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Listed alphabetically by title
(Author index p. 530)

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Joy Johnson

University of British Columbia

Sabrina Wong

University of British Columbia

Background: Men's reluctant help-seeking behaviour and fragmented pathways to mental health care result in much of the management of men's depression taking place at home. For heterosexual men, women partners are often their primary health advisors, and effective couple and self-management strategies are central to overcoming the adverse effects of depression on men and their families.

Methods: Twenty-six heterosexual couples in which the men were formally diagnosed or self-identified as depressed participated in this interpretive descriptive study. Couple-dyad summaries were completed based on individual interviews and analyzed using a gender relations framework.

Theoretical Approach: Drawing on Connell's complicit, subordinate, marginalized, and protest masculinities framework while integrating Howson's emphasized, ambivalent, and protest femininities schema we categorized couples' gender relations in the context of the male partner experiencing depression.

Findings: Three patterns were identified: 1) Trading places: couples embodied some atypical masculine and feminine roles to compensate for the men's depression-induced losses; 2) business as usual: couple co-constructed men's alignment with masculine workman ideals and women's support of their partner as a means to counter and conceal men's depression induced-deficits; and 3) edgy tensions: a mismatch of gender expectations fuelled resentment and dysfunction that threatened the viability of some relationships.

Implications: Overall, the limits of women's resilience and care-giving were evident, yet men's management of their depression was directly influenced by their partner. Opportunities for couples to assess their relationship dynamics within a broad range of gender relations might support couples' connectedness and life quality amid the challenges that accompany men's depression.

Homeless Students – a Hidden Population

Solina Richter

University of Alberta

Kathy Kovacs Burns

University of Alberta

Yuping Mao

University of Alberta

Gordon Gow

University of Alberta

Shirley Mogale

University of Alberta

Lyla Goin

University of Alberta

Moira Calder

University of Alberta

Marco Adria

University of Alberta

The homeless population in Edmonton increased approximately threefold in 2008 since the first count in 1999. The majority of homeless people are between the ages of 31 and 54 (63%), and 19% between 17 and 30 years of age. It is a subgroup of this latter group that was of interest in this project. Little is known about homelessness in post secondary student populations.

The purpose of the study was to describe how the university community perceives and manages student homelessness on or off campus. A sequential mixed method design was implemented to gather factual and narrative experiences from members of the university community. We conducted an online survey of a random sampled group of students. Individual interviews were conducted with a few key persons at the university and students with housing related problems. 558 surveys were completed. A large percentage of the participants indicated that they didn't know where to find help if needed, that housing related issues affected their daily activities and that rent control was necessary.

The qualitative findings focus on themes such as homelessness-related issues experienced by students such as housing and financial issues, knowledge of support systems, cause/solution beliefs factors, and knowledge items. Data generated helped with the public awareness raising, community engagement and planning of services to address housing financial problems, and prevent homelessness in the student population. It is apparent that the university administration, faculties and campus generally need to be made aware of students' personal needs to be successful at their studies.

How Do Nursing Faculty Navigate Conflicts and Tensions Within the Disjuncture of Education and Practice?

Katherine Fukuyama
Vancouver Community College

The purpose of this narrative study is to explore how nursing faculty make meaning of their experiences of the disjuncture or gap between what is taught about best practice in nursing schools and nursing practice found in many clinical practice sites that do not meet these standards.

The goal of this exploration is to point to some educational and action oriented interventions to assist faculty and students in navigating the liminal space of the practice-education intersection. Data collection consists of interviews and group interviews. The narratives are the lived experiences of individual nursing faculty when they are supervising students and navigating within practice-education disjunctures. With a better understanding of the experience, nursing faculty can help students to navigate the whirlpools of practice more skillfully. The causes of poor nursing practice may have strong structural dimensions, but an understanding of the disjuncture needs to be taken up as part of nursing students' education. A deeper understanding of the structural dimensions of the health care system and how that dimension has bearing on nursing practice needs to become part of the nursing curriculum. This understanding could potentially provide a basis for organizing action for faculty and students to enact best practices within and with these structures. There are implications for the curriculum as these kinds of encounters can be teaching moments about taking action.

HPV and HSV: Students Share Lessons for Health Professionals

Christopher Hirschler