

# Symposium: Strengths-Based Nursing and Healthcare

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## Re-envisioning Nursing, Breaking Down Barriers, Empowering Nurses, Clients/Patients/Families

# Introduction to our Symposium

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- Introduction to SBNH
- Part 1:
  - Educating nurses in SBNH
- Part 2:
  - Transforming the workplace: Creating a Culture of Strengths-Based Care and Leadership
- Part 3:
  - Empowering Nurses Through SBNH: Reclaiming Nursing--- Finding Voice
- Part 4:
  - Breaking Down Silos: Creating and Strengthening Partnerships
- Panel Discussion

# Introduction to Strengths-Based Nursing & Healthcare (SBNH)

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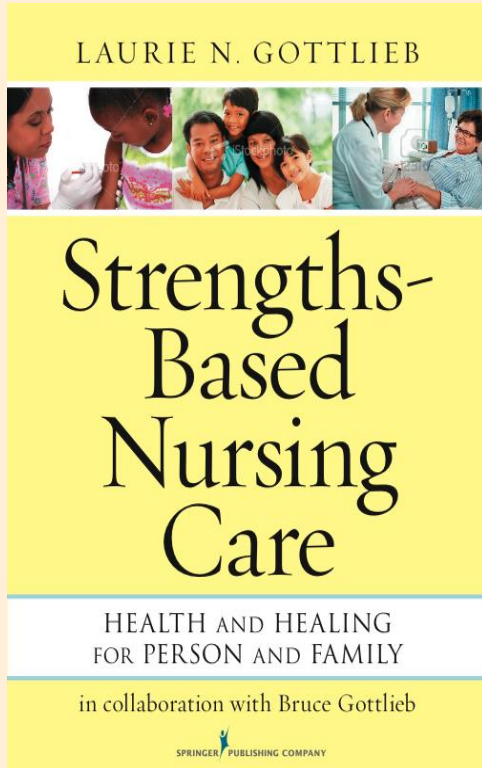
Laurie N. Gottlieb, RN, PhD

Professor and Developer of SBNH

Ingram School of Nursing, McGill University

Canada

# WHY SBNH?



Humanizing healthcare for  
patients/families/staff through SBNH  
compassionate, knowledgeable nurses,  
leaders/managers

- The current healthcare system is fragmented and disease-focused, with efficiency often trumping effectiveness and caring.
- Patients and families all too often feel disempowered and voiceless, as do the nurses/staff who care for them
- SBNH is about reclaiming nursing values for the 21<sup>st</sup> century

# SBNH is...

## An alternative worldview to the deficit model

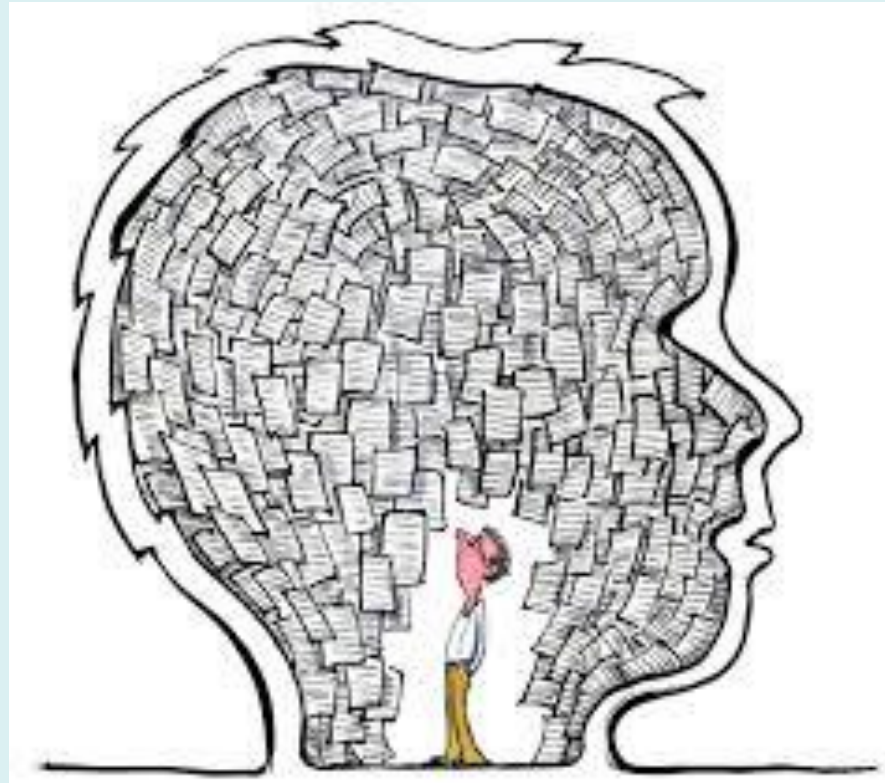
DEFICIT/PROBLEM BASED	STRENGTHS-BASED
Disease-oriented; Pathology	Holistic, Health-promoting, Experiences, Living with; Growth-
Fixing	Possibilities, Opportunities, Person/Family find their own solutions with guidance
Compliance	Adherence, Negotiated approach that fits
Paternalistic	Partnership
Doing for	Doing with
Telling to	Learning from
De-contextualized	Contextualized, Situated
Detached, Coercer	Engaged, Facilitator/Coach

# SBNH is...

Both a **philosophy** as well as a **value-driven** approach that **guides clinicians, leaders, managers, educators, researchers**

## Philosophy is...

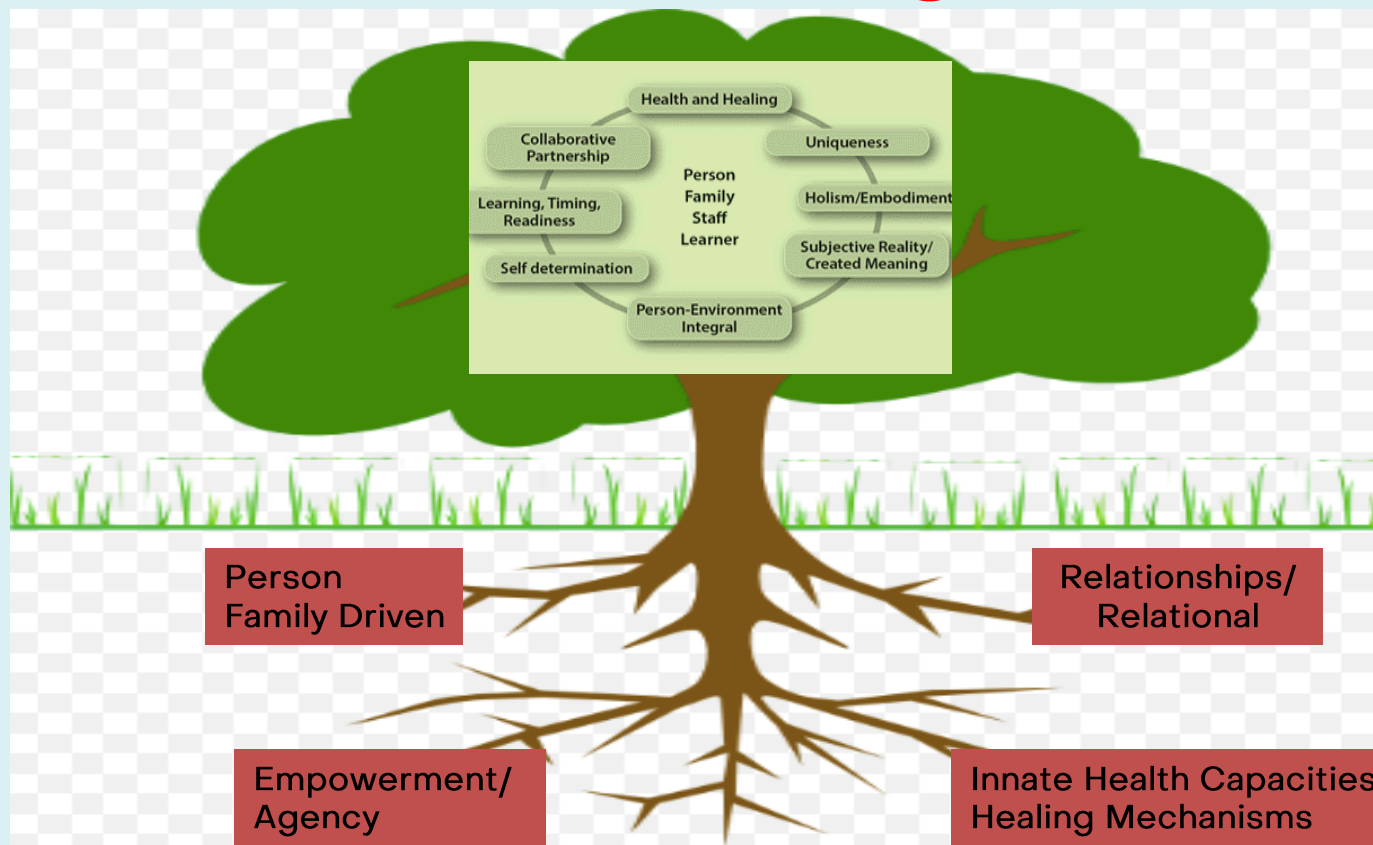
- A set of related beliefs that influence “the what” as well as “the how” a discipline and its practitioners should practice
- Represents a purpose, a description and a justification for the approach taken



- **Guides**
- **Directs**
- **Explains**

# SBNH is...

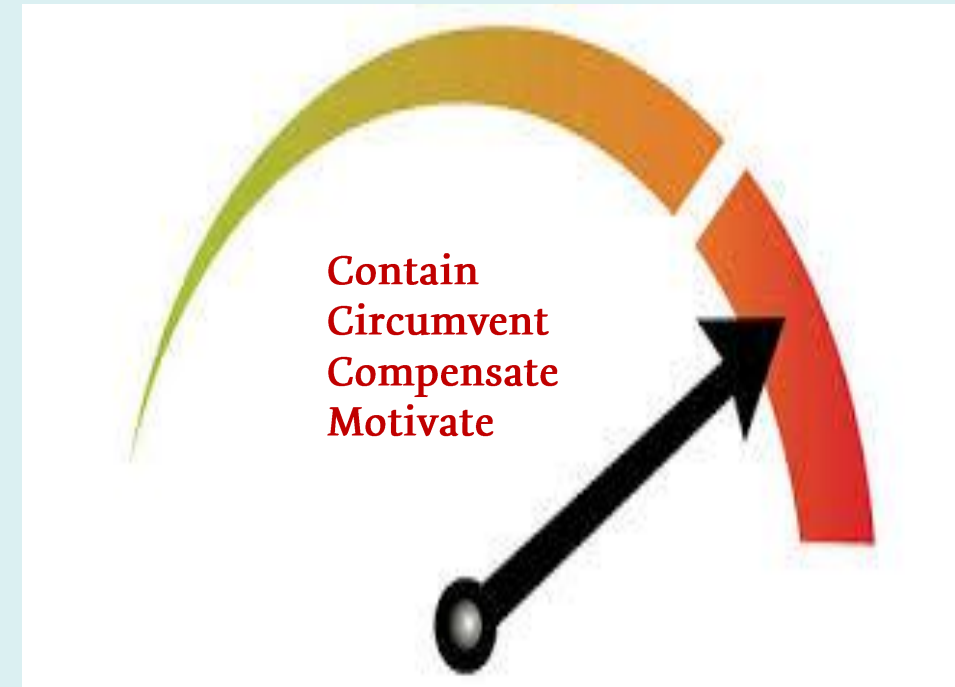
## Rooted in four foundations & operationalized in eight core values



# SBNH is...

About uncovering/discovering/developing strengths  
to optimize functioning

Biological, Person, Unit/Organization





# MY AHA Moment!!



LAURIE N. GOTTLIEB



## Strengths-Based Nursing Care

HEALTH AND HEALING  
FOR PERSON AND FAMILY

in collaboration with Bruce Gottlieb

SPRINGER PUBLISHING COMPANY



# HOW SBNH IS BEING IMPLEMENTED

Article

## Strengths-Based Nursing: A Process for Implementing a Philosophy Into Practice

Journal of Family Nursing  
1-22  
© The Author(s) 2017  
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sagepub.com/journalsPermissions.nav  
DOI: 10.1177/1074840717717731  
journals.sagepub.com/home/jfn  
SAGE

Laurie N. Gottlieb, RN, PhD<sup>1,2,3</sup>  
and Bruce Gottlieb, PhD<sup>1,2,3</sup>

### Abstract

Strengths-Based Nursing (SBN) is both a philosophy and value-driven approach that can guide clinicians, educators, manager/leaders, and researchers. SBN is rooted in principles of person/family centered care, empowerment, relational care, and innate health and healing. SBN is family nursing yet not all family nursing models are strengths-based. The challenge is how to translate a philosophy to change practice. In this article, we describe a process of implementation that has organically evolved of a multi-layered and multi-pronged approach that involves patients and families, clinicians, educators, leaders, managers, and researchers as well as key stakeholders including union leaders, opinion leaders, and policy makers from both nursing and other disciplines. There are two phases to the implementation process, namely, Phase 1: pre-commitment/pre-adoption and Phase 2: adoption. Each phase consists of distinct steps with accompanying strategies. These phases occur both sequentially and concurrently. Facilitating factors that enable the implementation process include values which align, readiness to accept SBN, curiosity–courage–commitment on the part of early adopters, a critical mass of early adopters, and making SBN approach both relevant and context specific.

<sup>1</sup>McGill University, Montreal, Quebec, Canada

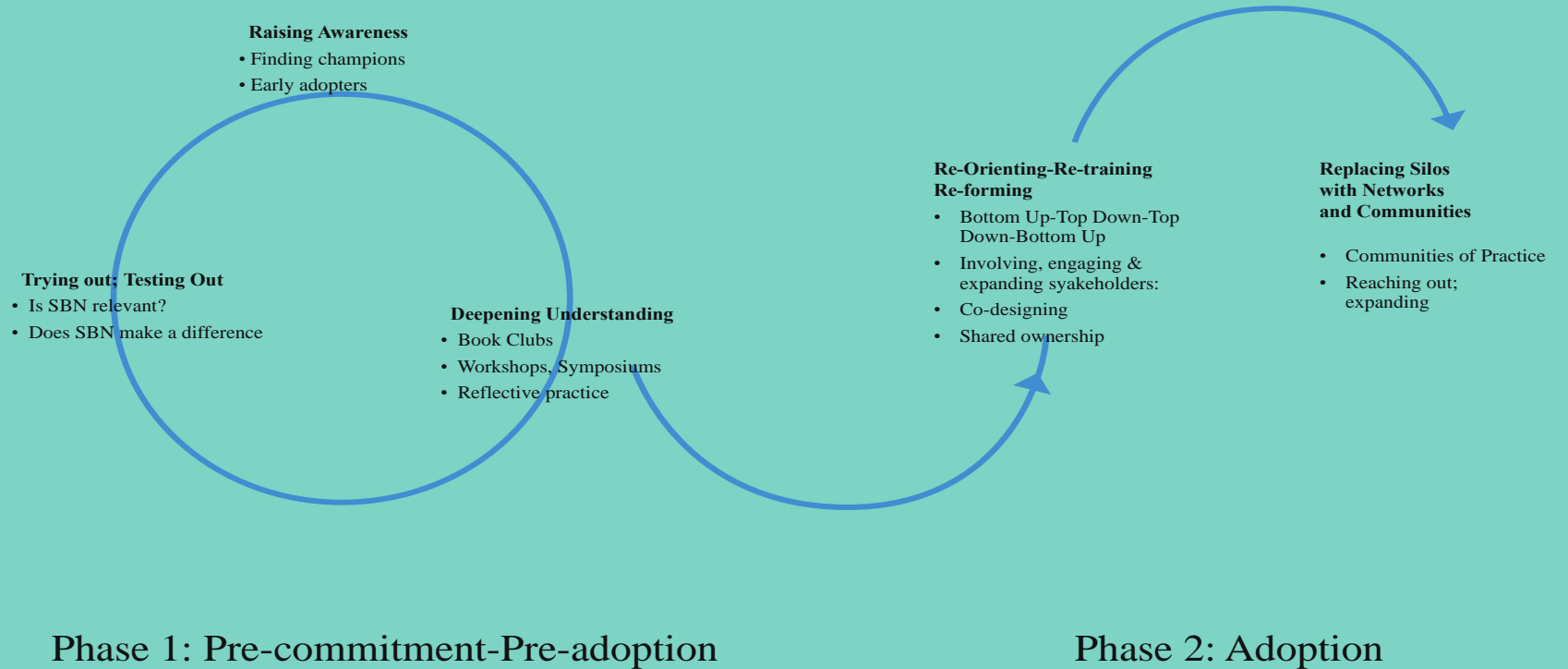
<sup>2</sup>Jewish General Hospital, Montreal, Quebec, Canada

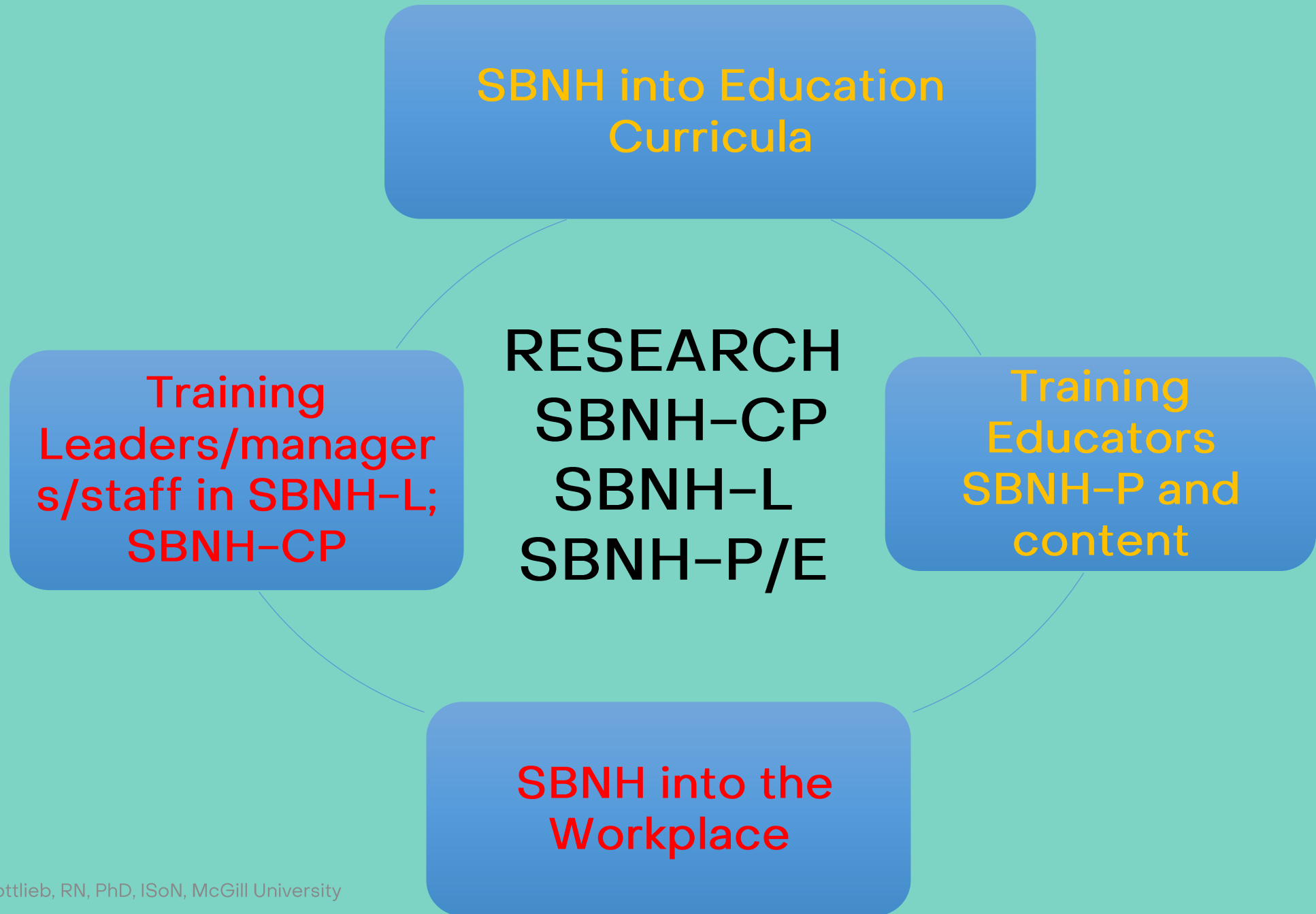
<sup>3</sup>International Institute of Strengths-Based Nursing and Health Care, Montreal, Quebec, Canada

### Corresponding Author:

Laurie N. Gottlieb, Ingram School of Nursing, McGill University, 680 Rue Sherbrooke West, Montreal, Quebec, Canada H3A 0B8.  
Email: laurie.gottlieb@mcgill.ca

Figure 2: Process of Implementation





# SBNH CHAMPIONS, COLLABORATIONS, & COMMUNITIES: A GROWING MOVEMENT



- ❖ *Languages:* English, French, Spanish, Portuguese, Japanese
- ❖ *Pockets of commitment:* Australia, Belgium, Brazil, Britain, Canada, China, Ireland, Japan, Portugal, Scotland, Spain, Switzerland, Tasmania, USA
- ❖ *Places:* Universities and colleges, healthcare services (acute/chronic care/community), private industry

## Part 1

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# Educating Nurses in SBNH

# Teaching SBNH in the Bachelor of Nursing – Implementing a flipped classroom pedagogy

Lindsay Smith, RN, PhD

School of Nursing,

University of Tasmania, Australia

# Context

Current healthcare system (in Australia) is not fit for 21<sup>st</sup> century purpose

- Unable to address social determinates of health – modernity's paradox
- Unable to meet UN Sustainable Development Goals

Economic and political imperatives restrict nursing care unjustifiably towards biomedical and acute focused nursing practice – technical excellence without attention to effective therapeutic relationships that:

- establish trust,
- support collaboration and shared decision making,
- create conditions for healing and wellbeing outcomes.

# Development of a Strengths-Based Nursing & Healthcare unit

12 ½% weighted; Year 3 Semester 1 in a 3 year undergraduate program

## Take Home Messages for students

1. Be strong—personal strengths, family strengths & community strengths
2. Think family.—increase family involvement (family strengths & family functioning) in nursing and healthcare
3. Focus on relationships.—respect the person not the problem (or disease) to strengthen connectedness.
4. Promote wellbeing. —soften suffering and enhance resilience through a holistic perspective.



# Case based learning using a flipped classroom

## Teaching Schedule

- 1 week introduction
- 6 weeks practicum
- 1 week pre-workshop learning & reflection
- 2 day intensive workshop with formative assessment
- 3 weeks post workshop application of SBNH to case study & summative assessment work

## Learning Resources

- Emma Gee case study
- Situational strengths-based nursing actions compared to holistic systematic SBNH learning activity – TED style talks
- Workbook with ten learning activities completed during 2 day workshop supported with self directed learning resources

# Outcomes/Impact

## Emma Gee's healthcare journey

- a real and engaging story
- raises a thought-provoking issue of the struggle between the medical model and a Strengths-Based Nursing experience of healthcare
- recounting episodes of care that are at times distressing and inspiring
- the journey lacks an obvious or clear-cut right answer of how to best implement SBNH

## Unsolicited graduate student feedback

“Strengths-Based Nursing unit increased and shifted my perspective in what nursing truly is. Harnessing inner strengths and creating environment that is conducive for patients and families to have control over their lives” (Feb 2020)

# In conversation with Emma Gee 2019

Emma Gee and Dr Lindsay Smith\_In conversation about Family and Strengths-Based Nursing\_Conversation 2 June 2019.mp4



UNIVERSITY of  
TASMANIA



<https://echo360.org.au/media/31b38021-71ef-4aae-969f-e6798fd813b1/public>

# Adopting SBNH as the Philosophy and Approach to Underpin the ISON Nursing Curricula

Annie Chevrier, N, MSc(A), CMSN(C)

Assistant Professor, Ingram School of Nursing, McGill University

# Mission and Vision of the Ingram School of Nursing



The mission of the Ingram School of Nursing is to educate current and future nurses; advance the art and science of nursing; and optimize health and health equity globally through academic excellence, strengths-based nursing, and innovation  
*(adopted December 11, 2015).*

**Creating conditions for health and healing through knowledgeable, compassionate, strengths-based nursing.**

# ISON Strengths-Based Teaching and Learning (SBTL)

2014-2015



- ISON Curriculum Committee
  - SBNH
- Creating the pathway/roadmap for journey of renewal and revision of the curricula
  - Mapping “OLD” curriculum

2016-2017



- SBTL
  - Mapping New Curricula & Pedagogical Approach UG and Graduate studies
  - Inquiry Based Learning (IBL) – Allied and Nursing Sciences and Clinical and Simulation
    - *Aligned*
    - *Contextualized*
    - *Integrated*
- SBN Faculty Development
- Launch of BScN Revised Curriculum (09/17)

2018-2020



- Launch of UG Nurse Entry program (09/18)
- Launch of Direct-Entry Graduate program (09/19)
- Curriculum Committee
  - Review and refine mapping to SBNH competencies inventory
- Scholarly Dissemination
- Graduation of 1<sup>st</sup> cohort of revised curricula May 2020

# 3 C's: Coordination, Cooperation and Collaboration

- ISON Leadership: Associate Dean of FOM and ISON Director
- Program Directors
- Teaching Faculty and Administrative support
- Academic Clinical Partners
- Community Stakeholders
- Student Representatives

- **Key ingredients for success:**
- Communication and Open-Dialogue
- Curiosity and Creative Thinking
- Motivation and Engagement
- Commitment

- Generosity
- Aspirational goals
- Humor
- Celebration of progress



# SBTL Moving Forward

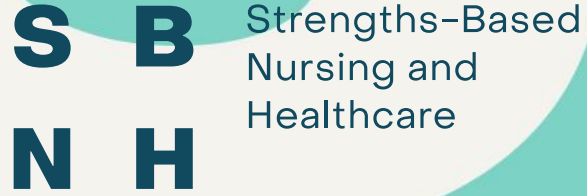
- ISON Faculty and Community
  - Embodied and Embedded: depth and breadth of knowledge, skills and attitudes
    - Teaching/ Clinical/ Research and Leadership
  - Refinement of integration of SBN in curricula
    - Program and Course evaluation tools
    - Scholarly activities and dissemination
      - National, International
      - Faculty development (Outreach )



## Part 2

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# Transforming the Workplace: Creating a Culture of Strengths- Based Care and Leadership



# Transforming the Workplace: Creating a SBNH culture in a children's rehabilitation hospital

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Marilyn Ballantyne, RN, PhD

Chief Nursing Executive/Clinician Investigator

**Holland Bloorview**  
Kids Rehabilitation Hospital

 **CIHR  
IRSC** | Canadian Institutes of  
Health Research  
Instituts de recherche  
en santé du Canada

 Social Sciences and Humanities  
Research Council of Canada  
**Canada**

Conseil de recherches en  
sciences humaines du Canada

# Context: Children's Rehabilitation Hospital





## Why SBNH

- SB nursing vision & rehabilitation nursing model
- We enable ourselves, our teams & our clients to achieve full impact
- Readiness to grow SB approaches

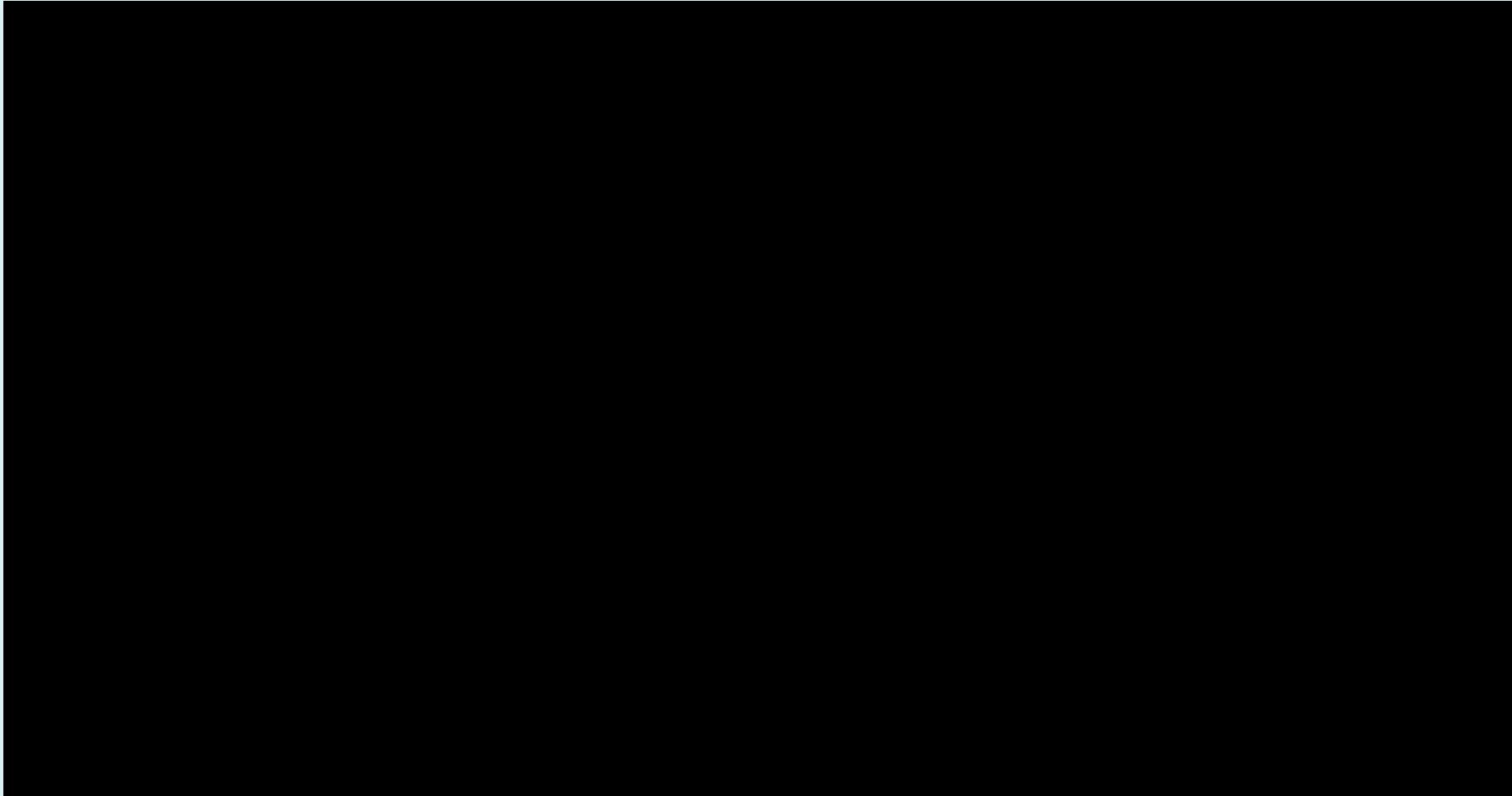
# What: Innovative Story Sharing *Week in the life of two nurses*

Story  
Sharing

Develop a prototype of  
*insight into the  
life-worlds of nursing*



# Implementation: A day in the life of a nurse ...



# Impact

What changed?

- Insight & strengths
- Relationships & collaboration
- Recognition & engagement
- Sense of accomplishment
- Practice improvements
- Leadership training & growth





# SBNH Training Program for Clinical Leaders and Managers

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Pam Hubley, RN, MSc

VP Education & Academic Practice, Chief International Nursing  
SickKids, Toronto, Canada

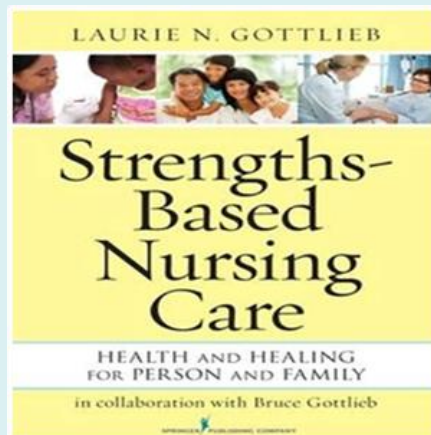


# Context: Why SBNH at SickKids?



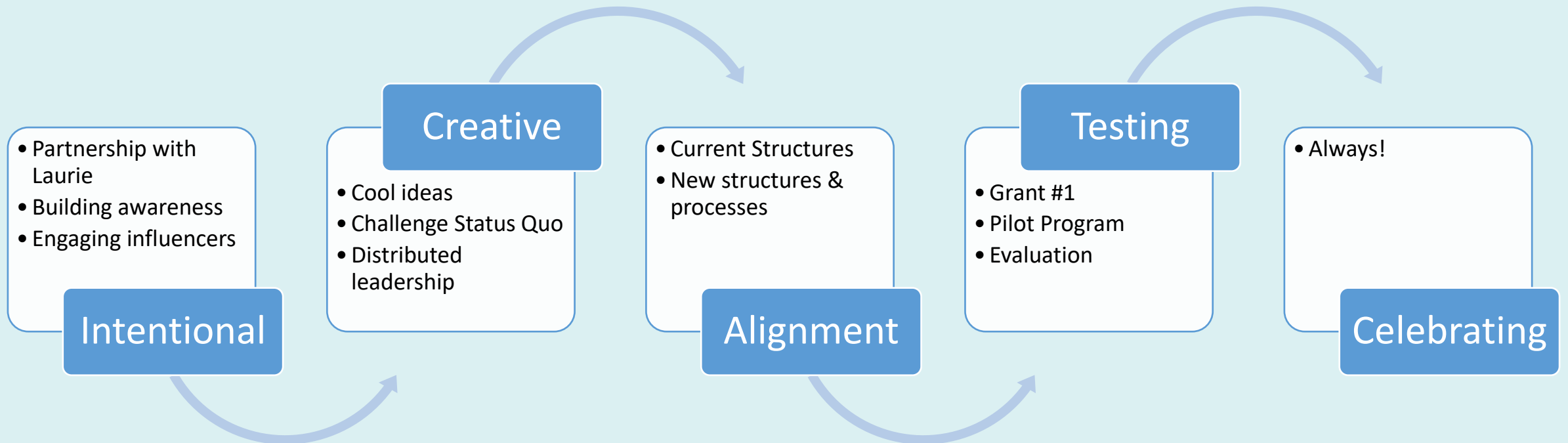
- To **build capacity** in strengths-based care for nurses, leaders, educators
- To enable nurses to be in **partnership with patients and families** using a developmental, empowering approach that is values based
- To create a **shared language** for compassionate, person-centred care
- To make the invisible visible
- To bring new perspectives to the **traditional deficit-based paradigm**

# What: Introducing SBNH at SickKids



# How: Implementation

Partnerships – Vision – Creativity – Emerging Opportunities – Commitment – Change Leadership



# Outcomes/Impact

- Organizational interest and commitment across roles and all levels of nursing and
- Practical strategies have engaged early adopters
- New approaches demonstrated with positive anecdotal results
- Faculty/leadership development (deepening SBNH knowledge and pedagogy)
- SBNH Leaders emerging (next generation)
- Partnership Grant #2
- Preparing for SBNH Leadership Program delivery x 2 (approx. 40 learners)

## Part 3

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# Empowering Nurses Through SBNH: Reclaiming Nursing--- Finding Voice



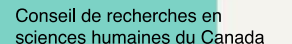
# Impact of SBNH Reflective Practice Sessions on Clinicians

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Christina Clausen, N., PhD

Coordinator, McGill Nursing Collaborative

Jewish General Hospital, Integrated University Health and Social Service Centers – West Central, Montreal, Canada





# Our context

- 637-bed McGill University acute care teaching hospital
- Approximately 1,300 nurses – 90 nurse leaders reporting to the Director of Nursing



**Goal of implementing SBNH into our philosophy of nursing care within the organization**

Initiated reflective practice (RP) sessions to:

- sensitize and raise awareness of the philosophy and approach to SBNH;
- support the “trying out” and experimentation of the SBNH principles in practice;
- explore nurse’s perception of the impact of SBNH facilitated RP sessions on their practice

# Reflective Practice Sessions

Description: Facilitated, bi-monthly, one hour sessions

23 participants from 2014–2018 (Nurse educators, Specialists & Head Nurses, Department coordinators) in the Department of Oncology and Surgery

General format of sessions:

- sharing a story around a patient scenario
- reviewing the SBN values;
- linking and labeling values to their scenario
- describing how they worked through the scenario using an SBN value
- Participants have variation in terms of understanding and exposure to SBNH values
- Variation in years of nursing experience

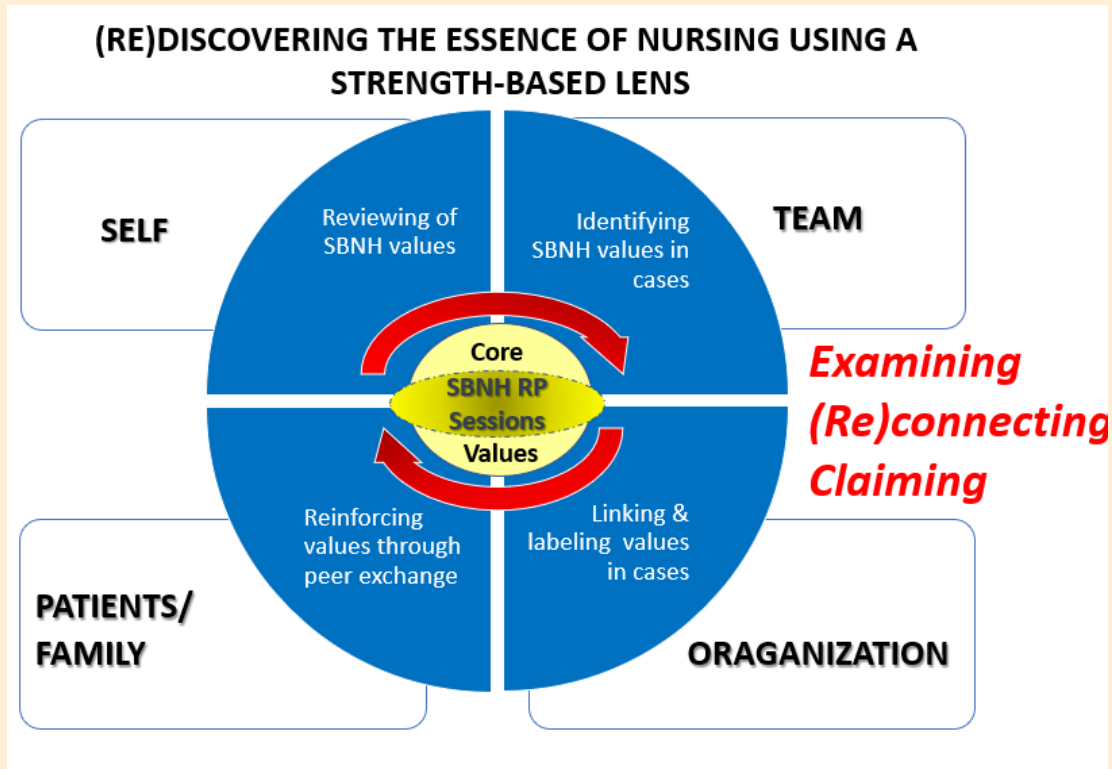


# Goals and objectives of study

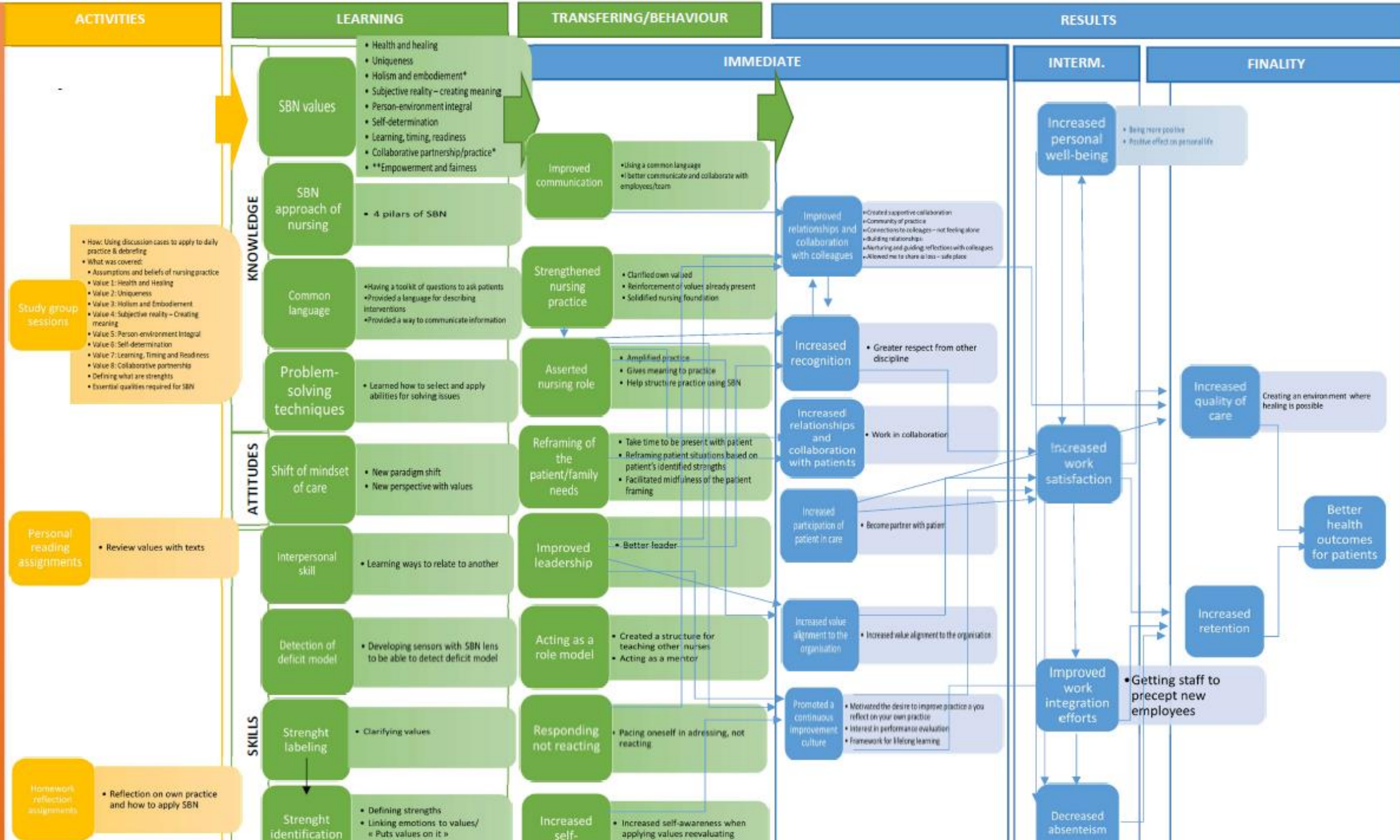
To explore nurses' perceptions of the impact of the facilitated SBNH reflexive practice sessions on their practice; factors facilitating the sustainability of their learning; how to formalize evaluation of the sessions

- **Qualitative-descriptive design**
- **Convenience sampling**
- **Semi-structured individual interviews**
- **Data collection over 2 months**
- **Thematic content analysis** (Miles and Huberman, 1994)
- **Ethics approval obtained**

# Outcomes/Impact



- 13/23 participated in the study ; 1/3 from Oncology, 2/3 from surgery,
- Experience described as a process of *(re)discovering the essence of nursing* by examining, (re) connecting to & claiming one's purpose
- Impact of the RP sessions on clinical practice included being able to: detect the “deficit” model; identify, label & articulate strengths with patient/family; reframe issues with SBNH lens; acquire an SBNH language for clinical practice & teaching
- Factors that supported learning: Facilitation skills & structure of sessions.
- Evaluation: Development of a logic model to guide the process of evaluation







# Empowering practice with SBNH – Student: A motor for change

Valérie RENOUD-GRENIER, Inf., MSN

Maître d'enseignement, Haute École de Santé Vaud

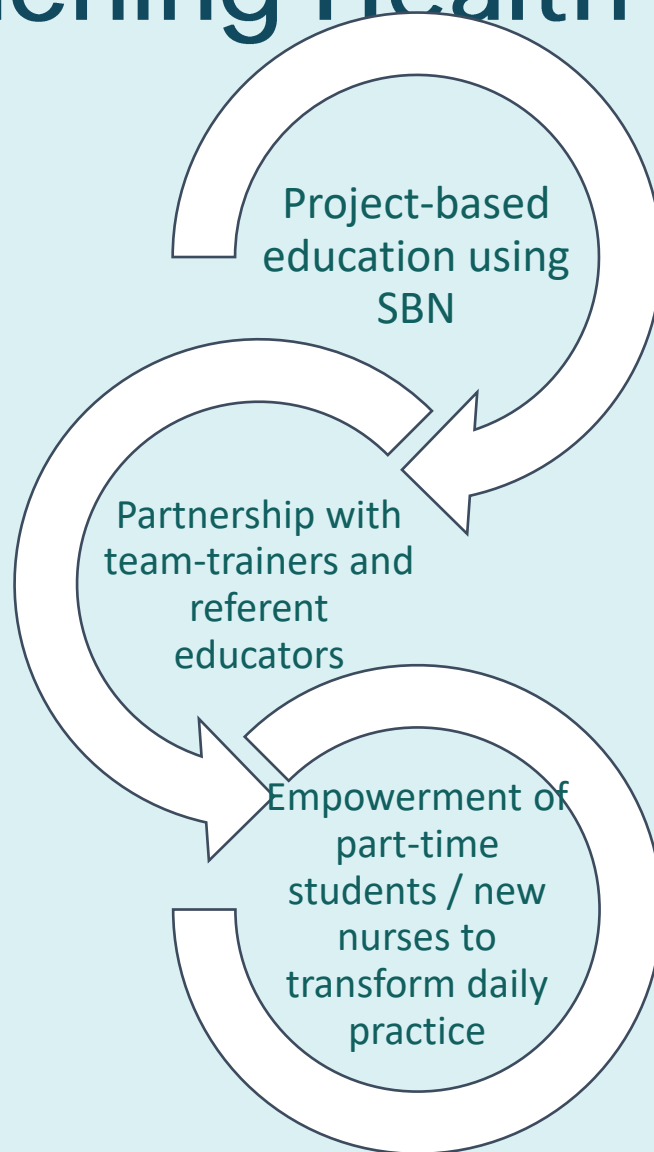
Lausanne, Switzerland

# Context: Why SBNH ?



- Worlds-Society returned to basic value
- Philosophy is larger and inclusive
- SBNH = Soins durables
- Students are curious and willing
- School is a safe place to develop good habits (heart, mind, technical competences) and create meaningful experiences using SBNH

# What: Teaching Health promotion with SBNH





# How: Implementation

- Self-reflection
- Vision of others
- being open-minded and keeping a positive mindset
- Problem as part of a situation

## Step 1

Being a Nurse with SBNH eyes

- Spiral process (exploring /zeroing in)
- Empower the community
- Collaborate with the professional team

## Step 2

Implementing projects to promote Health

## Example



## Step 4

Transforming the workplace

- Support organisation interest to adopt the SBNH

## Step 3

Realisation in the workplace

- Implementation
- Test leader competencies
- Deal with unexpected events
- Share the SBNH vision with team





# Références

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- Speech of Joackim Phoenix, Oscar ceremony 2020:  
<https://www.youtube.com/watch?v=31PDXB8D2uw>
- Gottlieb, L. N. (2013). *Strengths-Based Nursing Care: Health and Healing for Person and Family*. New-York: Springer Publishing Company.
- Gottlieb, L. N., Feeley, N., & Dalton, C. (2006). *The collaborative partnership approach to care: a delicate balance*. Toronto: Elsevier Canada.
- Gottlieb, L. N., & Gottlieb, B. (2017). Strengths-based nursing: A process for implementing a philosophy into practice. *Journal of Family Nursing*, 23(3), 319-340. doi:10.1177/1074840717717731

## Part 4

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# Breaking Down Silos: Creating and Strengthening Partnerships



# Advancing SBNH Through The Work of The McGill Collaborative

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Melanie Lavoie-Tremblay, RN, PhD

Associate Professor / Professeure agrégée

Ingram School of Nursing / École des sciences infirmières Ingram



COLLABORATION  
McGILL NURSING  
COLLABORATIVE



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Canadian Institutes of  
Health Research  
Instituts de recherche  
en santé du Canada



Social Sciences and Humanities  
Research Council of Canada

Canada

Conseil de recherches en  
sciences humaines du Canada

# MUTUAL BENEFITS IN ACADEMIC-SERVICE PARTNERSHIP: AN INTEGRATIVE REVIEW

Nurse Education Today  
2018 Sadeghnezhada et al

Synergy in training and empowerment of human resources

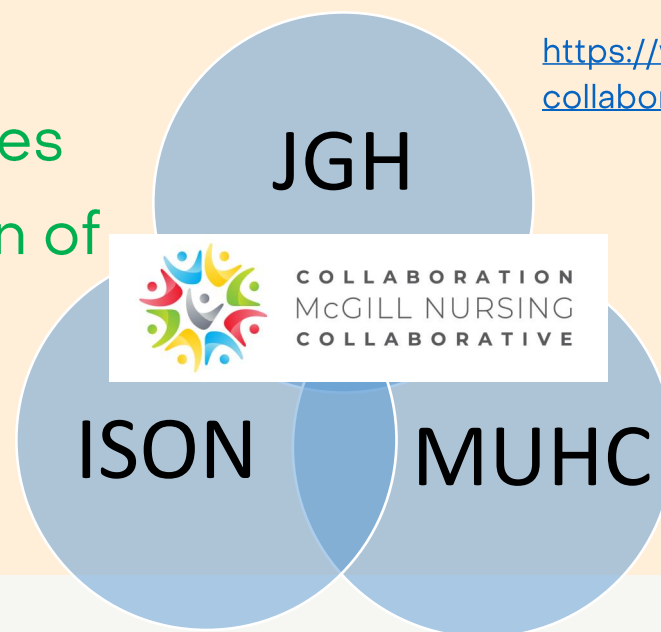
Education improvement

Access to shared resources

Production and application of beneficial knowledge into practice

Advancing SBNH Through The Work of The Nursing McGill Collaborative

<https://www.mcgill.ca/nursing/about/mcgill-nursing-collaborative>



# Partnership: Leadership Training



- LEADS Training
- *LEAD SELF; ENGAGE OTHERS; ACHIEVE RESULTS; DEVELOP COALITIONS; SYSTEMS TRANSFORMATION*



- Policy and Advocacy

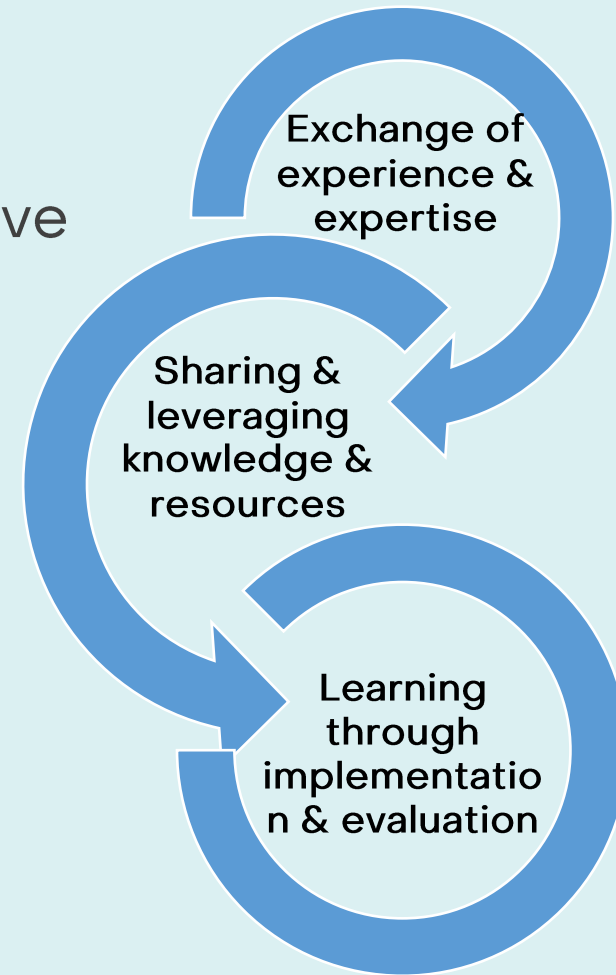


SBNH Partnership  
Grant

**S B**  
**N H** Strengths-Based  
Nursing and  
Healthcare

# How: Implementation

SBNH was integrated into our Leadership initiative





# Outcomes/Impact

## Writing for Publication Initiative Activities 2019-2020

We are pleased to announce that in 2019-20, the McGill Nursing Collaborative will be continuing its partnership with Graphos/McGill Writing Centre, and will once again offer the chance to participate in the Writing for Publication Initiative. This initiative is intended to create structure, support and space for ISON Faculty, and Clinical Partners to achieve their writing for publication goals. Participants will have access to the following resources:

- 1) **Writing Coach (25 hours total per semester):** Feedback, troubleshooting, and support from an experienced writing facilitator. Dates/times to be set individually. You may bring your RA when meeting with the writing coach.
  - 2) **Writing Retreats:** Advance your writing in a dedicated space with limited distractions. You will receive a calendar invitation from Gib that will allow you to RSVP.
- October 25th, 9:00 a.m. - 12:00 p.m., Room 2020 (breakfast will be provided; doors open at 8:00 a.m.)
  - November 22nd, 9:00 a.m. - 12:00 p.m., Room 2020 (breakfast will be provided; doors open at 8:00 a.m.)
  - December 18th, 9:00 a.m. - 4:00 p.m., Room 1914 (breakfast and lunch will be provided; doors open at 8:00 a.m.)
- 3) **Research Assistance (RA):** An allotment of hours to fund research assistance, with the possibility of inviting students as co-authors. Participants may request up to 70 hours of help from an RA per writing project (e.g., a manuscript) per semester.
  - 4) **Proofreading Services:** An allotment of hours for proofreading services (up to \$400).

For Workshops, Coaching and Retreat, contact Yvonne Hung, [yvonne.hung@mcgill.ca](mailto:yvonne.hung@mcgill.ca) with questions.  
For RA, proofreading and open access, contact Gib Primeau, [gibert.primeau@mcgill.ca](mailto:gibert.primeau@mcgill.ca) with questions.

### Additional Information

**Steps to follow if you have a manuscript accepted for publication:** If you have a manuscript that is accepted for publication (through the Writing for Publication Initiative), please gather the following information:

- the abstract of your manuscript
- the authors' names

updated September 30<sup>th</sup>, 2019

Received: 30 January 2018 | Revised: 5 April 2018 | Accepted: 14 April 2018

DOI: 10.1111/jonm.12649

## ORIGINAL ARTICLE

# Group mentorship programme for graduating nursing students to facilitate their transition: A pilot study

Mélanie Lavoie-Tremblay  | Lia Sanzone | Gilbert Primeau | Geneviève L. Lavigne PhD,

## JOURNAL CLUB MEETING

November 6th, 2019

12:00 p.m. – 1:00 p.m.

JGH: Library conference 1

CLSC Métro: Salle 635

Richardson: TBD

Catherine Booth: RDC Salle 6

Mount Sinai: C103

**REGISTRATION REQUIRED**

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*Coffee and goodies will be served!*

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### Presentation:

**Understanding the combined evidence pyramid: Knowledge synthesis & critical appraisal**

This presentation will discuss how to critically evaluate and appraise evidence,

### Presenter



Francesca Frati  
Liaison Librarian, Ingram School of Nursing

Francesca Frati is assistant librarian at McGill University in Montreal, Quebec. She is the liaison librarian for the Ingram School of Nursing, and for McGill affiliated health institution libraries. She has a BFA from the Nova Scotia College of Art & Design, and received her Masters of Library and Information Studies in 2005 from the Dalhousie University School of Librarian and Information Studies in Halifax, Nova Scotia. From 2005-2010 she worked as a consultant at the Herz Family Practice Centre the Jewish General Hospital (JGH), a McGill University teaching hospital, where she provided clinical and research support to residents, clinicians and researchers, and piloted an innovative information prescription service for patients and families at point of care. Francesca founded and chaired the hospital-wide multidisciplinary JGH Patient Education Network (PEN) Working Group (archive.JGH.ca/PEN) from 2008-2016, providing leader to clinicians and staff in the area of patient education and ensuring access to evidence-based consumer health information to support shared decision-making and patient safety via the P Database (archive.JGH.ca/PFRIC). She is the vice president of the Canadian Health Librarians Association (CHLA) and a subject specialist.



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Centre universitaire de santé McGill  
McGill Health

Early-bird rate: \$275 until 11:30pm EST on October 19, 2018  
Student early-bird rate: \$90 until 11:30pm EST on October 19, 2018

### KEYNOTE SPEAKERS:

Regine Laurent, RN, Analyst, TVA  
Barbara Sattler, RN, MPH, Professor of Public Health, University of San Francisco  
Mike Villeneuve, RN, CEO, Canadian Nurses Association



The McGill Nursing Collaborative for Patient- and Family-Centered Care proudly presents:

**Why you need a nurse on your team!**

presented by:

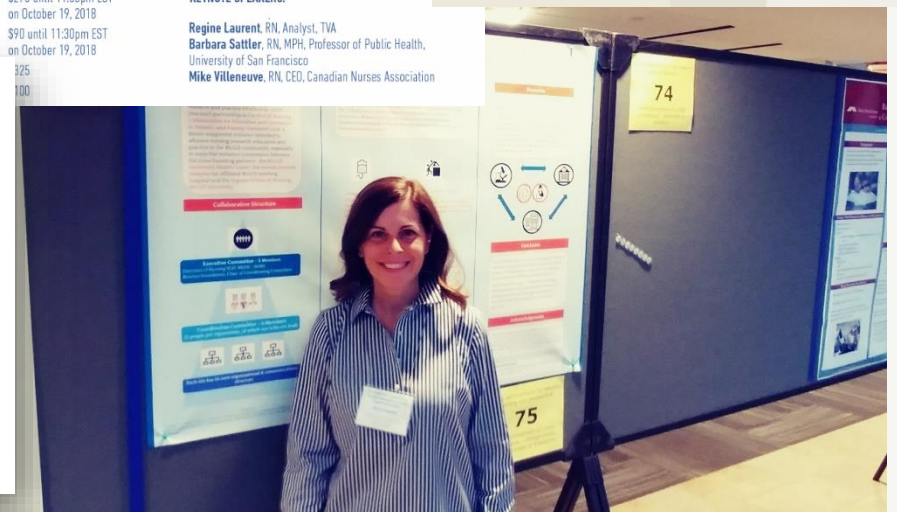
**Dr. Peggy Chinn, RN, PhD, FAAN**  
Professor Emerita, University of Connecticut

**When:** September 26<sup>th</sup>, 2019  
4:00-6:00 p.m.  
\*\*A reception with light refreshments will be held after the event\*\*

**Where:** Jewish General Hospital (room TBA)  
3755 Chemin de la Côte-Sainte-Catherine  
Montréal

Join us as visiting scholar Dr. Peggy Chinn shares her knowledge and expertise with the Montreal nursing community. Dr. Chinn will be speaking about the role of nurses in the interdisciplinary team, how teams can assure that every voice is represented, and what the discipline of nursing brings to the table.

**\*\*This event will also be available online via live streaming\*\***  
Cette événement sera présentée en anglais



WILEY



# Creating SBNH Communities of Practice around women's health: Cases of Burkina Faso, Africa and Quebec Mimosa Community

Judith Lapierre, RN, PhD

Professor, Faculty of Nursing

Université Laval, Québec City, Canada

Community-based nurse / community housing Mimosa du Quartier



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Faculté des sciences infirmières



CIHR  
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Instituts de recherche  
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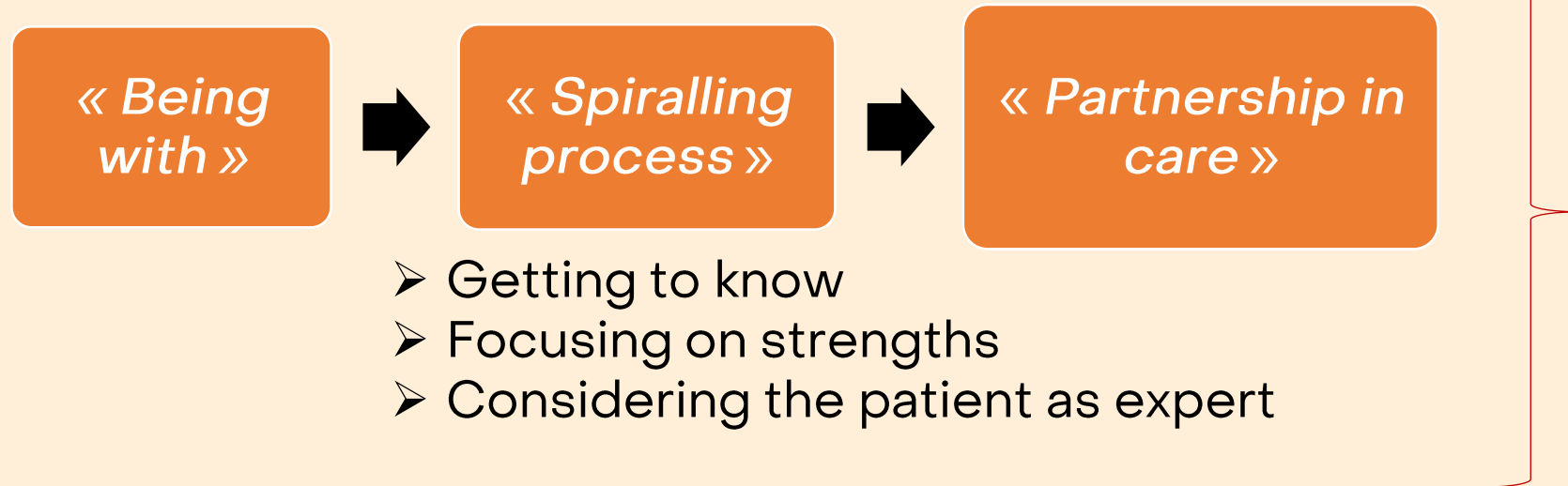
Social Sciences and Humanities  
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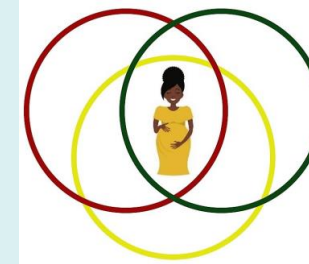
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# Context

- SBNH : Framework to support disciplinary root, knowledge and practice
- SBNH : Values of nursing, care partnership and empowerment
- SBNH : Aligned to sustainable health, equity and social justice



# Preventative Health and Practice Virtual Communities of Practice CVP



VCP 1



VCP 2

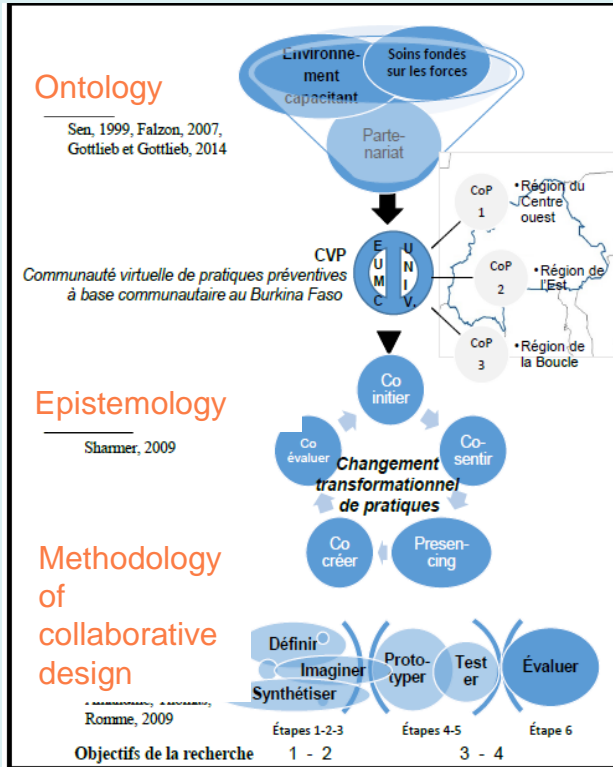


Figure A. Coherence ontologique-épistémologique et méthodologique de la recherche

## 1- Sustainable health for women and children: Prevention, proximity and solidarity (*Burkina Faso*)

N= 15 midwives, nurses, and community based NGO worker

- 1 year of creating and engaging the partnership, eliminating obstacles
- Currently: active phase of operation

## 2- Preventive Telehealth Practices : Preventative circles (PC) and cyberhealth (*Canada*)

N = PC : 2 regions, rural and urban

- Telehealth : 4 mothers, 3 professionals (fall 2020)
- Currently: Évaluation pilot phase



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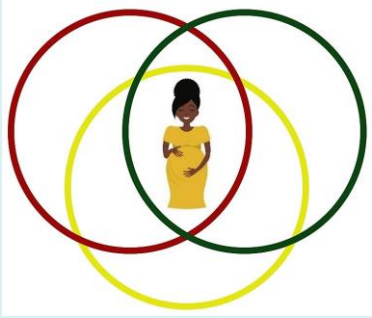
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LAPALME RHEAULT  
ARCHITECTES-INGÉNIEURS

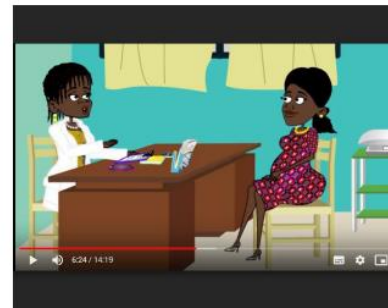
# Implementation of SBNH within the Virtual Communities of practice



- Training on site in Africa about SBNH + preventative health themes (28 hours)
- Video production : 2 videos related to SBNH
- Training on using Passerelles (VCP) technologies: <https://passerelles.quebec/>
- Three workshops (18 hours) on site (October, November, February)



<https://drive.google.com/file/d/1XJViWrRQ-C-teA0MAKzipPdFOsAqAlbj/view>  
14 min., 19 sec.



Canada

Program undertaken with the financial support of the Government of Canada provided through Global Affairs Canada.



<https://drive.google.com/file/d/19DfsrKZK4Sq5BQmXjVS1eHQ3Cm991xuB/view>  
9 min. 44 s.



- Self-learning modules on SBNH, discussion & exchange
- Training on using REACT (*Remote Education, Augmented Communication, Training and Supervision*) : 4 sessions
- Training on using i-PADS for each family
- Spring : Evaluation of the care through a « distanced-relationship », SWOT, perceived impact assesment, etc.

# Individual and collective perceived and experiential outcomes

- Potential for empowerment – participation in care
- Potential for increased trust and perceived affiliation
- Potential for perceived social support
- Potential for reinforced social safety net
- Potential for increased knowledge, ability and capacity for behavior change
- Potential for increased dignity in caring
- Potential for acting as a stress mediator, decision-making and health

Individual impact (education & care)

- Potential for increased social justice (Fraser)
  - *Recognition*
  - *Redistribution*
  - *Participation*
- Potential for increased equity (*social determinants*)
- Potential for increased health gains through social capital
- Potential for increased social and citizen participation for health
- Potential for collective empowerment through the process of social construction of strengths and partnerships, advancing together for more equity

Collective impact (*care, system and services*)

A transformative caring journey where...

**Health Promotion – Prevention – Salutogenesis – Equity – Sustainable Development Goals**  
*SBNH = catalyst of nursing essence of humanism, goodwill, trust, warmth, alliance, synergy and quality care*

# Panel Discussion – Questions from the Audience

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Moderated by Bruce Gottlieb

# End of Symposium

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For more information, visit:

*[www.mcgill.ca/strengths-based-nursing-healthcare](http://www.mcgill.ca/strengths-based-nursing-healthcare)*