agencies in Ontario or other provinces;
  - Informing policy makers about the value of the role so that appropriate regulations (e.g., scope of practice and reimbursement) are developed; and
  - Refining the nurse practitioner role functions, responsibilities, and utilization within the health care system.
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**SIDANI**

**EXAMINING THE UTILITY OF RANDOM ASSIGNMENT**

Funded by: NEUORU, University of Toronto (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Examine the extent to which random assignment of participants to study groups maintains initial group equivalence.
  - Findings will inform researchers of the utility of random assignment in effectiveness research.
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SPENCER (PI), GAFNI, MARTIN-MATTHEWS, BIRCH, BURBIDGE, ROSENTHAL, **DENTON**, MOORE, BELAND, **FRENCH**, STODDART, JOSHI, CHAMBERS, McDONALD, MAGEE, ROSENBERG, MOUNTAIN, RAINA, **PLOEG**, LIAW, ROBB, ROBERTSON, MACPHERSON, SCARTH, ABERNATHY, & VEALL

**SOCIOECONOMIC DIMENSIONS OF AN AGING POPULATION**

Funded by: SSHRC, Major Collaborative Research Initiatives (1998 - 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Multiple research teams are investigating various dimensions of economic security and aging.
  - One team is investigating preparation for later years.
  - A qualitative study is in its final stages of data analysis.
  - A model has been developed and manuscripts submitted.
  - Analysis of large existing data sets being conducted to address questions posed by the other two teams.
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STERN (PI), CHOCHINOV, & WEIR

**CANADIAN VIRTUAL HOSPICE: KNOWLEDGE DEVELOPMENT AND SUPPORT IN PALLIATIVE CARE**

Funded by: The Office of Health and the Information Highway, Privacy and Knowledge Development Division, Ottawa (2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To enhance and facilitate access to care information, products and services for terminally ill Canadians, their families, and caregivers.
  - This internet-based interactive network will enable the provision of mutual support and facilitate the exchange of information, communication, and collaboration between and among health care professionals, palliative care researchers, the terminally ill, and their families.
- 

STERN (PI), WEIR, MUELLER-BUSCH, STEWART, & BLAND

**PROFILE OF PALLIATIVE ONCOLOGY PATIENTS USE OF EMERGENCY ROOM SERVICES:  
CORRELATES OF USE AND COST ESTIMATES**

Funded by: System Linked Research Unit, McMaster University (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To identify the characteristics of palliative cancer patients in the community, their reasons for accessing emergency room services at Joseph Brant Memorial Hospital, and the costs associated with such service use through a retrospective chart review of the hospital and Community Care Access Centre records.
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STERN (PI) & WEIR

**A STUDY TO DETERMINE THE PREVALENCE OF USE OF EMERGENCY DEPARTMENT  
SERVICES BY COMMUNITY PALLIATIVE ONCOLOGY PATIENTS**

Funded by: System Linked Research Unit (January – December 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To determine the frequency of use of emergency department services by palliative patients.
  - Will evaluate the costs and utilization of services.
  - Will provide useful information for decision making related to the evaluation and management of these services.
- 

STRONG (PI) & DOBBINS

**TOWARDS BEST PRACTICE OF FUNCTIONAL ASSESSMENT: AN INNOVATIVE MODEL  
FOR RESEARCH DISSEMINATION**

Funded by: WSIB (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- This study will evaluate the impact of a research transfer and uptake strategy on the use of functional assessments among injured workers.
  - Evidence of the use of research in determining the most appropriate uses of functional assessments and improved communication between various stakeholders during the functional assessment process.
-

THOMAS (PI), DOBBINS, & O'BRIEN

**IMPROVING COMMUNICATION AMONG PUBLIC HEALTH RESEARCHERS AND DECISION AND POLICY MAKERS**

Funded by: CHSRF (1999 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To understand the information needs of decision and policy makers in public health and to use this information to develop summary statements of systematic reviews.
  - Decision and policy makers want short, to-the-point summaries of the results of systematic reviews. They want possible solutions to be presented, scope of the problem, and very little to no information on the methods of the research.
  - Summary statements for all the systematic reviews conducted by the Effective Public Health Practice Project to date will be re-written to conform to the preferences reported by decision and policy makers in public health in Ontario. They will also be translated into French.
  - The results of this study will assist other researchers in summarizing the results of research. In addition, the expectation is that writing summaries that conform to the preferences of the target users will promote increased transfer and uptake of research into public health policy and practice.
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THOMAS (PI), CILISKA, DiCENSO, & WADE

**PROVINCIAL PUBLIC HEALTH RESEARCH EDUCATION AND DEVELOPMENT PROGRAM - EVIDENCE FOR EFFECTIVENESS PROJECT**

Funded by: Public Health Branch, MOHLTC & the City of Hamilton  
(Apr 1997 – Mar 1999 with extended funding until March 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The Public Health Research and Education Development Programs (PHRED) in Ontario work collaboratively on the Public Health Effectiveness Project.
  - Objectives are to produce and disseminate high quality systematic reviews and summary statements of relevance to public health policy development and practice.
  - A current example is a review underway of primary prevention of eating disorders.
  - Input regarding the prioritizing of topics for the reviews is sought from primary practitioners and policy makers in Public Health throughout Ontario.
  - Products have been disseminated in a variety of ways and have been used for evaluation of the Mandatory Program Guidelines as well as for program planning at the local level.
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TOMBLIN MURPHY, O'BRIEN-PALLAS (CO-PIs), BIRCH, PRINGLE, ROOTMAN, DARLINGTON, KEPHART, & PENNOCK

PRINCIPAL DECISION MAKER: SHAMIAN

**HEALTH HUMAN RESOURCE PLANNING: AN EXAMINATION OF RELATIONSHIPS AMONG**

**NURSING SERVICE UTILIZATION, AND ESTIMATE OF POPULATION HEALTH AND  
OVERALL STATUS OUTCOMES IN THE PROVINCE OF ONTARIO**

Funded by: CHSRF (2000 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Will ask: “What are the effective mechanisms and policies for establishing, monitoring, and predicting the variety of needs for nursing services?”
- Explore the relationship among health status of Ontarians and self-reported use of nursing and hospital services and nursing service utilization as reported in the MIS data in community hospitals in Ontario
- Explore the relationship between nursing service utilization and variations in mortality, unexplained readmission, length of stay, and patient satisfaction.
- Examine the concurrent validity of two health proxy measures (SF-36 and a subset of the National Population Health Survey (NPHS)).
- Develop a population needs indicator of nursing services.
- Determine the added value of including selected SF-36 health status indicators in the NPHS to enhance its use for nursing needs-based approaches to population health modeling.
- Will develop a new needs-based approach for determining future HHR requirement.
- Findings will assist decision makers across Canada to determine methods for modelling and will provide specific direction for policy decision makers at the Ontario MOHLTC.

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**UNDERWOOD (PI)**

**ENVIRONMENTAL SCAN OF HEALTH HUMAN RESOURCES IN PUBLIC HEALTH IN  
CANADA**

Funded by: Health Canada (2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy and research:*

- The purpose of this study was to assess what information has been collected and what analysis has been done within the past five years related to health human resources in Public Health in Canada
- No systematic, ongoing inventory of positions, incumbents, vacancies, and projected need for Public Health human resources in Canada is currently available. There is a clear need to establish longitudinal, accurate estimates of capacity or shortfall of human resources in Public Health currently and for the future.

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**UNDERWOOD (PI)**

**PARTNERSHIPS FOR THE SKILLS ENHANCEMENT FOR HEALTH SURVEILLANCE  
PROGRAM**

Funded by: Health Canada (2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Based on a search of current literature, a conceptual paper was developed that defines options and principles relevant to the Health Canada Skills Enhancement for Health Surveillance Program engaging in partnerships with selected key organizations.
  - For partnerships to be successful there are some critical elements that merit careful consideration: organizational structure, common culture, power balance, professional autonomy, time, leadership, trust and communication, results, credit, and evaluation.
- 

**UNDERWOOD (PI), PICARD, & CHAMBERS**

**INVESTIGATION OF OPPORTUNITIES FOR RESEARCH IN PUBLIC HEALTH PRACTICE: A SITE CONSULTATION**

Funded by: CIHR (2002)

*Purpose/Outcomes/Implications for clinical practice, policy, and research:*

- To increase our understanding of existing public health models that integrate research and education with policy and practice in Canada by consulting with selected Canadian public health sites, and exploring the feasibility of developing and/or fostering a PHRED-like model in other Canadian settings.
  - All of the participants in these national consultations expressed an interest and passion about integrating research, education, and population/public health policy and practice. At the same time, they all demonstrated some organizational cultural differences amongst the service/university interests. The organizational goals and rewards are different between universities and public health agencies. There is a need to balance the academic research interests with the needs of the public health delivery system.
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**VAN BERKEL & DiCENSO (CO-PIs)**

**EVALUATION OF THE HAMILTON-WENTWORTH REGIONAL PUBLIC HEALTH DEPARTMENT HIV PROGRAM -PROTOCOL DEPARTMENT**

Funded by: The Ontario HIV Treatment Network, (April 1999 – June 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose of this study was to examine the accessibility, utilization and acceptability of the HIV reduction services (anonymous HIV testing, free condom distribution, and John school) in the Hamilton-Wentworth region.
- Only half of the prospective clients surveyed were aware of the anonymous HIV test sites in Hamilton. Most of those who considered themselves at high risk have never been tested.
- Study respondents indicated the best ways to inform the public about HIV services were publicly displayed posters, media, and word-of-mouth.
- Other findings: not everyone who should be aware is aware of anonymous HIV test sites in the region; those who do attend test sites prefer anonymous testing; and although youth know they can get free condoms, they don't always know where the clinics are.

- It is necessary to find better ways to inform the public about the HIV reduction services: anonymous HIV testing, free condom distribution, and John school.
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**VAN BERKEL & DiCENSO (CO-PIs)**

**EVALUATION OF THE HAMILTON-WENTWORTH REGIONAL PUBLIC HEALTH DEPARTMENT, SEXUAL HEALTH PROGRAM**

Funded by: Hamilton-Wentworth Department of Public Health Services, Teaching Unit (January 1999 – December 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- This study was a pilot evaluation which focused on the collection of data related to: adolescent pregnancy rates, demographic risk indicators of centre catchments areas, demographic characteristics of centre clients, awareness of Information and Sexual Health Centres (ISHC) services, and client satisfaction.
  - There were several findings in this study:
    - Among the Hamilton-Wentworth teen population, pregnancy rates were higher in 1995 than provincial rates.
    - Rates of low-income, single parenthood, and youth unemployment were higher in the downtown catchments area than regional and provincial rates. The majority of clients live with their parents. At least three-quarters of clients had had sexual intercourse prior to attending an ISHC, 87% had used some form of birth control, 37% of clients who were sexually active had not used condoms, and 77% of clients reported tobacco use.
    - A large proportion of high school-aged students were aware of the ISHCs, with over half indicating that they would send a friend to an ISHC if the friend was in need of information about birth control and STDs.
    - The majority of ISHC clients were highly satisfied with the services in the ISHCs.
  - Several practice and research recommendations were made as a result of this study.
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**WEIR (PI), HOWE, LUDWIN, BROWNE, ROBERTS, & GAFNI**

**THE PREVALENCE CORRELATES AND COMPARATIVE COSTS OF DEPRESSION IN PATIENTS WITH END-STAGE RENAL DISEASE UNDERGOING DIALYSIS**

Funded by: Kidney Foundation of Canada (1999 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Determined the prevalence and treatment of depressive disorders in ESRD patients in a region of chronic dialyses program.
  - Identified the characteristics of these patients that are most useful in explaining their psychological adjustment to their condition.
  - Determined the comparative costs of treating or not treating the depressive disorder.
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**WILLIAMS (PI), MURPHY, & MEYER**

**DEVELOPMENT OF A NURSING EDUCATION DATABASE FOR ONTARIO AND ANALYSIS OF 2000 DATA**

Funded by: NEUORU, University of Toronto (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Expand and continue a previous project that analyzed the capacity of Ontario university and college nursing programs to support the new entry to practice requirement for RNs.
  - Develop a valid and reliable nursing education database to report on past, current, and future supply of RNs and RPNs in Ontario.
  - Collect data from all Ontario secondary schools, colleges, and universities for 2000 for analysis and reporting.
  - Review, analyze, and report on existing nursing education databases.
  - Address the multiple problems that confound Ontario data, including: poor validity and reliability of surveys, multiple data collectors, difficulty in comparisons across time and programs, data collection fatigue by programs with resulting compliance problems, changes in programs over time, and the lack of national or provincial RPN data collection.
  - Results will be utilized by key stakeholders in Ontario nursing human resource planning in managing the nursing shortage and will inform the supply side equation of the planning and modeling activities of the NEUORU.
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**WILLIAMS (PI) & DEBER**

**PRESCRIPTIONS FOR PEDIATRIC HOME CARE: ASSESSING THE IMPLICATIONS OF PROVINCIAL AND LOCAL VARIATIONS IN THE FUNDING, ALLOCATIONS AND DELIVERY OF HOME AND COMMUNITY CARE ON CHILDREN WITH COMPLEX CARE NEEDS**

Funded by: Hospital for Sick Children Foundation (2001 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- “Map” and examine patterns and implications of alternative approaches to the funding, allocation, and delivery of home and community care to complex care needs children on a province by province basis.
  - Evaluate, from the perspectives of families, providers, and local authorities, the benefits of alternative approaches now being employed.
  - Pilot a framework for systematically comparing the costs of different approaches.
  - Such variations have profound implications for families, who take most of the responsibility for the care, development, and protection of children; for providers, who are called upon to supply high quality, specialized services in diverse settings; and for governments responsible for such services.
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**WILLIAMS, DEBER (PI), SPALDING, & MCKEEVER**

**PRESCRIPTIONS FOR PAEDIATRIC HOME CARE**

Funded by: The Hospital for Sick Children Foundation (2001 – 2004)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Allocating limited resources forces difficult decisions. In an ideal world, all needs would be met. In practice, faced with capped budgets, decision makers must often prioritize among health needs and target groups.
- Research focused upon home and community (h&c) based care for children with complex care needs (CCN), both for the intrinsic value of understanding the best way of serving this community, and as an example of a vulnerable group with particularly high needs for a variety of medical and social services.
- Our research seeks to explain the implications of varying approaches for access to appropriate, publicly funded care. The key independent variables are: 1) the degree to which services for CCN children are “pooled” or “dedicated” within service budgets; 2) the mix between publicly and privately funded care; and: 3) decision- makers’ definitions of justice and equity. The study design has four stages: a national scan (document analysis), a more detailed analysis of Ontario’s 43 Community Care Access Centres (CCACs) (document analysis, key informant interviews, mailed survey), case studies of at least 3 CCACs (interviews), and a national re-mapping (mailed survey).

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**WILLIAMS (PI) & O’BRIEN-PALLAS**

**COMPARATIVE ANALYSIS OF UNIVERSITY AND COLLEGE PROGRAM CAPACITY ISSUES  
RELATED TO THE NEW ENTRY TO PRACTICE REQUIREMENTS**

Supported by: The Council of Ontario University Programs in Nursing, the Heads of Nursing & the Heads of Health Sciences from the Colleges of Applied Arts and Technology (2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Second phase of a project designed to provide supply information about numbers of students and faculty and other capacity issues for the purpose of modeling HHR, and to use the information obtained to explore capacity issues related to baccalaureate entry to practice.
- To provide a similar analysis of capacity issues in the college sector for 1998 followed by a detailed comparative analysis of both sectors.
- The first phase of the project was completed in 1999 in partnership with the Council of University Programs in Nursing.
- The university portion of the project focused on four major areas: capacity issues (student, faculty, space, and research), curriculum issues, maintenance of nursing supply issues, and funding issues, based on 1998 data.

**YOUNG (PI), DICK, MCGUIGAN, BOOTH, IRVINE DORAN, WILLIAMS, FILLER, DAUB, & DALY  
INTEGRATION OF TELETRIAGE AND HOME CARE SERVICES INTO A SUSTAINABLE  
SERVICE FOR TORONTO CHILDREN**

Funded by: Ivy Foundation (2000 – 2001)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- Evaluate the integration of four clinical services at the Hospital for Sick Children to share a common teletriage call centre.
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**ZEYTIÑOGLU (PI) & DENTON**

**WORKPLACE CHANGE AND WORKERS HEALTH IN HOME CARE WORK**

Funded by: Arts Research Board, Research Grant (1999 – 2000)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine workers' health and well-being in the context of the change and restructuring that is taking place in the home care sector.
  - Results of this study are expected to influence decision makers at all levels and inform the Workplace Safety and Insurance Board of occupational health issues in home care.
  - Findings will inform both the academic community and society.
  - Study findings informed the initial stages of the study: Nonstandard and Flexible Labour Contract Issues in Workplaces.
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**ZEYTIÑOGLU (PI), SEATON, & MORUZ**

**OCCUPATIONAL HEALTH OF WOMEN IN NON-STANDARD EMPLOYMENT**

Funded by: Status of Women Canada, Policy Research Grant (2001 – 2002)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- The purpose of this study is to examine factors affecting stress among nonstandard (part-time and temporary) workers in retail trade, and to examine how stress, in turn, affects individual physical and mental health, and the workplace in terms of turnover, absenteeism, conflict in the workplace.
  - The implications of this study are to affect the decision makers at the federal level; and to inform the union representing the workers in the field and the employers of occupational health concerns of these workers.
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**ZEYTIÑOGLU (PI) & WEBER**

**NONSTANDARD AND FLEXIBLE LABOUR CONTRACT ISSUES IN WORKPLACES**

Funded by: SSHRC (2000 – 2003)

*Purpose/Outcomes/Deliverables and Implications for clinical practice, policy, and research:*

- To examine employer flexibility policies and employee outcomes in non-standard jobs.
  - To inform the theory and research in the field and contribute to theory development.
  - The findings will make significant contributions to policy formation and professional practices in Canada and elsewhere.
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## Appendix C:

# Publications

### FACT SHEETS

The fact sheets produced by the NEUORU are intended to give a concise overview of important issues or research related to the federal and provincial healthcare system.<sup>1</sup> New fact sheets are continually being developed and produced.

**Planning:** The process of estimating the number of health personnel and the kinds of knowledge, skills, and attitudes required to achieve predetermined health targets.

- Access to Health Care and Health Care Utilization
- Delivery of Nursing Services to Meet the Health Needs of Ontarians
- Health Human Resource Development: Nursing in Ontario, 1997
- Health Human Resource Planning - Literature Review: The Impact of Hospital Restructuring on Patients, Care Providers, and Health Care Costs
- Health Human Resources - An Analysis of Forecasting Models
- Health Human Resources - Application of Projection and Forecasting Models to Nursing
- Health Human Resources Planning: An Overview of Canada's Health Care System
- Health Human Resources Planning: Historical Overview of Healthcare in Ontario
- How Socio-Economic Status Influences Health Care Utilization
- Nurse Supply in Ontario
- Nursing Demographics in Ontario
- Nursing in the Community
- Recruitment and Retention
- Registered Practical Nurses in Ontario
- Review of *Health Human Resources: A Preliminary Analysis of Nursing Personnel in Ontario*, a recent report by the Nursing Effectiveness, Utilization and Outcomes Research Unit
- Risk Behaviour and Health Care Utilization
- The Aging Nursing Workforce: Some Figures and Implications for the Future

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<sup>1</sup>The fact sheets have been organized following Hall's (1993) HHR framework of planning, production, and management. See Hall, T. (1993). *Human Resources for Health: A toolkit for planning, training and management*. World Health Organization, Geneva, Switzerland. Unpublished report.

- The Effect of Aging on the Health Care System
- The Hospital Sector 1992-2000: A Changing Workplace for Nurses in Ontario
- The Impact on Nursing Workload on Bacterial Nosocomial Infections in the Acute Care Setting
- The Influence of Physician Supply, Payment Schemes, and Alternative Providers on Health Care Utilization
- Trends for Registered Nurses in Ontario
- Trends for Registered Practical Nurses in Ontario
- Vacancy Rate: A Proxy for Staffing Shortage?
- What Factors Can Influence Health Care Utilization?

Production: Assessing the quantity and quality of existing educational programs including curricula, physical facilities, faculty, and enrolment.

- Baccalaureate Entry to Practice
- Canadian Nurse Migration to the United States of America
- Collaborative Baccalaureate Nursing Programs in Ontario - A Key Strategy in Achieving Entry to Practice
- Factors Which Facilitate Efficient and Cost-Effective Nursing Services: The Influence of a Relationship-Enhancing Program of Care on Residents, Family Members, and Nursing Staff
- Post RN Programs
- The Impact of Health Care Reform on Nursing Student Clinical Placements

Management: Mobilization, motivation, development, and fulfillment of human beings in and through work. Concern with working environments, staffing patterns, incentives.

- Acute Care Nurse Practitioners
- Assessing the Impact of Nursing Care in Acute Care Hospitals - The Nursing Role Effectiveness Model
- Assessing the Impact of Nursing Care in the Community Setting
- Back Injuries
- Continuing Education in Nursing
- Health Human Resource Planning - The Unregulated Care Provider
- Impact of Technology
- Labour Issues
- Primary Care Nurse Practitioners
- Quality Practice Settings
- Searching and Assessing the Literature
- Staff Mix Patterns in a Sample of Toronto Area Hospitals

- The Relationship Between Nurses' Job Design, Role Performance and Outcome Achievement in Acute Care Settings
- Using Information Technology to Enhance Nursing Practice

## WORKING PAPERS AND MONOGRAPHS

The following working papers are available through the NEUORU.

Number	Title	Author(s)
04-01	A chronological review of legislation, policies, and publications of concern to Ontario's nurses 1996-2003	Baumann, Bonner, & Underwood
02-01	Innovation and strategies for addressing nursing workload	Baumann & Underwood
01-01	A pilot study: Work of nursing personnel in a government hospital in the province of Sindh, Pakistan - final report	Kanji, Virani, Pirani, Sumar, Rahemtulla, & Sergeant
01-02	Survey of Registered Nurses in Pakistan with University degrees - final report	Kanji & Stanley
01-03	Returning to the workplace: The post-educational experience of the DWHP Programme Fellows - final report	Sergeant, Beaton, & Sochael
01-04	Interest in higher education held by Lady Health Visitors (LHVs) in Pakistan - Final report	Gonsalves, Beaton, & Badruddin
01-05	Evaluation of implementation of basic RN revised curriculum - Year one final report	Lee, Sumar, Beaton, & Marshall
01-06	The initiation of a comprehensive nursing human resource database within the public health sector in Pakistan: A pilot study - Phase 1 final report	Fisher, Amarsi, Aziz, Moghul, Mansoor, & Ishfaq
01-07	Perceptions of Development of Women Health Professionals (DWHP) fellows of factors associated with their academic progress in the Bachelor of Science in Nursing (BScN) programme at the AGA KHAN University School of Nursing (AKUSON) final report	Stanley, Cassum, Husain, Khan, Rizvi, & Sayani
98-1	Factors that influence variability in nursing workload and outcomes of care in community nursing	O'Brien-Pallas, Murray, Irvine, Cockerill, Sidani, Laurie-Shaw, & Gerlach

Number	Title	Author(s)
97-1	Nursing for the twenty-first century: Using information technology to enhance nursing practice	Royle, Blythe, Boblin-Cummings, Deber, DiCenso, Hayward, Wright, Barnsley, Bayley, Gill-Morton, & Smith
96-2	Effectiveness of public health nursing interventions in parent-child health: A systematic overview of literature reviews	Hayward, Ciliska, Mitchell, Thomas, Underwood, & Dobbins
96-1	The effectiveness of community-based heart health projects: A systematic overview	Dobbins & Thomas
95-15	Nurse run centres - The comprehensive approach to health care delivery: An annotated bibliography	McGillion, Mallette, Silverman, & Goodine
95-14	Competency based performance management - A literature review	Wilshaw, Brown, & Baumann
95-13	Disciplinary action and restructuring of health care in Ontario: The impact on nurses	Beardwood, Eyles, French, & Walters
95-12	A systematic overview of the effectiveness of public health nursing interventions. An overview of adolescent suicide prevention programs	Ploeg, Ciliska, Dobbins, Hayward, Thomas, & Underwood
95-11	Worklife concerns of Ontario nurses	Villeneuve, Semogas, Peereboom, Irvine, McGillis Hall, Walsh, O'Brien-Pallas, & Baumann
95-10	Exploring the effects of change on nursing practice in acute ambulatory settings: A qualitative study	Martinus, Royle, Boblin-Cummings, Baumann, Oolup, Smith, & Blythe
95-9	The nursing and personal care provider study	O'Brien-Pallas, Charles, Blake, Luba, McGilton, Peereboom, McGillis Hall, Carter, Baumann, & Bajnok
95-8	Learning needs of nurses working in First Nations' communities and hospitals across Canada study	Silverman, Baumann, & Boblin-Cummings

Number	Title	Author(s)
95-7	Assessment of the need for nurse practitioners in Ontario (supported by the Ontario Ministry of Health)	Mitchell, Patterson, Pinelli, & Baumann
95-6	Woman and technology in health care: An invitational workshop	Blythe
95-5	A systematic overview of the effectiveness of public health nursing interventions: An overview of community development projects	Ploeg, Dobbins, Hayward, Ciliska, Thomas, & Underwood
95-4	The process of downsizing in selected Ontario acute care hospitals: Budget reduction strategies and planning process	Baumann, O'Brien-Pallas, Deber, Donner, Semogas, & Silverman
95-3	The impact of childhood sexual abuse on the practice of nursing	Gallop, McKeever, Donner, Lancee, & Lueck
95-2	Long-term care: A synopsis of the literature and annotated bibliography	Beckingham
95-1	Case costing and nursing workload: Past, present and future	O'Brien-Pallas, Giovannetti, Peereboom, & Marton
94-7	The effectiveness of home visiting as a delivery strategy for public health nursing interventions - A systematic overview	Ciliska, Hayward, Thomas, Mitchell, Dobbins, Underwood, Rafael, & Martin
94-6	Effects of downsizing on RNs and RNAs in community hospitals	Cameron, Horsburgh, & Armstrong-Stassen
94-5	Issues of internal validity in research on interdisciplinary health care teams	Patterson, Silverman, Guyatt, Charles, Molloy, & Sanford
94-4	Blueprint for a data collection tool	Organization of Research Coordinators and Assistants
94-3	Leadership and power: A gender and nursing issue	Cohen
94-2	Factors that influence variability in nursing workload at the Hospital for Sick Children	O'Brien-Pallas, Irvine, Peereboom, Murray, Ho, Beed, & Young
94-1	Learning needs of registered nurses in Ontario	Boblin-Cummings, Baumann, & Rath

Number	Title	Author(s)
93-4	Utilization of nurse practitioners in Ontario. A discussion paper requested by the Ontario MOH	Mitchell, Pinelli, Patterson, & Southwell
93-3	Evaluation research in public health nursing	Hayward, Ciliska, Mitchell, Thomas, Underwood, & Rafael
93-2	Public health nursing and health promotion. A background paper for the systematic overview of the effectiveness of public health nursing interventions	Hayward, Ciliska, Mitchell, Thomas, Underwood, & Rafael
93-1	Organizing the nursing workforce: A review of the literature	Gillow

The following monographs are available through the NEUORU.

Monograph 1 1992	Job satisfaction and turnover among nurses: A review and meta-analysis	Irvine & Evans
Monograph 2 1994	Towards an understanding of nurses' lives: gender, power, and control	Donner, Semogas, & Blythe

**CO-PRINCIPAL AND CO-INVESTIGATOR PUBLICATIONS**

The following are 1999-2004 publications by NEUORU co-principal investigators and co-investigators (highlighted in italics).

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## Appendix D:

### Current NEUORU Database Holdings – University of Toronto

#### 1. HEALTH HUMAN RESOURCES

##### Registration Data

College of Nurses of Ontario registration database (1992 – 2002)

- Demographic information about Ontario nurses.
- Includes overall number of RNs and RPNs, their age, educational background, geographic location, employment status (full-time, part-time, casual), and employment position.

Registered Nurses Management Data (1994 – 1997)/Registered Nurses Database (1998 – 2001)

- Summary data on the supply and distribution of registered nurses in each province in Canada by age, gender, employment status, level of education, sector of employment, etc. from 1994 to 2001. The RNDB is maintained by the Canadian Institute for Health Information.

##### Education Data

###### *College*

Ontario Data (practical nursing & nursing programs by institution, unless specified):

- applicants, applications, and confirmations 1996 – 2002 (Ontario College Application Services)
- provincial quotas 1989/90 – 1998/99 (Ministry of Training, Colleges Branch)
- new entrants 1990 – 2000 (Ministry of Training, Colleges Branch)
- enrolments 1990 – 2001 (Ministry of Training, Colleges Branch)
- graduates 1991 – 2000 (Ministry of Training, Colleges Branch)

National Data (for diploma, aide/orderly, refresher, psychiatric/mental health, public health, dental, and other nursing programs; Statistics Canada):

- graduates by province for all program types combined 1975 – 1995
- diplomas/certificates granted by institution for each program type 1991 – 1998

###### *University*

Ontario Data (1998 and 2000 data by institution for BN, Post-RN BN, Master, & Doctoral programs; NEUORU Entry to Practice Survey on University Nursing Program Capacity, University of Toronto):

- admissions, enrollment, and graduates

- faculty rank, credentials, academic upgrading status, tenure status, ages, retirement projections, research activity
- community placements

Ontario Data (undergraduate)

- provincial-level applicants and applications 1991 – 2001 (Ontario Universities' Application Centre as published by the Council of Ontario Universities)

Ontario Data (BN, Post-RN BN, Master, & Doctoral programs)

- November 1<sup>st</sup> headcount of first year enrolments by institution (1991 – 2001; Ministry of Training, Universities Branch)
- provincial-level degrees granted (1979 – 2001; University Student Information System, Statistics Canada)

National Data (for BN & Post-RN BN combined, Master, & Doctoral programs; Statistics Canada):

- degrees by institution 1970 – 1990
- full-time enrolments by province 1972 – 1996
- part-time enrolment by province 1972 – 1996
- degree by institution (for BN vs. Post-RN BN) 1990 – 1996

## **2. UTILIZATION/DEMAND**

Ontario Home Care (OHCAS) service and registration files (1980/1981 – 2000/2001)

- Home care patient level "registration" demographics, number and types of services provided to clients by nurses and allied health personnel.

Ontario Discharge Abstract (DAD) Database (1992/1993 – 2001/2003)

- Patient level data for each in-patient stay and each day surgery in Ontario hospitals aggregated to hospital level. DAD includes diagnosis and procedures.

Ontario Management Information System (1995/1996 – 2001/2003)/HS1(1983/1984 – 1993/1994)

- Financial costs of care in Ontario hospitals (can be aggregated to unit/functional centre level or hospital level). Includes number of patient days (in-patient units) or visits (ambulatory care units) by nurses and allied health personnel, number of patients seen (ambulatory care), and number of beds available/occupied (inpatient). Starting in 1998/1999 skill mix data allows tracking of earned hours by RNs, RPNs, and unregulated care providers by employment status (full-time, part-time, and casual).

Ontario Case Costing Project (1995/1996, 1998 – 2001/2002)

- Costs associated with each patient stay in seven participating Ontario hospitals. Patient level data that can be aggregated to hospital level or to unit/functional centre level. Includes diagnosis and procedures.

Ontario Long-Term Care Levels of Care database (1993 – 2001)

- Levels of care (A to G) summaries for nursing homes and homes for the aged.

Ontario Chronic Care Patient System (OCCPS) and the Forthcoming Complex Continuing Care (1996/1997 - 2002/2003)

- Complex continuing care (chronic care) hospital data; comprised of functional, health and services data

National Ambulatory Care Reporting System (NACRS) (2001/2002 – 2002/2003)

- Ontario data for all hospital-based ambulatory care

National Rehabilitation Reporting System (NRS) (2000/2001 – 2002/2003)

- Client data collected at time of admission and discharge by service providers in participating facilities from adult in-patient rehabilitation facilities and programs.

### **3. LITERATURE**

Over 6,000 references related to NEUORU objectives are housed at the NEUORU and can be searched electronically. The materials include journal articles, reports, books, literature searches, conference proceedings, instruments, and audiovisual material.

## Appendix E:

## Summary of Information Requests – University of Toronto Site

(January 1, 1999 – June 30, 2004)

	1999	2000	2001	2002	2003	2004	Total (#)	Total (%)
<b>Requested By:</b>								
Educational Institutions (excluding Uof T, McMaster)	7	9	18	13	9	3	59	11.9
Educational Institutions – U of T, McMaster	10	26	26	20	6	3	91	18.4
General Public	1	9	2	4	21	8	45	9.1
Government (excluding Ontario)	1	4	5	4	4	0	18	3.6
Hospitals/Health Care Institutions	9	3	13	23	8	4	60	12.1
Media	2	0	3	5	0	0	10	2.0
Non Governmental Organizations	9	14	23	25	17	3	91	18.4
Ontario Government (excluding Ontario MOHLTC)	0	6	4	10	2	0	22	4.4
Ontario MOHLTC	3	21	23	21	26	5	99	20.0
<b>Total</b>	<b>42</b>	<b>92</b>	<b>117</b>	<b>125</b>	<b>93</b>	<b>26</b>	<b>495</b>	<b>100.0</b>
<b>Type of Requests:</b>								
Data analysis	1	24	19	18	18	9	89	18.0
Educational training and information	0	3	4	2	1	0	10	2.0
Literature/article searches	21	23	42	25	30	5	146	29.5
Ongoing & current NEUORU project activities	3	16	16	13	11	0	59	11.9
Publication materials	17	24	36	65	28	11	181	36.6
Other	0	2	0	2	5	1	10	2.0
<b>Total</b>	<b>42</b>	<b>92</b>	<b>117</b>	<b>125</b>	<b>93</b>	<b>26</b>	<b>495</b>	<b>100.0</b>
<b>Subject Areas:</b>								
Databases or informatics	2	7	9	3	2	3	26	5.3
Economics or business costs	4	2	5	7	0	0	18	3.6
Health care system infrastructure	6	14	11	11	18	1	61	12.3
HR policies and administration	4	8	15	6	11	2	46	9.3
Modelling	2	0	4	1	9	4	20	4.0
Trends	9	29	39	33	21	2	133	26.9
Workload	11	16	18	53	25	14	137	27.7
Other	4	16	16	11	7	0	54	10.9
<b>Total</b>	<b>42</b>	<b>92</b>	<b>117</b>	<b>125</b>	<b>93</b>	<b>26</b>	<b>495</b>	<b>100.0</b>

**Outcomes:**

Custom written summary or report	0	19	17	18	5	0	59	11.9
Formal presentation/seminar	0	0	0	0	3	2	5	1.0
Gather and distribute information	37	54	88	97	65	19	360	72.7
No assistance provided	1	1	0	3	5	0	10	2.0
Referral to third party (individuals, organizations, etc.)	3	14	6	7	4	4	38	7.7
Referrals to internet or website links	1	4	6	0	10	0	21	4.2
Other	0	0	0	0	1	1	2	0.4
<b>Total</b>	<b>42</b>	<b>92</b>	<b>117</b>	<b>125</b>	<b>93</b>	<b>26</b>	<b>495</b>	<b>100.0</b>