



# Conference Abstracts

## 5th Commonwealth Nurses and Midwives Conference

Friday 6 and Saturday 7 March 2020, London UK

2020: a year  
of celebration  
of nursing and  
midwifery



Commonwealth Nurses  
and Midwives Federation

<http://www.commonwealthnurses.org>

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## Celebrate ...

nurses and midwives, breaking down barriers, leaving no-one behind  
2020: a year of celebration of nursing and midwifery

### The 5th Commonwealth Nurses and Midwives Conference

Royal College of Physicians, Regent's Park, London, UK Friday 6 and Saturday 7 March 2020

## Conference Abstracts



### 3. CANADA

#### Dr Lynn McDonald

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#### Nightingale's contribution to universal health coverage and the sustainable development goals

Nightingale articulated the principle of universal health coverage in 1866: of access to quality care for all, regardless of ability to pay – this when 80% of sick people had no alternative than workhouse infirmaries, with their vermin, bed sharing and pauper nurses. Her goal was to raise the workhouses to the standard of the best civil hospitals. Some indeed attracted trained nurses, a nursing school and a quality (pavilion style) hospital building. The National Health Service began operations in 1948, the first single-payer system in the world. This could not have happened without the gradual reforms achieved in the late 19th century. Nightingale was a visionary ahead of her time and would have supported the sustainable development goals. Health promotion and disease prevention appear in Nightingale's 1860 Notes on Nursing and were included in all her writing. She tried to get health status into the 1861 census. She was a consistent advocate of what we now call the social determinants of health: adequate housing, clean air and water, nutrition, education for children, and work for able adults – state provided in times of economic downturn. The elimination of poverty was a central goal in her 40 years of work on India: the need for social reform (land ownership, credit, and rent) to end the poverty that kept most of the population close to starvation. Nightingale was a researcher and innovator and an influential proponent of evidence-based health care. This meant learning from research, innovating new programs for better outcomes, then evaluating: starting small (one hospital) and reviewing the results before generalising. This is still good advice today. This paper will relate examples of Nightingale's leadership on these points, examine what was actually accomplished and when, and reflect briefly on how her principles could guide us now.





## 5. UNITED KINGDOM

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### Midwifery continuity: the use of social media

Pregnant women are motivated to make positive, previously unconsidered, life style choices and evidence suggests they often change health behaviour in response to information and advice during pregnancy. The internet is commonly used to source information about pregnancy and motherhood. Some women do not have the knowledge or experience to effectively filter web-based information resulting in misconceptions, poor decision making and increased anxiety during what is already known to be a stressful time. This study sought to examine the benefits of bringing groups of pregnant women together using a social media platform (Facebook) and a midwife moderator; specifically looking for evidence of information sharing and support and to ascertain if Communities of Practice would develop from such a group. Two moderated online groups were created with 31 pregnant women (n=17 n=14) based on the social concept of Community of Practice (CoP). Using qualitative modified action research methodology to examine whether CoPs can emerge from artificially created online groups, this study explores a framework for learning and support for pregnant women. Focus groups (n=8) were conducted every three months and individual interviews (28) in the early postnatal period. A thematic analysis framework was used to interrogate the different data. For participating pregnant women, each group's shared experience provided mutual support and information sharing. Moreover the program provided professional relational continuity between mother and midwife. In one of the groups, a Community of Practice emerged. This is the first study to utilise midwife-moderated social network-based groups for pregnant women. It suggests a practical way to provide relational continuity to pregnant women with the potential for a community of practice to emerge.



## 6. CANADA

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### Emotional responses of mothers who express breast milk

While the majority of women globally initiate breastfeeding, a minority of these women exclusively breastfeed for the first six months as recommended by the World Health Organization. Breastfeeding difficulties are a common reason for early cessation. A recent lactation phenomenon has emerged, particularly in affluent countries, with the majority of breastfeeding mothers of healthy term infants expressing milk, primarily using a breast pump. The literature exploring this trend is focused on measuring prevalence rates, the impact on breastfeeding duration, and the factors behind this trend. There has been less research exploring the perspectives of mothers, with a particular gap related to the emotional response of mothers to expression. An interpretive description qualitative approach was used to gather the insights of mothers, with infants aged birth to 24 months, who expressed milk. Individual, semi-structured interviews were conducted with 35 women in two health regions in western Canada. Approval was received from ethics boards in both health regions and the affiliated university. Data analysis involved an inductive approach aided by NIVIVO™ qualitative software. The results demonstrated that diverse emotions were evident. Positive emotions were associated with supplying breast milk for someone else to give their infant, and providing “freedom” for mothers to take a break from infant care. Negative emotions were often described by mothers who were pumping due to breastfeeding difficulties or generally due to the time and logistical demands of expression. Overall, mothers felt health care providers and other mothers judged them and disapproved of their need or choice to express. The study concluded that those offering breastfeeding support should acknowledge the increased prevalence of expression in affluent regions and assess for learning and emotional support needs as part of routine interactions. Accurate, non-judgmental guidance will help mothers make evidence-informed decisions related to their expression and assist them to meet their unique breastfeeding goals.





## 8. UNITED KINGDOM

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#### Compassion in nursing: a grounded theory of patient, student and academic perceptions

Since the historical influences of Florence Nightingale, compassion has been considered an integral aspect of professional nursing practice. However emerging care experiences reflecting a lack of compassion have created a discourse to challenge the ongoing reality of this traditional philosophy of nursing. Despite existing insight into compassion, there is limited empirical research to inform understanding of what compassion in nursing involves, particularly within the context of contemporary practice. This identified a knowledge gap, supporting the rationale to conduct doctoral and post-doctoral constructivist grounded theory research studies to explore perceptions of compassion in nursing. The doctoral study comprised a sample of 11 patients who had experienced nursing care. The post-doctoral study comprised a sample of 12 undergraduate students and 8 academics from the fields of adult, child, learning disability, and mental health nursing. Across both studies, data were collected through individual interviews and a focus group discussion. Data analysis was supported by established grounded theory techniques, involving initial coding, focused coding, constant comparison, theoretical memos, theoretical diagrams and conceptual mapping. Key findings from both studies have subsequently informed the construction of a model. This model proposes a substantive grounded theory of compassion that is founded on the perceptions of patients who have experienced nursing care, students and academics. The patient is positioned at the centre of the model, which asserts that compassion involves humanising experiences of nursing care. These experiences are influenced at an overarching level by biological, psychological and socio-contextual factors arising from compassionate self, compassionate socialisation and compassionate care contexts. These overarching factors are instrumental in enabling or inhibiting the implementation of humanising approaches to nursing care; the fundamental embodiment of what compassion in nursing is perceived to involve.



## 10. USA

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#### Leveraging professional development to meet your organisation's strategic goals

The global health care environment remains unpredictable and dynamic, placing significant demands on the nursing workforce. Occupational demands on nurses impact recruitment and retention and lead to increased burn out rates. Health care organizations (HCOs) globally are tasked to meet performance measures yet barriers exist that prevent organizations from achieving quality, safety, and patient and provider experience benchmarks. One approach to mitigate barriers is to invest in the professional development of the nurse. Accreditation standards, such as the American Nurses Credentialing Center Accreditation for nursing professional development and practice transition demonstrate a focus on outcomes that impact the professional practice of nurses, health care teams, and/or patient or system outcomes. HCOs that invest in accreditation standards that are outcomes driven are in a unique position to leverage lifelong learning as a strategic organizational priority for nurses from entry to practice through their professional career path. HCOs have the opportunity to align accreditation standards in their strategic planning processes to ensure that the investment in CPD and practice transition is an organizational priority and has a positive return on investment.



## 12. INDIA

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#### Quality improvement through a structured training program for novice nurses

The nurses' role in providing quality and safe care cannot be over-emphasized. Bearing in mind the high turnover of this cadre, it is imperative that a structured training program is available to all new nurses. The objective of this project was to develop a structured training program for new nurses to assess, raise and reassess their competency level using a 2-step training module developed in 2015. A competency-based skill matrix was developed where the nurses differentiated into 4 levels based on their competency to perform patient care. All 69 new nurses of 2016-2017 underwent this training which included Induction, a 15-day Freshmen Training Program (FTP), and 1-3-month Preceptor Preceptee Program (PPP). A log book was developed in consultation with stake holders. The freshmen were evaluated by nurse educators on a scale of 0-10 for each procedure. The freshmen were then evaluated by a Preceptor (a level 4 nurse). Of the 39 fresher nurses, 47% achieved a higher level of competency. The impact of the PPP in raising the competence of the freshmen is established as there was no level 1 nurse at the end of the program. The 30 experienced nurses also enhanced their competency in caring for patients independently. All the 69 participant nurses were able to enhance their competency to a higher level. While induction and FTP are useful, preceptorship raises the competency of a novice without leaving any scope for ambiguity so that Level 2, 3 and 4 nurses can be assigned patients independently. The challenge is in establishing competencies for novices systematically and in ensuring improvement in skills while working. The nursing profession world over is hit by high attrition. This unique 2-step training model provides the right milieu to tap into a novice's full potential and ensure continuity of high quality care while safeguarding patient safety.



## 13. INDIA

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#### Implementation of I-SHARED model for improving effective handover communication

Communication errors are a significant cause of errors in hospitals. The handover ritual is recognised as an important means of exchange of information and planning patient care. Having a structured handover process reduces errors at the time of shift change. This study presents our experience with the I-SHARED model for clinical handover from June 2017 to August 2018. The objective was to evaluate the effectiveness of a structured nursing handover-takeover process during shift change. Following a literature review, a policy and process were implemented, based on "I-SHARED" proposed by the Australian Commission for Quality and Safety in Healthcare. The 7 parameters in the model stand for Identify, Situation, History, Assessment, Risk, Expectation, and Documentation. These were evaluated on a 3-point scale using Google forms, where 0=not done, 1=partially done, and 2=completely done. Staff nurses and nurses' in-charge were trained. Through convenience sampling, in-charges were empowered to perform daily audits at the time of shift change. The results were discussed monthly and feedback was provided on how to strengthen the mechanism. A total of 5,359 opportunities were generated. The results showed an improving trend. Monthly department-wise performance was also monitored. All areas achieved above 70% and a few areas achieved up to 99% completeness in the handovers. Individual parameters were assessed separately in order to plan strategies for improvement. Based on the evaluation of the parameters the immediate focus for improvement should be on History, Risk, and Expectation. Compliance of more than 75% in other parameters was achieved. The relevance of having a structured handover is re-emphasised by the fact that it makes the process comprehensive and error free. In the previous year there were 5 errors due to communication, while in the study period there were none. The module is structure, educational, and it also indicates specific areas for improvement.



## 15. UNITED KINGDOM

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#### Building resilience and shaping practice through clinical supervision

The presentation will explore Clinical Supervision: what it is and what the benefits are and share practical steps for preparing effectively for Clinical Supervision using a coaching approach to help staff to thrive. The presentation utilises template examples to enable a smooth Clinical Supervision process by empowering supervisors and informing supervisees to equip them with tools to maximise learning, confidence and resilience. Clinical Supervision is not a new concept to nursing however, research highlights the benefits of Clinical Supervision to a clinician's emotional health and wellbeing, as well as improving the quality of care provided to clients and patients. During periods of change within clinical practice, a knock-on effect is experienced by individuals, teams, and methods of working. The necessity for change is unavoidable in any organisation, and the need for clinicians to adapt to change can be a challenge, especially where they must maintain standards with reduced resources. The fallout of this may be the risk of clinicians feeling stressed and unsupported in the extensive and complex challenges of their role. Clinical Supervision is away to manage these challenges by enable clinicians to reflect on practice, recharge their batteries and problem solve in a safe environment. My presentation will highlight how Clinical Supervision was embedded into practice encompassing a coaching framework and how this has led to clinicians feeling more supported.



## 16. AUSTRALIA

### Mr Robert Bonner

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Co-authors: Dr Doris Grinspun, Chief Executive Officer, Registered Nurses' Association of Ontario; Ms Jackie Wood, Associate Director Practice Development, Innovation and Health System Reform, Australian Nursing and Midwifery Federation (SA Branch) and Ms Nicola Williams, Professional Officer, Australian Nursing and Midwifery Federation (SA Branch)

#### Evidence based practice: the Canadian and Australian experience of the Best Practice Spotlight Organisation (BPSO) program

Enabling health organisations and staff, including nurses and midwives, to consistently practice informed by the best available evidence has remained an elusive goal since the time of Florence Nightingale. Seeking to close the gap between knowledge produced and knowledge applied, the Registered Nurses' Association of Ontario (RNAO) in Canada launched its Best Practice Guidelines Program (BPG) in 1998. The Best Practice Spotlight Program (BPSO), a signature pillar of RNAO's BPG program, was launched by in 2003 to advance evidence-based practice (EBP) and assist health organisations to systematically embed structures and processes that support EBP. The RNAO's program offers evidence-based Clinical and Healthy Work Environment Guidelines, alongside structured guidance for health organisations, on how to apply the evidence to their practice through its BPSOs. BPSOs are found in 20 countries across 5 continents with almost 1,000 health organisations and academic institutions involved in delivering evidence-based practice. These include hospitals, primary care, aged care, home care, rehabilitation services and more. The Australian Nursing and Midwifery Federation South Australia Branch (ANMF SA) is approved by the RNAO to lead the BPSO program in Australia and has now facilitated implementation across 8 South Australian health care services and hospitals. The program has addressed evidence-practice gaps and realised significant performance improvements in health services and improved knowledge and capacity of clinical leaders to manage practice. Initiatives include organisation-wide screening for women's abuse, alternatives to restraint in environments of high use of physical and chemical restraint, fall prevention and patient focused care. Positive health and financial outcomes have resulted in higher valuing of nurses by their organisations and of ANMF SA by its members. The essential elements and basis for the RNAO BPG program and its BPSO engagement will be discussed with a focus on its transformational impact at the practice, organisational and health system levels in South Australia.



## 19. UNITED KINGDOM

### Ms Jemma Louise James

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#### Student nurse internship in care homes

Historically older people's nursing has been viewed as unattractive, repetitive and unskilled work. This is reinforced in care home nursing which is widely viewed as low status. However nursing in the care home sector is increasingly recognised as highly complex and challenging as a consequence of the resident population presenting with multi-morbidity, increasing acuity, frailty and end of life care needs. NHS England's Five year forward view (2014), and Lord Willis' Raising the bar: shape of caring review (2015) highlight the care needs of the older population, and emphasise that care for older people requires integrated working across health and social care, and across public and care home sectors. Hence nurse education, including practice placements, should prepare graduate nurses to practice in, and lead, integrated health and social care services. Older people's care placements are often situated in the first year of nurse education programs, with the aim of developing the students' fundamental care skills. This means that students undertaking such placements are not equipped with the aptitude or opportunity to develop insight into, and skill for, the complexity of gerontological care. In recognition of these issues Northumbria University is now providing a third year internship programme that is a tripartite arrangement between university, care homes and NHS services. This is an opportunity for senior students to experience and develop competencies in older people's care as well as integrated care. The internship is a 21 week placement. Students spend 50% of their placement in a nursing home, and the other half working with NHS older person nurse specialists. Preliminary findings of an evaluation study will be presented. Key themes include acquiring competence as an autonomous practitioner, enhanced knowledge of the older person's life course, transitions in care, and realities of integrated multidisciplinary working.



## 20. AUSTRALIA

### Ms Angela Fitzpatrick

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#### Glen Eira maternal and child health outreach: improving outcomes for vulnerable children

This presentation will showcase an innovative approach in maternal and child health (MCH) at Glen Eira City Council. The MCH service is dedicated to ensuring that every child within its municipality has the best start to life. Glen Eira has run an outreach service for over 10 years. As the outreach MCH nurse, I visit all early childhood services within the LGA, providing families the opportunity to access the MCH universal service in a family friendly and flexible way. I also have the capacity to see children in their own homes. The uptake of the MCH outreach service was improved as a result of an action research project undertaken as part of my participation in the Leadership for Community Engagement course offered by the Department of Education in the Southern Region of Victoria Australia. Regular participation in the MCH service supports families in raising their children and can provide early identification and intervention for vulnerable children. The project involved a simple change in my practice. Instead of working only with the coordinator of the centre to encourage greater participation in MCH services, I included the room educators. The outcomes from this small practice change were very positive for all. This presentation will show how a more collaborative approach between MCH nurses and educators can achieve greater outcomes for all families. Families today are time poor, and an outreach MCH service offers an opportunity for all children within Glen Eira to be seen and have their developmental milestones assessed by professional MCH nurses.



## 21. SRI LANKA

### Mrs Indrani Manel Siriwardana

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### Exploring the experiences of male stroke patients in Sri-Lanka

Stroke is the leading cause for disability and death worldwide. Each year one in 110 people in Sri Lanka experience stroke. The population of Sri Lanka is approximately 20 million. It is predicted that by 2020, 20% of the population in Sri Lanka will be older than 65 years of age. As stroke commonly occurs in the elderly, there is thus an impending epidemic of stroke in Sri Lanka. This qualitative study aimed to explore the experiences of male stroke patients who were treated at the District General Hospital Matale. Semi-structured interviews were undertaken with 16 participants aged 40--60 at the time of their first ever stroke and inductively analyzed using a process of thematic analysis as described by Braun and Clarke (2006). Three main themes and seven sub themes emerged from the discourses. Main themes were "impaired self-care", "suicidal thoughts" and "depend on others" and seven sub theme were "contrast with coping", "fundamental life change", "never begets the equipped", "collapsed life pattern", "loss of independence", "no path to earn money" and "impact on social relationship". The study concluded that negative attitudes have a severe impact on life after stroke. Life circumstances, degree of residual impairment from a stroke, and social context were found to influence people to move along different paths. Adults living alone and adults experiencing serious threat to their commitments should receive special attention. Follow up programs and health education is essential to improve the quality of lives of survivors of stroke.



## 22. UNITED KINGDOM

### Dr Richard Williams

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### TOTAL MAMA: educational app for pregnant women and midwives

The number of digital applications ("apps") increases year-on-year. In 2019, app stores offered more than five million different types of app. The number of "mHealth" (mobile health) apps exceeded 300,000, which represents a doubling of health apps since 2015. In 2018, health apps were downloaded more than 400 million times worldwide. But are health apps trustworthy, useful, and safe? INTERGROWTH-21st is a global, multidisciplinary network of more than 300 researchers and clinicians from 27 institutions in 18 countries worldwide. Coordinated from the University of Oxford, this research project delivers multicentre, multi-ethnic, population-based research that has created international standards for pregnancy dating, foetal growth, and newborn size. For example, results from INTERGROWTH-21st have extended the World Health Organization (WHO) Child Growth Standards into the early neonatal and foetal period, thereby offering a standardized method of assessing growth along the continuum of foetal through early childhood growth and development. The INTERGROWTH-21st findings have significant implications for improving the quality of maternal and newborn care. But a challenge familiar to all clinical research is how to transfer research findings into clinical practice. For maternal health, one solution might be Total Mama. Total Mama is a 'start-up' company, founded at the University of Oxford. Total Mama aims to promote evidence-based maternal research using a top-down and bottom-up strategy. This involves giving women a trustworthy source of highly personalised health information, via a mobile app. The app delivers evidence-based health information and, thereby, helps bridge the gap between applied research and clinical practice. This presentation gives nurses and midwives guidance on how to spot a dodgy health app. Using real-world examples of suspect practice, the difference between a responsible health app and an irresponsible app is demonstrated, with tips on how to recognise best practice.



### 23. UNITED KINGDOM

#### Dr Annessa REBAIR

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#### Meeting spaces: co-constructing conversations about suicide in undergraduate nursing education

Prior to the review of undergraduate nurse proficiencies in the UK, none of the fields of nursing (apart from mental health nursing) were required to meet competencies in suicide awareness or prevention prior to registration. This highlighted a gap in knowledge, policy, and care provision. A review of evidence from grey and nursing literature revealed that engaging in conversations about suicide was an area of tension and fear and in need of further exploration. This study sought to answer the question: What is needed to engage in conversations about suicide? The objective was to understand what is needed to engage in meaningful conversations about suicide from the perspective of the nurse, and from the perspective of the person with suicidal experience. An interpretivist methodology of constructivist grounded theory was used. This was underpinned by a symbolic interactionist framework. Sixteen nursing students took part in focus groups. Nine "Experts by Experience" took part in the interviews. Data were collected using semi structured interviews, focus groups and field notes. Methods included theoretical sampling, constant comparative analysis, initial and focused coding, category identification, and theoretical sensitivity and saturation. The findings resulted in the core category of "Meeting Spaces". This emerged from a human pivotal encounter (positive) as opposed to an unceremonious pivotal encounter (negative). The study concluded that a certain kind of space is required to support engagement in meaningful conversations about suicide; the experience was found to incorporate more than just words. The formation of a meeting space requires personal understanding of suicide, being human and an intention to see the whole person beyond the limiting word of suicide. The "Meeting Space Framework" was devised to enhance student learning in this area.



### 24. SOUTH AFRICA

#### Ms Dorothy McKune

Founder and President, Alliance of African Midwives, Cape Town, South Africa and PhD student, University of Phoenix, USA  
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#### Why the first 1000 days of exclusive breastfeeding matter

Breastfeeding is the best gift any mother rich or poor can give her child. Exclusive breastfeeding for the first six months is linked to lower prevalence of disease and death. Breastmilk has been called the environmental-friendly food available because it produces zero waste, greenhouse gasses or water footprint. Although the first six months of a child's life are most critical for the health benefits of breastmilk, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) found that about half of newborns across the world do not begin breastfeeding within the first hour of birth. A new WHO report, The Global Breastfeeding Scorecard, found that no country in the world supports recommended standards for breastfeeding mothers as they should. The Scorecard evaluated 194 nations and revealed that only 40% of children younger than six months are breastfed exclusively, and only 23 countries have exclusive breastfeeding rates above 60%. South Africa has one of the lowest breastfeeding rates on the African continent and has a long way to close some policy and program gaps to protect, promote and support breastfeeding. New mothers rely heavily on the advice they receive from nurses and midwives about infant feeding. Therefore it is important that nurses and midwives provide updated information on the benefits of exclusive breastfeeding and the risks of mixed-feeding. To date South Africa has made some strides to reduce the barriers that make it difficult for women to breastfeed through mass communication campaigns, development plans, legislation, and breastfeeding support in the workplace. Many health care workers and companies simply lack the knowledge about the critical need for babies to breastfeed. Effective policies could be implemented that are based on the WHO/ UNICEF Ten Steps to Successful Breastfeeding.





## 25. INDIA

### Professor Manju Chhugani

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#### Nursing care: making a big difference in stage 3 pressure sore

This case report concerns a 78-year-old bed-ridden elderly woman, diagnosed with Parkinson's disease, rheumatoid arthritis and stage 3 bed sore. The patient was admitted to the special ward of Hakeem Abdul Hakeem Centenary Hospital, New Delhi, India with the chief complaints of poor intake of food, pain in legs and back, fatigue for one month, and a sore in the buttock and the right iliac spine region as she was bed-ridden. During physical examination, the patient was conscious and oriented but slurring of speech was present, tremors were there, lead pipe rigidity was present, gait could not be assessed, and the GCS score was 15/15. She had stage 3 bed sore which was 6 cm x 8 cm. Contractures in elbow, wrist, hand, and knee were present. After investigations, she was diagnosed with malnourishment, Parkinson's disease, rheumatoid arthritis, and stage 3 bed sores in right iliac region and sacrum region. Efficient nursing care with regular assessment, positioning, exercises and the prescribed treatment improved the condition of the patient however it took four months for healing of her bed sore.



## 26. RWANDA

### Mr Emmanuel Ntakiyisumba

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#### Assessment of resilience factors toward psychotic patients at Ndera Neuropsychiatric Hospital Rwanda

Resilience is an interactive concept that refers to a relative resistance to environmental risk experiences, or the overcoming of stress or adversity. It is viewed as a defence mechanism, which enables people to thrive in the face of adversity. Improving resilience may be an important target for mental health treatment and prophylaxis. The objectives of the study were to identify demographic factors and explore socio environmental factors that affect resilience in patients with a psychosis. This research will help mental health professionals improve the existing demographic and socio environmental factors that affect the resilience in psychotic disorders. The patients also will benefit through knowing their own resilience factors to be improved. The study used a cross sectional design with a retrospective quantitative approach. The study used a sample of 44 recovered psychotic patients and data were collected using a self-reported questionnaire and analysed using SPSS. The results from this study revealed bio-demographic factors that affect resilience. We will present the results from the 2nd objective which was exploring socio environmental resilience factors and make recommendations for the Ministry of health, the hospital management and lastly to the health providers.



## 28. GHANA

### **Mrs Oboshie Anim-Boamah**

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Co-authors: Associate Professor Lydia Aziato, School of Nursing and Midwifery, Department of Adult Health, University of Ghana and Dr Victoria May Adabayeri, Lecturer, Medical School, Department of Paediatrics, University of Ghana

### **Nurses' attitudes and approaches toward invasive procedural pain management of children**

Sick children are exposed to painful procedures on admission to health care facilities. Nurses use various strategies in the management of pain which may be pharmacological or non-pharmacological. In most cases, the choice of approach that the nurses use is dependent on their attitude toward the effective management of procedural pain in a sick child. This study aimed to explore the attitudes of nurses' and approaches they use to manage invasive procedural pain in children. A qualitative exploratory descriptive design guided the study. Sixteen nurses who cared for sick children were recruited from four paediatric units at the Regional Hospital in Eastern Ghana and were interviewed using a semi-structured interview guide. Thematic and content analysis was used to analyse the data. Two main themes emerged from the data, namely pain management approaches and nurses' attitudes towards procedural pain management. Non-pharmacological pain management strategies were mostly used by the nurses. Nurses expressed positive attitudes as they consider that pain management makes nursing procedures easier and builds a positive relationship between nurses and children. However some had a negative attitude toward the management of procedural pain in children as they thought pain was a normal phenomenon and that children exaggerate their pain during painful procedures. Some nurses caring for children undergoing painful procedures have negative attitudes that may not help in effective pain management. There is the need for training of nurses to utilise pharmacological strategies in managing invasive procedural pain in children.



## 31. GHANA

### **Dr Adelaide Maria Ansah Ofei**

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Co-authors: Mr Yennuten Paarima and Ms Theresa Barnes, Assistant Lecturers, School of Nursing and Midwifery, Department of Research, Education and Administration, College of Health Sciences, University of Ghana

### **Nurse Managers' leadership styles and intention to stay at current workplace**

Enabling effective leadership is significant in contemporary health care delivery. Nurse Managers' (NMs) leadership styles are a major predictor of nurses' retention. Using the "Full Range Leadership" model as the organizing framework, this study explored NMs leadership styles and their influence on nurses' intention to stay at the workplace. A quantitative cross-sectional design using the Multifactor Leadership Questionnaire (MLQ-5x), was used to explore nurses' intention to stay at their current workplace. Data were collected from 348 nurses in 38 selected hospitals and analysed using Pearson correlation and multiple linear regression. The results showed that NMs exhibited varied leadership styles but are more inclined to participative leadership style. Nurses showed a high level of intention to stay in their present workplace. NMs' leadership styles jointly predicted 20.9% of the variance in intention to stay. The findings show that 14.4% of the nurses intend to leave, and 13.5% are actively searching for alternative job opportunities to leave. The study concluded that regular in-service training programs in management and leadership should be available for NMs to strengthen their leadership competencies, however NMs should be encouraged to widely use participative leadership styles to foster inclusiveness of staff at the work unit. The implication for nursing management is that NMs should use varied leadership styles and be engaged in regular experiential leadership training.



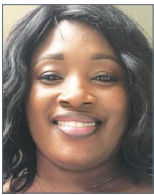
### 33. GHANA

#### Mrs Atswei Adzo Kwashie

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#### Enhancing nursing education through effective clinical supervision in the clinical learning environment

Clinical supervision is essential in the acquisition of the requisite skills for practice. Within the clinical learning environment, student nurses need the support of clinical supervisors if they are to become competent professionals on graduation. Clinical supervision is a formal process of professional learning support which enables the individual practitioner to develop their knowledge and competence. Student nurses who are prepared with the appropriate knowledge and support are generally able to make appropriate and effective clinical decisions. It is imperative to study the effectiveness of clinical supervision to enhance learning in the clinical learning environment. A qualitative study was conducted to explore the experiences of student nurses in the clinical learning environment. Interviews were conducted among undergraduate nursing students in a public university. The objective was to identify challenges with clinical supervision during clinical placement. The study also sought to describe the supervisory relationship between student nurses and clinical supervisors in the clinical learning environment. Thematic content analysis showed that inadequate supervision by clinical teachers and non-engagement in teaching on the wards were seen as challenges. The supervisory relationship between the clinical supervisors was mixed with both positive and negative descriptions of the relationship. The implication for nursing education is to place a premium on clinical supervision as an essential component of clinical practice. There is the need to incorporate clinical supervision with preceptorship and mentoring. This will enhance effective clinical supervision for student nurses to in order to connect theory to practice in the clinical learning environment. This develops student nurses' competence as well as achieving clinical learning outcomes to enhance nursing education.



### 34. GHANA

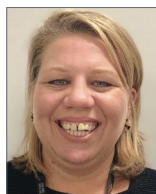
#### Ms Theresa Barnes

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#### Performance management practices of nurses managers at Korle-Bu Teaching Hospital Ghana

Performance management (PM) is the bedrock of any organization and in health it translates into quality service delivery and overall organizational performance. Nurse Managers (NMs) play a vital role in the effective implementation of PM practices. The current study delved into PM practices of NMs, and the associated challenges viewed from the perspective of nurses working under the NMs within the various units at Korle-Bu Teaching Hospital (KBTH). A descriptive cross-sectional design with a quantitative approach was employed to collect data from 341 nurses using a proportionately stratified sampling technique from the twelve sub-budget management centres of the hospital. Data analysis was done using descriptive (mean, standard deviation, frequencies, and percentages) and inferential statistics, using a standard multiple regression analysis. Ethical approval was obtained from the Noguchi Memorial Institute of Medical Research. The results demonstrated that performance management practices were average within the unit. Further analysis indicated that NMs training in PM and inter personal relationship between NMs and nurses led to a significant increase in PM practices. Whereas years nurses had worked with NM led to a significant decrease in PM practices; NMs' academic qualification on the other hand, did not have any significant effect on their PM practices. The lack of human and material resources, ineffective communication, and lack of feedback were among the many challenges enumerated by participants. The study concluded that NMs and nurses develop strategies that would promote efficiency and effectiveness of performance management practices as a tool to improve performance.



### 37. AUSTRALIA

#### Ms Sally Anne Higgs

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Co-author: Mr Jamie Shepherd, Professional Officer, Queensland Nurses and Midwives Union

#### Nursing advocacy and its impact on dysfunctional prisoner health

Queensland prisons are administered by the state's Corrective Services department. However health services are provided by the state's Department of Health, devolved through Memoranda of Understanding with eight separate Hospital and Health Services (HHS) providing a primary care model to 12 prisons. Hospital care is provided by the state's only Magnet hospital, totalling 16 inpatient beds for a population of almost 9,000 prisoners. Coordination of nursing services across the state was problematic as there was little communication between each prison's Health Service. The provision of nursing care within each prison was becoming increasingly difficult due to increasing prisoner numbers, low nurse staffing levels, poor environmental conditions and no control over custodial operations. Nurses raised their concerns to our organisation through formal and informal reports regarding their inability to provide safe and quality care. Consequently the Department of Health sponsored an independent review of the service state-wide, which elicited many shortcomings in the capacity of health services to be delivered effectively to prisoners. The review uncovered that most HHS did not appear to be spending their prison health budget on prison health, even though nurses were often working short staffed and struggling to provide quality care due to unreasonable workloads. It also highlighted significant deficits in governance; networking; workforce planning; access to care; funding consistency; and disparate service models. The review independently demonstrated that nursing staff had difficulty with: conducting prisoner assessment and screening; medication management; access to patients; disease management; sexual health care; alcohol and drug assessment; and discharge planning. This presentation will describe how a Prison Health Nurses Expert Reference Group is influencing ongoing system reform through collective patient advocacy for a disenfranchised cohort with significant health needs, using the Mandela principles as the guiding philosophy.



### 38. GHANA

#### Dr Patience Aniteye

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Co-authors: Professor Magdalene Solina Richter, Associate Dean, Global Health, Faculty of Nursing, University of Alberta, Canada and Mr Michael Azu, Tutor, Nursing and Midwifery Training School, Kumasi, Ghana

#### Health seeking behaviour of men with STIs in a Ghanaian municipality

Sexually transmitted infections (STIs), including HIV and AIDS are significant causes of morbidity among men and women world-wide. Generally the health of men is poorer than women and men's healthcare seeking behaviour is neither clearly understood nor studied in Ghana. This study set out to explore the health seeking behaviour of men with STIs and/or HIV in a Ghanaian Municipality. An exploratory-descriptive design was used. Twelve participants were recruited using purposive sampling. Semi-structured interviews were used to collect data and the thematic framework approach was used to analyse the data. The findings showed that among the STIs, participants had most knowledge about HIV and AIDS and gonorrhoea, little knowledge about syphilis and hepatitis B and no knowledge about the others. Although the findings showed that participants sought treatment at the hospital, it was as a last resort. They first tried self-treatment with herbal medicine, medicine bought from drug stores, and treatment from the shrine; essentially 'shopping for health'. The findings also indicated that persons infected with HIV or AIDS are stigmatized and discriminated against hence unwilling to disclose their illness to significant others. Challenges faced by participants whilst seeking care for STIs, HIV, or AIDS included shortage of antiretroviral drugs at the hospital, financial constraints, distance and transport, issues of masculinity, stigma and shame, and issues concerning the National Health Insurance Scheme. In conclusion, men had some knowledge about STIs and sought help from multiple sources including pharmacies, the shrine, and the use of herbs; the hospital being the last resort. It is recommended that intensive education is carried out to correct the erroneous ideas men have about the causes and treatment of STIs, HIV and AIDS. The Ghana Health Service and Ministry of Health should work together to remove barriers to care in the public health facilities.



### 39. GHANA

#### Mrs Matilda Anim-Larbi

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#### Factors influencing management of diarrhoea in children of selected Ghanaian market women

Diarrhoeal diseases remain a life-threatening condition for children under five years of age. In Ghana, it is the primary cause of death after malaria. Evidence suggests that a significant number of diarrhoea cases are often related to poor hygiene practices and inadequate sanitation. Mothers are the main care givers of children and often treat diarrhoea episodes themselves without presenting to hospitals. The study sought to determine the factors that influence the management practices of mothers of children under five years of age with diarrhoea. The study used a quantitative approach and the design was a descriptive cross-sectional survey. This study sampled 251 respondents who met the inclusion criteria. Mothers who had children under the age of five years of age were recruited from five clusters at a market in Accra. Data were analysed using descriptive statistics and binary logistic regression. A binary logistic regression analysis revealed that mothers with male children were five times more likely to have good diarrhoea management practices compared to mothers with female children [OR = 5.319 (2.506 – 11.287);  $p < 0.05$ ]. Mothers who were of the view that children could die from diarrhoea and also those who thought children were susceptible to diarrhoea, were found to have good diarrhoea management practices ( $p < 0.05$ ). The majority of mothers in this study had good knowledge about the causes of diarrhoea (93.6%). However, the contrary was observed for mothers' knowledge about general diarrhoea management. Less than one-third (15.1%) of the mothers had good knowledge about the general management of diarrhoea. Mothers' knowledge about diarrhoea management was found to be limited in this study, therefore, educating mothers about diarrhoea management practices for children under five years of age will help reduce diarrhoea-related morbidity and mortality in this age group.



### 40. AUSTRALIA

#### Ms Helen Macukewicz

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#### Building union capacity to support culturally and linguistically diverse nurses and midwives

Australia's migration policy has provided opportunity for international nurses and midwives to live and work in NSW. Additionally NSW has many culturally and linguistically diverse nurses and midwives who were born and raised in Australia. These nurses and midwives contribute greatly in supporting our health system to provide culturally appropriate care and facilitate inclusion. Whilst there is a plethora of research in Australia examining best practice in relation to meeting cultural needs of patients and families, little knowledge exists about the experiences of nurses and midwives themselves. In 2018 1234 culturally and linguistically diverse members of the NSW Nurses and Midwives' Association responded to a survey examining their self-reported experiences of working in NSW health and aged care organisations. The results of the survey, contained in a report 'The Cultural Safety Gap' found many nurses and midwives are working in environments that are culturally unsupportive. For nurses and midwives to provide safe, compassionate care they require an environment which is compassionate and safe for them. The survey highlighted concerning gaps in cultural competence within NSW health and aged care workplaces. As a result the NSW Nurses and Midwives' Association embarked on an action plan for change which started from within our own organisation; creating capacity to support a state-wide campaign to eliminate racism from the workplace and build organisational cultural competence in NSW healthcare settings. This presentation outlines the project from commencement to present day. For nurses and midwives to effectively contribute to global health and wellbeing across the lifespan, the context and environment in which they operate must be culturally safe. As a Union working for nurses and midwives we must build our own capacity to respond to, and provide appropriate support and leadership for our culturally and linguistically diverse members.



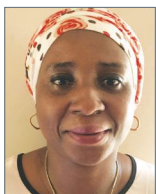
#### 42. UNITED KINGDOM

##### Ms Helen Coombe

Head of Evaluation and Research, Medical Aid Films  
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##### Impact of educational film on maternal and child health in Zambia

Educational film is useful to present complex information simply and clearly, keeping audiences interested and reinforcing important learning. Medical Aid Films produces educational films for communities and health workers in low resource settings, with a focus on maternal and child health care (MCH). Pilot work suggests that films have attracted male viewers and started to increase male involvement in MCH. We explored stakeholder perspectives and gender-specific responses to film screenings in a rural district of Serenje, Zambia. A qualitative study using focus group discussions and in-depth interviews with men and women who had viewed the films at least once, and key informant interviews with health workers who helped deliver the film screenings. Thematic framework analysis was used to derive themes and sub-themes and illustrative quotes used to substantiate interpretation of the findings. Results showed that men's and women's perspectives are clustered around the influence of the films on knowledge and behaviour in relation to MCH topics, male involvement and overall community responses to the films. The three themes summarizing key informant perspectives relate to their impressions of the influence of the films on male involvement in MCH, and their views on using film to deliver health information. The study concluded that educational films have the potential to improve women's and men's knowledge and awareness of MCH topics, including the welfare of women during pregnancy, the need to seek skilled care during pregnancy and for childbirth and the importance of male involvement in supporting the care of women and children. Before widespread implementation, further work should consider whether and how to integrate the screenings with community health programs, the needs, values and preferences of men and women and how to present and deliver film content in a way that maximizes participation of men and women in MCH but does not undermine women's rights, autonomy or safety.



#### 44. GHANA

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Co-author: Dr Anna Santos Salas, Associate Professor, University of Alberta, Canada

##### Access to palliative care: a universal right for cancer patients in Ghana

Palliative care needs will continue to increase with the escalating burden of non-communicable diseases and ageing population globally. Cancer is the second leading cause of death worldwide with an estimated number of 9.6 million deaths in 2018. It is recorded that 70% of these deaths occur in low and middle income countries (LMIC). Palliative care focuses on using a multi-disciplinary team approach to support persons diagnosed with incurable diseases and their families. This paper aims to advocate for a well-integrated palliative care program for cancer patients and their families in LMIC particularly Ghana. Each year an estimated 40 million people are in need of palliative care worldwide and 78% of these people live in LMIC. The need to advocate for the integration of palliative care into the health systems of every country has become increasingly necessary, considering these alarming figures. Although the Ghana health service lacks a cancer registry, it is estimated that 22,823 new cases are reported annually. In Ghana, where most cancer cases are reported at the late stages of the disease, access to palliative care services would have been beneficial for these patients which unfortunately is underprovided. Delivery of palliative care is less expensive, especially in Africa where home care is the service of choice. Access to palliative care and a dignified death is considered a human right yet its provision is limited in most LMIC such as Ghana. The right for all persons in need of palliative care to have access to the needed services is often overlooked by policy makers in some countries which needs to be emphasized. In particular, we advocate for the implementation of a well-integrated palliative care policy in LMIC's and illustrate our discussion within the Ghanaian health care system.





#### 45. GRENADA

##### Dr Jennifer Solomon

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##### Creating a conceptual framework for continuing professional development

In Grenada, the process of revalidation requires 60 hours of continuous professional development (CPD) to be carried out over a three year period. However, there is a lack of a CPD framework, guidelines and policies to guide nurses to enable engagement with CPD and be compliant for revalidation. Three cycles of planning, action, analysis and reflection were carried out over a year. Data from meetings and experiences were analysed along with a national survey which informed 24 semi structured interviews to investigate the issues surrounding CPD in Grenada. It was found that CPD is a complex process, context based and involves formal and informal activities. There is a strong concept that CPD is integral to professional identity, however there was no uniform concept of what CPD is. This study discovered that a framework was viewed essential for CPD engagement and guidance. Additionally the learning needs and commitment of the individual, profession, and institution must combine to ensure professional development and life-long learning are achieved. This study supports those who advocate for a comprehensive framework to assist engagement in continuous professional development. The study adds to the literature that mandated activities are viewed positively as evidence of support from the institution. The framework proposed is supported by learning theories that encourage autonomy and self-reflection as a means to embed CPD in the culture. This new knowledge can be transferred to the region and beyond. The study concluded that CPD, as a dynamic complex process taking into consideration the needs of the individual, the profession and the institution offers promising potential as future frameworks are evaluated. The conceptual framework is offered as a recommendation for a change in practice.



#### 46. UNITED KINGDOM | GRENADA

##### Dr Debbie Porteous (UK)

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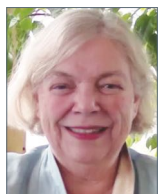
##### Dr Jennifer Solomon (Grenada)

Chair and Director, Nursing and Allied Health Sciences, St Georges University, Grenada

##### A tale of two countries: authentic partnering and valuing engagement and ownership

Using the principles from collaborative and participatory research this presentation tells the story of how a Caribbean island within the Commonwealth successfully sought support and consultation from Northumbria University in the UK to develop a BSN nursing program. It will demonstrate how together the consultant and host ensured there was ethical and authentic partnering, context was considered and traditional roles not assumed. The discussion will explore how the partnership identified strengths and how assets and processes for the partnership were established. As the project progressed it will be shown how both parties increased their capacities and developed together thus sharing the benefits of the partnership's accomplishments. The use of consultation to develop policy or programmes in nursing across countries using expertise is common practice. Using a participatory and collaborative approach enables authentic partnering where value and emphasis is placed on a collaborative effort to ensure engagement and ownership. To enable success in such projects, there is a need to empower and value those on the receiving end of such consultation to ensure that the desired change in practice is sustainable, valued and applied. It is essential that steps are taken to ensure the host and practitioners have a central role as co-collaborators, and that consultants are interested in closing power gaps and deconstructing colonial stereotypes. These steps or concepts include careful pre-planning, allowing ownership to be dispersed, excellent team communication, awareness of cultural competency engagement with emotional intelligence and lastly the ability to be reflexive. If these concepts are not adhered to, this may result in a failed project or worse the continuation of authority and supremacy as the consultant acts as an autocrat not considering context or expertise of those professionals they are consulting.





#### 48. CANADA

##### Dr Deva-Marie Beck

International Co-Director, Nightingale Initiative for Global Health  
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##### Celebrating our heritage and history: committing to our now and our future

The 2020 Nightingale Bicentenary has arrived! What a moment in time – to look back and remember – to commit to our now and to our future! While remembering Nightingale's 200th birthday, we can also celebrate our heritage and history of many others who have followed in her footsteps, across the Commonwealth. In Canada, the Victorian Order of Nurses (VON) was established in 1897 as a District Nursing project reflecting Nightingale's vision for nursing practice. Founded by Lady Aberdeen, a mutual friend of Queen Victoria and Nightingale and wife of then Canadian Governor General, this project began when Lady Aberdeen learned of needy women and children alone in remote areas. In 1898, one of VON's first dispatches was to the Klondike where nursing skills were desperately needed to care for the many victims of a typhoid epidemic. Across the decades, many other inspired examples include: Indian nurses who founded their national nursing organization, sited on Florence Nightingale Lane in New Delhi, in 1908; South African nurses who strategically participated in the downfall of apartheid in the 1990s; and featured Commonwealth nurses and midwives who have received the prestigious Florence Nightingale Medal awarded by the International Committee of the Red Cross. Now, increasing globalization and related 'global citizen' shifts in consciousness are emerging among all health professionals, students, educators, clinicians and policy makers. While we, as 'global citizen nurses and midwives', continue our person-centred interventions, we are also expanding the envelope of our nursing and midwifery arena to include commitments to population-centred interventions. Today's global health challenges will not be solved in a day, a year, or even a generation. But in our generation, we are encouraged to use our experience, knowledge, wisdom and advocacy to continually plant the seeds of our caring, compassion and commitment toward achieving a future healthy humanity and world.



#### 51. SRI LANKA

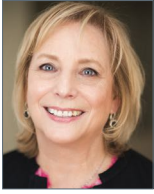
##### Ms Ranjani Nettasinghe

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Co-author: Ms Lasni Abesekara (Sri Lanka) Nursing Officer, National Institute for Mental Health Sri Lanka

##### The prevalence and readmission of psychiatric patients in NIMH in Sri Lanka

The National Institute of Mental Health (NIMH) is the largest tertiary care hospital in Sri Lanka caring for patients with mental illness. The aim of this study was to identify and evaluate the factors related to readmission of psychiatric patients in NIMH. Readmission rate is considered an indicator of the quality of mental health care. Risk factors associated with hospitalisation remain poorly understood. Identify and evaluate the factors related to rehospitalisation of psychiatric patient may help to improve mental health care quality. Rehospitalisation is a painful experience for the patients and their families. A descriptive cross-sectional study was conducted among randomly selected 200 relatives of patients with psychiatric disorders. Investigator-administered structured questionnaire was used to collect the data from relatives who visit readmitted patient in four wards. Descriptive statistics and chi square test were used for data analysis and SPSS 23 version was used as the statistical analysis tool. Ethical approval was obtained from the ethics review committees of Kaatsu international university (KIU) and NIMH. Among readmitted patients 64% were male patients and majority of them were 30-45 years age group. Common causes for the rehospitalisation were poor drug compliance (79%), poor community support (80.5%), lack of permanent care giver (84%), and lack of awareness related to the proper patient management (56%). Rehospitalisation rates were high among Schizophrenia patients (40%), bipolar affective disorder (36%) and other disease conditions were manic disorder, depression, psychosis, post-partum psychosis, intellectual disabilities and disorders due to drug abuse. There was an association between clinical diagnosis of the patient and medication noncompliance ( $P > 0.05$ ). Readmission rates were high among Schizophrenia patients and patients with bipolar affective disorders. Main factors associated with readmission were lack of care giver, poor drug compliance and lack of awareness related to the proper patient management.



Dr Laurie Gottlieb  
(Canada)

## 52. CANADA | AUSTRALIA | SWITZERLAND

### Dr Laurie Gottlieb

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### Strength-Based Nursing and Healthcare: re-envisioning nursing, empowering clinicians, leaders, managers, educators

This symposium brings together the work of nine nurses from three countries who are committed to Strengths-Based Nursing and Healthcare (SBNH). SBNH is an alternative worldview to the deficit model but complementary to the medical model. It is a philosophy as well as a value-driven approach that guides clinicians, leaders, and educators on how to be, what to attend to, and how to work with others. The philosophy and value-driven approach is rooted in Nightingale's thoughts which makes it highly relevant and timely. This two hour symposium will begin with a brief overview of SBNH, followed by eight, 10 minute presentations, organized under four themes and then followed by a 20 minute panel discussion. The themes include:

1. **Educating nurses in SBNH:**
  - 1.1 Teaching SBNH in the BN program, University of Tasmania: implementing a flipped classroom pedagogy
  - 1.2 The process of operationalizing and implementing SBNH to underpin McGill University's undergraduate and graduate nursing programs.
2. **Transforming the workplace: creating a culture of SBNH leadership:**
  - 2.1 Creating an SBNH culture in a children's rehabilitation hospital
  - 2.2 SBNH Training Program for clinical leaders and managers.
3. **Empowering nurses through SBNH: reclaiming nursing and finding voice:**
  - 3.1 Impact of SBNH reflective practice sessions on clinicians and research
  - 3.2 Empowering practice with SBNH and student: a motor for change.
4. **Breaking down silos: creating and strengthening partnerships:**
  - 4.1 Advancing SBNH through the work of the McGill Collaborative
  - 4.2 Creating SBNH Communities of Practice around women's health: cases of Burkina Faso, Africa and Quebec Mimosa Community.



Ms Annie Chevrier  
(Canada)



Dr Marilyn Ballantyne  
(Canada)



Ms Pam Hubley  
(Canada)



Dr Christina Clausen  
(Canada)



Dr Melanie Lavoie-Tremblay  
(Canada)



Dr Judith Lapierre  
(Canada)



Dr Bruce Gottlieb  
(Canada)



Dr Lindsay Smith  
(Australia)



Ms Valerie Renoud-Grenier  
(Switzerland)



### 53. AUSTRALIA

#### Dr Rebekkah Middleton

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#### Mr Keith Jones

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Co-author: Mrs Margaret Martin, Nurse and Midwife Manager, Development of Practice and Workplace Capabilities, South Eastern Sydney Local Health District

#### Does formal leadership education translate to health practice?

Key health reports internationally have highlighted and recommended the need for effective and visible leadership in health. One such report is The Francis Report (2013). The report identified that the absence of positive nursing leadership had a negative impact on patient care, and one of the key recommendations was to support leadership development for nurses and midwives. There is considerable reported work around leadership development but very little that demonstrates the impact and effectiveness of formal leadership education in health care practice. A broad range of informal, online and organisational programs have been instituted throughout Australia. The School of Nursing at the University of Wollongong, has delivered an inter-professional postgraduate subject 'Effective Leadership in Health' for the past ten years. A partnership with three Local Health Districts has been developed and formalised, where the subject is delivered to employees from each Local Health District on their local site. While the university supports facilitating this subject to allied health professionals, at least 80% of participants are nurses and midwives. This presentation will provide current information from the authors' research about the application and impact of theoretical knowledge gained from undertaking a university postgraduate subject on aspects of practical leadership in health care in relation to organisational culture, interpersonal relationships, processes and systems. These aspects are current leadership priorities in Australia, in terms of developing and leading self, engaging others, partnering across disciplines and transforming systems. The research will be presented considering the perspectives of nurses and midwives on how they have actively translated leadership knowledge, skills and theory from a university postgraduate subject 'Effective Leadership in Health' into their everyday health care practice.



### 54. TRINIDAD AND TOBAGO

#### Dr Salisha Mohammed

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#### Collateral learning among childbearing women: implications for nursing and midwifery education

The aim of this study was to explore the collateral learning styles among young women in a rural village in the southern region of Trinidad during pregnancy and the intrapartum and postpartum periods. It is part of a larger study which explored the cultural practices and beliefs of childbearing women. This was an instrumental case study situated within the qualitative paradigm. Eleven women between the ages of 19 to 30 years participated in this study. Data sources consisted of one-on-one interviews and medical documents. The data were analysed using grounded theory methodology. Jegede's (1995) theory of collateral learning was used to further analyse the data. Based on Jegede's (1995) theory, the women demonstrated dependent and secured collateral learning. However most of them displayed secured collateral learning, whereby they consciously combined biomedical science with indigenous knowledge in their discourse. Jegede (1999) asserted, from a social constructivist perspective, that the indigenous knowledge of a learner is important to construct the meaning of a new situation. Hence, in order to increase the readiness to learn of nursing and midwifery students, as well as childbearing women, their prior knowledge must be taken into consideration. The knowledge and insights gained from this small study have implications for issues related to collateral learning which should be considered in the development of curricula at the schools of nursing and midwifery to enhance cultural border crossing among their students. This is a small study so there is need for follow-up work to test the validity of the potential implications.



## 55. MALTA

### Mr Geoffrey Axiak

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#### Reduction of obesity in older people in a long term care institution in Malta

This research is still in progress and the abstract will be updated closer to the conference. Nutritional information of elderly persons living within the institution was collected from 2013 till 2018. From 2013 to 2017 nutritional status in the elderly always decreased, however in 2018 it was seen to rise. This sudden increase led to the initiation of this project. This aim of the project was to decrease the incidence of obesity in a residential long-term facility for the care of the elderly by 3% or more. Nutritional assessments carried out in 2018 will be studied. Educational sessions will be organised for relatives and health care professionals who provide food to elderly residents. The local Health Promotion Department will be asked to help by providing sessions to the relatives and educational material to relatives and staff. Staff from all over the institution will be targeted for the educational sessions. During the study they will be asked to monitor the weight of the elderly persons that are obese and assisted to start providing healthier dietary options through formal diet plans and supervision by the hospital nutritionist. After the interventions new nutritional assessments will be carried out (at the end of 2019) and the results compared to those of 2018. The incidence of obesity in the elderly persons will be statistically compared and potential influencing factors identified. As a result of this study, the researcher recommends further studies in the area of nutrition in the elderly, ongoing education to relatives and health care professionals about nutrition in the elderly, ongoing nutritional assessment of the elderly using validated and reliable tools and more research into more specific areas of nutrition in the elderly.



## 56. NAMIBIA

### Dr Ester Mulenga

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Co-author: Mrs Elise Mutanga, Registered nurse and midwife, Ministry of Health and Social Services, Namibia

#### Challenges experienced by cancer patients receiving treatment at Oshakati Oncology Clinic, Namibia

People living with cancer encounter different problems and some of the challenges are related to their diagnoses and treatment. Cancer is one of the global health problems. In Namibia there are many people affected by different types of cancer, irrespective of age, race and gender. About ten Namibians are diagnosed with cancer every day and an estimated 632,000 women are at risk of breast and cervical cancer. Cancer is also among the top ten non-communicable diseases which cause death among Namibian people. The common types of cancer in Namibia include skin, breast, and cervical cancer in women as well as prostate and lung cancer in men. The World Health Organisation indicated that about 22.3% and 16.2% of females died from breast and cervical cancer respectively and 24.6% of men died from prostate cancer in Namibia. A qualitative, exploratory, descriptive and contextual study was conducted to explore and describe the challenges experienced by cancer patients receiving treatment at Oshakati oncology clinic in Namibia. The study revealed multifaceted challenges which include financial constraints, limited resources, long distances to health facilities, negative effect of treatment, and negative attitudes of health workers as well as inadequate provision of information to patients. The study concluded that understanding those challenges will assist the government, private sector and non-governmental organisations as well as health workers to develop and implement strategies to support cancer patients effectively. The study recommends the need to provide in-service training to nurses working with cancer patients as well as the urgent need to decentralize oncology services to other parts of the country.



## 57. BAHAMAS

### Ms Rebecca Johnson

Ms Rebecca Johnson, Senior Nursing Officer, Public Hospitals Authority Bahamas  
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### Knowledge and perception of obesity and healthy food choices among school-age children

Health reports indicate that there is an alarming increase in the incidence of childhood obesity. Indeed experts state that as many as 10 to 22% of the world's school-aged children are estimated to be overweight or obese, placing them at an increased risk of developing serious chronic illnesses such as diabetes, hypertension and heart disease, before or during early adulthood (Obesity review 2004; Health report 2012). This study aims to investigate and enhance the knowledge of school-age children admitted to a pediatric unit in Nassau Bahamas and their caregivers, as it relates to obesity and healthy food choices. An action research study using random sampling will be used to explore the knowledge and perception among school-aged children who are admitted to the Paediatric Unit and their care-givers. A pre- and post- self-administered, age- appropriate questionnaire will be used for data collection and the intervention will consist of providing information on the causes of obesity and making healthy food choices to improve knowledge, prevent illnesses and enhance lifestyle practices. The results of the study are pending. Excess weight in childhood has been linked to numerous chronic diseases, poor emotional health, and even diminished social well-being, which can potentially lead to many devastating complications. Subsequently, the goal of this action research study is to inform school-age children and their caregivers about reducing these risks with healthy food choices.



## 62. UNITED KINGDOM

### Miss Jenny Halse

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### Dr Lisa Reynolds

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### Assistant Professor Julie Attenborough

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### Creating new roles in health care: lessons from the literature

The NHS is experiencing unprecedented change and needs to adapt its workforce. It is also experiencing a staffing crisis in nursing. The NHS is faced with the urgent task of reshaping and enhancing its nursing workforce. One solution that is being implemented is the creation of a new role – that of the nursing associate – to bridge the gap between registered nurses and support workers. What are the challenges of introducing new roles in an established health care workforce? A literature review was undertaken to examine the evidence around this question, identify key themes and come up with recommendations for leaders and workforce planners. The first cohorts are currently undergoing training. However introducing new roles in an established workforce is not an easy task. It needs to be well thought-out and planned, and conducted with the primary aim of meeting patient need. This literature review has established that the introduction of new clinical roles in the NHS is challenging, with significant implications for patient care. It can also have consequences for existing staff and, while we need to embrace new roles and innovations, this should not be at the expense of the existing workforce. Collaborative partnership working with all stakeholders is fundamental and patient need must be at the heart of the project and remain central in the change process. The review has highlighted key factors that leaders and workforce planners need to consider: (a) Workforce planning is robust, taking into consideration how the new role will fit in with existing services and workforce; (b) Scope of practice is well defined and the education programme mirrors patient need; (c) Leadership is strong and uses change management methodology; and (d) Time and money are adequate and resources include provision of a clinical educator.







## 64. UNITED KINGDOM

### Dr Laura Abbott

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Co-Authors: Dr Tricia Scott, Independent Nurse Educator and Researcher; and Dr Kathy Weston, Independent Education Consultant

### Breaking down global barriers: physical and emotional health of pregnant prisoners

There is an estimated global prison population of 10.35 million and 7% (n=714,000) of these are women and girls representing a 53% leap since the year 2000. Global figures are unattainable but it is estimated that 600 pregnancies and 100 births occur annually in UK prisons alone raising questions about conditions regarding the care and welfare of pregnant prisoners globally. From a midwifery perspective, the pregnant prisoner has special physical and mental health needs which are often unmet in the closed institution of the prison estate. Embryonic thoughts about this issue arose following doctoral study interviews in 2015-2016 which exposed conditions and perceptions of pregnant women in UK prisons. An extensive literature on the sociology of reproduction, pregnancy and childbirth amongst women prisoners demonstrates that the health and welfare of pregnant prisoners is under-researched. This paper considers concepts central to the pregnant prisoner experience including physical and nutritional and environmental aspects impacting upon her pregnancy; degradation of handcuffs or chains when attending hospital appointments and loss, as her child is taken away.

Many pregnant prisoners do not access specialist midwifery services. This paper alerts practitioners to institutional thoughtlessness characteristic of the prison estate and the embodied situation of the pregnant prisoner and calls for a global response to benefit this prison population and the vulnerable baby.



## 66. GHANA

### **Dr Veronica Millicent Dzomeku**

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### **Exploring midwives' understanding of respectful and non-abusive maternal care**

"I would not have hit you but you would have killed your baby". Various aspects of disrespect and abusive maternity care have received scholarly attention because of frequent reports of the phenomenon in most health care facilities globally, especially in low- and middle-income countries. However the perspectives of skilled providers on respectful maternal care (RMC) have not been extensively studied. Midwives' knowledge of respectful maternal care is critical in designing any intervention measures to address the negative influence of disrespect and abuse in maternity care. Therefore the present study sought to explore the views of midwives on RMC at a teaching hospital in Kumasi, Ghana. Phenomenological qualitative research design was employed in the study. Data were generated through face-to-face in-depth interviews which were audio-recorded and transcribed verbatim. Data saturation was reached with fifteen midwives. Open Code 4.03 was used to manage and analyse the data. The study found that midwives' understanding of respectful maternal care comprises the following components: non-abusive care, consented care, confidential care, non-violation of childbearing women's basic human rights, and non-discriminatory care. Probing questions to solicit their opinions on the evidenced-based component of respectful maternity care generated little information, suggesting that the midwives have a gap in knowledge regarding this component of respectful maternity care. The study concluded that midwives have an understanding of most components of respectful maternal care, but their gap in knowledge on evidenced-based care requires policy attention and in-service training. To understand the extent to which this gap in knowledge can be generalized for midwives across Ghana to warrant a redesign of the national midwifery curriculum, the authors recommend a nationwide cross-sectional quantitative study.



## 68. SWEDEN

### Associate Professor Carina Elgan

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### Nurses' experiences of non-pharmacological pain management in palliative care

The aim and objectives of this study were to explore the experiences and views of nurses on the use of non-pharmacological therapies of chronic pain management in palliative care. Nurses' proficiency in palliative care is vital for managing chronic pain of patients suffering from chronic diseases. Although pharmacological therapies are fundamental for patients' pain management, evidence shows that nurses have also used non-pharmacological therapies. It is important to investigate nurses' experiences of non-pharmacological therapies for chronic pain management in palliative care as this will contribute to the knowledge base of how non-pharmacological therapies contribute toward chronic pain management. The study used a qualitative descriptive design. Data collection was done through individual interviews involving 15 nurses purposefully sampled to ensure maximum variation. Qualitative content analysis was used to analyse data. Data complied with the criteria of the Consolidated Criteria for Reporting Qualitative Research (COREQ). The analysis of results produced four categories. These were Building and Sustaining Favorable Therapeutic Relationships, which involved creating a conducive environment for nurse-patient engagement that helped nurses to manage patient's pain better. In the category Recognizing Diversity of Patients' Needs, person-centered care was expressed as vital for individualised non-pharmacological pain management. Incorporating Significant Others was another category which described how creating space for interaction with significant others, could relieve patient's pain. Recognizing Existence of Barriers was a category which described obstacles to receiving maximum benefits of non-pharmacological therapies of pain management. The study concluded that the basis for successful non-pharmacological pain management depends on creating sound relationship between the nurse and patient. The relevance to clinical practice is that nurses view their relationship with the patient as vital for understanding individual patients' pain management needs. Further, nurses' knowledge of individual patients' significant others and barriers, can be vital in relieving patients' pain.



## 69. UNITED KINGDOM | AUSTRALIA

### Mr Andrew Larpent OBE (United Kingdom)

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### Ms Jo Boylan (Australia)

Director of Operations, Southern Cross Care South Australia and the Northern Territory Australia  
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### Transforming aged care throughout the Commonwealth during the WHO Decade of Healthy Ageing 2020-2030

CommonAge is an accredited Commonwealth Civil Society organisation that is working for older people throughout the Commonwealth. Population ageing is a challenge faced by all Commonwealth countries and the presentation will include data from CommonAge's "Ageing in the Commonwealth" research report by the Oxford Institute for Population Ageing, first published in 2018. CommonAge works with national and international organisations, advocating and delivering services for older people across the Commonwealth. We advocate for an all age-friendly Commonwealth and we support the development of contemporary, community based social care and retirement services. The WHO "Decade of Healthy Ageing 2020-2030" provides a timely opportunity to support the development of population health initiatives that will combat the adverse health effects of ageing through the promotion of physical exercise, good nutrition and socialisation to prevent avoidable decline. This presentation will demonstrate comprehensive evidence on effective strategies to challenge increasing frailty, dwindling and premature death amongst older people. The aim of CommonAge is to promote the "Decade" throughout the Commonwealth and to challenge every government to prepare action plans to implement healthy and active ageing strategies.





## 70. UNITED KINGDOM | UGANDA

### Mrs Joy Kemp (United Kingdom)

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### Professor Julia Downing (Uganda)

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### Inter-professional collaboration for nursing and midwifery leadership development in Uganda

The WHO estimates a global shortage of over 9 million nurses and midwives and suggests that achieving the SDG 2030 health targets depends on a skilled and well-resourced health workforce and the development of intra and inter-professional collaborative partnerships. This presentation will describe the development of an inter-professional partnership to strengthen nursing and midwifery leadership in Uganda. Developing effective leaders for nursing and midwifery is one of the aims of Nursing Now and is a priority for WHO and for the Ministry of Health in Uganda. The Royal College of Midwives has a long term partnership with the Uganda Private Midwives Association. Edinburgh University and the Palliative care Education and Research Consortium at Makerere University Uganda have a similar partnership. Between 2012-2018 both partnerships, funded by the DFID/THET Health Partnerships Scheme, used similar methodologies to strengthen leadership for palliative care nurses and midwives in Uganda, engaging UK nurses and midwives to mentor Ugandan counterparts. Evaluation of both projects showed positive outcomes for nursing and midwifery in the UK and Uganda. In 2017-2018, recognising common ground, both partnerships collaborated in a joint visit to Uganda, co-facilitating a workshop and co-mentoring some Ugandan senior midwives co-deployed as leaders in palliative care. Synergies and links between nursing, midwifery and palliative care in Uganda were identified, along with key areas for leadership development. Each partner brings different strengths to the alliance such as stakeholder relations, expertise with writing bids and proposals, skills in organisational development and local knowledge. A bid has now been submitted for further joint work. In this presentation, we will share strategies for successful partnerships and explore the potential for inter-professional collaboration. As the African proverb says: 'If you want to go fast, go alone; if you want to go far, go together'.



## 71. UNITED KINGDOM

### Mrs Joy Kemp

Global Professional Advisor, The Royal College of Midwives, United Kingdom  
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### Exploring student midwives' and midwives' experience of mentorship in Uganda

In 2017 a new system of mentorship was piloted for student midwives in Uganda, based on the Lancet Framework for Quality Maternity Care; this included development of a mentorship CPD module for midwives, training the first cohort of 48 mentors, and the adoption of a new national standard for midwifery mentorship by the Uganda Nurses and Midwives Council. One hundred and forty two students were also mentored from 8 different education institutions. This qualitative study set out to add rich data and meaning to the pilot project by exploring the experiences of the first batch of student midwives and midwives as mentors and mentees. Midwifery research is in its early stages in Uganda but showing great potential and this study is the first research paper submitted by the professional midwives association. It is the author's first international conference presentation. The purpose of the study was to explore student midwives' and midwives' experience of developing self-efficacy through a work based learning mentorship pilot programme in Uganda. Thirty seven participants (8 midwives and 29 students) took part in four focus group discussions in June and July 2017. Discussions were recorded and transcribed and qualitative data analysis was subjected to thematic analysis, validated by project participants. Ethical approval was obtained from a national body. Four major themes (confidence, competence, mentorship, and student development) and seven sub-themes emerged, including the dimensions of an effective mentor/mentee relationship. Mentorship was found to significantly improve the quality of students' practice learning and enable self-efficacy in midwife mentors, improving the quality of the maternity care they provide. This paper adds to the sparse number of empirical research studies in Uganda. The model of mentorship in the project improved practice learning and the quality of maternity care, but may require adaptations in other settings. The key messages for midwifery practice are that mentorship improves student midwives' clinical learning experience and also improves the quality of maternity care provided by their mentors.



## 72. KENYA

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#### Health improvement by leveraging community participation; cultural experiences in Kajiado County Kenya

Sanitation is a constitutional right in Kenya and embodies availability, accessibility, quality, and proper use of facilities and services for safe management of human excreta. Nomadism was found to contribute to high open defecation rates with Kajiado and Narok counties at 45.5 per cent and 50.3 per cent respectively. The percentage of people openly defecating in Kenya stood at 12.035% in 2015 with a positive downward trend. Loitoktok Sub-County grapples with open defecation. A multidisciplinary team of students were tasked with developing and implementing sustainable interventions. The objectives were to: (a) Assess community One Health needs at the human, animal and environmental interface in Siana Cultural Boma; (b) Identify priority One Health needs; (c) Develop and implement sustainable interventions; and (d) Develop a monitoring and evaluation framework for the interventions. Participatory rural appraisal was done with a resource map for Siana being developed by the community and prioritization of One Health challenges using proportional piling. Open defecation (OD) emerged as the most pressing priority. Others included limited access to markets, tick infestation and human-wildlife conflict. OD was subjected to root cause and force field analysis. This revealed habitual practice to be at the root of using 'bush toilets.' Sensitization on health risks of OD and demonstration of the diarrhoeal transmission cycle formed feasible priority interventions based on the matrix piling tool. Additional information was collected using key informant interviews and focused group discussions. A skit, charts, a slogan, and interactive discussions were employed to make it simple and memorable. A monitoring and evaluation plan were established along with the community. Tackling open defecation and related diseases using the One Health concept through a multidisciplinary approach and studying their correlations can reduce and hopefully eradicate infectious disease transmission through improvement, use and maintenance of pit latrines by the community.

\*Proportional Piling: Proportional Piling allows people to express their perspective of quantity by piling "counters" such as stones or beans that can then be put into percentages. This is useful for estimating quantities and proportions, especially when working with people who are not used to quantifying data. For example, to discover the proportions of a livelihood group's annual income to come from different sources, the procedure is as follows: Collect 100 dried beans, pebbles or anything similar that are all more or less the same size. Working with a focus group drawn from a specific livelihood group, ask the informants to divide the beans into piles relative to the income received from each source. Count the number of beans in each pile. This number is equivalent to the percentage of annual income to come from that source.



### 73. UNITED KINGDOM

#### Miss Wendy Nicholson MBE

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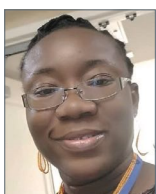
#### Mrs Penny Greenwood

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#### Universal health for all: a public health approach

The United Nations ambition to provide Universal Health Coverage by 2030 requires a well-equipped workforce, with the skills and knowledge to deliver at pace. Nurses are the largest single workforce delivering health care across the globe, delivering in many different settings including hospitals and within local communities. There is currently much more emphasis on prevention, public health, self-care, community empowerment, and health literacy; this not only provides an opportunity to prevent illness and to optimise health and wellbeing but also reduce the burden on health care systems. To meet the health challenges and changes in population health, nursing will need to continually evolve. Nurses are not averse to change, however their significant contribution is often underplayed. Nurses' unique contribution, particularly within the prevention arena, is impactful and there is evidence to demonstrate the return on investment. The evidence-base underpinning prevention and public health nursing continues to grow, with nurses using this to both strengthen care delivery and contribute to the evidence base by demonstrating impact. As one of the most trusted professions, nurses are pivotal in identifying inequalities and addressing the complexity of health and wellbeing within diverse communities, whilst delivering evidence-based interventions to improve wellbeing. Nurses operate on three levels to improve health: individual, community and population. Working with communities and empowering individuals requires skill, knowledge, emotional intelligence and effective leadership. This presentation will focus on the role and leadership of public health nurses and midwives in delivering impactful prevention programs and supporting the UN ambition of universal health coverage. There will be a focus on the work of the Public Health England World Health Organisation Collaborating Centre for Public Health Nursing and Midwifery and the impact it has had on supporting other countries in progressing nurse leadership to achieve more focus on improving population health and improving outcomes.



### 75. GHANA

#### Mrs Sylvia Oger Ofosu Dwamena

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#### Nurses' experience of children's post-operative pain assessment at a hospital in Ghana

All surgeries performed are followed by some level of pain. Postoperative pain refers to pain experienced after surgery and is usually acute in nature. Among the duties of the nurse is pain assessment and management. In assessing pain intensity, subjective measures (self-report) and objective measures (behavioral and physiologic) are used. Nurses in clinical practice have been observed not to assess pain before management, more so among children, and also there is lack of research in assessing pain in children who cannot verbalise their pain. The aim of this study was to describe how registered nurses in a Ghanaian regional hospital assess postoperative pain in children (0- 3 years). The method employed was descriptive phenomenology. Purposive sampling was used to recruit nine participants who nursed children after surgery. In depth interviews were conducted which were audio- recorded. The interviews were transcribed verbatim and qualitatively analyzed guided by Colaizzi's approach. The findings indicated three main themes in assessing pain: (a) use of subjective measures; (b) use of objective measures and finally (c) challenges nurses face. The study revealed that there was no pain assessment scales for nurses to use in assessing pain. The nurses instead used the individual behaviour of the child in assessing pain. The implication for practice is that for effective management of post-operative pain in children, nurses need to consider using a pain assessment scale to provide holistic care to the child and to prevent development of chronic pain later in life.





## 78. BANGLADESH | UNITED KINGDOM

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### Innovation and reciprocity: strengthening professional associations through cross cultural partnership

Twining has the potential to increase midwives' power and transform communities. The International Council of Midwives (ICM) promotes twinning to strengthen professional associations. The Royal College of Midwives (RCM) and The Bangladesh Midwifery Society (BMS) formally twinned in 2017 and reviewed the partnership in December 2018. This presentation will outline how innovation has been harnessed to facilitate reciprocal change in both organisations. It will also benchmark the project against Cadée's Critical Success Factors for midwifery twinning. In Bangladesh, innovations include a new online membership database, e-voting system and e-learning platform. Individual cross-cultural twinning relationships have harnessed technology to improve communication and reduce carbon footprint. BMS has become almost virtual, pioneering the use of social media to grow and effect change through the creation of an online community. Innovative facilitation enhanced organisational development through use of trash-art, games, and forum theatre alongside more traditional capacity-building activities. Formation of thematic teams has supported national and local activities. Reciprocally, the RCM is transforming its UK branches, through e-voting, social media and live-streamed engagement as well as digitised resource management to enhance effective organisation of branches and promote engagement of members as volunteers. A national working group and dedicated staff support local branches. More recently, the international twinning work has prompted exploration of local twinning between UK branches. UK health services have been slow to adopt innovations, however this project demonstrates that twinning can encourage innovation for both partners where critical success factors for twinning are present, such as cultural humility and equity alongside good communication, project management, and adaptive leadership. This presentation will inform midwifery associations or other organisations who wish to develop their capacity or engage in twinning or cross cultural exchange.



## 79. GHANA

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### Ghanaian graduate nursing students' concerns regarding academic research supervision: an exploratory study

Supervision of graduate research has become a key component in empowering the graduate student. Good supervision of graduate students' research is a core mandate to supervisors, which leads to independence of the graduate students in the area of research. It helps facilitate student's academic development and enhances supervisor's skills. However many students have expressed varied opinions on the concept of graduate supervision. This study therefore assessed the concerns of graduate nursing students' research supervision. The study used an explorative descriptive qualitative approach. Purposive sampling methods were used to sample 15 graduate nursing students who were either MPhil or MSc students undertaking their research. The study site was the University of Ghana, School of Nursing and Midwifery. The majority of respondents complained of difficulty receiving timely feedback from their supervisors. Students also expressed difficulty in having to deal with conflicting responses from different supervisors. Respondents indicated the importance of feeling part of the study, completing their chapters early, and being assigned to supervisors who were expertise in their area of study. Students' expectations were not fully met and therefore it is recommended that regular training of supervisors of graduate students and co-supervision should be encouraged, where co-supervisors would discuss their feedback for consistency before feedback was returned to students. Students should be assigned to supervisors who are experts in the areas they are conducting research.



## 80. GHANA

### Dr Emma Kwegyir-Afful

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#### Assessing patient adherence to health education: perspectives from Ghanaian midwives

It is common practice for midwives to educate pregnant women against perceived harmful behaviours. In some jurisdictions, a nurse or midwife can be sued for negligence if there is enough evidence to suggest a patient's injury was due to lack of health information. Patients' adherence to health education can be influenced by a range of sociocultural factors. Accurate assessment of adherence will promote patient's health outcomes however there is little or no guidance on how to assess patients' adherence to health education. The objective of this study was to explore midwives' perspectives about assessing pregnant women's adherence to health education. In this qualitative study, data was collected from 14 Ghanaian midwives during three focus group sessions. Recruitment was through voluntary purposive sampling. Participants were practicing midwives, educators or administrators. Participants gave their written informed consent to participate. Data collection tools were tape-recordings and field notes. Thematic analysis was done focusing on similarities and differences of perspectives among participants. The study was approved by the Ghana Health Service Ethics Review Committee. Five main themes were found including self-report, home visit, support person's account, observation, and pregnancy outcome. Assessing adherence through a partner or a significant family member's account was common to majority of participants (79%); while patient's self-report was common among 57% of participants. Using the outcome of pregnancy to assess adherence was less common (21%). The results of this study demonstrates the methodological challenges associated with assessment of patient's compliance to health care information. Culture and family influence on patients' adherence were clearly demonstrated. Based on the findings, Ghanaian midwives might find useful a culturally standardised checklist to assess patients' adherence to health care information.



## 82. NIGERIA

### Mrs Christianah Toluwabori Morakinyo

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#### Nursing with a smile: an effective stress control

The duties of a nurse are no doubt enormous but when coupled with the lingering shortage of nurses in the NHS then the responsibility becomes quite challenging as it tends to be quite important and possibly more difficult for the nurse to deliver care to patients while ensuring best practice, and at the same time effectively managing high stress levels caused by increased workload. It therefore becomes necessary for nurses to utilize techniques that will assist them to manage stress levels at work in order not to compromise efficiency. This study looked into the effect of smiling on stress level among nurses, its effect on patients, and how it affects the way nurses are perceived. A study among 85 nurses in Kettering General Hospital, Northamptonshire UK revealed that 95% of the participants react more positively to colleagues who smile at them and feel significantly less stressed working with such colleagues irrespective of the workload. All the respondents submitted that colleagues who smile at them seem more approachable thereby enhancing efficiency of teamwork. In addition, 88% of the respondents agreed that they feel obliged to smile at people who smile at them (even if they don't feel like smiling initially) as it is the polite thing to do. In addition, 92.5% of the participants agreed that in a facility where health care givers are smiling at each other, the environment is less tense and the patients seem to be less anxious as the nurses' smile can be easily interpreted as confidence and competence which in turn reassures the patients. Moreover, all the respondents agreed that they feel less physical and psychological signs of stress in a friendly work environment than in a hostile one irrespective of the workload. Finally, all respondents agreed that it is beneficial to use the smiling technique to reduce stress at work and even in their personal lives.



### 83. USA

#### Mrs Yuko Leong

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#### From the Word Game BREATH to TREE: branching out from the gilded cage

As exhibited in the Florence Nightingale Museum, the word game BREATH was a shared childhood game between Florence Nightingale and her sister. Nightingale recalled playing this game whilst living in the “gilded cage” of her privileged childhood, the “luxurious prison” in which she determined that she would become a nurse. At the 4th Commonwealth Nurse and Midwives Conference in 2018, I presented BREATH: a word game Florence Nightingale invented for a safe environment, a method for creating short narratives of inter-generational trauma especially suited for immigrants who had left war-torn homes behind. I discussed using this method through Life Course Theory (LCT) and the Adverse Childhood Experience study (ACEs). For this presentation, I will continue to discuss the development of client storytelling with word games, now with TREE, a concept I have been nurturing as a transplanted tree in new soil, but not yet implemented as an actual tool. Since 2018, I have retired from my position as a public health nurse for the city of Berkeley, a small college town in California. Having stepped aside from the pressure to deliver measurable outcomes and to meet funding resource expectations, I am now reflecting on how public health’s upstream approach might be possible in restricted working environments. Our nursing mission remains to ensure children do not “fall off and drown in rivers.” From this thought, I wrote Haiku: TREE to share quiet dismay and rays of hope: trees can grow and thrive to bear fruit along rivers. Inter-generational Trauma, feathering down to the River, Embedded, for Eternal Life. I will discuss two tools: Ages and Stages Questionnaires (ASQs®), and the Edinburgh Postnatal Depression Scale (EDPS), that public health nurses used with a limited number of clients. Even though it was not statistically significant, we saw parents become experts and advocates for the well-being of their own children.



### 84. INDIA

#### Dr Selvarani Panneerselvam

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#### Efficacy of a comprehensive intervention package (CIP) on psychological parameters among anaemic adolescent girls

Anaemia and iron deficiencies reduce an individual’s wellbeing and cause fatigue and lethargy. Failure to reduce anaemia leads millions of adolescent girls and women into impaired health and quality of life, resulting in impaired development and learning, and impaired economic productivity and development. The aim of this study was to evaluate the effect of comprehensive intervention package (CIP) strategies on psychological parameters (cognitive function, physical work capacity, and quality of life) among anaemic adolescent girls. A total of 162 adolescent girls were included (81 control group and 81 experimental group) in the study. The pre-test data were collected by using the following tests: cognitive function was assessed by using Ravens Progressive Matrices (RPM) test; physical work capacity was assessed with a modified Harvard Step test. Total number of steps climbed and post exercise pulse rate were calculated. Quality of life was measured by administering a Tamil translated questionnaire. Experimental group participants were provided with a comprehensive intervention package for a period of three months. The post test was conducted after three months by using the same tools. The results showed that pulse rate and number of steps climbed during step test showed highly significant difference between experimental group pre-test and post test scores and the difference between control post and experimental post scores. Similarly RPM scores and quality of life scores between experimental pre and post test scores and between control post and experimental post scores also were highly significant. The present study finding revealed that there was a highly significant improvement in cognitive function, physical work capacity and quality of life after the intervention of the comprehensive intervention package among anaemic adolescent girls. Hence it is evident that a comprehensive intervention package has been effective with this vulnerable population in reducing the prevalence of anaemia and improving the iron status and should be continued.



## 85. AUSTRALIA

### Ms Dianna Kidgell

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### Should nurses seek a place at the table in trade negotiations?

Trade agreements between nations have evolved to include provisions beyond those of trade alone, intruding into areas of public policy such as health care. The broad scope and untested nature of some provisions in these agreements have given rise to questions about the potential for unintended outcomes, including for essential services such as health care. This presentation draws on the results of a scoping review of current literature related to implications of trade in goods and services agreements for health, undertaken utilising the Joanna Briggs Institute review framework. Key issues identified include lack of consultation with public health and health professionals, threats to equity of access to and cost of medicines and medical devices, biologics and biosimilars; threats to government capacity to regulate in the interest of public health from Investor State Dispute Settlement and Regulatory Coherence provisions; a potential threat to domestic employment following the waiver of 'labour market testing' for contractual or professional service suppliers, including nurses; and the potentially uneven nature of the distribution of economic benefits and labour provisions, with predicted increases in casual or precarious employment and negative consequences for worker health outcomes and health equity. As trade agreements venture further into areas traditionally the province of government and public policy, there are increasing calls for nurses and other health professionals to consider how to influence these important legislative and policy decisions and their impact, now and into the future.



## 86. SRI LANKA

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### **Incidence of depression after total mastectomy compared with breast reconstruction for breast cancer: a meta-analysis**

Breast cancer (BC) is a serious life-threatening event and the most common cancer of women. Mastectomy is the preferred surgical survival treatment for BC, conducted with or without breast reconstruction (BR). Depression is the most prevalent psychological disorder, not only in breast cancer, also other cancers. This meta-analysis aimed to identify the incidence of depression comparing mastectomy alone and mastectomy with breast reconstruction among middle age women with BC. A systematic literature review was undertaken using the following four databases: Embase, Medline (Ovid), Cinahl, and Cochrane Library of observational studies (cohort studies) conducted up to March 2019 which included incidence of depression following mastectomy alone or mastectomy with BR based using a PICO question\* and their observational finding. Study quality was assessed by using Joanna Briggs Institute quality appraisal tool (8/11 included) and guided by PRISMA check list. For meta-analysis of incidence rate of both interventions, risk ratio and a forest plot were calculated by using Comprehensive Meta-Analysis (CMA) software version 3.3. A total of ten studies met the inclusion criteria for this meta-analysis. The total population of breast cancer cases was 2293 for the analysis with 906 of mastectomy alone and 896 of mastectomy with BR. Incidence rate of mastectomy alone was 24.4% and 20.3% for mastectomy with BR. Risk ratio of depression with mastectomy alone was higher than mastectomy with BR at 33.2%. Heterogeneity was significant for this study and sub group analysis was done by using a depression scale. Incidence rate and risk ratio (HADS and BDI scale) showed different results. The analysis concluded that women undergoing a mastectomy alone had a significantly higher risk of depression compared with those undergoing mastectomy with BR. A Health Technology Assessment would be the best option to evaluate Quality Adjusted Life years for this population.

\* PICO (problem/patient/population; intervention/indicator; comparison; and outcome).



## 87. UNITED KINGDOM

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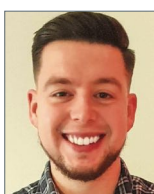
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### **Using public health nursing and midwifery expertise to influence health outcomes globally**

In 2017 the Public Health England World Health Organization Collaborating Centre for Public Health Nursing and Midwifery was launched and with it the role of the Technical Advisor (TA) or expert public health nurses and midwife. The Technical Advisors roles are a pivotal role in the health for all agenda nationally and globally. TAs are the ambassadors for global public health, bringing credible leadership with transferable skills and knowledge in public health innovation to support change in policy and delivery of health for all to prevent illness and optimise health and wellbeing whilst reducing inequalities. The TAs role draws on public health leadership, and is positioned to share innovation, policy, education and research. This is achieved through sharing of good practice and evidence-based case studies, whilst being a critical friend to any organisation that request TA support and expertise. The role not only has an impact for countries requesting support but also for the TAs who have an opportunity to engage with the global agenda, whilst extending their sphere of influence and gaining knowledge and insight. Recent request for service have included: support for Kazakhstan in the role of primary care in public health, supporting health visitors to improve health literacy, supporting maternity education and establishing the evidence to demonstrate the impact of nursing and midwifery. The TA network consists of nurses, midwives and allied health professionals, working with a spirit of wanting to ensure access to health for all and ensuring no-one is left behind. TAs are inclusive non-judgmental, strong communicators, passionate about public health and advocates for the profession. The TA role is valued nationally and globally as an asset to improving population health and is well embedded thanks to the strong leadership of the PHE WHO CC Leadership team within the Nursing Maternity and Early Years Directorate.





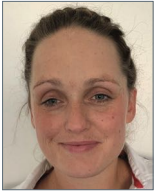
## 88. UNITED KINGDOM

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### Mr James Wade

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### Can a coaching model of learning in practice impact on patient experience?

In March 2019 Newcastle upon Tyne Hospitals NHS Foundation Trust trialled a coaching approach to learning on four wards within the organisation. Coaching empowers the students allowing them to take responsibility for their learning in a non-traditional environment. This differs from a traditional 1:1 mentoring role, allowing larger groups of students to work together delivering total patient care under the supervision of a registered nurse (RN). One of the many benefits of this approach is to overcome the escalating concerns from patients that staffing levels are affecting the quality and safety of care delivered. Initial findings from similar projects have demonstrated an improvement in student development which leads to a better prepared and more competent qualified practitioner. The study explored the impact of higher numbers of students working together and directing care on patient safety, and the patient experience in particular focusing on falls, pressure ulcer incidence, and rates of infection. Within each ward 3 -4 students of varying experience were allocated to care for up to 8 patients under the supervision of a registered nurse. All care for these patients was planned, prioritised, delegated and delivered by the students with the 'coach' supporting and guiding the process. The pilot ran for four weeks. Post placement evaluations were taken, safety data from datix reports compiled, and patient feedback examined for the duration of the pilot. Data is still being collated and analysed, however initial findings from the patient experience are positive. Patients 'feel' safer using this method as staff are present and visible more often than before. Patients reported that with the introduction of the learning bays their needs were being met earlier, and that students appeared more confident and knowledgeable in this setting. The presentation will include data on patient safety as well as ongoing data from the study.



## 89. GHANA

### Mrs Abigail Ansere Buertery

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### The perceived effect of stigma on community psychiatric nurses in Ghana

The purpose of the study was to explore the perceived effect of stigma on Community Psychiatric Nurses (CPNs) in the Southern part of Ghana. The study was carried out in three (3) districts hospitals (Ga South, Ga Central and Okaikoi) all in the Accra Metropolis located in the southern part of Ghana. A qualitative descriptive explorative design was adopted for the study. A purposive sampling technique was used to recruit participants. Data were saturated with 12 participants, aged between 25 and 40 years. The audio-taped interviews, after they were transcribed verbatim, were analysed using thematic and content analysis. The findings revealed that CPNs experienced various effects of stigma, such as low productivity, depression, and anger. They expressed what they have been through with other health workers in the several district hospitals and in their various communities. Most of the participants recounted how stigmatisation had affected their work both in the hospital setting and in their communities. The study showed that CPNs carried out their activities with great difficulty because of the poor image of CPNs and stressed the need for recognition and support from employers and stakeholders.



## 90. RWANDA

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#### Nurses' knowledge attitude and practice of emergency care related to road traffic accident victims in Rwanda

Road traffic Accidents (RTA) are serious problems worldwide and are worse in low and middle income countries. RTA victims need immediate and adequate care and the nurses' responsibilities include the provision of emergency care to such vulnerable patients. Worldwide, nurses are very significant health care personnel who form part of an emergency care team including an RTA emergency management team. In Rwanda, most trauma patients are being managed by nurses, but the published literature concerning knowledge, attitude and practice in relation to emergency nursing care of RTA victims is still limited. A cross sectional design was used to survey the full cohort of nurses working in Accident and Emergency (A&E) units in three selected Rwandan hospitals (N = 51). This study revealed that the knowledge and practice of nurses is either high or very high and the majority of them (73.657%) had a positive attitude toward emergency management of RTA victims. Being specifically trained in emergency care was associated with a significant increase in the likelihood of being at practice level 1 which is (1) very high (OR=5.35, 95%, CI=5.20-5.50), (2) high (OR=1.60, 95%, CI=1.17-2.19), (3) moderate (OR=5.35,95%,CI=4.15-6.88) and (4) low (OR=1.33,95%,CI=1.33-133) and being trained decreased evidently more than 99.9% the likelihood of being at a low level of practice. The study concluded that generally the knowledge and practice of nurses working at A&E services in the management of RTA victims is either high or very high. They also have a positive attitude toward RTA victims. Training has been demonstrated to enhance good practice. Therefore to employ nurses in A&E services, training in emergency care of RTA victims should be considered followed by regular refresher training.



## 91. SOUTH AFRICA

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### Professor Laetitia Rispel

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#### Decision-space of primary health care nurse managers in the Ideal Clinics Initiative

Decision space is the degree of authority given to those at local authority (policy implementers), by those at central authority (policy makers). As policy implementers, primary health care (PHC) nurse managers are uniquely positioned to influence health policy reforms, during conceptualisation and in steering implementation at PHC level. In South Africa, the Ideal Clinics (IC) program is an approach to improve quality of care at the PHC level. These PHC nurse managers are central to the success of IC program implementation. This 2017 study sought to determine PHC nurse managers' perceptions of their participation and decision space in the implementation of the IC program. A cross sectional survey was conducted among all the PHC nurse managers in the City of Tshwane District (Gauteng province) and Gert Sibande District (Mpumalanga province) of South Africa. Following informed consent, PHC nurse managers completed a self-administered questionnaire. In addition to socio-demographic characteristics, the questionnaire had questions on participation in the IC program, rated on a seven point Likert scale, and questions on decision space rated on a 3 point scale. Participation and decision space categories had Cronbach's alpha of 0.77 and 0.81 respectively. We used STATA® 15 to analyse the data. We obtained a 100% response rate from PHC nurse managers (n=127). The mean age of PHC managers was 51 years (SD 7.19) and 90% were female. The overall participation mean score was 5.77 (SD 0.90), yet 48% of participants were not part of conceptualisation meetings on the IC program. The overall decision space mean score was 2.54 (SD 0.34). However, 17% and 21% of participants had narrow decision space on essential medicines and basic resuscitation equipment respectively. We concluded that the involvement of front-line PHC nurse managers in conceptualization is essential for the success of universal health coverage reforms.





## 92. SOUTH AFRICA

### Mrs Matildah Tashabalala

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#### A model for the management of nurse educator bullying in nursing education institutions

Regardless of the vast research on workplace bullying, little research could be identified on bullying in nursing education institutions amongst nurse educators. The researcher has observed that the number of nurse educators resigning in Nursing Education Institutions (NEI) is high and is often due to bullying which affects their self-esteem. The purpose of the study was to develop a model for the management of nurse educator bullying in NEIs. The objectives of the study are Phase 1: Situational analysis – explore and describe the nurse educators' and stakeholders' (NEIs' Head of Departments, Vice Principals', Principals' and managers') lived experiences regarding bullying in NEIs. Phase 2: Model development – To develop and evaluate a model for the management of nurse educator bullying in NEIs. The theoretical framework to be used is according to Serino (2018:2). Pierre Bourdieu is a structuralism constructivism sociologist who used different approaches of fields that influence power in societal structures. Bourdieu's theory is a theory of practice and power or Habitus theory according to different studies contexts. The researcher will use a transcendental or descriptive phenomenological research design and data will be collected through in-depth individual interviews until data is saturated. A non-probability purposive sampling method and Colaizzi's data analysis method will be applied. To ensure trustworthiness the researcher will use Lincoln and Guba's four criteria: credibility, transferability, dependability, and confirmability. Ethical considerations will be adhered to in accordance with Lincoln and Guba as outlined in Brink.



## 93. SOUTH AFRICA

### Dr Karen Michell

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### Professor Laetitia Rispel

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#### Nurses' perceptions of the quality and governance of occupational health services in South Africa

The under-investment and relative neglect of occupational health services (OHS) informed this doctoral study that analysed the governance and quality of these services in South Africa. The study used mixed methods that included: a review of relevant legislation and policy documents; 12 key informant interviews; 11 focus group discussions; and a national web based, self-administered survey among 1,292 occupational health nurses. The qualitative data was analysed using thematic content analysis and the quantitative data was analysed using Stata®14. The study found that OHS occupy a relatively low priority on the health sector reform agenda, amidst delivery in a fragmented and complex legislative framework. Sub-optimal governance is exacerbated by a perceived lack of employer emphasis on occupational health, insufficient human and financial resources, lack of standards for OHS, and poor compliance of occupational health practitioners with existing occupational health legislation. The survey among occupational health nurses obtained a response rate of 36.8%. Self-reported compliance with the Occupational Health and Safety Act criteria ranged from 85.2% to 94.6%, while compliance with the Mines Health and Safety Act ranged from 44.4% to 99.1%. The implementation of some form of assessment of OHS was associated with compliance with the Occupational Health and Safety Act ( $p=0.00$ ). Improvement in the quality and governance of OHS delivery is essential to realise South Africa's quest for universal health coverage, so that no worker is left behind.



#### 94. UNITED KINGDOM

##### Dr Ruth Oshikanlu MBE

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##### Tackling youth violence using a public health approach

I took eighteen months out of health visiting to set up and lead an innovative nurse-led integrated health and wellbeing service for young people aged 10-19 years in South East London. I was successful in gaining a 2019 Churchill Fellowship to visit USA and Australia to study trauma informed approaches to care. The surge in youth violence and recent murder of a teenager involved with our service, prompted me to apply and I plan to develop a cost-effective, support program designed for marginalised young people that have experienced childhood trauma. Many of the young people that the service supports are involved in gang activities, serious youth violence, youth offending, at risk of child sexual exploitation, have mental health problems and abuse substances. As part of the Fellowship, I will travel to USA: New York, Virginia and California to investigate trauma informed approaches to caring for young people who have had adverse childhood experiences (ACES); including how to set up trauma informed community networks. I will also travel to Australia to study the care approaches that have worked with Aboriginal communities and will use my findings to develop a toolkit for health professionals working with young people who have experienced trauma. This presentation will share my findings to demonstrate how nurses can employ a public health approach in tackling youth violence, through the set-up of trauma informed community networks (TICNs) and thereby reducing health inequalities, prolonging life, and improving the mental health and life chances of those who feel marginalised and disenfranchised.



#### 95. UNITED KINGDOM

##### Mrs Jo Odell

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##### Enabling clinical leaders to create safe, effective and caring cultures in the workplace

As a registered charity, the Foundation of Nursing Studies (FoNS) operates UK wide and celebrated its 30th anniversary in 2017. Through its programs underpinned by practice development principles and methods, FoNS has enabled clinically based nurse led teams to lead local innovations, develop confidence and to improve patient care in any health and social care setting across the UK. In 2017, the new Inspire Improvement Fellowship program was launched (<https://www.fons.org/programmes/inspire-improvement>) to provide support for individual registered mostly nurses and midwives leading nursing and/or care teams at the frontline of clinical care, who have a desire to create more person centred, safe, caring, and effective workplace cultures for patients/residents/ staff. This was developed in the light of recent damning reports into failings in health care, and recognises that clinical leaders play a fundamental role in this, but often lack the skills and confidence in very complex health and social care settings. The fellowship program is underpinned by the Creating Caring Cultures model (<https://www.fons.org/learning-zone/culture-change-resources>). Each cohort of the fellowship program supports twelve participants from a variety of clinical settings (UK wide), providing six residential workshop days, to allow the participants to learn from FoNs, each other, and their own practice. In addition, a dedicated skilled facilitator provides regular reflective spaces in the workplace, to enable confidence in the methods and approaches and enable these to be transferred into practice. Lastly, a small bursary is provided. This presentation will provide evidence on the impact and outcomes for participants, their teams, the people they care for, and the culture of care. As one fellow quotes: "The Inspire Improvement Fellowship has fundamentally changed how I practice on a day to day basis. My colleagues have commented on how much better they feel things are in the workplace. We are closer as a team, more cohesive, more supportive and more productive."



## 96. CAMEROON

### Dr Njini Rose Futrih Ngong

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### Effecting performance-based financing to improve leadership and governance: the case of Cameroon

The Cameroon health system has faced challenges to meet its most basic health objectives leading to a high rate of morbidity and mortality especially for vulnerable groups, such as mothers and children. Cameroon is one of the countries that failed to meet targets 4 and 5 of the Millennium Development Goals on reducing maternal and child mortality. Other challenges faced included, the high level of out of pocket payment for health services, low quality of care, difficult regulation of the private for profit sector, lack of human resources for health, and lack of accountability. In the political economy aspect, budget reprioritization for health is still an insidious process with the expenditure on health at 5.1%, far below the 15% prescribed by the WHO. The government accounts for 21.7% of health expenditure while household out-of- pocket payment make up 70.4%. Performance based financing, is increasingly appealing to implementers and policy makers as a path and tool for making progress toward the Sustainable Development Goals and assuring Universal Health Coverage. It was introduced in Cameroon in the late 2000s as a pilot program in the Eastern region. From analysis it has moved from a pilot project to its integration into the national health financing scheme as national policy and from 2019 covered the whole nation. The health insurance scheme however is still rudimentary at just 4%. The initiative faces challenges such as the non-respect of timelines for payment; the communication plans do not involve all stakeholders; a focus on incentivized rather than non-incentivized indicators; and the integration of its budget lines into the government budget. An evaluation carried out by the Ministry of Public Health and the World Bank in January 2017, indicated the positive, though not remarkable, impacts of this initiative in reducing maternal and child mortality, infrastructural improvements, and motivation of health care providers.



## 97. AUSTRALIA

### Mrs Colleen McGoldrick

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Acknowledgement: Associate Professor Joyce Hendricks, Head of Courses – Post Graduate Studies, School of Nursing, Midwifery and Social Sciences, Central Queensland University, Bundaberg, Australia; Professor Moira Williamson, Dean of School of Nursing, Midwifery and Social Sciences, Central Queensland University; and Associate Professor Julie Bradshaw, Dean of Learning and Teaching, School of Nursing, Midwifery and Social Sciences, Central Queensland University.

### Experiences of self-management of individuals living with chronic obstructive pulmonary disease

The burden of chronic obstructive pulmonary disease (COPD) takes its toll on the individual and family. The individual experiences the symptoms which impact on their daily quality of life. Self-management plans assist individuals to develop skills to enable optimal health outcomes and reduce hospital admissions. The literature is full of studies that identify many potential barriers and reasons why self-management plans are not followed; few studies relate to concepts of self and identity as factors impacting an individual's choice or capacity to self-manage their illness. This research will highlight the relevance and strengths of using an innovative approach, Interpretive Biographical Methods (IBM). IBM contends that a life that is being lived can be considered, created, reconstructed and rewritten. Stories of individuals experiencing self-management of COPD are interactional and leave marks on lives that are considered turning point or epiphany moments. These moments are often moments of crisis and they change the central meaning that constructs a person's life, therefore reshaping their future. The interpretive biography will allow for an account and appreciation of how the experiences of individuals who self-manage COPD live within cultural and structural settings. IBM values the individual "story" of experience and reveals a deeper, richer level of insight into the experiences of self-management in individuals living with COPD. The flexibility afforded by this approach allows fluidity and reflexivity in the research process identifying self and identity as central to an individual's choice to ultimately self-manage living with COPD. Using IBM to explore the experiences of self-management in individuals living with COPD will determine turning points or epiphany moments that affect self and identity. This will assist health care professionals to gain deeper understanding of the struggles experienced by these individuals who are required to self-manage, ultimately, improving overall health outcomes and self-management of COPD.





## 98. UNITED KINGDOM

### Ms Christine Hancock

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### NURSING YOU: Improving nurses' health and putting prevention into practice

Designed by nurses for nurses, charity C3 Collaborating for Health's NURSING YOU program draws on C3's global nursing expertise to engage nurses in becoming healthy lives champions. Since 2015 the Burdett Trust for Nursing has funded C3 to engage with over 450 nurses in the United Kingdom through C3's NURSING YOU program. NURSING YOU supports nurses in: improving their own health; promoting health and non-communicable disease prevention among their patients, families, colleagues and communities; and advocating for prevention locally, nationally and internationally. C3's work established a baseline through a prevalence study of obesity in nurses and evidence review of workplace health interventions for nurses. First of its kind, the prevalence study made national headlines for its finding that 1 in 4 nurses in England are obese. Surveys of hundreds of nurses, focus groups and co-design workshops led to nurse-designed initiatives to improve nurses' health. One finding was that nurses felt they are unique and wanted an app specific to them. The NURSING YOU app, first piloted as an interactive pdf on the Royal College of Nursing website, was downloaded over 1,000 times. The app, which enables nurses to assess wellbeing, identify health goals and access resources, launched through a collaboration with MAXIMUS UK in February 2018. 1,063 nurses registered with the app in the six-month pilot. In 2019 the second iteration of the app will be launched, with an added feature of live health coaching. C3 is also premiering a film about nurses' health, to illustrate to employers the workplace difficulties nurses face that impact their health. C3 has also conducted virtual focus groups with nurses to develop resources that guide nurses in implementing NURSING YOU at their organisations, including how to talk to their manager about the importance of nurses' health and its relationship to prevention in practice.



## 99. MALTA

### Mrs Elaine Formosa

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### Lived experiences of parents of children recently diagnosed with Acute Lymphoblastic Leukaemia

The incidence of acute lymphoblastic leukaemia is quite rare, yet it is the most common cancer diagnosis in children. The diagnosis involves an initial long term period of hospitalisation that is followed by continuity of care at home. The parents' role as a care giver changes to include the daily demands of their child. There is limited knowledge about the lived experiences and the challenges encountered by parents following discharge home of their child. This research aimed to explore the lived experiences of parents following the first discharge from hospital of their child diagnosed with Acute Lymphoblastic Leukaemia. The study followed a qualitative research design using an Interpretative Phenomenological Analysis approach. Participants were recruited from a local Maltese paediatric oncology setting and purposively selected, which included a sample of five mothers of children diagnosed with Acute Lymphoblastic Leukaemia. Data were collected by means of individual semi-structured interviews. These were transcribed and analysed as guided by the Interpretative Phenomenological Analysis approach. From the results, six super-ordinate themes representing the parents' experiences emerged from the data: (1) Mixed emotional cycle, (2) Relocations, (3) Daily struggles of parents caring for children with ALL, (4) The way forward, (5) A shifting perspective and (6) Supportive Encounters. The findings reflected the need for a hospital structured training for health professionals so they are proficient in helping parents better manage the transition phase from hospital to home. This should also be followed by a continuous update of educational programs for health professionals to deliver the correct information to parents on home education. Findings reflected also the need for more specialised health professionals such as dietitians, play therapists, specialised nurses and paediatric psychologists to work within this setting. Additionally, the introduction of financial and community support could theoretically reduce the burdens the parents encountered as a result of their child's illness.



## 100. UNITED KINGDOM

### Mrs Giselle Cope

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Co-author: Dr Theresa Shaw, Independent Nurse Consultant and Facilitator

### Raising the profile and unique contribution of learning disability nurses in England

'Celebrate Me' is an independent engagement initiative led by the Foundation of Nursing Studies supported by NHS England and Health Education England (London). The purpose of this initiative was to engage with nurses and people using services to gather evidence and demonstrate the impact and experience of learning disability nursing, to help sustain its future. A range of approaches were used including tweet chats, surveys, and face to face stakeholder events, with over a 1,000 people contributing overall. Outcomes from this extensive engagement have enabled us to bring to the fore everything there is to celebrate about learning disability nursing, its impact and what needs to be championed for the future from the voices of learning disability nurses, people with a learning disability, and their families. The report from this initiative, released on the 6th June 2019, highlighted two main themes: (1) Areas to celebrate now are that Learning Disability Nurses: enable the person with a learning disability to have a fulfilling life; support the persons' family; promote social inclusion, equity and fairness; have specialist knowledge and skills; and build capacity for healthy lives. (2) What is needed to champion Learning Disability Nursing for the future: strengthen visibility; recognition as an equal and valuable branch of nursing; increase the educational provision; educate all professionals and staff about learning disabilities; use economic assessment to calculate value of the role; and explore the role as autonomous practitioners. As a global profession, Learning Disability Nursing can influence policy from local to global level, influence health and wellbeing, increase access for people with a disability, ensure universal health coverage and tackle health inequalities. This presentation will explore all aspects of the methods and the important findings of this initiative.



## 101. GHANA

### Dr Gwendolyn Mensah

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### Managing women with gestational diabetes: clinical realities in Ghana

Pregnancy is considered to be, not a disease, but a normal physiological process for the majority of women. These women, their families and significant others expect a successful period of pregnancy, labour, delivery and a normal and healthy baby. However some of these pregnant women develop Gestational Diabetes Mellitus (GDM) during this period and if not managed properly, the mother and the foetus in utero are affected in a negative way and there is a likelihood of the mother and baby developing Type 2 Diabetes in the future. In order to prevent such occurrences, the researcher set out to explore the perceptions of midwives on the midwifery management of GDM. In addition, women with a history of GDM were interviewed to elicit their views on the management they had experienced from professional nurses and midwives before and after being diagnosed with GDM. The design for this research was qualitative, explorative, descriptive and contextual in nature and a purposive sampling technique was employed. Data were collected through semi-structured individual interviews. Fifteen (15) participants (8 midwives and 7 women) were recruited for this study. The data collected from the interviews were audio recorded and transcribed verbatim, analysed, extracted and Tesch's eight steps of coding used for the thematic content analysis. Themes that emerged were: 1. Participants expressed aspects that are critical to the management of women with GDM; 2. The importance of optimising quality care by professional nurses and midwives in the management of women with GDM was emphasised; and 3. Inadequate health care resources compromise the management of women with GDM. The presentation will discuss in-depth the clinical realities around the thematic areas identified.



### 103. GUYANA

#### Miss Anestha Hamilton

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#### A knowledge, attitudes and practices survey of screening for prostate cancer in men in Guyana aged 45+

The objectives of this study were to 1) determine how knowledgeable men over the age of 45 are about prostate cancer, prostate cancer screening and the practices associated with it; and (2) identify the attitudes (misconceptions, myths, cultural beliefs) that influence decisions about prostate cancer screening. A quantitative study was undertaken between June and July 2018. The target population was 105 men over the age of 45, without prostate cancer or any prostatic disease. Random sampling was employed at three high risk Health Centres in Georgetown, Guyana: Campbellville; Kitty; and Sophia. Data were collected using a semi structured questionnaire that had three sections and focused on the health belief model as the thematic origin. All associations were adjusted for the potential confounding effects of age. A pamphlet was given after answering the questionnaire. The results demonstrated that overall, men were not knowledgeable (43.81%) about screening methods but had a positive attitude (56.19%) as it relates to being screened. A positive response was obtained for cues of action (59%). Participants at Campbellville were more educated than those at Kitty Health Centre. Participants at the Sophia Health Centre were more knowledgeable (41.30%) than those at Campbellville (21.74%). The study concluded that strategies should be implemented in the health care setting to focus on men's health to decrease the mortality rate in Guyana with early screening and treatment for prostate cancer.

\* KAP = knowledge, attitude and practice



### 105. NAMIBIA

#### Mrs Ottilie Tangeni Ikeakanam

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#### Supporting caregivers of adolescents living with HIV regarding disclosure

Adolescents living with Human Immunodeficiency Virus (HIV) continue to present a significant proportion of new infections of HIV in Namibia and represent a new generation which were not considered in the early days of the epidemic in the country. The caregivers of adolescents living with HIV need to have sufficient knowledge and skills to cope with this new situation. The main objective of the study was to explore and describe the life experiences of caregivers of adolescents living with HIV (ALHIV) in Oshikoto Region, Namibia, regarding discussions about disclosure, with the subsequent development of an educational program to support caregivers and facilitate their disclosure discussion practices. The study was anchored in grounded theory and used a qualitative, descriptive, explorative and contextual design. Six focus group discussions were conducted with twenty-eight caregivers of adolescents living with HIV purposively selected from three health facilities, which are Intermediate Hospitals: Onandjokwe, Tsumeb and Omuthiya districts in the Oshikoto region. This study showed that caregivers of ALHIV experienced barriers to discussing HIV status with the adolescents living with HIV, and experienced emotional trauma and mixed feelings related to the adolescent's diagnosis. Non- biological parents felt more at ease to care and discuss HIV with adolescents living with HIV. The study also found that caregivers experienced resistance from ALHIV to take Antiretroviral Therapy (ART). The study has recommended more large-scale introduction and use of the program by health care workers to support caregivers in their discussions about disclosure practices. Further evaluation of the effectiveness of the educational program and the role of family characteristics in disclosure practices would be needed in the future.



## 106. UNITED KINGDOM

### Mrs Deborah Leetham (UK)

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### Using games to enhance the learning and teaching of genomics in nursing

Whole genome screening as an aspect of patient care is soon to be implemented into the patient pathway for a number of common conditions. With such a radical transformation of clinical service delivery, health care professionals require genomic literacy to provide the necessary evidence based care patients need. Despite attempts at integrating genomics into undergraduate nursing curricula, the teaching and learning of this exciting and highly relevant subject remains challenging. Student nurses have previously questioned the relevance of this subject to their everyday practice and reported difficulty in translating the fundamental concepts of genomics into patient care. In addition several studies have concluded that teachers of nursing perceive a lack of confidence and expertise as barriers to providing genetic and genomic content. There also seems to be a lack of awareness related to the relevance of genomics as part of the UK Nursing and Midwifery Council curricula requirements. A novel pedagogical approach to potentially address the perceived deficits in learning and teaching of genomics is by utilising a games based approach. Games based learning is reported to create effective learning environments and encourage problem solving and decision making in a less intimidating and fun way. Using games appears to provide 'flexible pedagogy', allowing teachers to facilitate inquiry based learning rather than teach in a didactic fashion. The games allowed students and teachers to explore and compare real-life experiences versus what is evidence-based practice; thus the games were an opportunity for students to develop curiosity about relating theory and practice and identify areas for revision. They also enabled teachers to relate genomic principles to their area of expertise resulting in more confidence in teaching this subject. The reaction of students and teachers to the games has exceeded expectations providing scope for further exploration.



## 107. KENYA

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### "The\_Drug\_Free\_Youth": reaching last mile communities with disruptive interventions on drug abuse

"THE\_DRUG\_FREE\_YOUTH" was a project initiated by Stowelink Inc, a youth led social enterprise focusing on preventive health care. The project aimed to create awareness and sensitise young people to the consequences of drug and substance abuse using disruptive approaches. Drugs, particularly tobacco, are the single most preventable cause of death. The project was conducted in Nairobi County, Kenya from May 2018 to January 2019 in targeted schools and universities. There is no better way to involve young people who form a large percentage of the population than to draft them into primary health care projects to achieve universal health coverage. To this end the project used young people as champions of a drug free youth, responsible and cautious about the effects of drugs on health. The project used a mixed method approach involving the use of focus group discussions and a questionnaire to collect the necessary data. The project also used online engagements, and public health education and training to disseminate the messages on drug and substance abuse. Significant results were achieved in this project as 53 high schools and six universities were reached with the relevant information on drug and substance abuse. During the drug free youth poetry contest 359,153 people were reached by thematic poems, spoken words and plays which advanced the spread of the messages on drugs. In addition, 351 youth were linked to health care facilities and rehabilitation centres. The referral system enhanced the effectiveness of this project far and wide. Since young people form a large percentage of the population, they are the key drivers of the primary health care goal of achieving universal health coverage.



## 109. SRI LANKA

### Dr Edirisinghe Arachchige Kithsiri Kumara Edirisinghe

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#### Tablets vs Books: acceptance of new technology among student nurses in Sri Lanka

One of the most important skills which health care professionals in Sri Lanka lack is the use of Information Communication Technology. Grasping current technology has been quite challenging. One way of overcoming this issue is to familiarise oneself with basic devices such as smartphones, Tablets and computers. However as a country trying to keep up with the pace of the rest of the world, it is necessary to assess the health care professionals' acceptance of new technology prior to implementing it. A descriptive cross-sectional, quantitative study was carried out using a convenience sampling technique. First-year Bachelor of Nursing students, who were working in hospitals at the time, were selected as the sample. A Computer-Assisted Personal Interviewing technique was used to collect data from 135 working nurses. Data were analysed using Microsoft Excel and Statistical Package for the Social Sciences version 22. From the participants, the highest percentage was under 30 years old (73.3%, n=99), only 9% (n=8) were male. Out of all, 85.1% had the experience of using a smartphone for more than two years. There was no significant difference between age and the years of using smartphones according to the Pearson Chi-square test ( $p=0.147$ ). Most participants had used a Tablet for less than two years (average 68.1%). There was a significant difference between age and the preferred method for future (Tablets/books) ( $p=0.045$ ). However, 94.9% believed that books alone would not help them grow professionally. Finally, 88.8% of participants confirmed they would be satisfied with using a Tablet instead of books. In conclusion, the majority of the nurses were satisfied with the use of Tablets rather than books and considered it would help them further their professional growth.



## 111. UGANDA

### Professor Julia Downing

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### Increasing access to palliative care through innovation: an evaluation of nurse prescribing in Uganda

A WHA resolution calls for the integration of palliative care (PC) into health systems. This is essential for the expansion of universal health coverage; ensuring access to pain and symptom management for all. In order to scale up palliative care, Uganda enabled primary care (PC) trained nurses to prescribe medications including oral morphine. Following ethical approval a 3-phase mixed-methods evaluation was undertaken in order to determine the effectiveness of nurse prescribing in PC in Uganda. The evaluation addressed: (a) Training for nurse prescribing – 13 nurses, 4 trainers and 1 Ministry of Health colleague were interviewed, core competencies for prescribing agreed, and curriculum review undertaken; (b) Nurse competency to assess and manage pain, and appropriately prescribe – 22 nurses oversaw the care of 20 patients each, assessing and managing their pain and other symptoms, using the African Palliative Care Outcome Scale (APCA POSO) on three sequential visits; and (c) An appraisal of the health-care system in 10 districts in Uganda to understand the context within which nurses are working. The results demonstrated that nurses are competent at assessing and managing pain, including prescribing oral morphine. Themes impacting nurse preparation included: training, supervision and mentorship, competency, boundaries, beliefs and system issues. The current curriculum, with minor adaptations, is 'fit-for-purpose'. Nurses can assess and manage pain ( $p < 0.001$ ) utilising appropriate medications and requesting support as patients required. Nurses work in a system where access to medications varies; there is limited understanding of PC and myths persist about the use of morphine. Training nurses to prescribe medications to increase access to primary health care is an important innovative and transferable model. Whilst challenges exist and recommendations are made to improve the system, this evaluation demonstrates the benefit and safety of nurse prescribing for PC in Uganda. This has important implications for shaping the future of global PC nursing.



## 112. UGANDA

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### The Uganda Palliative Care Nurse Leadership Fellowship Programme: a model for developing nurse leaders

Empowering nurses as leaders is key in the ongoing development of Universal Health Coverage (UHC) and a focus of the Nursing Now campaign. As a core component of UHC palliative care nurses have an essential role to play in the role out of UHC as they are the backbone of the health system and often the sole providers of care. The Uganda Palliative Care Nurse Leadership program was delivered from August 2015 to March 2017. This study sought to gain an understanding of the impact of a leadership program on nurses and their organisations two years following completion of the leadership programme. Qualitative research methods were utilised and ethical approval was gained for the study. Interviews were conducted with 11/20 nurses from across Uganda, and three managers. A focus group of five nurses was held. A coding framework was developed collaboratively by the research team. Five themes were identified: 1) leadership skills and training, how nurses were inspired, empowered, promoted and utilised their leadership skills; 2) the extension of the provision of primary health care such as developing new services; 3) the challenges nurses experienced with leading, for example in the health system, and attitudes and conflict from others; 4) nurses' feelings and understandings in relation to leadership; 5) mentorship. The leadership programme has had long lasting impact on the nurses and the health systems where they work. Those trained have been promoted within their workplace and given more leadership responsibility, and the skills and knowledge acquired recognised. Ongoing mentorship and support for the leaders from peers and experts is important to support ongoing growth and development. This leadership program has been extended to reach more PC professionals in Uganda and could be scaled up regionally and internationally.



## 113. GHANA

### Mr Fidelis Atibila

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### Assessment of risk factors for hypertension: an application of the WHO stepwise approach

Hypertension is an important public health challenge worldwide and is the single most important risk factor for cardiovascular disease. As life expectancy rates improve in Ghana and the prevalence of risk factors increase, the burden of non-communicable diseases such as hypertension are also expected to increase. However little is known about the specific factors that dispose Ghanaians to greater risk of hypertension. A cross-sectional study was conducted in the Dormaa municipality using the WHO STEPwise approach to investigate risk factors for hypertension. Study participants were recruited by probability proportional sampling techniques. In all, 202 males and 198 females participated in this study. The mean age of the participants was 50.06 years (95% CI: 48.46-51.66). In all, 40% of all participants in this study had an elevated BP (BP  $\geq$  140/90mmHg). Further, the rate of isolated systolic hypertension was 11.2% among the study population (12.9% in males and 9.6% among females). Risk factors as measured in the population were advancing age above 45 years (OR = 2.745, CI 1.20 – 6.30, P = 0.017), gender (44.6% males versus 35.4% females with elevated BP, male OR = 0.492, CI 0.28 – 0.86, P = 0.012) and tobacco use (OR = 2.66, CI 1.41 – 5.04, P = 0.003). Males reported a higher mean number of fruit (P = 0.036) and vegetable servings than females (P = 0.009) and spend more time each day on physical activities compared to females (P = 0.000). The results of the present study provide useful data on hypertension prevalence and associated risk factors in Dormaa and the Brong Ahafo region. To be able to control hypertension in the municipality, health practitioners and policy makers should focus on these modifiable risk factors if any success is to be achieved.





## 115. UNITED KINGDOM

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### **Dr Sue Haines**

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### **Black, Asian and Minority Ethnic Governance Council: the journey so far**

Shared Governance is a model of leadership which brings responsibility for decision-making to frontline clinical staff. It develops sustainable culture change and an inclusive approach to talent development. Empowering staff through this model, encourages personal and professional development, focusing on improving patient safety, patient and staff experience. Nottingham University Hospitals (NUH) began this journey of culture change in 2012. Over the past 7 years, Shared Governance (SG) has grown to over 80 SG councils, leading improvements to deliver compassionate, skilled nursing and midwifery care. However feedback identified limited involvement and more negative experiences of Black, Asian and Minority Ethnic (BAME) nurses and midwives. Therefore a Trust wide BAME SG council was launched in 2018 as a proactive voice for change, empowerment and engagement of BAME frontline staff. The Council advises and facilitates positive actions at NUH; they support closer working with BAME staff, international recruits and local communities to ensure BAME communications and involvement plans are a result of genuine patient, staff, public, and carer involvement. With the mission to 'Unite, Empower and Inspire', the BAME SG Council champions positive changes in racial equality and opportunities within the workplace. The council has: presented at health systems wide conferences; produced a powerful 'BAME staff stories' video resource; raised the profile and awareness of BAME staff contributions; worked with palliative care identifying priorities to improve end of life care for BAME patients and families, raising cultural awareness; led a 'positive action' project, training council members in recruitment and selection processes, enabling greater BAME representation on interview panels, reducing unconscious bias; and engaged local minority communities developing a 'memory menu' with their feedback, to provide meals that diverse communities want to see in hospital. This presentation shares evaluation outcomes to date, next steps for 2020 and beyond, to 'Unite, Empower and Inspire'.



## 116. SOUTH AFRICA

### Ms Clare Davis

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### Strengthening the African children's nursing workforce: postgraduate diplomas in child nursing

Under-five mortality in sub-Saharan Africa is almost double the global rate, but nearly a third of deaths are estimated to be preventable. Addressing this, and achieving Sustainable Development Goal 3, requires improved health care provision and delivery to children and newborns. Currently, 10- 20% of sick children require referral to a secondary or tertiary level facility where nurses are commonly the main, or only, cadre of professional staff. In South Africa, specialist children's nurses comprise barely 1% of the workforce, which is more than many other sub-Saharan African countries. Strengthening this specialised workforce is a core objective of the Child Nurse Practice Development Initiative (CNPDI), based at the University of Cape Town. Established in 2008, the Initiative set out to re-establish children's nursing education at the University. Two Postgraduate Diplomas (PGDip) in Child, and Critical Care Child Nursing are now offered, and CNPDI has assisted educational institutions in Kenya, Malawi and Zambia to launch child programmes. Twelve years later, 323 specialist nurses have graduated from the programs. The Critical Care Child PGDip remains the only such program in South Africa and was awarded the Burdett Trust Global Health Impact Award in 2018. Key to the effect of these programs is the recognition that graduating nurses need an ability to work to best effect possible within Africa's health care systems; be equipped with contextually relevant knowledge and skills; have a clear understanding of their role; and a confidence to use their voice. A realignment of the PGDips is planned to launch in 2020, with a greater emphasis on preparing graduates to lead child health service delivery, contribute to Universal Health Coverage, and facilitate family involvement. This presentation will outline the conceptual and evidential base for the unique region and context design, content and teaching approaches used in these innovative Afrocentric programs.



## 118. SRI LANKA

### Ms Diroshi Prathima Fonseka Neththikumara Haththellage

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### Problem drinking cessation interventions: the role of Sri Lankan nurses

Problem drinking is a frequently encountered phenomena among patients who are admitted to medical and surgical wards of Sri Lankan hospitals. It is generally expected that the nurses working in these wards would detect and contribute toward the interventions for problem drinking efficiently, as they have the most frequent encounters with the patients in the wards. The percentage of nurses who were involved in referring problem drinkers for treatment and conducting or initiating alcohol cessation interventions were noted during this study. A qualitative analysis was performed with the participation of sixty-two problem drinkers who were asked about the receipt or non-receipt of interventions and the category of the health care worker who was involved. The results showed that 45% of the problem drinkers had received interventions from health care workers. Out of the total number of qualified health care workers who engaged in conducting or initiating interventions for alcohol dependence, the contribution by nurses was 17%. Similarly 10% of the nurses were engaged in conducting or initiating interventions for alcohol abuse. Altogether out of the total amount of interventions done by qualified health care workers for problem drinking, 14% were conducted by the nurses. As a result, it is suggested that the nurses in Sri Lankan hospitals should be contributing more towards conducting, initiating or referring people with problem drinking admitted to the wards for interventions and treatments. Comprehensive education should be provided for all nurses on identifying problem drinkers and referring them for alcohol cessation interventions. Meanwhile a selected group should be provided with special training on conducting interventions. An utmost need exists for an effective, less time consuming tool for detecting problem drinking in the ward setting by the nurses.



## 119. INDIA

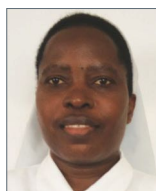
### Dr Aparna Ray

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### Mental health literacy in a rural community in India

The study was designed to explore the mental health literacy of people in the community and to conduct a mental health awareness project. A cross-sectional study was conducted during the month of February 2019 among people of different age groups in Ghoshpara Village of Howrah district (near to the city of Kolkata). MSc Nursing (Psychiatric Specialty) students of the College of Nursing, Medical College, Kolkata, collected data by door to door visit. The Principal investigator contacted and briefed the Panchayat Pradhan (Head of Village Council) and Medical Officer of Ghoshpara Primary Health Centre about the nature and purpose of the study. Consent was also sought from each sample. For this study, a pretested, validated 21 item self-administered structured mental health literacy questionnaire was developed in the local language. From the total population of 5,692 in Ghoshpara Village, 495 people participated in the study. Among the study population 80% were adult; the majority (62%) were female; the majority educational status (65.25%) was secondary. The study revealed that 59.4% people do not know the meaning of mental health but 55% know that mental illness affects activities of daily living. 63.4% people know a mentally healthy person living in the community. The majority of respondents (66.1%) knew some causes of mental illness as genetic factors, head injury etc, but only 11% knew other causes such as long term physical illness and alteration of neurotransmitters. In relation to recognising mental health issues, 68.9% identified obsessive compulsive disorder; 25.8% recognized child behavioural problems; 42.2% recognized depression; and 64.6% identify anxiety, as mental illness, while 55.4% knew alcoholism leads to complicated physical health. 62.6% considered regular exercise, a balanced diet, rest and sleep, and sharing mental pressures with close friends, reduces the likelihood of mental illness. In relation to rehabilitation, 72% of respondents did not know about mental rehabilitation but did consider that with treatment a person with mental illness can perform their work. It is concluded that overall literacy though more than average still needs an awareness program.



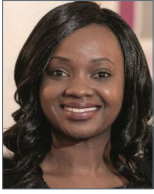
## 120. RWANDA

### Mrs Marie Vestine Nyirahabimana

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### Knowledge and preventive practices regarding risk factors of CVDs among a rural population in Rwanda

Cardiovascular diseases (CVDs) are the major contributor of morbidity and mortality worldwide. In 2020, CVDs are predicted to be the major cause of death. Poor knowledge toward risk factors of CVDs has been noted to be challenging in the prevention of CVDs. The risk of morbidity and mortality related to CVDs is higher when the person is unaware of being at risk. The main objective of this study was to assess knowledge regarding risk factors of CVDs and the preventive practices among community members in Rwamagana District of Rwanda. There were three main objectives: knowledge of CVDs, preventive practices and the relationship between both among the study sample. A descriptive, cross sectional, non-experimental design was used and quantitative methodology adopted. The study population included adult community members from 18 to 65 years old and 388 respondents were selected from the eligible population using a multistage sampling method. The findings revealed that a majority (85.8%) of respondents had poor knowledge about risk factors of CVDs. Regarding preventive practices, 79.6% had alcohol consumption habit, 23.7% were engaged in smoking habit, and only 5.9% ate fruit every day. Most participants did not engage in physical exercise. The majority (99.0%) had never undergone test for blood cholesterol, 66.5% had never undergone blood pressure control, and 60.1% had never visited a clinic for a check-up. The relationship between knowledge and preventive practice was statically significant at 0.01 levels. The findings concluded that the knowledge of the rural study population about risk factors for CVDs is insufficient. Preventive practices also were at low level. The findings could be useful for developing strategies to promote positive health and wellbeing.



## 121. UNITED KINGDOM

### Dr Esther Mugweni

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#### Improving the delivery of different news to families by health care professionals

It is estimated that 1 in 49 babies born in England have a congenital anomaly. It is important that health care professionals (HCPs) have the skills to effectively tell parents about their child's diagnosis (referred to as delivering different news – DDN). Ineffective communication can have adverse effects on parental adjustment to the situation and the wellbeing of their child. The lack of specific training in DDN contributes to a significant variation in how the news is relayed to parents. This study explored the feasibility and acceptability of providing training in DDN to HCPs involved in the prenatal and postnatal delivery of different news. This mixed methods study was conducted in two phases: (1) Based on findings from interviews with parents who had lived experience of receiving different news, and a review of relevant literature, a training intervention was developed with 26 HCPs. Our training aimed to equip HCPs to communicate with empathy and compassion; use simple, truthful and kind language; be flexible; offer time for questions; and know when and where to refer families for further support. (2) The training was piloted and evaluated with 26 HCPs. The results confirmed that the training intervention was both feasible and acceptable. All participants reported the training enhanced or consolidated their knowledge and skills; the content was relevant to their current practice; and they would recommend the training to their colleagues. The findings demonstrated an increase in HCPs understanding of the effect on families of receiving different news and an increase in confidence and skills when DDN. A framework was developed to guide practitioners when DDN which provides a foundation for further research to increase understanding of the impact of training in DDN on patient experiences as well as how to scale up the training to extend its reach.



## 122. BAHAMAS

### Dr Persephone Munnings

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#### Developing a preceptor training program for registered nurses in a teaching hospital

Nurses and midwives play pivotal roles in helping to achieve health for all. A global shortage of nurses threatens the sustainability of the nursing workforce. The American Association of Colleges of Nursing cited insufficient nurse educators and preceptors as factors influencing the decreased intake of nursing students in registered nurse (RN) programs, thus compounding the shortage issue. Graduate nurses may experience reality shock leading to anxiety and decreased job satisfaction when transitioning as professional nurses. In a teaching hospital that facilitates nursing students' clinical practice, graduate nurses on rotation are assigned to work with RNs within patient care units. These RNs are often required to serve as preceptors without having the desire or training to function adequately. An evidence-based practice project was conducted to develop a preceptor training program for RNs in a teaching hospital. The practice-focused question examined whether RNs would identify perceived competence and understanding in the preceptor role as a result of preceptor training. Knowles's adult learning theory and Benner's theory of skills acquisition framed the project. Participants (N = 7) completed a 2-week didactic and clinical training in preceptorship. As a result of the educational intervention, the trainees reported an increase in knowledge, skills, and confidence in the preceptor role. Seven participants (100%) expressed that the training was relevant and beneficial to their work, and stimulated sharing. The implications of this project for positive change include the potential benefits to new and experienced graduate nurse preceptors by reducing feelings of inadequacy, stress, and burnout and enhancing job satisfaction. Additionally, graduate nurses who work with competent, confident preceptors experience less anxiety, improved job satisfaction and smoother transition to the role of professional nurse prepared to deliver quality health care to patients. Improving preceptor-graduate nurse experiences may result in reduced turnover among nurses and improved customer experiences.



### 123. AUSTRALIA

#### Associate Professor Joyce Hendricks

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#### Alienation and isolation of the individual with chronic pain: a Marxist literary perspective

The suffering of a person with persistent pain is a particularly human experience that often brings with it loneliness or alienation from others. The alienation creates a world in which the persistent pain sufferer (PPS) is alone, often experiencing loss of job, family, and often friends and eventually the loss of community and the sense of connectedness to the world in which they once lived. The purpose of this paper is to discuss the alienation of the PPS, particularly those without a consensual medical diagnosis, through use of Marxist literary concepts; and to explore the ways in which people relate to and make sense of their personal experiences through narrative account. The intricate patterns are explained to provide a basis for nursing to understand this loss of connectedness. Interpretive biographical research was used to collect and analyse narratives to illustrate 'turning point moments' or epiphanies in the persistent pain sufferer's life. Five participants were interviewed, and their transcripts coded manually using Marxist literary concepts. The presentation of 'self' became difficult and contributed to the growing isolation and loneliness of persistent pain sufferers. PPS withdrew from situations and relationships where their pain experiences and hence their 'self' was devalued. This enhanced feelings of alienation from others. Whilst wanting to share and express feelings to significant others, they often fear rejection from those who tire of hearing about their plight. This study revealed that PPS remained disconnected from family and the wider community. Alienation from previous work, family and community roles because of their persistent pain was the foundation of their inability to form a new self, and kept participants bound to prior images of self and life paths which realistically could no longer be maintained. Thus they remained isolated and alienated from not only themselves, but wider society.



### 124. GHANA

#### Mrs Judith Naa Klorkor Asiamah

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#### Impact of "on the job" training on employee satisfaction and performance

The salience of 'on the job' training as a research topic has been due in part to the magnitude of its effects on job performance and satisfaction. Quite interestingly, the relationship between 'on the job' training and job satisfaction has only been fairly recently explored. This research examined the relationship between training on the job and job satisfaction of nurses from the 37 Military Hospital, Accra Ghana. Data were collected from 100 nurses using a convenient sampling technique over a period of one month using a modified version of the Kirkpatrick Training Evaluation Questionnaire (1967) for evaluating the usefulness of 'on the job' training, and the Overall Job Satisfaction Scale developed by Warr, Cook and Wall (1979). Findings indicated that an insignificant negative relationship exists between 'on the job' training and job satisfaction among participants. Findings further suggested that female nurses were more satisfied than their male counterparts. Finally this study also found that experience did not account for any significant difference among participants in relation to 'on the job' training. Findings are discussed in relation to the literature reviewed. In effect, findings from this research have a philosophical connotation on the fields of industrial and organizational psychology and human resource development policy decisions.



## 125. CYPRUS

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#### The pre-registration nursing students' perspectives on patient safety education: a descriptive study

Incorporating patient safety principles into preregistration nursing curriculum is necessary to support widespread adoption of safe practice. Although patient safety has been discussed on a European and global level in emphasizing the importance of socio-cultural competencies, students' perception and the extent to which patient safety elements are addressed in the curriculum is unclear and hidden. To understand the current status of patient safety awareness among pre-registration nursing students, in the classroom and clinical setting, a descriptive-comparative study was conducted with three and four-year undergraduate nursing students from Greece and Cyprus (n=485) during the 2017-2018 academic year. All students were surveyed using a 34-item Health Professional Education Patient safety Survey (H-PEPSS), (Likert scale 1=fully disagree to 5=fully agree), to assess students' learning in both settings and how broader patient safety issues are addressed in the nursing curriculum. The results showed that students expressed the highest level of confidence in the classroom (mean=4) compared with the clinical setting (mean= 3.7). The clinical aspects exhibited the highest level of confidence in both settings while the least level of confidence expressed was in the topic "working in teams". A statistically significant positive correlation was seen between the classroom and clinical settings for all seven patient safety topics. Students' confidence in what they were learning regarding patient safety increase significantly from 3 year to 4 year students in the topics of "clinical aspects" and "managing safety risks". The mean score for patient safety issues addressed was 3.6. The findings showed that deficits exist in adequately preparing undergraduate students with the skills related to patient safety issues. The study illustrated the value of collaboration between the two settings. The highest score in the topic of "clinical safety" (in both settings) which was primarily on hand hygiene and infection control, may reflect the fact that nursing education tends to focus on clinical safety issues, rather than the more sociocultural aspects of patient safety.



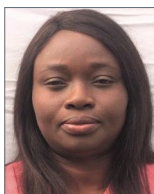
## 127. BAHAMAS

### Dr Paulette Cash

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#### Hospital based nurses perception of barriers and facilitators to the translation of knowledge into practice

A review of the literature indicated that failure to effectively translate knowledge and evidence into practice results in inefficiency and a reduction in both quantity and quality of care. This study sought to answer the questions of what specialty trained hospital-based nurses perceived as barriers and facilitators to the translation of knowledge into practice. The study utilised a descriptive cross-sectional approach, as well as focus group discussions. The design was selected as it provided descriptive data about the variables. The approach also allowed the opportunity for participation of both bed-side clinical nurses and nursing supervisors. The study yielded responses from one hundred and eighty (180) specialty-trained nurses across the institutions of the Public Hospitals Authority (PHA), Bahamas. Nine percent (9%) of the participants had never practiced in their area of specialisation. General themes emerged as barriers to knowledge translation included: (a) lack of 'buy-in'; (b) role ambiguity; (c) inadequate staff; (d) insufficient time to conduct research; (e) lack of supplies and material; (f) lack of support and/or cooperation from colleagues; (g) insufficient mentors and preceptors; and (h) lack of appropriate legislation, policies and guidelines to govern practice. Strategies recommended by the nurses to enhance performance included the following: (i) provision of incentives; (ii) on-going education, training and empowerment of nurses; (iii) improvement in working conditions; (iv) increased opportunities for the conduct of research and knowledge sharing; (v) increased legislative support for scope of practice; (vi) availability of clearly defined job descriptions and relevant policies for specialty-trained nurses; and (vii) deployment of nurses within their field of specialisation. The findings reveal personal, organizational and contextual factors that influence knowledge translation among health professionals. The findings have implications for nursing training and education, nursing administration, nursing research and nursing practice.



## 128. GHANA

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### A descriptive study of people with Hepatitis B in the University of Ghana Hospital

HBV remains a major public health concern particularly in Ghana. Examining the risk factors of infection is a key strategy toward controlling the disease. This study seeks to determine the clinical presentations of patients with HBV and to estimate the prevalence of risk factors associated with HBV infection in the University of Ghana Hospital in Accra, Ghana. A cross-sectional survey involving routine clinic data of all patients with HBV attending the HBV clinic from 1 January, 2016 to 31 July, 2019 was analysed. The data was captured and analysed using Stata 14 statistical software. The study provide baseline information on the common risk factors and clinical presentations of HBV infection among clinic attendees. The findings from the study will inform the university health services management efforts toward education, communication and information strategies for the HBV infection prevention and reduction among the University community.



## 135. PAKISTAN | UNITED KINGDOM

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### Voices of nurses from Pakistan

Pakistan is the fifth largest populated country, struggling in many fields including health care, ranking 122 out of 190 countries. Pakistan's health-care system is influenced by many factors including communicable and non-communicable diseases, malnutrition, and child and maternal morbidities. Pakistan has the lowest ratio of nurses to population; in fact there are more medical doctors than nurses. Nursing is a backbone of any good health care system but unfortunately in Pakistan this noble profession is not fully recognised. Nursing is facing many challenges i.e. poor-quality education, domination of medical doctors, lack of leadership, low funding for health, the image of the profession etc. The main objective of the Pakistan Nursing Council (PNC), formally constituted by Acts in 1952 and 1973, is to provide licences to nurses, midwives, lady health visitors and regulate nursing educational institutes. There are many nursing associations working for the welfare of nurses but no coordinated efforts are taking place nationally. The first nursing summit and Nursing Now was launched on 8 January 2019 at President House, Islamabad. The president of Pakistan, Dr Arif Alvi, declared the year 2019 as year of nursing in Pakistan. The President also announced that the nursing diploma will be replaced by a degree program, sex discrimination in nursing recruitment would be stopped, and the first nursing university in Pakistan would be established. Many organizations are mobilised to promote the profession after realising the great need for nursing in the community health as well as to recruit more men into nursing. There are many avenues to explore in Pakistani nursing including one voice to take advantage of the many current opportunities. Nursing leadership needs to play their roles at health policy level and should adapt the slogan "nothing about us, without us". Now things are changing in Pakistani nursing and there is a hope to have genuine health reforms under the new political regime that can benefit the entire population.





### 136. AUSTRALIA

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#### EMSE: exploring the student midwife's experience

In order to sustain and enhance the New South Wales (NSW) midwifery workforce the NSW Nursing and Midwifery Office of the Ministry of Health supported the development of an action research project aiming to explore the student midwife experience and how enhancing this experience could improve satisfaction among student midwives and midwives. The outcomes of this research will help inform strategies to support the retention of undergraduate and registered midwives within NSW. An Appreciative Inquiry (AI) approach was used to generate data for this project and a provocative discussion of the methods and data will be shared in this presentation. Appreciative inquiry is a strengths-based method of creating change. It enables discovery of what makes a positive experience, and why this is. Exploring assumptions and beliefs about practice and bringing to life the picture of what we think we should be doing can be challenging. However in doing so clinicians are enabled to reflect deeply and demonstrate that inquiry itself can be the catalyst for practice change and knowledge translation. Various creative methods were used to engage stakeholders and help facilitate insight and change from within. Approximately 100 student and registered midwives from NSW were given the opportunity to discuss what was working well in their units and what could improve the experiences of student midwives and midwives. Some main themes emerging included student midwives feeling safe, supported and having a sense of belonging. Students stated that being called by their name, included in decision making processes, and receiving timely and appropriate feedback, helped them feel this way. Midwives recognized the intensity of the midwifery training process and although feeling overwhelmed with the responsibility of providing learning to students they were equally overwhelmed with the desire to help create an ongoing powerful and passionate midwifery workforce. Further examination of these data, the ongoing use of AI tools, and sharing experiences will allow the current midwifery workforce to build on the positive aspects of midwifery and midwifery training and the development of a workforce culture which cultivates powerful and passionate midwives.



### 137. NIGERIA

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#### Knowledge and practice of breast self-examination among female adolescents in Osogbo Nigeria

Breast self-examination is a modality used for early detection of breast cancer. This study was carried out on knowledge and practice of breast self-examination toward prevention of breast cancer among female adolescents in two selected secondary schools in Osogbo, Nigeria. The descriptive study was conducted among one hundred and sixty respondents recruited from Ata Oja Government High School and Baptist High School Osogbo, Local Government Osogbo, Osun State using a stratified random sampling technique. A self-structured questionnaire was used for data collection which was analysed with SPSS version 22 and was summarized using tables and bar charts. The findings revealed that 111 (69.8%) respondents had knowledge on breast self-examination as one of the ways of preventing breast cancer; 124 (77.5%) of respondents agreed that the regular practice of breast self-examination can help in the early detection of breast cancer; 40.6% of the respondents agreed they feel uncomfortable touching their breast; 44.5% indicated that going to school affects the practice of breast self-examination. The study further revealed a significant relationship between the knowledge of female secondary school students and their practices of BSE. Fifty six per cent (56.3%) of respondents agreed they found it difficult to examine their breasts, 46.3% stated that breast self-examination is not necessary; while 61.9% agreed that hospital is the only place for breast examination. Conclusively, respondents demonstrated good knowledge about breast self-examination which was not reflected in their practice. Based on the findings, it is recommended that nurses should outreach to schools in order to teach students how to perform the BSE. Teachers, parents, the community and Government also have roles to play to encourage the practice of breast self-examination in order to reduce the rate of breast cancer.



### 138. BARBADOS

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Acknowledgement: Special thanks to my Dissertation Adviser, University of Liverpool, and the Ministry of Health and Wellness

#### A qualitative exploration of perspectives on their medication adherence of adults 35-80 years with type 2 diabetes in Barbados

Diabetes Type 2 (DM2) has become a public health issue in Barbados, resulting in substantial economic cost and overall income loss for the nation and the individual; occurred through medical bills; hospitalisation and treatment; loss of work and time away from work, resulting in decreased or loss of wages; and persons going off medically unfit (WHO, 2016). Several challenges have been identified with medication adherence, however limited studies have been found on this subject for Barbados. This study aimed to explore the experiences and perspectives of people with DM2 on medication adherence. Sixteen participants were selected for this study by maximum variation purposive sampling. Semi-structured interviews were conducted, and the data were recorded and transcribed verbatim. Thematic content analysis was used to analysis the data, and open coding was conducted to identify patterns and themes. Five main themes were extracted: awareness of DM2; life as a Type 2 diabetic in Barbados; managing DM2; barriers to receiving health care and treatment; and recommendations for improvement. The results demonstrated that participants generally thought they receive good treatment for DM2 in Barbados. This study showed several factors surrounding adherence to medication sometimes influenced by myths concerning DM2; a lack of information and misconceptions about the medication and its side effects; opting to use natural remedies instead of their prescribed medication; and in some cases limited doctor patient communication concerning the medication. However participants saw positive results when they were supported from a multidisciplinary team of health practitioners. Positive attitudes also resulted in a positive outlook and patients were motivated to take their medication and practice effective self-management skills.



### 139. UNITED KINGDOM

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#### A realistic evaluation study of the registered nurse degree apprenticeship programme

Northumbria University was approved to run their first ever 18 months nursing degree apprenticeship program in partnership with Newcastle upon Tyne Hospitals NHS Foundation Trust in the UK in June 2018. This was in response to the UK Government drive to combine the real world of work with university education, with the aim of opening up nursing careers to more people and aid recruitment of qualified nurses into the NHS. Whilst the Royal College of Nursing (2019) welcomed this alternative entry into nursing they raise concerns about its implementation, cost of salaries for employers, and student time out to study. Other literature questioned whether nurse degree apprenticeships will help solve current nursing shortages and recruitment problems (Jones-Berry 2016; Carter & Tubbs, 2017). This environment provided the justification for this study, where the principles of realistic evaluation (Pawson and Tilly, 1997; Wong et al, 2012) are being used to help develop an understanding of the context, mechanisms and outcomes influencing student progress and experiences during the apprenticeship journey. Mixed methods are being used including individual semi-structured interviews with students; focus groups with mentors; documentary data from the students' electronic reflective logs; academic profiles; and practice documentation. The early findings one year into the study will be presented which are showing that these students have a very different academic and practice profile to the traditional three year program. Previous experience as an assistant practitioner in health care and previous academic study at level 5 appear to be providing a solid foundation for the shortened programme but more importantly the program offers an innovative route which may help nurse recruitment and the future healthcare workforce nationally and internationally.



### 140. CYPRUS

#### Miss Maria Latchia

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#### Caring for the family of patients receiving palliative care for traumatic brain injury

Family members of patients in ICU are going through one of the most frightening experience of their life. This alone generates need, which if unmet, can lead to less satisfaction with care and a negative impact on their coping ability. Traumatic Brain Injuries (TBI) are among the first cause of death or disability throughout the world. Family members of patients with TBI in ICU have several needs to be addressed in order to help them adjust to the situation. Due to the demanding environment, the uncertainty of the course of illness, as well as the necessity to be involved in decision making about the patients' treatment, the psychological well-being of family members may be altered. This in turn will have an impact on their ability to apply coping strategies to overcome the challenges they faced. Throughout the literature there are studies researching family members' satisfaction of how needs are met, with some of them, such as comfort, being the least satisfied. This descriptive exploratory study will examine the TBI family member's satisfaction of needs while their family member is in ICU, and evaluate the influence on their coping strategies. The questionnaires included for data collection are: the short version of Coping Inventory for Stressful Situations and Critical Care Family Needs Inventory. The questionnaires will be given to family members of patients with TBI, during their ICU stay. A demographic data questionnaire will also be given. Methodologically, the study will be staged as follows: a) a collection of data on the patients' family members' satisfaction of needs and coping strategies in ICU within 24-48 hours of the patient's admission, b) Family satisfaction survey will be given to the ICU nurses and doctors also in order to evaluate their perspective on family member's satisfaction of needs. There are no current results as the study will commence in 2020.



#### 141. USA

##### Dr Franklin Shaffer

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##### Recognising the credentials and contributions of internationally educated midwives

According to the United Nations Population Fund (UNPF), qualified midwives could provide 87 percent of all essential health services to expectant or new families. Evidence shows that where midwifery care includes proven interventions for maternal and new-born health as well as family planning, over 80 percent of all maternal deaths, stillbirths, and neonatal deaths could be averted. CGFNS International, Inc. and the International Confederation of Midwives (ICM) have partnered to create a new committee to assess the credentials of midwives against global standards. Midwives, educated to international standards, provide essential care to women and new-borns across the entire childbearing continuum, from homes and communities to hospitals and even in the most difficult humanitarian, fragile, and conflict-affected settings. The combined effort will support the creation of the new division within CGFNS and harmonize ICM's Global Standards with CGFNS' operational efforts to help support the mobility of qualified midwives. This session will introduce: (1) the Professional Midwife Standards and Credentials Committee, which will help set, advise on, and review the global standards for education, entry-level competencies and scope of practice for midwives at the optimal level for safe practice and quality outcomes, as well as guide the comparability evaluation of midwives' education, licensure, and practice according to those standards; and (2) the new division, the Commission on International Midwifery Graduates (CIMG), whose standards for credential and educational assessment will reflect the ICM's Global Standards for Midwifery Education and Regulation and the ICM Essential Competencies for Midwifery Practice. According to the Lancet Global Health Commission, 'Poor quality of care is now a bigger barrier to reducing mortality than insufficient access to care.' CGFNS and ICM are harmonizing standards to support mobility of fully qualified midwives and promote quality maternal and infant health worldwide.



#### 142. SOUTH AFRICA

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##### A new style of hospital journal club: engaging nurses in research awareness

In South Africa, as in many low and middle income countries (LMICs), nurses' exposure to scientific literature or research is often limited. Nurses need to be confident about accessing and applying up to date evidence as they have a key role in providing best care but face many challenges. The journal club established at a public sector specialist paediatric hospital (Red Cross War Memorial Hospital) in Cape Town, aims to break down the barriers to accessing research by providing an ongoing opportunity for nurses to access and explore scientific literature together in a relaxed, non-threatening environment, using a consistent and recognisable structure and participatory format. Designed and facilitated by Child Nurse Practice Development Initiative research team members, four journal club sessions are held each month throughout the year, as part of an in-service educational program, reaching up to 220-250 nurses. Most journal clubs require pre-reading of articles and discussion takes place using a didactic format. That assumes that nurses will have the ability to find, download and extract relevant content independently. In contrast, the weekly interactive journal club sessions use a large-scale hand-drawn graphic to map out the main parts of the journal article. No pre-reading is required, as through a 1-hour facilitated session the researcher guides nurses through the article, extracting key messages and facilitating discussion about their relevance and application to practice. The hospital clinical educator reports increasing engagement of all cadres of nurses questioning long-established practices and routines. The nurses are enthusiastic participants who increasingly present and discuss published articles and their implications. This presentation will share findings of an evaluation survey to assess the impact on nurses' access to scientific literature; personal and organisational habits of reading; and clinical practice; and will provide some practical guidance on running similar journal clubs.



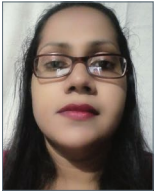
#### 143. MALTA

##### Mrs Natalia Scicluna

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##### Enhancing longer term health maintenance and quality of life outcomes for middle-aged CABG patients

The main aim of the study was to explore patients perceived convalescence needs; challenges; barriers delaying recovery; opportunities; and facilitating factors enhancing recovery; one-to-three years post-Coronary Artery Bypass Graft (CABG) Surgery. An Interpretative Phenomenology Analysis (IPA) approach was adopted to explore the lived-experience of eight CABG patients. Semi-structured audio-recorded interviews were carried out through which four themes were identified: 'the challenge to adopt a healthy lifestyle'; 'the fear of imposing on others'; 'living within limits'; and 'regaining autonomy'. Talcott Parsons (1951) theory of the 'Sick Role' helped explore how participants' quality of life (QoL) has been affected by the surgery in the long-term recovery. Recommendations arising from this study include the need for an orientation meeting prior the surgery; frequent follow-ups; promoting the Cardiac Rehabilitation Programme; addressing pain management prior to discharge; sexual education; and psychological support for both the patient and relatives. It is recommended that a longitudinal research study investigating the perceived needs and challenges of CABG patients' family members and carers in pre and long-term recovery should be carried out where participants for elective surgery are interviewed at different time periods.



#### 145. SRI LANKA

##### Mrs Alahapperumage Nayana Damayanthi

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##### Experiences of patients with paraplegia: a phenomenological study

Paraplegia is the partial or complete paralysis of the lower region of the body with the involvement of both legs that is usually due to injury to the spinal cord in the thoracic or lumbar region. The traumatic nature of paraplegia interrupts the entire lifespan of a person making considerable changes in their social, physical, psychological and behavioural wellbeing. This study explored the lived experiences of patients with paraplegia. Sixteen patients with paraplegia within the age range of 20-65 years were purposively selected and recruited for this phenomenological study situated in the National Hospital of Sri Lanka (NHSL). Data were collected by semi-structured interviews and data analysis was done using Colaizzi's analysis method. Ethical approval was obtained from the ethics review committee of the NHSL. Five themes emerged from the study findings as: life is a mess; body frustrations; adapting to a new condition; relationships with others; and livelihood. Worry, lack of autonomy, stress, fear, and depression were part of a messy life. Pain, the discomfort of body, inability to control basic bodily functions and pressure ulcers emerged as subcategories of the theme of body frustrations. Adapting to loss of future plans and developing coping strategies were required to adapt to a new condition. The theme of livelihood emerged from the subcategories of poor financial support and inability to return to education. Missed responsibilities and positive and negative social contacts emerged in the theme of relationships with others. These major considerable drawbacks and adverse negative experiences help to understand several hidden issues of patients with traumatic paraplegia that would help to ensure and strengthen the nursing care and further attention they need. Ultimately, overall findings will help to uplift the quality of life for patients with paraplegia.



#### 146. KENYA

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##### **'MyHeart Ke': integrating technology and primary health care into cardiovascular health promotion**

Cardiovascular diseases are the leading cause of non-communicable disease mortality and morbidity in Kenya. The project 'MyHeart Ke' targeted youth in universities aged 18-24 years in Nairobi Kenya and aimed to inform youth about cardiovascular health. With the use of disruptive approaches and the use of a habit forming mobile app, 'MyHeart Ke', the project hypothesized that it will be able to influence the habits of the study population. The project used a mixed method approach applying the use of baseline and endline surveys while also using interviews and regular data collection from 'MyHeart Ke'. All 400 participants from participating universities: Kenyatta University and Jomo Kenyatta University Of Agriculture And Technology underwent training after the baseline survey and were exposed to 'MyHeart Ke' mobile app for one year between June 2017 and June 2018. Data were collected on awareness levels of cardiovascular diseases and on the uptake of healthy lifestyle practices as suggested by the use of 'MyHeart Ke' mobile app. The results demonstrated that 92% of project participants stayed in the project for the whole year and 79.9 % experienced a behavioural change. The results showed that 77.1 % of projects participants were likely to change their lifestyles after interacting with the 'MyHeart Ke' mobile app and they had better understanding of cardiovascular health. Taking the obtained results into consideration, the project clearly indicates that with the use of technology, 7 in every 10 young people can retain and adopt healthy habits if health education is fused with technology as a tool for primary health care. Technological adaptations such as the habit formation mobile apps like 'MyHeart Ke' should be used more for primary health care as tools and drivers for effective primary health care programs.



#### 147. INDIA

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##### **Celebrating carers: recognising the contribution of family carers and addressing their needs**

Unpaid family carers represent the largest source of care provision worldwide. Caregiving has a heavy burden on carers, impacting adversely on their health (physical and mental), finances and social inclusion. In low and middle income countries, carer burden is further exacerbated by poverty and gender inequality, plus a lack of state welfare systems. If carer wellbeing deteriorates, so too does the quality of care they provide and the length of time they can provide that care, negatively impacting the care recipient and reducing effectiveness of care interventions. Thus the wellbeing of family carers is highly relevant to the nursing profession. How carers are conceptualised contributes significantly to their burden. Carers are treated as 'resources' and/or 'co-workers' rather than people with their own support needs. Consequently, care interventions address only the needs of care recipients and overlook those of their carers. Where interventions include carers, they consider only their role in safeguarding the care recipient's wellbeing, rather than the carer's own wellbeing. This damaging attitude can hinder collaboration amongst stakeholders, seriously undermining the success of nursing interventions. As we strive for universal health coverage, effective management of NCDs, promotion of primary healthcare and achieving the SDGs, it is clear that without adequate consideration of the needs of family carers, not just their role as facilitators of care, we will not achieve sustainable change. Addressing the contribution of carers and the impact on their health and wellbeing is particularly urgent in light of WHO predictions of a 400% increase in long-term care needs in certain developing countries within the next decade. We must act now to bring treatment of carers in line with the values espoused by the nursing and midwifery profession, so that we leave no one behind – neither carers nor the people they care for, who suffer most when carers are overburdened.





#### 148. TANZANIA

##### Mr Paul Magesa Mashauri

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##### Effect of a phone call on enhanced adherence counselling among PLWHIV in Tanzania

Individuals with HIV who have a high viral load (HVL) have been missing an opportunity for early Enhanced Adherence Counselling (EAC) in most care and treatment centres (CTC) in Tanzania. At the baseline only 35% of patients with a high viral load had a documented return visit. The purpose of this project was to determine the effect of phone calls to patients with high viral load for timely EAC intervention at the CTC. The aim of the intervention was to positively impact the management of people who were HIV+ by ensuring patients with a high viral load (HVL) received timely EAC. The methodology was to identify areas for quality improvement by CTC nurses and laboratory health workers. All HIV positive patients eligible for viral load testing enrolled at CTC were identified using a data collection tool and samples were collected for testing from October 2016 to February 2017. Viral load results were received at the site within two weeks of sample collection. All patients with High Viral load (>1000cpml) were identified; recorded in a separate register; and immediately called by phone and asked to appear for EAC within two weeks. The percentage of patients with HVL who were called by phone was 0% in October, 60% in November, 73% in December, 100% in January, and 96% in February. While the percentage of HVL patients who attended for EAC, were: October 35%, November 48%, December 73%, January 86% and February 96%. The study concluded that the phone call method was an effective intervention for facilitating early Enhanced Adherence Counselling (EAC) for clients with HVL attending care and treatment and is recommended for sustainable implementation.



#### 149. AUSTRALIA

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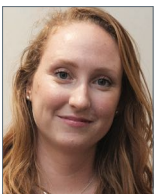
##### Ms Sally Peters

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##### Leading person centred compassionate care: the heart of caring

International and national state reports have identified the need for a caring and compassionate workforce that is focused on the delivery of person centred care. Compassion and empathy within the clinician-patient relationships has a positive effect on patient outcomes. Where leaders model a commitment to high-quality and compassionate care, clinical effectiveness, patient experiences, safety and the health, wellbeing, and engagement of the team are profoundly affected. The South Eastern Sydney Local Health District Nursing and Midwifery Practice and Workforce Unit undertook a project to capture and understand stories of 'compassionate care' with the aim of developing a reflective resource book that could be used for reflective practice to connect nurses and midwives with 'caring and compassion'. Thematic analysis resulted in four main themes which became domains within a framework 'to lead person centred compassionate care'. This framework has been applied to leadership development and professional development programs across the Local Health District. Leadership programs are aimed at enhancing the capabilities of our leaders and leadership teams in leading person centred compassionate care through effective communication and collaboration. The Heart of Caring Framework four domains inform leadership program content: 'engaging as a team', 'effective workplace cultures', 'connecting human to human' and 'promoting self-care and wellbeing'. Leading person centred compassionate care needs to be a whole of health care system approach which requires a focus on the experience of staff as well as patient and family to transform care delivery. In 2019, edition 2 of the reflective resource book has been developed, 'Our People' have shared their stories of 'The Heart of Caring'. This reflective resource incorporates 95 stories which are inclusive of every health care discipline, consumers and Local Health District board members, thematic analysis aligning entirely with the four domains of 'The Heart of Caring framework'.







## 150. JAMAICA

### Dr Adella Campbell

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Co-authors: Professor Fitzroy Henry, University of Technology, Jamaica, Program Director Public Health Nutrition; and Dr Vanesa Tennant Williams, Independent Researcher

### Removal of charges for health services in the Jamaican Public Health System

The user fee policy in Jamaica has important political, financial and health implications. This 2016 study examined the utilization of health services before during and after the introduction of the 2008 user fees policy. Using a mixed methods evaluation design we found that clients from the lower socio-economic group used the health services more often, after the abolition of user fees. The use of public hospital increased (25%) while use of private doctors declined (8%). Users rated current access to health care as being good (50.0%) and the quality of care received as good (60.2%). When compared to before the removal of charges (34.7%) more users (48%) now have access to health services through use of the National Health Fund Cards. Key problems encountered by the users are long waiting time (57.1%), drugs unavailability (49.3%), inability to do prescribed test (36.5%) and unacceptable customer service (23.8%). The lesson learned for policymakers is that the serious problems identified will eventually decimate health gains if service management is not improved, and sufficient resources mobilised for the public health system generally.



## 152. UNITED KINGDOM | KENYA

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### 2020 Year of the Nurse and the Midwife: a golden opportunity to shape a healthier world

The Nursing Now campaign is a fast growing global social movement working with a global network of groups and stakeholders to make the most of this once in a generation opportunity to influence political decisions and make the investment case for nursing. The 2020 Year of the Nurse and the Midwife represents a golden opportunity to shine a light on the greater role that nurses can play as part of multi-disciplinary, health care teams, providing high quality, patient-centred health care. This presentation will look at the key drivers and opportunities presented to propel nursing into the spotlight and onto the global health agenda during 2020. The nursing workforce has massive potential to drive health and economic returns, especially for women and girls. But there are significant barriers that prevent nurses from fully unlocking this potential, including gender based discrimination in a largely female workforce and examples of gender based stereotyping that result in lost opportunities for nurses to become effective leaders. Nursing Now is working to address these challenges through mobilising Nursing Now groups around the world to seize specific opportunities in 2020. The first State of the World's Nursing Report will be launched during 2020 and will provide the evidence needed to engage in policy dialogue with governments and stakeholders on national priorities and investment decisions. We are encouraging and equipping our Nursing Now groups to take and use this evidence to make cases for investment where they are. The Nightingale Challenge aims to equip and empower the next generation of nurses to play a bigger role in multi-disciplinary teams as practitioners, advocates and leaders in health. Employers globally have accepted the challenge to provide a cohort of nurses and midwives with development opportunities during 2020 such as formal courses, mentoring, shadowing, or learning from other professions or sectors.

## 154. WORKSHOP

### Skill development in nursing and midwifery using digital technologies



#### 154. WORKSHOP: Ms Nadeeka Jayasinghe (Sri Lanka)

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##### (a) The current situation of frugality for practicing nurses in developing nations

The Sri Lankan health care system currently consists of 650 hospitals with a bed count of 75,000. It has been documented that in Sri Lanka annually, there are 60 million visits to out-patient departments (OPD) and 6 million in-patient admissions (National Health Bulletin, 2017). With only around 40,000 registered nurses in the system, there is a heavy burden on nurses in the existing health care system. In terms of new recruitment, close to 2,000 Diploma-holding nursing students enter the system each year which does not meet the need. In addition to the above system failures, a study conducted by Bandara and Silva (2017) in Sri Lanka highlighted that reduced peer support amongst nursing staff contributed to a reduction in motivation for higher education amongst practicing nurses. Extended working hours, mismanagement of human resources, and system failures creates immense challenges for practicing nurses in the developing world. Similar concerns have been highlighted in neighbouring Asian countries such as Pakistan, Bangladesh, Myanmar and Nepal where poor governance and inadequate working conditions have provided minimal opportunities for continuing education and development of technical skills (CMA, 2017). Similarly, there has been a noticeable demographical and epidemiological transition in emerging diseases and a rise in non-communicable diseases in the region which requires immediate attention in relation to the need for continuing education. With poor public policies and minimal funding for health services in nursing, a large burden exists in the health systems of South Asian countries which ultimately contributes to minimal opportunity for continuous professional development amongst nurses.



#### 154. WORKSHOP: Ms Ayodhya Karunaratne (United Kingdom)

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##### (b) A situational analysis of nursing education in Sri Lanka

Gaps in nursing education in Sri Lanka are the result of many factors including accessibility to education from an administrative, geographical and professional view-point. A study on State Sector Sri Lankan Nursing Administrators in 2017 highlighted large gaps in undergraduate and post-graduate nursing education (Create a Generation of Nursing Leaders 2017). Currently in the state sector, education is delivered face to face with an excess amount of clinical hours. Furthermore, reports suggest a mismatch between the content and learner and industry needs, with an urgent requirement for updates in state sector nursing curriculum. A pilot project conducted on the 'IIHS e-incubator' in the state sector found a positive perception toward e-learning from nursing students (Diploma students) and tutors. Almost 100% of students and tutors have access to digital devices and the internet and 60% were found to engage in e-learning through this platform. With an excessive burden on the state sector nursing education system an opportunity has been created for the private sector to provide affordable, accessible education for nurses at an undergraduate and post-graduate level.



#### 154. WORKSHOP: Dr Kithsiri Edirisinghe (Sri Lanka)

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Co-authors: Mr Damith Rajakulathunga, Head of School of Physiotherapy, International Institute of Health Sciences, Sri Lanka; and Dr Dinusha Kanatiwela, Head of Academic Affairs, International Institute of Health Sciences

##### (c) Providing innovative solutions in frugal environments through e-learning for nurses

The nursing profession in the Sri Lankan context is one which is subject to frugality, with work conditions and the environment being extremely challenging. A skills shortage, high workload, and poor professional status have been key factors that have contributed to such challenges. Furthermore, accessibility to nursing education has been an ongoing concern for the nursing population of Sri Lanka. This project aimed to develop and implement a Learner Management System (LMS) for all State Nursing Schools in Sri Lanka with a view to augment the quality of education for Diploma level students, improving staff and student satisfaction, while adhering to environmental stewardship with the hope of minimising the gap between the job description and industry needs. The project aimed to improve quality and accessibility to practicing nurses to continuous professional development (CPD) in Sri Lanka and Maldives. The third objective was to utilise the LMS to deliver the Bachelor in Nursing degree to domestic nursing students, and foreign students (through the LMS and Block Mode). In order to meet these objectives, three online nursing products were introduced through the IIHS Online Nursing platform: the 'IIHS NTS LMS' to target undergraduate, postgraduate nurses and those who required access to CPD programs. This initiative augmented the ongoing nursing education process of the state sector nursing students and provided IIHS the opportunity to address the CPD needs of approximately 32,000 nurses in Sri Lanka. Whilst increased student retention and improved student outcomes were noted, this initiative improved the accessibility to high-quality education in Sri Lanka and Maldives whilst reducing the cost of education delivery.



#### 155. MALTA

##### Mr Neville Schembri

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##### Exploring individual knowledge, social and motivational capital of overseas nurses in Malta

Today's global nursing shortage is having an adverse impact on health systems around the world. Malta is no exception to such phenomena. Despite a steady increase in newly qualified nurses, Malta's growing health care sector is constantly creating a higher demand for such professionals. Efforts have been made to increase the number of students in established local nursing courses and a new training college has been set up in collaboration with a foreign university. Despite such efforts the practice of recruiting overseas nurses has so far remained the most effective solution to mitigate the demand. Overseas nurses face several challenges while they are adapting and trying to integrate into their new culture and working environment. It is important however to recognise the significant contribution they make in the delivery of patient care. The ability to understand, recognize and value their unique skills is critical to assist them in successful integration into the health care workforce. This paper presents the findings of a qualitative study involving a group of overseas qualified nurses following an adaptation training program in preparation to achieving registration with the Maltese Council for Nurses and Midwives. The study focuses on investigating the potential of overseas qualified nurses' individual knowledge, social and motivational capital building on the Career Capital Theory. The findings of the research are intended to inform stakeholders and policy makers involved in the recruitment, employment and professional development of such nurses. Recommendations will be discussed against the scope of contributing toward a smoother integration process and enhancement of quality of care delivered by the nurses.



## 156. MALTA

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#### The use of reflection and reflexivity in nurse education: a pedagogical tool

The need to reflect on practice as a means of self-development can be traced back to the work of John Dewey and Donald Schön, both of whom put forward the notion that reflection is a critical underpinning for personal growth and learning. Through practicing reflection and reflexivity, educators impact on the learner's holistic development and learning experience. Such practices can be considered as an effective tool to assist in keeping the learners' attention whose thoughts and actions are occasionally drawn toward other things that are extra-curricular. Adopting such practices in teaching methodology can be an effective tool to enhance the quality of the learning process. It also helps to assist learners gain further insight into the knowledge and power of the specific discipline they are aligning themselves with. The study presented seeks to explore the experiences of nurse educators on the use of reflection and reflexivity within a vocational nursing teaching context. For the qualitative study, five lecturers engaged in the delivery of an undergraduate nursing degree program in Malta were selected as participants. Data were collected through a series of individual interviews using a semi-structured approach. Institutional clearance and ethical approval were obtained from the respective Research Ethics Committee prior to commencement of the study. Following transcription, data were analysed according to the guiding principles of thematic analysis. Emerging themes were combined to form four main categories: (a) reflective competence (b) intentional silence, (c) facilitating reflection and (d) reflexive tutoring and asking while teaching. Findings show that the role of the nurse educator as a practical-reflexive professional is fundamental to assist the student to reflect and thus, nurse educators need to have turned to reflexive professionals themselves. An interesting emerging phenomenon from the interviews relates to the level of relationship established between educators and learners and the role this plays in their teaching practice.



## 157. CANADA

### Professor Christina Doré

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Co-authors: Dr Mary McKenna, Professor and Assistant Dean, Interdisciplinary Studies, University of New Brunswick, Canada, (PhD co-supervisor); and Dr Linda Duffett-Leger, Professor, Faculty of Nursing, University of Calgary, Canada (PhD co-supervisor)

#### Burnout and empowerment among haemodialysis nurses working in Quebec

The nursing profession is known to be stressful with high rates of burnout. Research indicates that empowerment is a positive strategy to support the practice and wellbeing of nurses at work, and that professional websites could promote their empowerment and reduce their risk of burnout. Currently there is no information to assess the severity of burnout or the empowerment of haemodialysis nurses in Quebec. The purpose of this presentation is to report the results of a mixed study: an online quantitative survey of 308 haemodialysis nurses found that 38% had high levels of emotional exhaustion; 69% had moderate levels of structural empowerment, and 64% with moderate levels of psychological empowerment. Structural and psychological empowerment were significantly related to burnout. A participatory action research approach using focus groups with a total of seven haemodialysis nurses and consultations with an advisory committee resulted in recommendations on the requirements to be included in a website. The results indicate that a future professional website for haemodialysis nurses should include: professional information, continuing education, information on healthy lifestyle habits, and networking. This research has important implications for nurses, practice and research. Overall burnout levels were high among haemodialysis nurses in Quebec, similar to other North American results. The haemodialysis nurses were in favour of creating a website to meet their professional and personal needs.



## 158. CANADA

### Professor Edith Hillan

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### The role of technologies in the delivery of maternity care in remote and rural settings

The 2030 Agenda for Sustainable Development sets out 17 goals which UN member states have committed to work toward. Goal 3: Ensure healthy lives and promote well-being for all at all ages, identifies multiple targets related to improving global health by 2030. These include: reducing maternal mortality; and ending preventable deaths of newborns and children under 5 years of age. A key component toward realizing these goals is the ability to diagnose and monitor illness. It is well-recognized that availability and access to health care, particularly in low income countries, is inversely related to health needs. In most high-income countries, health care systems make use of the latest technological solutions, whilst in low income countries often basic primary health care is unavailable or inaccessible. Due to the limited availability of services in rural and remote regions, many pregnant women travel to urban centres to give birth, which can result in adverse health outcomes and undue stress and trauma for mother and baby. Therefore, there is an urgent need to develop technologies which can improve access to health care in rural and remote settings. The presentation will describe the interdisciplinary development of low cost Clinic-in-a-Box (CIAB) technologies for the provision of emergency obstetric care and the support of preterm and /or low birthweight babies. A solar-powered, portable neonatal CIAB system has been developed which integrates physical measurements with a simple machine learning algorithm to aid in early detection and prevention of neonatal health issues. The system also provides basic treatment options such as phototherapy for neonatal jaundice and infra-red warming units for pre-term babies and can be deployed in rural areas and used outside a hospital or clinic setting to provide care locally. The system has basic networking ability so the results can be sent to a central health facility for advice. The potential of Point of Care assays which allow high precision laboratory-based detection techniques to be taken directly to the individual, irrespective of the setting will also be discussed.



## 159. USA

### Ms Jennifer Graebe

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### Dr Sheryl Cosme

Director, Practice Transition Accreditation Program and Nursing Skills Competency Program, American Nurses Credentialing Center  
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### Digging deeper: a discussion on how to leverage professional development to meet your organization's strategic goals

In the plenary session, it was noted that the global health care environment remains unpredictable and dynamic, placing significant demands on the nursing workforce. Occupational demands on nurses impact recruitment and retention and lead to increased burn out rates. Healthcare organizations (HCOs) globally are tasked to meet performance measures yet barriers exist that prevent organizations from achieving quality, safety, patient and provider experience benchmarks. One approach to mitigate barriers is to invest in the professional development of the nurse. Accreditation standards, such as the American Nurses Credentialing Center Accreditation for nursing professional development and practice transition demonstrate a focus on outcomes that impact the professional practice of nurses, healthcare teams, and/or patient or system outcomes. This session will be a discussion and question and answer opportunity for learners as a result of attending the plenary session: Leveraging professional development to meet your organization's strategic goals.



## 160. UNITED KINGDOM

### Ms Katia Hilary

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Co-authors: Dr Brian Boag, Associate Dean, International Development, School of Health and Society, University of Salford, Manchester UK; and Dr Natalie Yates-Bolton, Senior Lecturer, International School Lead, School of Health and Society, University of Salford, Manchester UK

### An educational model for global health citizenship

The International Year of the Nurse and the Midwife is a potent opportunity to reflect upon the value of global collaboration between nurses. At the University of Salford there is a diverse range of global collaborations with nurses from many different countries to support international knowledge exchange. Contemporary opportunities are being utilised to enhance the contribution to and opportunities to learn from the global nursing knowledge community. These collaborations involve nurses from China, Thailand, Saudi Arabia, Nigeria, the Netherlands, Sweden, France, Australia, Ghana, India, and Japan. A wealth of published and on-line accounts of international nursing and global health are being used to evoke a sense of connection across the world for our student nurses. These accounts are then brought to life by knowledge exchange opportunities with international student nurses and international qualified nurses from across the globe who visit the university throughout each academic year. These knowledge exchange experiences provide the opportunity for students and qualified nurses to share their organisational, nursing and individual perspectives. On a more local level is the reflection on recent current geo-political changes and as a result of this the provision of learning opportunities for student nurses to consider their identities as 'global citizens' and to develop this alongside their identity as a student nurse has been strengthened. These different knowledge exchange opportunities for future nurses and the nurses of today, across the globe are to be celebrated as they highlight the essential attributes of nursing that are vital to every patient, every care setting, every community and every country.



## 161. UNITED KINGDOM

### Ms Andrea Sutcliffe CBE

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### Celebrating the difference registration makes

In 2019, the UK Nursing and Midwifery Council (NMC) celebrated 100 years of nursing regulation, commemorating the passage of the Nursing Registration Act 1919 with their "Always Caring, Always Nursing" campaign. Midwives were even earlier with their register starting in 1902. Now in the International Year of the Nurse and the Midwife, NMC Chief Executive and Registrar, Andrea Sutcliffe CBE, will reflect on the difference regulation has made, supporting nurses and midwives to deliver the best, safest care possible. She will also consider what more can be done to improve care for those using health and care services now and in the future.



## 162. UNITED KINGDOM

### Ms Anne Marie Rafferty

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### Nurses as agents of change: turning evidence into policy

Evidence has been building over the past 20 years on the links between nurse staffing and patient outcomes. This presentation tracks the trajectory of evidence accumulation and the role of organised nursing in using that evidence as part of a lobbying effort to leverage legislative change. Though necessary however, evidence is rarely sufficient to make change happen. Often public facing campaigns have been necessary to push an agenda to facilitate staffing legislation. This paper will consider the evolution and learning derived from recent campaigns and organising efforts used by the RCN in lobbying for change and lessons learned for positioning in the future.



### 163. AUSTRALIA

#### Professor Marion Eckert

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#### South Australia's Nursing and Midwifery Climate Survey

What is the impact on nurses and midwives of the significant changes that have occurred in health systems: health reform; relocation and reorganisation of services; new models of care; and technology (digitisation). The purpose of the Nursing and Midwifery Climate Survey has to describe the current work culture of health care in South Australia from the perspective of nurses and midwives in the context of major health care reforms. The design was a voluntary cross sectional survey of the Australian Nursing and Midwifery (SA Branch) membership. The online survey was advertised in ANMF bulletins and newsletters and ran from 22 August to 16 October 2017. Four domains were assessed: organisational factors, practice environment; individual outcomes; and patient quality of care. The presentation shares the methodology and findings and the implications of the findings for nurses, midwives and the health system in South Australia.



## Poster Presentations

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6. Dr Marie Dietrich Leurer (Canada):

Emotional responses of mothers who express breast milk

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12. Mr Sunil Joshi (India):

Quality improvement through a structured training program for novice nurses

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19. Ms Jemma Louise James (UK):

Student nurse internship in care homes

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44. Miss Bisi Adewale (Ghana):

Access to palliative care: a universal right for cancer patients in Ghana

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62. Miss Jenny Halse, Dr Lisa Reynolds and Assistant Professor Julie Attenborough (UK):

Creating new roles in health care: lessons from the literature

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70. Mrs Joy Kemp and Professor Julia Downing (UK):

Inter-professional collaboration for nursing and midwifery leadership development in Uganda

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71. Mrs Joy Kemp (UK):

Exploring student midwives' and midwives' experience of mentorship in Uganda

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78. Ms Momtaz Begum and Ms Sharmin Joya (Bangladesh):

Innovation and reciprocity: strengthening professional associations through cross cultural partnership

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79. Dr Josephine Kyei (Ghana):

Ghanaian graduate nursing students' concerns regarding academic research supervision: an exploratory study

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86. Mrs Sriyani Padmalatha (Sri Lanka):

Incidence of depression after total mastectomy compared with breast reconstruction for breast cancer: a meta-analysis

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87. Ms Kerry Riley and Mr Daniel Lucy (UK):

Using public health nursing and midwifery expertise to influence health outcomes globally

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88. Ms Barbara Foggo, Mrs Emma Shepherd and Mr James Wade (UK):

Can a coaching model of learning in practice impact on patient experience?

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95. Mrs Jo Odell (UK):

Enabling clinical leaders to create safe, effective and caring cultures in the workplace

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97. Mrs Colleen McGoldrick (Australia):

Experiences of self-management of individuals living with chronic obstructive pulmonary disease

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100. Mrs Giselle Cope (UK):

Raising the profile and unique contribution of learning disability nurses in England

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101. Dr Gwendolyn Mensah (Ghana):

Managing women with gestational diabetes: clinical realities in Ghana

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103. Miss Anesha Hamilton (Guyana):

KAP of screening for prostate cancer in men above age 45 Georgetown Guyana

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106. Mrs Deborah Leetham (UK):

Using games to enhance the learning and teaching of genomics in nursing

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107. Mr Kevin Otieno Odour (Kenya):

"The\_Drug\_Free\_Youth": reaching last mile communities with disruptive interventions on drug abuse

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113. Mr Fidelis Atibila (Ghana):

Assessment of risk factors for hypertension: an application of the WHO stepwise approach

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124. Mrs Judith Naa Klorkor Asiamah (Ghana):

Impact of "on the job" training on employee satisfaction and performance

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135. Mr Wasim Ahmad-Khan (Pakistan):

Voices of nurses from Pakistan

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136. Miss Alexa Buliak and Miss Louise Connolly (Australia):

EMSE: exploring the student midwife's experience

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156. Mr Neville Schembri (Malta):

The use of reflection and reflexivity in nurse education: a pedagogical tool

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157. Dr Christina Doré (Canada):

Burnout and empowerment among haemodialysis nurses working in Quebec

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