



**RESEARCH CENTRE FOR
CLINICAL AND COMMUNITY PRACTICE INNOVATION:
ASIA-PACIFIC RESEARCH SYMPOSIUM (INAUGURAL)**

PROGRAM GUIDE



I-Shou University



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FOREWORD

Welcome to the Inaugural RCCCPI: Asia Pacific Research Symposium. It seems surreal to think that the idea for this Research Symposium was first raised with colleagues in Taiwan and RCCCPI in March/April 2007 and to now witness the finalisation of this inaugural event in July 2008. The symposium aims to provide an opportunity for participants to exchange information about their existing research and practices, and to develop cooperation's that will lead to new collaborative research relationships. We hope the program that has been put together will facilitate this aim.

I would like to express thanks to our sponsors for helping to make this symposium happen:

- Griffith University International Office;
- School of Nursing and Midwifery, Griffith University;
- Professor Max Standage – Provost Gold Coast and Logan, Griffith University;
- Professor Kim Halford – Dean (Research) '07, Griffith University; and
- Research Centre for Clinical and Community Practice Innovation, Griffith University.

I would like to also thank the Research Symposium Planning Committee for their tireless efforts:

- Professor Claire Rickard;
- Professor Leanne Aitken;
- Professor Lesley Chenoweth;
- Professor Marianne Wallis; and
- Associate Professor Marie Cooke.

And a special thank you to Cindy Jones, Manager, RCCCPI and Sylvia Chu (Special Projects) who went above and beyond to ensure the symposium's success.



**Professor Wendy Moyle
Planning Committee Chairperson**



Griffith University's Research Centre for Clinical and Community Practice Innovation (RCCCPI) is a major program of the Griffith Institute of Health and Medical Research. The Foundation Director is Professor Wendy Chaboyer (W.Chaboyer@griffith.edu.au). For 2008, Professor Claire Rickard is Acting Director (C.Rickard@griffith.edu.au). The Centre comprises approximately 80 researchers from a range of disciplines including nursing and midwifery, social work, human services, rehabilitation, physiotherapy, pharmacy, community, public health, nutrition, science, social science and medicine. We share a vision that inter-disciplinary research can generate innovations in health and community services. Our aim is to transform health and community services via the development of collaborative, innovative and sustainable models of care and frameworks for practice among service providers and individuals, families and communities. To improve health and community services, patient outcomes and enhance workforce capacity, we:

1. challenge traditional practices of health and community service professionals through the development of new and often diverse partnerships in the delivery of sustainable services; and
2. focus on developing innovative approaches to the delivery of health and community services via rigorous, multi-method and collaborative research

These innovations form the basis for strong evidence-based practice/policy and increased capacity for health and wellbeing in the community. We channel our resources in generating innovations in four major research units:

Research Units	Program Leader
Acute and Critical Care	Professor Leanne Aitken L.Aitken@griffith.edu.au
Ageing and Older People	Professor Wendy Moyle W.Moyle@griffith.edu.au
Griffith Abilities Research Program (GARP) - <i>Community based research in disability, chronic diseases and rehabilitation</i>	Professor Lesley Chenoweth L.Chenoweth@griffith.edu.au
Women's and Family Health	Dr Jenny Gamble J.Gamble@griffith.edu.au



The Research Activities at Taipei Medical University, College of Nursing (Taiwan)

Pursuing excellence has been the core spirit for the Taipei Medical University College of Nursing. The College of Nursing was established in 1963 and is one of the most comprehensive nursing schools in Taiwan with undergraduate (BSN and RN-BSN) and graduate (MSN and PhD) programs. Graduates from the college have been well received and recognized by the nursing community and health care institutes. The college has a reputation for excellent academic performance and the faculty members are proud of their achievements and enthusiastic about the potential for major breakthrough in nursing research. We present biennial research report to sum up the research performance of the college faculty. During the past two years, the amount of funding, in terms of both the number grants and the money awarded, steadily increased. In the past academic year, there were 1.94 grant per faculty and 1.6 SCI/SSCI papers per faculty. We have four research laboratories and seven research teams. The focuses of our research include nursing administration and ethical research, exercise rehabilitation, cancer and symptom Management, bio-behavioral research, mental health and elderly care research, community nursing, and tobacco control. The college has solid research projects, diverse funding sources, and expanding outreach. The college has now expanded its visions globally and exchanged its research achievements nationally as well as internationally. We believe that when the researchers work together, we can make a difference to ensure a greater impact and continued contribution to nursing.



I-Shou University

I-Shou University (Taiwan)

School of Nursing

I-Shou University's Department of Nursing was established in 1999. The goals of Department of Nursing are as followed:

- A. Providing holistic nursing programs, which are aimed to equip graduates to be able to provide holistic care (also called whole person total care) toward their clients from physical, psychological, social, and spiritual approaches.
- B. Educating student to have professional knowledge of nursing, and develop philosophy of nursing for individuals, families, groups, and communities.
- C. Offering healthcare/nursing management and policy courses for students to obtain ability in management.

Our research range can be categorized into the following areas: holistic care, nursing informatics, community health, nursing delivery and systems, preventive medicine, and infection and immunity. Beside basic nursing programs, we also cooperate with nearby medical centres to promote our teaching and research. In addition, more doctorate-prepared nursing professionals, in the area of pediatric, psychiatric and obstetric and gynecologic nursing, will participate in our faculty members. The professional fields include medical-surgical nursing, community nursing, nursing administration, nursing education, home health care, preventive medicine, and basic medicine.

Future Development Goals

- 1. Promoting well-equipped laboratories and medical center units for clinical classes.
- 2. Providing nursing knowledge and services for our communities to make good use of the community's resources.
- 3. Building up a close collaborative relationship with healthcare institutions and universities in southern Taiwan.
- 4. Establishing academic relationship in the areas of research and teaching with foreign universities for continuous enhancement of nursing research.



The Research Activities at National Taipei College of Nursing (Taiwan)

Research at the National Taipei College of Nursing (NTCN) is conducted across the three major schools, the Schools of Nursing, Health Management and Health Promotion, totaling 90 PhD faculty members are committed to conducting high-quality applied research that provides the evidence to improve care and services.

In addition to conducting the research on general nursing focus such as Adult Nursing, Women Health, Community Nursing, Psychiatric Nursing and Gerontological Nursing, the School of Nursing has fostered faculty members to extend **interdisciplinary research** through collaboration with other related fields, to develop **technological research** in creation/ invention of assistive product and technology patent, and to initiate **societal research** in nursing and health care related issues.

To sustain those research programs, the school has received 35 awards totalling AU\$ 1.3 million above from National Science Council (NSC), Department of Health (DOH) and other health institutions every year, ranking among the top three Taiwan nursing schools in grant support and number of research awards.



The Research Activities and Strengths of National University of Singapore Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine

Singapore's Gross expenditure on research and development is expected to reach 3% of GDP by 2010, meaning the public sector R&D budget will have doubled to \$13.55 billion. \$1.4 billion over the next five years is for biomedical sciences, environmental and water technologies, and interactive and digital media, comparable with countries such as the Netherlands and Denmark.

NUS is in the top 30 universities in the world and is internationally competitive in terms of research generation and output, strong in development of strategic research alliances. In 2007 there were 1,730 papers, completion of 664 projects, 133 research collaborations valued at \$54 million and 672 new projects commenced. NUS also receives generous donations from local foundations.

NUS' seven strategic areas are: **environment and water technology; interactive and digital media; translational medicine;** quantum information; nanoscience & nanotechnology; Asian studies; and **biomedical sciences**.

NUS' provision of R&D to support Singapore's strategic growth areas:

1. **Interactive & Digital Media Institute:** a complex of 8 labs; outpost NUS Hollywood Lab.
2. **Environmental technologies:** Supporting Singapore as a global hydrohub. The NUS Environmental Research Institute (NERI); GE Water & Process Technologies Global R&D Centre Singapore; Singapore-Delft Water Alliance (with Netherlands); NUS Nano-Bioengineering Lab (with Canada).
3. **Biomedicine:** translational research in cancer, cardiovascular biology, immunology, neurobiology and aging: \$40 million Centre for Life Sciences (CeLS); NUS Centre for Health Services Research with RAND Health; Singapore Gastric Cancer Consortium \$25 million from NMRC.

The Hong Kong Polytechnic University School of Nursing

The School is a diverse community of scholars and clinicians with a common goal: to pursue academic excellence of practical value in nursing and healthcare services. In partnership with our students, we are co-constructing a learning community that nurtures an appreciation for high standards and the pursuit of excellence in nursing practice. We aim to contribute to the well-being of mankind by:

- Producing preferred graduates with attributes of reflective practitioner and future nurse leader;
- Performing research and consultancy leading to health enhancement and healthcare innovations;
- Providing integrative health services and educational programmes for improving the health and health literacy of the community.

Research is organized around eight thematic groups. They are: Ageing and Health, End-of-Life Care, Evidence-based Practice, Family and Community Health, Innovations in Caring Science, Nursing Therapeutics, Transition in Health Care, and Integrative Digital Health. These Research Groups aim to: (a) conduct high quality research that improves nursing practice, contributes to cost-effective care, influences policy development, and is nationally recognized; (b) foster the development of nurse researchers through collaborative research opportunities; (c) develop the profile of nursing research in Hong Kong; and (d) develop interdisciplinary, local, national and international links and research partnerships.

RESEARCH SYMPOSIUM PROGRAM

DAY 1 – 1st JULY 2008 (TUESDAY)

0800 – 0830	<p>Registration, Poster Fixing & Welcome (Tea/Coffee)</p> <p><i>Venue: Clinical Sciences 2 Building (G16), Ground Level (Open Area outside Lecture Theatre 1 & 2)</i></p>
0830 – 0845	<p>Welcome to Research Symposium and Introductions – Prof Wendy Moyle</p> <p>Opening of the Research Symposium – Mr Steve Bredhauer, Queensland’s Special Trade Representative</p> <p><i>Venue: G16, Lecture Theatre 1 (1.07)</i></p>
0845 – 1000	<p>Participating Institutions Research Profile:</p> <ul style="list-style-type: none"> ▪ Griffith University – Research Centre for Clinical and Community Practice Innovation (Australia) – Prof Claire Rickard ▪ Taipei Medical University (Taiwan) – Prof Yann-Fen Chao ▪ I-Shou University (Taiwan) – Assoc Prof Chou-Ping Chiou ▪ National Taipei College of Nursing (Taiwan) – President Ue-Lin Chung ▪ National University of Singapore – Prof David Arthur ▪ Hong Kong Polytechnic University – Prof Samantha (Mei-Che) Pang <p>Chairperson: Prof Anne McMurray</p> <p><i>Venue: G16, Lecture Theatre 1 (1.07)</i></p>
1000 - 1020	<p>Morning Tea – <i>Venue: G16, Ground Level (Open Area outside Lecture Theatre 1 & 2)</i></p>
1020 - 1100	<p>Keynote Speaker: Professor Debra Creedy</p> <p>“Emerging Research Issues”</p> <p>Chairperson: Prof Anne McMurray</p> <p><i>Venue: G16, Lecture Theatre 1 (1.07)</i></p>

1100 - 1230		CONCURRENT SESSIONS (A)			
		<p>SESSION ONE Acute and Critical Care Chairperson: Prof Leanne Aitken Venue: G16, Lecture Theatre 1 (1.07)</p>	<p>SESSION TWO Ageing and Older People Chairperson: Prof Wendy Moyle Venue: G16, Lecture Theatre 2 (1.08)</p>	<p>SESSION THREE Disability, Chronic Diseases and Rehabilitation Chairperson: Prof Lesley Chenoweth Venue: G16, Room 1.11</p>	<p>SESSION FOUR Midwifery, Women's and Family Health Chairperson: Prof Marianne Wallis Venue: G16, Room 1.12</p>
1230 – 1330	Lunch – Venue: G16, Ground Level (Open Area outside Lecture Theatre 1 & 2)				
1330 - 1430		CONCURRENT SESSIONS (A) (Continued)			
		<p>SESSION ONE Acute and Critical Care Chairperson: Prof Leanne Aitken Venue: G16, Lecture Theatre 1 (1.07)</p>	<p>SESSION TWO Ageing and Older People Chairperson: Prof Wendy Moyle Venue: G16, Lecture Theatre 2 (1.08)</p>	<p>SESSION THREE Disability, Chronic Diseases and Rehabilitation Chairperson: Prof Lesley Chenoweth Venue: G16, Room 1.11</p>	<p>SESSION FOUR Midwifery, Women's and Family Health Chairperson: Prof Marianne Wallis Venue: G16, Room 1.12</p>
1430 – 1500	Feedback Session: Chairperson from each concurrent session to provide feedback from presentations to the whole group (5 to 10 minutes per Chairperson) Facilitator: Prof Anne McMurray Venue: G16, Lecture Theatre 1 (1.07)				

1500 – 1600	<p>Large Group Brainstorming Session (Potential Collaborations and Ideas for Proposals)</p> <p>Facilitator: Prof Anne McMurray</p> <p>Venue: G16, Lecture Theatre 1 (1.07)</p>
1600 – 1630	<p>Afternoon Tea – Venue: G16, Ground Level (Open Area outside Lecture Theatre 1 & 2)</p>
1630 – 1730	<p>Poster Session (Invited presentation: four most outstanding PhD student's posters from each of the four research categories)</p> <p>Chairperson: Prof Anne McMurray</p> <p>Venue: Clinical Sciences 2 Building (G16), Ground Level (Open Area outside Lecture Theatre 1 & 2)</p>
1730 – 1800	<p>Transfer Back to Hotel</p>
1900	<p>Research Symposium Dinner (Courtyard Marriott Hotel)</p>

DAY 2 – 2nd JULY 2008 (Wednesday)

0830 – 0845	Welcome & Introduction to Day 2 Research Symposium Program and Plenary Lectures (Tea/Coffee) Chairperson: Prof Anne McMurray Venue: Clinical Sciences 2 Building (G16), Ground Level (Open Area outside Lecture Theatre 1 & 2)
0845 – 0915	Keynote Speaker: Professor Debra Creedy “Strategies for Sustaining Successful International Collaborative Projects: A Case Study” Chairperson: Prof Anne McMurray Venue: G16, Lecture Theatre 1 (1.07)
PLENARY LECTURES	
0915 – 1030	“Research Grant / Funding Opportunities in the Asia-Pacific Region” Panel of Speakers: Professor David Arthur, Professor Trevor Parmenter, Professor Yann-Fen Chao & Ms Karyn Joyner Chairperson: Prof Anne McMurray Venue: G16, Lecture Theatre 1 (1.07)
1030 – 1100	Morning Tea – Venue: G16, Ground Level (Open Area outside Lecture Theatre 1 & 2)
1100 – 1215	“Challenges of Collaborating and Conducting International Research” Panel of Speakers: Professor David Arthur, Professor Trevor Parmenter, Professor Wendy Moyle, Professor Leanne Aitken Chairperson: Prof Anne McMurray Venue: G16, Lecture Theatre 1 (1.07)

1215 – 1315	Lunch – <i>Venue: G16, Ground Level (Open Area outside Lecture Theatre 1 & 2)</i>
1315 - 1415 CONCURRENT SESSIONS (B)	
<p>SESSION ONE</p> <p>PHD Student Research Forum:</p> <ul style="list-style-type: none"> ▪ Hosted by <i>Dr Jennifer Tannoch-Bland</i> (Griffith Graduate Research School) ▪ PHD Research Discussion <p><i>Venue: G16, Lecture Theatre 2 (1.08)</i></p>	<p>SESSION TWO</p> <p>Academic & Researchers Research Forum:</p> <ul style="list-style-type: none"> ▪ Roundtables: Building collaboration and proposals in the following areas: <ul style="list-style-type: none"> - Acute and Critical Care - Ageing and Older People - Disabilities, Chronic Diseases and Rehabilitation - Midwifery, Women’s and Family Health ▪ Facilitator: <i>Prof Anne McMurray</i> <p><i>Venue: G16, Lecture Theatre 1 (1.07)</i></p>
1415 – 1445	Afternoon Tea – <i>Venue: G16, Ground Level (Open Area outside Lecture Theatre 1 & 2)</i>
1445 – 1545	Large Group Discussion – Feedback on PhD Students and Academic & Researchers Research Forums Facilitator: <i>Prof Anne McMurray</i> <i>Venue: G16, Lecture Theatre 1 (1.07)</i>
1545 – 1600	Close of Research Symposium – <i>Prof Wendy Moyle</i> <i>Venue: G16, Lecture Theatre 1 (1.07)</i>
1600 – 1700	Brief Tour of Griffith University (Gold Coast Campus) Return to Courtyard Marriott Hotel

CONCURRENT SESSIONS (A) (1100 – 1230): PRESENTATIONS

SESSION ONE: ACUTE AND CRITICAL CARE

Professor Wendy Chaboyer, Griffith University:

Bedside handover: One quality improvement strategy to “Transform Care at the Bedside”

Dr Evelin Tiralongo, Griffith University:

Attitudes and perceptions of Australian pharmacy students towards Complementary and Alternative Medicine – a pilot study

Associate Professor Wen-Yin Chang, Taipei Medical University:

Nurses’ perception of nursing workforce and the relative outcomes in emergency departments

Dr Marion Mitchell, Griffith University:

Family centred care as seen by ICU nurses

SESSION TWO: AGEING AND OLDER PEOPLE

Professor Kuei-Ru Chou, Taipei Medical University:

Evaluation of the effect of a life review group program on self-esteem and life satisfaction in the elderly

Associate Professor Marie Cooke, Griffith University:

The outcomes of a home based pulmonary maintenance program for individuals with chronic obstructive pulmonary disease: a pilot study

Dr Lorraine Venturato, Griffith University:

Models of Care and Practice Frameworks for the Care of Older People: An Industry Based Research Program

Dr Mai Tran, Griffith University:

The impact of social policy on aged care services over the last 10 years in Australia

SESSION THREE: DISABILITY, CHRONIC DISEASES AND REHABILITATION

Professor Jen-Chen Tsai, Taipei Medical University:

Changes of serum - endorphin by programmed exercise training are correlated with improvement of clinical symptoms and quality of life in female mitral valve prolapse syndrome

Associate Professor Elizabeth Patterson, Griffith University:

The feasibility, acceptability and cost-effectiveness of nurse-led models of chronic disease management in general practice

Dr Pat Dorsett, Griffith University:

The role of hope in the coping process following spinal cord injury

Dr Fiona Kumari Campbell, Griffith University:

Disability, legal mobilisation and the challenges of capacity building in Sri Lanka

SESSION FOUR: MIDWIFERY, WOMEN'S AND FAMILY HEALTH

Associate Professor Ping-Ling Chen, Taipei Medical University:

Comparison of smoking behaviours among different school types of female senior high students in Taiwan

Ms Sylvia (Fang-Ying) Chu, Griffith University:

Complementary and alternative medicine use in Taiwanese women with breast cancer or gynaecologic cancers

Ms Eliana Naser, National University of Singapore:

Assessment and management of birthing needs of Singapore women: Development of a Singapore assessment of birthing needs questionnaire

Ms Elisabeth Coyne, Griffith University:

Researching family in the context of health: challenges for the researcher

CONCURRENT SESSIONS (A) (1330 – 1430): PRESENTATIONS

SESSION ONE: ACUTE AND CRITICAL CARE

Professor Chia-Chin Lin, Taipei Medical University:

Assessing analgesic regimen adherence with the Morisky Medication Adherence Measure for Taiwanese patients with cancer pain

Professor Leanne Aitken, Griffith University:

Recovery of patients following trauma

SESSION TWO: AGEING AND OLDER PEOPLE

Professor Samantha (Mei-Che) Pang, Hongkong Polytechnic University:

Shanghai and Hong Kong frail older persons' quality-of-life concerns and healthcare expectations at the end of life

Professor Wendy Moyle, Griffith University:

Determining quality of life in people with dementia living in nursing home care

SESSION THREE: DISABILITY, CHRONIC DISEASES AND REHABILITATION

Professor David Arthur, National University of Singapore:

The effect of a brief intervention for problem drinkers in a Beijing general hospital: A randomized controlled trial

Ms Natalie Clements, Griffith University:

Improving service user participation in disability services

SESSION FOUR: MIDWIFERY, WOMEN'S AND FAMILY HEALTH

Professor Debra Creedy, National University of Singapore:

Prevalence and correlates of intimate partner violence in couples expecting their first child

Professor Ching-Min Chen, Taipei Medical University:

Avoidance of environmental tobacco smoke behaviours among women working in the highly exposed workforce

BIBLIOGRAPHY - KEYNOTE SPEAKER:

PROFESSOR DEBRA CREEDY

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Bibliography

Professor Creedy is a registered nurse and clinical psychologist. She is Professor of Nursing at the National University of Singapore and an Adjunct Professor with the Research Centre for Clinical & Community Practice Innovation.

Her PhD investigated the prevalence of psychological trauma symptoms in childbearing women, the first study of its kind in Australia (Creedy et al 2000) and is widely cited. Subsequent work involved a successful pilot RCT on the effectiveness of a counselling intervention to ameliorate acute stress symptoms in postpartum women with Dr Jenny Gamble (Gamble, Creedy et al. 2005). This study involved critical reviews of the literature (Gamble Creedy et al, 2002; Gamble & Creedy 2004) and development of a best practice intervention model (Gamble, Creedy et al 2005). Her research in maternity care has also focused on models of best practice (e.g., emotional care, promoting breastfeeding) and the implementation of evidence into practice (published critiques, conducting RCTs, Cochrane systematic reviews). Her expertise in maternal mental health was acknowledged with her appointment on the *Beyondblue* National Steering Committee (2006 – 08). She is a current NHMRC grant holder with Professor Kim Halford to conduct a RCT of an innovative program to support couples in the transition to parenthood and is a lead investigator with Dr Gamble on another NHMRC grant to conduct a RCT of a midwifery debriefing intervention. Professor Creedy has co-authored a book on health psychology, and has 16 book chapters and over 80 peer-reviewed journal articles to her credit. Her teaching focuses on RHD and PG research supervision and has successfully supervised 14 PhD and 22 Master (Hons) students to completion.

Professor Creedy regularly presents at leading international conferences in the field such as MARCE; Society for Reproductive and Infant Psychology, ICM, and the International Conference of Maternity Care Researchers. Professor Creedy reviews for numerous international journals such as Journal of Affective Disorders, Social Science in Medicine, Biomed Central - Public Health journals; Women's Health; Midwifery & Women Health; and Maternal & Child Nutrition. She is an international member on the Advisory Board of the Maternal and Infant Nutrition Network (MAINN). She is committed to evidence-based practice and has participated in two Cochrane Systematic Reviews with a colleague (C-L Dennis) from the University of Toronto.

PRESENTATIONS BY PROFESSOR DEBRA CREEDY

Day 1 (1st July 2008) 1020hrs – 1100hrs:

Emerging Research Issues

This paper aims to set the context for the symposium and explores emerging research issues in Australia, Taiwan, Singapore and Hong Kong. A brief analysis of key government reports from each country and their national research priorities with a particular focus on health will be presented. Some of the challenges for future health research will be discussed and some suggested hot topics may prompt the direction of later discussions during the symposium.

Day 2 (2nd July 2008) 0845hrs – 0915hrs:

Strategies for Sustaining Successful International Collaborative Projects: A Case Study

There is a world-wide trend towards collaborative international research teams. This paper draws on my experience of participating in an international research consortium on PTSD and Childbirth. The Consortium recently held its 4th meeting at Oxford University in the UK. Using the PTSD and Childbirth Consortium as a case study, this paper explores the need for careful preparation in collaborative efforts, consideration of methodological research issues, as well as financial, operational and structural issues. Issues in regards to ownership of data and dissemination of research findings are also explored. The recent successes and outcomes of the Consortium will be described as well as long-term plans of participating members.

BIBLIOGRAPHY – MR STEVE BREDHAUER



Mr Steve Bredhauer was elected to the Queensland Parliament in December 1989 as the Member for Cook and served in Beattie Labor government as Queensland Minister for Transport and Main Roads from 1998 until his retirement from parliament in 2004. During this time, he was responsible for all areas of transport and main roads including transport planning, major infrastructure projects, Qld Rail (QR) and all Queensland's trading ports. Mr Bredhauer was an active member of many committees during his Parliamentary career and was Chairman of the Parliamentary Labor Party Caucus. He was a member of a trade delegation to China and Hong Kong in 1994 and gained particular insight into international commerce while leading Queensland Parliamentary Trade Delegations to China, Thailand and Hong Kong in 1999 and to India and Italy in 2003. Mr Bredhauer was a physical education teacher and union organiser before his election and ascendency to the ministry. He completed his tertiary education with a Diploma in Teaching from Queensland University of Technology. Mr Bredhauer is the Director of Bredhauer Consulting Services which provides private sector clients with professional services, including resolution of local and state policy issues, negotiation of positive outcomes with Government and specialist advice and assistance for contractors. He is a member of the Queensland Competition Authority and a member of the Business Council of the Southbank Institute of Technology.

FACILITATOR & PANEL SPEAKERS

Facilitator:



Professor Anne McMurray

- Peel Health Campus Chair in Nursing, Murdoch University (Western Australia)

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Panel Speaker:



Professor Wendy Moyle

- Chairperson – Human Research Ethics Committee, Griffith University (Australia)
- Deputy Director – Research Centre for Clinical and Community Practice Innovation, Griffith University (Australia)
- Ageing and Older People Research Unit Leader - Research Centre for Clinical and Community Practice Innovation, Griffith University (Australia)

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Panel Speaker:



Professor Leanne Aitken

- Acute and Critical Care Research Unit Leader – Research Centre for Clinical and Community Practice Innovation, Griffith University (Australia)
- Princess Alexandra Foundation Research Committee Member (Australia)

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Panel Speaker:

Professor David Arthur

- Head – Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore (Singapore)

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Panel Speaker:

Professor Trevor Parmenter

- Professor – Developmental Disability in the Faculty of Medicine, The University of Sydney (Australia)
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Panel Speaker:

Professor Yann-Fenn Chao

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Panel Speaker:

Ms Karyn Joyner

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**ACUTE AND CRITICAL CARE
RESEARCH ABSTRACTS**

Assessing analgesic regimen adherence with the Morisky Medication Adherence Measure for Taiwanese patients with cancer pain

Chia-Chin Lin

Graduate Institute of Nursing, Taipei Medical University

Background: Taiwanese cancer patients' hesitancy to use analgesics is a barrier to optimal cancer pain management. However, these patients' adherence to analgesic regimens has received little attention in Taiwan.

Purpose: (1) to examine the psychometric properties of the Taiwanese version of the Morisky Medication Adherence Measure (MMAM), including its validity and reliability, (2) to investigate levels of analgesics regimen adherence, and (3) to explore the predictors of adherence to the analgesic regimen in a sample of Taiwanese cancer patients with pain.

Method: 135 patients receiving analgesics for cancer pain participated in this study. Instruments consisted of the Taiwanese Version of the MMAM, the Barriers Questionnaire-Taiwan form, the Chinese version of the Brief Pain Inventory, the American Pain Society Outcome Questionnaire, Karnofsky Performance Status, and a demographic questionnaire. Analgesic use ratios were calculated. Descriptive statistics were used to describe demographic and disease characteristics and the BQT, BPI-C, and MMAM scores.

Results: The majority of the patients (51%) showed low levels of medication adherence. The significant predictors for the medication adherence score were age, the Barriers Questionnaire score, and satisfaction with pain management by clinicians after entering pain severity, pain interference with daily life, age, gender, education, types of analgesics used, functional status, and satisfaction with pain management as independent variables. The model accounted for 63% of the variance in the medication adherence score.

Conclusion: The Taiwanese version of MMAM shows excellent reliability and validity. The use of this reliable, valid, simple, and easily administered tool can improve communication between patients and clinicians about use of analgesics and further improve the analgesic regimen adherence.

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Preventing intravenous catheter infections: Is routine catheter re-site an effective strategy?

Prof Claire Rickard¹, Adj Prof Joan Webster^{1,2}, Prof Marianne Wallis^{1,3}, Adj Prof Lukman Thalib^{1,4}
Adj A/Prof Gowardman^{1,2}, Damhnat McCann⁵, Dr Mike Whitby⁶, Peter Gallagher⁵, Lynelle Foster³

¹ Research Centre for Clinical and Community Practice Innovation, Griffith University

² Royal Brisbane and Women's Hospital

³ Gold Coast Health District, Queensland Australia

⁴ University of Kuwait

⁵ University of Tasmania

⁶ Princess Alexandra Hospital and Southern Zone Health Services District

Background: The most common invasive procedure in hospitals, peripheral catheter insertion, is performed to administer fluids, blood products, drugs and nutrition. Adverse outcomes include thrombophlebitis and systemic infection which can be fatal. Many catheters are "routinely re-sited", whereby a perfectly functioning catheter is removed and replaced due to a historical belief that this decreases phlebitis and infection. This causes significant patient discomfort, staff time, and costs. Recent cohort studies and our previous clinical trials (> 1,000 patients) suggest routine resite actually ineffective and therefore unnecessary.

Purpose: To compare the peripheral venous catheter 'routine re-site' with 'removal on clinical indication' for clinical, infective and cost outcomes.

Method: This is an Australian federal government National Health and Medical Research Council (NHMRC) funded multi-centre, randomised controlled trial of 3,300 patients in three hospitals in SE QLD in 2008-2009. A follow-up multi-centre international trial is planned for 2010-2011 and interested sites are invited to register their interest in participation (c.rickard@griffith.edu.au). The international trial will aim to test the intervention in a range of different health systems and patient groups. The experimental group have their catheters changed only if clinically indicated. The control group catheters are changed every 3 days. Data is collected on phlebitis, catheter dwell-time, catheters per patient, catheter colonisation, venous infection, bloodstream infection, costs, demographics and infection risks. The study has over 95% power to detect phlebitis equivalence at 4% ($p=0.05$).

Outcomes and significance: Over 10,000,000 peripheral catheters are inserted annually in Australia, and many of these are routinely re-sited. Routine re-site involves pain and discomfort, health professional time, equipment costs and environmental waste. If the procedure is unnecessary, implementation of results will have significant benefits to patients, the health system and health care professionals internationally.

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Nurses' perception of nursing workforce and the relative outcomes in emergency departments

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Background: While the association between workforce perceptions and nurse outcomes is well documented, few studies have examined how ED nurses perceive current workforce and the relative outcomes.

Purposes: To understand nurses' perceptions of the current workforce in emergency departments (EDs), to examine the relationship between nurses' perception of workforce and the relative outcomes, and to compare the differences between characteristics of nurse and the scores of workforce perception.

Methods: This study was a cross-sectional questionnaire survey design. A self-developed workforce perception questionnaire was used to survey 538 registered nurses in 19 hospital EDs in northern Taiwan during May - October 2006. Data were analyzed using descriptive statistics, Chi-square test, independent t-test, Pearson correlation, and one-way ANOVA.

Results: The mean score of workforce perception was 6.28 points (total = 10 points), which was considered as moderate. Both overtime ($p=0.02$) and number of call back on days off ($p=0.01$) were significantly correlated to current nursing workforce and level of hospital. Nurses with more age tended to have more ED experience ($r = 0.37$; $p = 0.01$) and those with more ED experience tended to have vacation accumulation ($r = 0.09$; $p = 0.04$), overtime ($r = 0.10$; $p = 0.03$), and better perception of current workforce ($r = 0.09$; $p = 0.05$).

Conclusions: Although nurses' perception was found to be moderate, overtime and number of call backs on days off should be addressed by nursing leaders as potential problems.

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The study of nurses' knowledge of high-alert medications

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Background: Insufficient knowledge is one of the most important contributing factors resulted in nurses' medication errors. Although most errors had no harm to patients, high-alert medications' errors could cause serious consequences.

Purpose: The aim of this study was to evaluate nurses' knowledge and to understand the contributing factors of high-alert medications.

Method: A twenty items questionnaire was developed and divided into two dimensions: first dimension was concerning the knowledge of applying those high-alert medications (drug apply); and the other was how those high-alert medications should be stored and prescribed (drug regulation). Kuder-Richardson Formula 20 (K-R 20) was used to examine for the reliability and the alpha was 0.73. Satisfied discriminate validity was examined by undergraduate and RN students. By using snowball sampling method, a total of 305 nurses participated in this study.

Results & Conclusion: The over all average score was 56.5 ± 19.8 (maximal 100). For the correct answers, these two parts showed no significant difference (drug apply, 57.8 ± 15.7 ; drug regulation, 55.1 ± 19.6 ; $t = 0.33$, $p = 0.74$). Nurses revealed a significant less knowledge and making more wrong answers on the drug regulation than drug apply (37.4 ± 18.8 vs. 21.1 ± 11.6 ; $t = 2.32$, $p = 0.03$). Nurses' background such as age, working experience, job position and previous intensive care unit training played significant contributing factors resulted in a higher knowledge of high-alert medications. The results strongly suggested that nurses have insufficient knowledge and strengthen nurses' knowledge on high-alert medications is highly suggested based on our findings.

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Research ready? Transforming vibrant clinical nursing careers to valuable research careers in nursing

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Background: The contribution and the value of research are not debatable. Currently, research nurses are largely 'invisible' within the profession. Our work here aims to conduct international comparisons of roles, workplace systems, recruitment and retention issues in research careers. Little is known about the career aspirations around research in nursing and this has major implications for the future planning and management of this aspect of the workforce. We are faced with an overwhelming need for evidence-based practice in the nursing profession and the health sector as a whole. This need for evidence has resulted in a dramatic increase in the number of nursing research as evidenced by increasing publications in medline, CINAHL, and in turn, we are having workforce demands for nursing professionals to undertake research.

Purpose: Without a strong and vibrant nursing research workforce we face a lack of nurses to guide practice from research evidence and patients will be at risk of substandard care. This research focuses on the importance of understanding the career pathways for nurse researchers which would strengthen a clear and supportive research specialisation pathway. This is significant because structured support for nurses and research networks may be needed to facilitate valuable and experienced nurses early in their research careers

Method: Through qualitative interview analysis and by identifying the major themes in nursing researcher experience, this will enable us to be better positioned to analyse the research nurse career path issues. We report on interview results of approximately 50 nurses to identify what the current career paths of those working in nurse researcher positions are.

Conclusion: This work here looks to explore current international nursing research workforce issues and we will explore improvements to facilitate healthier numbers of nurses representing the workforce specifically in research. Examining a workforce model of 'what works' for nurses in research careers is essential to integrate these findings into nursing practice.

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The impact of a new Emergency Department on patient presentation and ambulance service delivery at the nearest hospital: A one month before and after snapshot

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Background: Hospital and emergency department (ED) crowding is an increasingly common issue facing today's acute health care services and has been associated with negative patient and staff outcomes. Furthermore, the capacity to absorb overflow ambulance traffic has decreased. A new ED opening within the region may influence service delivery and patient outcomes however, very little research exists.

Purpose: This research project aims to investigate the impact of an additional ED (Robina) opening on the pre-existing, closest hospital and ambulance service in terms of patient and healthcare organisation outcomes, and ambulance service delivery.

Methods: This pilot study is a retrospective before and after design involving the collection and analysis of ambulance, emergency and hospital data for Southport ED only, for the time periods of 1 month prior and 1 month post Robina ED opening. This study is necessary to establish an initial database, identify data collection and data cleaning issues, as well as utilising the services of the Australian E-Health Research Centre in order to pilot the merging of three health information systems using Health Data Integration (HDI) software.

Results: A total of 10,832 patient presentations were made to the ED during the two months of the study period and used for analytical purposes. Initial findings indicate that for the month post compared to the month before Robina ED opening, improved outcomes included ED and hospital length of stay (for admissions made via ED), ramping time (time from ambulance arrival to offload of patient onto hospital bed/chair), the proportion of ramped patients, in-hospital length of stay, in-hospital deaths (for patient presentations made via ambulance). Each of these outcomes decreased significantly. Further detailed analysis (involving adjustment for certain variables) will be presented at the symposium. For the two month period, manual merging of the three health information systems (HIS) (Ambulance, ED, hospital admission) yielded 3,172 matches between ambulance and ED records and 3,400 matches between ED and hospital records. Details regarding the accuracy, sensitivity and specificity of the HDI software used for merging the same three HIS will be presented at the symposium.

Conclusion: Findings from this study will be able to directly inform the third, larger study where a 12 month before and after time series design will be used to again merge three HIS to identify patient, health service and ambulance service delivery outcomes.

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Recovery of patients following trauma

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Background: Trauma continues to be a major cause of long term disabling conditions through the world. Identification of modifiable factors that determine outcome in injured people will allow development of strategies to reduce disability, promote recovery and lessen ongoing burden.

Purpose: This programme of research has been designed to track the trajectory of recovery of trauma patients over time and to identify and modify factors that affect long term outcomes in trauma patients.

Method: A series of studies has been developed to achieve the purpose of this programme. Initial studies concentrated on describing the recovery of patients during the short to medium term (up to six months) following injury. Studies that contribute to the second phase of the programme examine patient recovery into the longer term (up to two years) and have sufficient participant numbers to determine factors that predict long term outcome. These initial descriptive and predictive phases of the research program will be followed by development and testing of targeted, cost-effective treatment programmes based on identified factors designed to improve patient outcome.

Results: Patients experience substantially compromised outcomes in the short to medium term following injury, with evidence to suggest this compromise may continue long term. Reliance on health care services is significant after acute hospital discharge. Many of the factors that predict outcome following trauma are not amenable to modification, although continued work is seeking to identify additional modifiable factors.

Conclusions: Patients continue to experience disability and burden for at least the short to medium term following injury. Strategies are required to develop models of care that reduce disability and burden and support patients through the recovery process.

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What the nurse should know about biofilms on intravascular devices (IVDs)?

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Every year in Australia alone a total of 170,000 people, including 6,000 children, are admitted to intensive care units (ICUs) due to a life threatening accident or illness. The majority of intensive care patients have at least one IVD inserted to directly monitor blood pressure and to allow access for frequent blood testing. A serious potential side-effect of is IVD-related infections. Approximately 8,500 IVD-related bloodstream infections occur in Australian ICU patients each year [1]. Such infections lead to prolonged ICU and hospital stay, significantly increased treatment costs; in up to 25% of patients the infection is fatal [2, 3]. The formation of biofilms by microbial cells could make these infection more complicated since the detached microbial cells from the biofilm could lead to acute infection and the biofilm-forming bacteria are highly resistant to a large number of antimicrobial agents [4]. Nurses have important responsibilities in IVD application. Therefore, new strategies which can improve the careful nurse management and the cannula application skills of nurses should be used in order to reduce IVD-related infections and biofilm formation.

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Whiteboard assisted communication in acute care wards: A tool to improve patient safety and patient flow

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Introduction: Recently, improving communication and the transfer of knowledge from one hospital care provider to another have been seen as key in the quest for patient safety, with nurses identifying a failure of communication as a major barrier to improving safety in health care. In order to improve patient flow through acute care areas of hospitals in SE Queensland whiteboard assisted communication has recently been introduced.

Methods: A case study methodology was used to explore the structures and processes of whiteboard assisted communication in two Australian hospitals. This project utilised observation, interviews and focus groups. The study setting included four acute care medical and surgical wards and one day clinic.

Results: Structural elements that require consideration include the location and layout of the board, the disciplinary group and the level of the staff writing on the whiteboard, the information recorded and the interconnections with written medical records and information systems. Process elements involve access, frequency, timing and continuity of knowledge transfer.

Discussion: Whiteboard assisted communication has facilitated the development of timely decision-making especially around patient discharge. This, in turn, has allowed for better planning of discharge and improved patient education opportunities. Workplace culture and the modelling of senior staff are important for the effective implementation of this aid to communication. Standardisation of operating protocols may improve the utility and acceptability of the whiteboard. The requirement that temporary forms of communication, such as whiteboards and verbal handovers, are matched by permanent records and linked to information systems is an area for further development. Clinical leadership and a truly collaborative multidisciplinary team environment are key elements in the successful implementation of whiteboard assisted communication. If implemented within such an environment there is a capacity for this simple tool to improve not only patient flow but also patient safety.

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Family centred care as seen by ICU nurses

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Background: Family Centred Care (FCC) is an approach to the planning delivery and evaluation of health care that is governed by mutually beneficial partnerships between health care professionals, patients and families. FCC is a model of care where the family is the unit of care rather than the patient in isolation. Underpinning this philosophy is respect, collaboration and support. Our paediatric critical care colleagues established a long time ago that the patient is not complete without their family.

Purpose: This project aimed to explore options for possible nurse initiated strategies to promote a FCC approach in an adult ICU.

Method: Four focus groups of RNs were conducted in a metropolitan ICU to identify possible options and barriers to FCC strategies. As many RNs were unable to attend one of the focus groups, email contact was made with all ICU RNs with the same prompt questions as those used in the focus groups. Audio recordings were made along with field notes of all focus groups. Verification was sought from participants in each focus group as to the accuracy of the main discussion points. Responses were coded by searching for differences and similarities between comments made by participants.

Results: 53 participants provided comment. Identified themes included (1) Patient needs - strategies need to be individualised; fundamental care options are appropriate; consent and confidentiality; privacy. (2) Nurses needs - time for client care; time without questions; families to “behave well”; confidence in role (3) Family needs - individualized options; information; proximity when relative’s condition is critical. (4) Unit issues - space limitation; implications of ward routines.

Conclusions: ICU nurses are willing to trial FCC strategies by partnering with families to provide fundamental care as long as these activities are tailored to patient’s and family’s needs/desires with appropriate timing and bed-space provisions.

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Forecasting patient admissions for improved bed management

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Background: The majority of acute hospital admissions arise from the Emergency Department (ED). With the current retrospective, reactive bed management approach, a common scenario is a full ED on a Monday morning, the hospital on ambulance bypass by midday, and the last minute cancellation of elective surgery patients. A more appropriate way of crossing the borders between ED and inpatient units and thus reducing access block, is to manage inpatient beds prospectively, thereby booking elective surgery on days with lower demand from ED.

Methodology: The EDPAPT project is testing the accuracy and utility of an innovative patient admission prediction tool in two Queensland EDs (Gold Coast and Toowoomba). The tool, based on five years of ED presentation and admission data, and subsequent mathematical modelling, has been developed to accurately predict the number of acute admissions sourced from ED presentations on any given day of the year. Taking into account peak periods (holidays, special events), it facilitates efficient use of available resources. Implementation and validation of the tool using recent historical data has been followed by validation of the tool against actual current data.

Outcomes and Implications: This presentation will outline the research results and discuss the potential for the tool to improve patient flow and bed management practices. It will also present outcomes from semi-structured interviews with ED and bed management staff, assessing the impact of such a prediction tool on work practices.

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Bedside handover: One quality improvement strategy to “Transform Care at the Bedside”

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The aim of this study was to describe the structures, processes and outcomes of nursing bedside handover in medical and surgical wards in two hospitals. A case study method with nested ‘cases’ on six wards was used. Data collection included observations for five days per ward and in-depth interviews with nursing staff. Thematic content analysis and descriptive statistics were used to analyse the data to identify structures, processes and outcomes of bedside handover. A total of 499 bedside handovers were observed (Table) and 36 nurses interviewed. Both sites used a computer generated handover sheet. At one site, SBAR was used to convey information and safety and medication checks were included. Confidential information was shared away from patients and visitors, often in hallways. Bedside handover improved the quality of information, provided opportunities for teaching and saved time.

	Hospital A Frequency (%) N = 263	Hospital B Frequency (%) N = 269	Total Frequency (%) N = 532
Type of Ward			
Medical	186 (71%)	103 (38%)	289 (54%)
Surgical	-	93 (35%)	93 (17%)
Combined	-	73 (27%)	73 (14%)
Rehabilitation	77 (29%)	-	77 (14%)
Report Content			
Situation	171 (65%)	-	-
Background	148 (56%)	-	-
Assessment	118 (45%)	-	-
	156 (59%)	-	-
Recommendations			
Active patient interactions	85 (32%)	154 (57%)	239 (45%)
	Mean (SD)	Mean (SD)	
Number of staff at the bedside	4.0 (1.23)	3.7 (1.17)	-
Time for Handover	1.37 (0.78)	1.23 (0.95)	-

Conclusion: Implementing bedside handover is one strategy to transform nursing care at the bedside. Clinical leadership and a focus on patient centred care are two key elements for successful implementation of bedside handover. This study provides the foundation to develop standard operating protocols that can then be used to implement and evaluate bedside handover in other settings.

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Attitudes and perceptions of Australian pharmacy students towards Complementary and Alternative Medicine – a pilot study

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Background: With the increased usage of CAM worldwide comes the demand for its integration into health professional education. However, the incorporation of CAM into health professional curricula is handled quite differently by different institutions and countries. Furthermore, the evaluation of CAM curricula is complicated because students' ability to learn about CAM may be influenced by factors such as student's prior knowledge and motivation, together with the perceptions and attitudes of clinical preceptors. This study aimed to describe the attitudes, perceptions and beliefs of second, third and fourth year pharmacy students towards complementary and alternative medicine (CAM) and to explore factors that might affect attitudes such as learning, preceptorship and placements.

Methods: Pharmacy students from a University in South East Queensland, Australia participated in the study. The study consisted of a cross-sectional survey (n = 110) and semi-structured interviews (n = 9).

Results: The overall response rate for the survey was 75%. Overall, 95.5% of pharmacy students believe that pharmacists should be able to advise patients about CAM and most (93.7 %) have used CAM prior to course enrolment. Students' attitudes to CAM are influenced by the use of CAM by family, friends and self, CAM training, lecturers and to a lesser degree by preceptors. The majority of pharmacy students (89.2%) perceive education about CAM as a core and integral part of their professional degree and favour it over an additional postgraduate degree. However, they see a greater need for education in complementary medicines (such as herbal medicines, vitamins and minerals) than for education in complementary therapies (such as acupuncture, meditation and bio-magnetism). Knowledge and educational input rationalised rather than marginalised students' attitudes towards CAM.

Conclusion: Pharmacy students perceive education about CAM as a core and integral part of their professional degree. The content and focus of CAM education has to be further investigated and tailored to meet the needs of our future health professionals.

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AGEING AND OLDER PEOPLE
RESEARCH ABSTRACTS

Self-efficacy expectations, functional performance and quality of life during rehabilitation for older people

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Background: Since an aging population has been recognized as a major problem in most industrialized countries, many older people may experience functional disability due to falls which later result in surgical procedures. The consequences of surgery are decreased ADL and IADL, with 33% and 55% reductions respectively, compared to pre-surgical levels (Roder et al., 2003). Individual's quality of life (QoL) will be influenced by functional disability as functional performance is significant for maintaining daily activities and social activities. Rehabilitation programs have been considered as the better option for maintaining and restoring functional ability. During rehabilitation process, self-efficacy is a key predictor in facilitating the rehabilitation process

Purpose: The purpose of this review is to investigate older people's efficacy expectations in functional performance related to QoL from the literature to develop a conceptual model for understanding the impact of functional disability on older people.

Method: A search of English language papers was undertaken in the Medline, CINAHL and ERIC databases. The terms quality of life (QoL), health-related QoL (HRQoL), functional performance/physical activities and self-efficacy were used. Fifteen papers were conducted in USA met the inclusion criteria of self-efficacy and functional performance. Only one paper extended the outcome to QoL.

Results: The results show a statistically significant directly relationship between self-efficacy and functional performance (Conn, 1998; Resnick, 1998a, 2000, 2001a, 2001b, 2001c, 2002a, 2002b, 2004; Resnick & Nigg, 2003; Resnick, Palmer, Jenkins, & Spellbring, 2000; Resnick & Pasco, 1998; Resnick & Spellbring, 2000). Moreover, self-efficacy is the important predictor for both functional performance and QoL (Stretton, Latham, Carter, Lee, & Anderson, 2006). However, there is limited information about how self-efficacy influences functional performance and QoL in older people following orthopaedic events.

Conclusion: Evidence from literature so far is lacking in consistency in terms of understanding the relationships between self-efficacy, functional performance and quality of life for older people during the rehabilitation process.

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Psychosocial Interventions in dementia: Where are we?

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Early and current dementia Psychosocial Intervention (PSI) research, components and outcomes will be presented, leading into the changing focus of PSI. As the numbers of people with dementia increases there is a perceived need to diminish the known negative effects of reduced quality of life and increasing stress for those affected by dementia. The need to improve outcomes for people with dementia and their caregivers living in the community has resulted in a research field focused on developing and testing non-pharmacological or psychosocial interventions (PSI). Psychosocial interventions encompass a wide range of strategies, activities, delivery modes and delivery disciplines. Early PSI commonly focused on reducing the physical and emotional health risk of caregivers of people in the mid to late stages of dementia, whilst more recent research has focused on developing and examining the effect of more inclusive interventions that work with the person with dementia and their family caregiver (The dementia dyad) in the early stages of the disease. The resulting literature has examined the effects of numerous different interventions targeted at people with dementia or their caregivers which have been deemed to fit within the psychosocial intervention framework. Despite the huge amount of research in the area covering a period of more than two decades there continues to be much debate regarding the integrity of the methodologies and methods used and frustration regarding the variability of domains and lack of consistent outcome measures all of which affect the ability to convincingly demonstrate the effectiveness of PSI.

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Let Me Talk – an advance care planning programme for frail nursing home residents

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Background: Advance care planning [ACP] facilitates older people, particularly those who have substantial care needs, and their family to better prepare for end-of-life care. Yet, such practice seldom takes place due to its sensitive nature.

Purpose: This study aimed to develop an ACP programme for frail older people to participate in the care planning process.

Methods: This was a 1-year quasi-experimental study to test the feasibility of the Let Me Talk ACP programme among the frail nursing home residents. Storytelling approach was used to link the past, present and future together. Participants were encouraged to voice their concerns and end-of-life care preferences.

Results: Findings show that the stability in life-sustaining treatment [LST] over six months was significantly higher in the intervention group ($\kappa = 0.529$, $p \leq 0.001$). There are also significantly more participants in the intervention group communicated their end-of-life care preferences with the loved ones (35.7% vs. 11.1%, $p = 0.012$). The odd ratio of communicating end-of-life care preferences is 4.52 (95% CI, 1.24 – 16.41). Throughout the programme, five approaches towards treatment limiting decision making are identified, they are: holding onto life, weighing benefits, planning ahead, avoiding and procrastinating. In addition, the findings show that the Let Me Talk programme had positive effect on relieving the participants' existential distress.

Conclusion: Most of the participants welcomed the programme as it attended to their concerns. The study findings demonstrate that the Let Me Talk programme is feasible in clarifying the frail nursing home residents' LST preferences and encouraging the communication in this regard between them and family or healthcare providers. This study has shed light on how to integrate ACP into the nursing home care practice. The five approaches towards treatment-limiting decision making identified in the study were instrumental for further devising appropriate ACP strategies for individuals.

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An investigation of complementary therapy on disruptive behaviour in people with dementia: An RCT

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Background: Agitation and aggression are some of the most difficult behaviour symptoms to manage in older people living with dementia. These disruptive behaviours can lead to staff injury and burnout, decreased job satisfaction and recruitment and retention challenges. Disruptive behaviours can also influence the quality of care received by residents. Complementary therapies such as aromatherapy and massage have been applied to a range of health problems including dementia. While both of these therapies have been reported to have some benefit in people with dementia, there are a number of limitations in the research design of reported studies.

Purpose: This study aimed to overcome some of the design problems of previous studies to investigate the effect of Aromatherapy (3% lavender angustifolia mist) with or without hand massage (5mins with aqua cream) on disruptive behaviour in people with dementia.

Methods: Fifty-five residents with a diagnosis of dementia and a history of disruptive behaviour from three residential aged care facilities were randomised into three groups - (1) Aromatherapy and Hand massage, (2) Aromatherapy, (3) Control. The intervention was given twice a day, at two time periods 9 am to 11 am and 2 pm to 4 pm, seven days a week for 6 weeks. Data (resident behaviour and cognition) was collected using three instruments: MMSE (pre and post intervention), Cohen-Mansfield Agitation Inventory (CMAI) and Revised Memory and Behaviour Problems Checklist (RMBPC) at 5 time periods pre-intervention, week 2 and week 4, end of intervention and post intervention.

Results: None of the interventions significantly reduced disruptive behaviour and in fact in one control group (age group 60-84 years) there was a significantly better treatment effect for the control intervention at 4 weeks ($p < 0.05$) and 6 weeks ($p < 0.02$).

Conclusion: Social contact, resident's level of cognitive impairment, olfactory dysfunction and nursing staff attitude may have influenced the findings. Further research on olfactory dysfunction and aromatherapy is needed.

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Evaluation of the effect of a life review group program on self-esteem and life satisfaction in the elderly

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Background: By 2020, the elderly population in the United States is projected to reach 68 million, representing approximately 23% of the US population. Similarly, the aging population in Taiwan is growing rapidly, with 2.16 million people over 65 years of age, representing 9.54% of the population. Therefore, aging is an important issue to address in an effort to help the elderly live as healthy individuals and to enhance their self-esteem and life satisfaction.

Purpose: This study was aimed at evaluating whether a Life Review Group Program (LRGP) improved the self-esteem and life satisfaction in the elderly.

Methods: This randomized, controlled trial consisted of 75 elderly males from a Veterans' Home in Northern Taiwan, 36 of whom were in the experimental group and 39 of whom were in the control group. The subjects in the experimental group participated in an 8-week LRGP. Data were collected before and after the LRGP and again 1 month after the end of the program.

Results: The study subjects had a mean age of 78.13 years. The generalized estimating equation was used to compare alterations in the self-esteem and life satisfaction of the elderly before and after the intervention. The alterations in self-esteem and life satisfaction in the experimental group after the LRGP were significantly improved compared to the control group. One month after the LRGP was completed, the self-esteem and life satisfaction of the experimental group continued to improve when compared with pre-intervention levels.

Conclusions: Based on these results, the LRGP can potentially improve the self-affirmation, confidence, and self-esteem of the elderly and promote short-term life satisfaction. The results of this study provide a model for clinical evidence-based therapy, serving as a reference for related studies and evaluation of health-promoting programs, as well as improving the health and quality of care of the elderly.

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Models of Care and Practice Frameworks for the Care of Older People: An Industry Based Research Program

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Contemporary health care systems are facing a number of challenges, including changing client profiles, health sector reforms, and scarce financial and human resources. This has motivated service providers, policy makers and researchers to explore and reconsider the organisation of nursing practice and staffing as a key factor in the delivery of high quality yet cost effective care. This presentation details a program of research into the organisation and delivery of nursing staffing and practice within aged care in Australia. This research program is developed around a Workplace Practice Framework that identifies the component parts of complex health care service systems and their relationship to service outcomes. Complex health care service systems are defined as those that consist of multiple sites and service delivery types. Such a framework supports a health service organisation to conceptualise and organise its systems, particularly its workforce, practice, education and research, in a comprehensive and systematic manner and accommodate geographical and service diversity. On-going research within this program will be highlighted, particularly in the areas of models of care, staffing mix and roles, and professional practice models. Discussions will centre on three research projects within this program – Clinical Leadership; Alternative Models of Care; and the evaluation of a non traditional model of care for use in long-term care facilities. The relationship of each of these projects to the broader framework will be explored and a brief overview of the research and scholarship associated with each project will be provided. The value of health services research in the care of older people will be explored and the implications of industry based research and collaborations highlighted. Future research directions will also be discussed.

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The impact of social policy on aged care services over the last 10 years in Australia

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Backgrounds: Australia's total population will continue to grow with around 6.2 million aged 65 years and over in 2042 compared to 2.5 million in 2002. Growth in the number of Australians aged over 85 years will be even more rapid, increasing from around 300,000 in 2002 to 1.1 million in 2042. With the overall projected increase in the number of older Australians over 70 years this alone could mean a significant increase in the demand for social policy development to support and improve the quality of aged care services. In reference to the Bureau of Immigration Research, Australia's Ageing Population - Policy Options, and the House of Representatives Committee for Long Term Strategies' report, since the early 1990s many social policies have been developed without timely evaluation in relation to public support and services provided to the aging population..

Aims/Objectives: To identify the impacts of social policy on the current aged care services in order to develop long-term strategies to address the ageing of the Australian population over the next 30 years.

Methodology: This paper traces the evolution of general social policy development in Australia over the last ten years and provides a historical review of social policy and their impacts on aged care services in Australia.

Results/Findings: The Nursing Home Funding Reforms 1985, DHHCS 1991 and Aged Care Reform Policy 1997 have imposed greater impacts on public attitudes and social support to the ageing population; these social policies have reoriented institutional care towards community care, changed financial assessment strategies especially in relation to nursing home payment schemes, forming Aged Care Assessment Team (ACAT), establishing the Home and Community Care Program (HACC) in 1983, promoting special schemes for the Aged Pension. However, there is a lack of social policy support in the area of funding for aged care and health services; social insurance; community care services; engaging general practitioners in aged care services; and reducing workforce shortages in aged care services.

Conclusions: More policies need to be developed with respect to education and training to encourage health and allied health professionals to work with an ageing population; promoting age friendly community environments; supporting carers in the community, increasing safety for older people living alone at home; protecting older people from violence and abuse; planning for end of life issues; improving quality of care to older people with depression and other mental health problems; restructuring respite care; palliative care and residential care.

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Effects of the Family Involvement in Care (FIC) intervention on caregivers of persons with dementia in residential care

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Background: International research shows that the transition to residential care for people with dementia and their family caregivers is stressful, often resulting in dissatisfaction with care. In Australia, empirical research on family perceptions and understanding of residential dementia care, and relationships with staff, remains limited.

Purpose: The FIC education intervention, a contractual partnership arrangement between staff and family has been implemented in Northern America, with successful family caregiver outcomes. The purpose of the quantitative phase of this partial replication pilot study was to test the success of the intervention in the Australian context. The hypothesised treatment effects for the intervention were:

H1: *Family caregivers will have increased knowledge of dementia, decreased stress and increased satisfaction with residential care.*

Methods: The study utilised a controlled trial design with randomised allocation of the two residential care sites but not the sample. Fifty seven family members of residents with dementia completed the pre and post-test measures using standardised psychometric instruments.

Results: At the intervention site, statistically significant results were found for the following: Improved family knowledge of dementia care [$t(29) = -4.052, p < .001$]. Reduction in family satisfaction with staff caregivers [$t(29) = 2.65, p < .05$] and with management effectiveness [$t(29) = 2.64, p < .05$].

Conclusion: The results show that the education intervention improves families' knowledge of dementia care and provides greater scope for improved communication with staff through the partnership model. However, the continuing relationship between staff and families did not result in beneficial effects. In this study the major barriers to achieving successful outcomes for family members in aged care facilities were identified as:

Incongruent environmental influences in the facility, which are seen as inappropriate by family members and may manifest as dissatisfaction with care

The influence of established staff role expectations, which may result in family member deference to staff decision making and increasing dissatisfaction, and

Lack of staff commitment and resources to implement family caregiver interventions.

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The outcomes of a home based pulmonary maintenance program for individuals with chronic obstructive pulmonary disease: a pilot study

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Background: The incidence of Chronic Obstructive Pulmonary Disease is high and the ageing population will see the prevalence continue and possibly increase. Pulmonary Rehabilitation Programs have been shown to be extremely effective, however, the benefits gained dissipate if the program is not continued.

Purpose: This research aimed to: test methods and tools; explore feasibility and resources; and gain preliminary data to power future studies. It specifically explored the potential effect that a 12 month home based pulmonary maintenance program (PMP) had on individuals with chronic obstructive pulmonary disease (COPD) in terms of: self-efficacy; functional exercise capacity; respiratory functioning; and quality of life.

Method: This pilot study used a one-group longitudinal pre-test post-test quasi-experimental design. The PMP ran from June 2005 – June 2006 and involved: strength retraining exercises; collaborative goal setting; regular telephone calls; and home visits. Self-efficacy, functional exercise capacity, respiratory function and quality of life were measured pre-intervention, at six months and post-intervention. Contextual information about participants was recorded (i.e. hospitalizations).

Results: Twenty-nine individuals participated in the PMP. Just over half remained in contact with the program for 12 months and 13 completed a final assessment. Participant scores maintained or improved in relation to: respiratory functioning; quality of life; and self-efficacy. At baseline, higher self-efficacy was associated with higher health-related quality of life ($r = 0.801$, $n = 15$, $p < 0.000$).

Conclusion: This PMP produced positive benefits for COPD individuals. More research is needed to develop a broader evidence-base and further understanding of the specific benefits. Recommendations are made in relation to how best to strengthen research designs for this group of individuals to assist in providing the evidence for improving patient care through a community based strategy. The potential cost savings of such a evidence-based community strategy relate to improved exercise capacity, ability to do daily activities, improved quality of life and reduced hospitalization and psychological stress.

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Shanghai and Hong Kong frail older persons' quality-of-life concerns and healthcare expectations at the end of life

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Background: Advancing age is not in itself a causative factor of becoming frail, but age-related physiologic changes in reserves are undeniable. Frail older people commonly experienced slow progressive deterioration for a long period of time before death. Questions are raised about their perspectives towards life quality and care expectations in this particular period of time.

Purpose: This study aimed to explore quality of life and end-of-life treatment preferences among frail older adults in Shanghai and Hong Kong.

Methods: In a cross-sectional descriptive study, 265 older adults in Shanghai and 313 older adults in Hong Kong were interviewed. Data was elicited by a structured questionnaire comprises the modified Quality-of-life Concerns in the End of Life Questionnaire (modified QOLC-E) and questions relating to their views on life-sustaining treatment and healthcare decision making process.

Results: Respondents in Shanghai generally rated higher scores than their Hong Kong counterparts in the modified QOLC-E. Despite the differences, the mean scores in the six subscales ranked in the same order by the two sub-samples. They unanimously gave the lowest ratings to the existential distress and food-related concerns subscales. Concerning their treatment preferences, 34.5% of the Hong Kong respondents remain indecisive, which was nearly twice the proportion of Shanghai respondents who were uncertain (18.5%, $p \leq 0.001$). Contrary to the premise that Shanghai older adults were more determined, 64.8% of them regarded the doctor as the most crucial in the medical decision-making process. Yet, in Hong Kong, more respondents (20.3%) held that their decisions as being the most crucial, this is more apparent among those who did not prefer life-sustaining treatment.

Conclusion: The present study suggests that end-of-life is not necessarily a taboo topic with Chinese older adults. Existential distress and food-related concerns are their least satisfied quality-of-life concerns. The issue is universal in both cities and shed light on end-of-life care development for this vulnerable group.

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Problems and health care needs regarding bowel problems among the community elderly in Taiwan

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Background: Owing to many reasons such as intestine slow movement, delayed nerve impulse, poor fiber intake, insufficient fluids intake, and laxative abuse, make the elderly possible suffer from bowel problems. However because of embarrassment, bowel problems are often neglected and underestimation; health needs are also not clearly.

Purpose: We firstly investigated the prevalence rate of bowel problem among the community elderly; then we explored the elder people's health care needs regarding bowel problems as well as its determinants.

Method: A cross-sectional research design was conducted to 509 elderly aged over 65 years who lived in Taipei, Taiwan, R.O.C. A questionnaire with highly satisfactory validity and reliability was used to collect data by way of a face-to-face interview.

Results & Conclusion: The overall prevalence of bowel problem was 27.5%; simple constipation was the most frequent problem (16.3%), followed by mixed type (5.5%), simple diarrhoea (5.3%), and bowel incontinence (0.4%). In general, a mild degree of health care needs revealed in this study. Higher degrees of health care needs existed adequate diet, knowing normal bowel function, appropriate exercise, adequate liquid intake, identifying risk factors, and correct medication use. Regarding the determinants of health care needs perceived by the community elderly, a multiple stepwise regression analyses indicating four variables (the impacts caused by bowel problem, educational level, personal disease history, and religious belief) were the optimal predictors of the health care needs but accounted for total variances 10.0%. Based on our findings, we confirm that bowel problem is a common problem for the community elderly. Broader health educational programs particularly for those items revealing higher needs and health services regarding bowel function and problems are necessary for the community elderly. Besides, further studies may focus on identifying more determinants of health care needs.

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Getting to know the life stories of people with dementia in residential care settings

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This project focused upon increasing awareness of the personal life stories of people with dementia providing a means for families to connect with residential care staff as collaborators in care. Through a Family Biography Workshop (FBW), families shared with staff the telling of stories that illuminated the events of the person's life, the meaning attributed to such events and the character of the person. Stories were embedded within the context of family and intergenerational history. The FBW process, a series of six weekly two-hour sessions, involved families and staff working collaboratively to complete a set of exercises designed to help them build a narrative of the life biography of the person with dementia. Focus groups were used to assess how successful the FBW had been in promoting participatory approaches to dementia care informed by life stories. Findings are examined in relation to the meaning of life story work for staff, family and people with dementia in care and how the life story may translate into care interactions and actively encourage residents' initiatives. This project has enabled the research team to practically substantiate the application of a participatory biography approach and has informed the development of future larger project design measuring the effect of such an approach on residential dementia care practice in terms of: family, resident and staff roles and involvement in care; family, resident and staff relationships; staff attitudes, knowledge and care practices; staff job satisfaction and morale; and the planning, implementation and evaluation of collaborative dementia care.

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Determining quality of life in people with dementia living in nursing home care

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Background: Although quality of life (QOL) is acknowledged as being pertinent to persons with a diagnosis of dementia, this concept has been neglected for the most part in this population, and in particular in people living with dementia in nursing home care. Through a broad evidence based research agenda the researchers aim to improve quality of care and QOL for the person with dementia through an exploration of QOL, models of care and psychosocial interventions. An overview of this research agenda and one project will be presented.

Purpose: The purpose of this research is to provide an understanding of the QOL and moral worth of people living with dementia that can inform a new model of care that works with their capabilities and strengthens, rather than deficits.

Method: This study employed multiple data collection methods (survey, observations, documentation analysis and interviews) to examine QOL from the perspective of the person living with dementia (n=60) living in nursing home care, family members (n=60) and care staff (n=69). This paper reports on the methods used and compares the methods in determining QOL in people living with dementia in Australian nursing home care.

Results: The contribution of each measure to our understanding of resident's QOL was reviewed and differences in usefulness were compared across the measures. This presentation will report on the value of each of the measures in determining QOL for people with dementia.

Conclusion: Researchers commonly use one or two standard methods of exploring QOL in people with dementia. Our results suggest that it is likely that a combination of methods will allow us to be confident that we are aware of and responsive to personal and unique needs, including their enduring value as human beings.

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Predictors of complementary and alternative medicine use in Taiwanese people with Type 2 diabetes

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Background: The presence of chronic, debilitating or painful illness has consistently been found to be one reason why patients seek out CAM. Diabetes Mellitus is one such disease and its prevalence is increasing in Taiwan.

Purpose: This mixed methods study, was designed to explore the utilisation of complementary and alternative medicine (CAM) among people with Type 2 diabetes and the factors that influence their decision making related to CAM use.

Method: Within the framework of the health belief model (Becker, 1974), a cross-sectional survey was undertaken using structured personal interviews (n=326) in outpatient clinics in different regions of Taiwan.

Results: The level of CAM use within the previous 12 months, among people with type 2 diabetes, was found to be 56.1%. Nutritional supplements, traditional Chinese medicine, manipulative based therapies, diet modification and supernatural healing were the most commonly used therapies. Regarding the factors influencing the use of CAM, the findings indicated that duration of diabetes, self-care behaviours, health beliefs, attitudes toward CAM use and previous experience of CAM predicted CAM use.

Conclusion: Patients are likely to treat the medical condition using both conventional medicine and CAM; however, the disclosure of CAM use to their conventional health care professionals remained low (75.3% non-disclosure rate), thereby, increasing the possibility of serious interactions, which may lead to the mismanagement of diabetes in such patients. The results of this survey can be used to inform clinical practice, health policy development and health professional and patient education.

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**DISABILITES, CHRONIC DISEASES AND
REHABILITATION
RESEARCH ABSTRACTS**

Effectiveness of the Church Affiliated Empowerment Program for school-aged children with asthma

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Background: The prevalence of asthma among school-aged children in Taiwan rose from 1.3% in 1974 to 19.8% in 2001. The dramatic increase has raised a concern as to whether the knowledge of asthma care, efficacy of self-care and uncertainty level by school-aged children is adequate.

Purposes: 1) To establish a church affiliated empowerment program for school-aged children with asthma and examine its effectiveness. 2) To explore the factors that affect the knowledge of asthma care, the efficacy of self-care, and uncertainty about disease among school-aged children with asthma.

Methods: This study was pre- and post-intervention design using purposive sampling method to recruit third grade of elementary school and above subjects from churches in Taiwan Taipei areas. The 8.5 hours church affiliated empowerment program was provided into 3 times (4 hours basic course at first time, 2.5 hours at 2 weeks later and 2 hours at 3 months later respectively). The effectiveness measures included knowledge of asthma care, efficacy of self-care, uncertainty about disease, and numbers of outpatient and emergency visits were conducted. Repeated measurement, Paired-t test, Pearson's Correlation were employed to compare the differences between pre- and post-intervention.

Results: A total of 45 school-aged children with asthma participated and completed the program. A post - test showed significantly improved in knowledge of asthma care, efficacy of self-care, and numbers of outpatient and emergency visits ($p<0.001$), and uncertainty about disease ($p<0.01$). There is no significant difference in acute asthma attacks. Besides, age, educational degree and years of asthma were no significant correlations with knowledge of asthma care, efficacy of self-care, and uncertainty about disease.

Conclusion: The church affiliated empowerment program can improve the knowledge, enhanced self-efficacy, decreased number of outpatient and emergency visits among school-aged children. Therefore, expanding the program to other chronic disease for school-aged children is necessary.

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The feasibility, acceptability and cost-effectiveness of nurse-led models of chronic disease management in general practice

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Background: It is estimated that by 2051 50% of the Australian population over the age of 50 will have a chronic disease. Presently these patients are managed by general practitioners who delegate some of the primary care to practice nurses (PNs). Workforce shortages, the growing burden of chronic diseases, coupled with an ageing population are the major impetus for changing the delivery of Australian primary health care. International research shows that having a PN in general practice enhances the range and depth of services available for managing chronic disease and that this can be a cost effective solution to the management of chronic disease. Therefore, a practice nurse-led model for the provision of primary health care to patients with chronic disease is being investigated.

Purpose: The aim of this project is to test, in the Australian setting, a practice nurse-led model of chronic disease management.

Design: A prospective, longitudinal comparative study which utilises triangulation of qualitative and quantitative data.

Sampling: Patients from 3 general practices, 1 regional, 1 rural and 1 metropolitan, who were identified as having either ischemic heart disease, hypertension or diabetes type II.

Analysis: An intention to treat approach will be taken for statistical purposes. The quantitative analysis includes descriptive analysis. The qualitative data will be thematically analysed.

Summary of key findings: As this study is on going preliminary results will be available at the time of presentation.

Conclusions and implications: The findings of this stage of the study provide guidelines for policy makers and researchers wishing to implement this model into general practice.

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Disability, legal mobilisation and the challenges of capacity building in Sri Lanka

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Capacity building requires access to economic, legal, information and cultural resources. Developing nations in particular are challenged due to significant gaps in governance frameworks and participatory democracy. One common weakness in governance is the absence of transparency and the strong prevailing culture of authority and secrecy, which undermines accountability and prevents people's effective participation in law and policy-making processes. This has contributed to the formulation of laws and policies which are 'people unfriendly', in that they are designed to promote government convenience rather than the rights of ordinary people. This chapter explores capacity building and legal mobilisation by Disabled Person's Organisations (DPOI's) in the Sri Lankan context.

In Sri Lanka disability is mainly produced through war, natural disasters, ageing populations and large numbers of people undertaking high risk work. Additionally Sri Lanka has one of the highest suicide rates in the world and twenty-three percent of the population live under the poverty line. Over an eleven year period the Sri Lankan government has passed a raft of legislation and policies aimed at fostering disabled people participation in civil society. Such changes in Sri Lankan legal and policy frameworks are part of the country's ongoing alignment with the *UN Standard Rules on Equalization of Opportunities for Persons with Disabilities* (1993) and *UN International Convention on the Rights and Dignity of Persons with Disabilities* (2006). This chapter will discuss these developments in terms of legal education and mobilization by disabled people, the enforceability of disability related social policy and laws, consciousness-raising about disability and capacity building using a community based rehabilitation model of leadership training.

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The effects of upper arms muscle training for patients with COPD on physical activity tolerance capacity

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Background and Objective: One of the most distressing consequences of COPD for the patients is exercise intolerance. The sequence of exercise intolerance includes increasing difficulty performing daily tasks, higher using of health care services, and increase disability. A growing body of evidence indicates that patients with COPD have weak limb muscles, which highlight that muscle conditioning may play an integral role in the treatment of this population. However, muscle conditioning program varied. Health providers had a hard time to select a suitable way to help their patients. Besides, most pulmonary rehabilitation programs focus on training lower limb activities such as walking. But, the arms are frequently used to perform different daily activities, the arm training may provide a ways to mediate muscle weakness in COPD. Therefore, the purpose of this paper is 1) to examine the current evidence for upper limb muscle training in patients with COPD; and 2) to compare the effects of upper limb training and lower leg training; 3) to provide some suggestions for future study.

Methods: A systematic paper review was conducted. The Medline, PubMed, and CINAHL (1998-2008) were searched for relevant articles limited in RCT research. Physical activity tolerance was assessed as an outcome parameter. A six point quality scale assessment tool developed by the Cochrane Collaboration was used.

Results and Conclusion: The results suggested that both endurance and strength upper limb muscle training would benefit to patients. And, upper limb muscle training were suggested be used an adjunction to lower limbs program. In addition, upper limb muscle training and lower limb muscle training serves different function in promoting exercise performance. Finally, several opinions for future research were made.

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Changes of serum -endorphin by programmed exercise training are correlated with improvement of clinical symptoms and quality of life in female mitral valve prolapse syndrome

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Background: Mitral valve prolapse (MVP) is a common entity in female population. Although this is a minor disease, it may cause annoying symptoms that impair quality of life (QOL), and no established therapy for this problem. The aim of this study is to examine whether programmed exercise training by treadmill in female MVP syndrome would improve clinical symptoms and QOL.

Methods: An interventional study of 39 females with MVP syndrome with treadmill exercise endurance training for 12 weeks. Every individual received training for 30 min a day, thrice a week for 12 weeks. Baseline and post-exercise at 12 weeks serum β -endorphins were measured. Symptom improvement was assessed by the MVP symptom checklist questionnaire and the Euro-QOL-5D was used to measure QOL improvement in these females.

Results: The mean serum β -endorphin increased from 0.5 to 1.68 ng/ml ($p = 0.001$) in the exercise group ($n = 18$) after 12 weeks exercise, whereas the control group ($n = 21$) did not show any significant changes (0.44 vs. 0.43 ng/ml). Major symptoms of MVP such as chest pain, palpitation, fatigue were improved significantly by the assessment of MVP symptom checklist. The QOL of the exercised females also showed significant changes.

Conclusions: Through programmed exercise training in these MVP females, the improvement of symptoms and QOL is parallel to the increase of serum β -endorphin. This result implicates that MVP females should initiate exercise to tackle this annoying problem.

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The influence of glycemic control and cardiovascular fitness on disease-specific quality of life in adolescents with type 1 diabetes

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A cross-sectional study was conducted with secondary data analysis to examine the possible influences of glycemic control and cardiovascular fitness on quality of life. Data of 100 adolescents with type 1 diabetes whose ages were between 13 and 18.99 were analyzed. Glycemic control was determined with HbA_{1C}. Cardiovascular fitness was determined through measurement of peak VO₂ using the McMaster Cycling Protocol in conjunction with a SensorMedics VMax29 Metabolic system. Adolescents' self-perceived quality of life was assessed with Diabetes Quality of Life for Youth. The adolescents' average HbA_{1C} was 8.6%, which is higher than the treatment goal of 7.5%. The mean peak VO₂ was approximately 34.7 ml/kg/min, which is poorer than the results from an earlier study that used a similar exercise test. The levels of adolescents' perceived disease-specific quality of life were similar to those reported in other studies. Glycemic control was significantly correlated with the perceived impact of diabetes, $r(98) = .17, p < .05$, but not correlated with their perceived worries about diabetes, life satisfaction, and health status. Those who exhibited higher HbA_{1C} (reflective of poor glycemic control) tended to perceive a higher level of diabetes impact. Cardiovascular fitness was positively correlated with their perceived health $r(100) = .22, p < .05$, but not correlated with their perceived impact of diabetes, worries about diabetes, and life satisfaction.

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Improving service user participation in disability services

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Aim: To explore the nature and extent of service user participation in service planning and delivery in disability services.

Method: Disability services in one Australian state (N=248) were invited to complete a survey of service user participation. The survey was structured around 3 areas of participation: engagement, service planning, and service development and delivery. It further looked at roles, opportunities/activities, communication/information methods, and evaluation. The response rate was approximately 80% (n=200). The survey was designed as a qualitative tool with provision for written responses to the items.

Results: Services in the study covered a range of service types, size, location and people served. The majority of service providers provide a broad range of opportunities/activities for service user participation in the service, but with variable effectiveness. There were differences in the nature, frequency and outcomes of these across services. Many services identified a need for assistance in identifying and implementing effective engagement strategies.

Conclusions: While services are extremely aware of the need and value for participation by services users in the service, there is less attention or understanding of the overall environment for participation, and the importance of engagement in encouraging participation. Characteristics of the service, the community, and the service users and/or carers, all influence the dynamic environment for participation.

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The role of hope in the coping process following spinal cord injury

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Background: Research highlights the positive associations between hope and psychological and physical well in challenging health situations. Specifically contemporary coping literature acknowledges the importance of hope both in the recovery and coping process. However the role of hope is not well understood or researched.

Purpose: This paper will present theoretical and clinical aspects of the role of hope in the coping process related to adjustment following spinal cord injury. The paper will describe and review the current theoretical perspectives on the role of hope in the coping process. The second part of the paper will present qualitative data about the role of hope from the perspective of the person with spinal cord injury.

Method: This data was collected as part of a ten year longitudinal year study of an Australian sample of 46 people who sustained spinal cord injury. Respondents were interviewed at discharge from hospital, 6, 12, 24, 36, months post discharge and again at ten years post discharge. The interviews consisted of a semi structured qualitative interview focusing on the adjustment process.

Results: It was found that 73% of the participants identified hope as an essential factor that helped them cope following their injury. Three main foci of their hope emerged from the data set: 1.Hope for a full and complete recovery 2.Hope for a cure for spinal cord injury 3.Hope for a future life that was satisfying. For many hope continued to be important in helping them cope with the long-term consequences of their injuries. There is some evidence that the role and focus of hope in adjustment may change over time.

Conclusion: The respondents clearly identified the importance of hope in the overall adjustment and coping process. Clinical implications for working with people who sustain spinal cord injury are discussed. It is recommended that interventions which support and facilitate hope need to be developed and studied.

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Heart rate variability and daytime functioning in insomniacs and normal sleepers

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This study examined the differences in heart rate variability (HRV) and daytime functioning between insomniacs and normal sleepers. All participants underwent an interview, a medical examination, and a sleep measurement protocol during which they wore an actigraph and logged a sleep diary for a 7-day period to verify their eligibility. Included in the study were 18 insomniacs and 21 normal sleepers. During a laboratory session, these participants completed four paper–pencil tests of sleepiness, anxiety, fatigue, and concentration difficulty and the Wisconsin Card Sorting Test. Resting HRV was recorded under paced breathing. Neither did insomniacs experience cognitive impairment nor did they experience excessive daytime sleepiness compared with normal sleepers. However, insomniacs experienced higher frequency of fatigue [effect size (ES)=1.14, $P=.002$] compared with normal sleepers. There was also a trend toward higher trait anxiety score (ES=0.62) and concentration difficulty (ES=0.59) in insomniacs than in normal sleepers. Although a tendency toward lower resting high frequency (HF) HRV (ES=-0.57) in insomniacs than in normal sleepers was noted, neither the resting low frequency (LF) HRV nor the LF/HF ratio were different between groups. Subjective sleep estimates correlated to self-reported daytime consequences such as fatigue and concentration difficulty but not cognitive function. On the contrary, objective sleep estimates correlated to problem-solving/conceptualization and learning but not self-reported daytime consequences. Insomniacs are not sleepier during the day than normal sleepers. However, they may experience such a daytime symptom as fatigue although cognitive function remains unimpaired. Subjective perception of impairment in daytime functioning is maintained or further exacerbated, at least in part, by misperception of nighttime sleep. “Real” impairment in daytime functioning, on the other hand, is not apparent unless impaired nighttime sleep is objectively detectable.

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Long-term effectiveness of a patient and family pain education program on overcoming barriers to management of cancer pain

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The purpose of this research was to investigate the effectiveness of a patient and family pain education program on reducing cancer patients' and their families' barriers to (i.e., concerns or misconceptions about) cancer pain management, on increasing patients' adherence to a prescribed analgesic regimen, and on decreasing pain intensity and pain interference with daily life. An experimental and longitudinal design was used. The experimental group consisted of 31 pairs of cancer outpatients and their family carers, while the control group consisted of 30 patient-family pairs (N = 122). Patients and their family carers in the experimental group simultaneously received a pain management education program. Both groups had pretest data collection and after-test follow-ups on the second and fourth weeks at the outpatient clinics. Comparisons between those two groups were made using the Generalized Estimating Equations (GEE) method. Results revealed that at both the second and fourth weeks, patients and family carers in the experimental group showed a significantly greater reduction in barrier scores than did patients and family carers in the control group. At the second and fourth weeks, patients in the experimental group reported significantly better adherence to a scheduled analgesic regimen than did patients in the control group. In the fourth week, patients in the experimental group reported significantly lower levels of worst pain intensity and pain interference than did patients in the control group. This research provides evidence of the effectiveness of a patient and family pain education program.

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Comparison of quality of life on various types of renal replacement therapy patients in Taiwan

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Patients with end-stage renal disease often need renal replacement therapy as substitution for their original kidneys. Usually, they are forced to choose haemodialysis (HD), continuous ambulatory peritoneal dialysis (CAPD) or transplantation for maintaining their life. The purpose of this study is to compare patients' quality of life with three types of renal replacement therapies. With a cross-sectional descriptive method, 240 patients who had undergone a type of HD, CAPD or transplantation were recruited from two medical centers in Taiwan. The instrument employed was the "WHO QOL-BREF". Data was analyzed by descriptive and referential statistics such as Chi-square and One-Way ANOVA. In the results, the scores on quality of life for transplantation patients were higher than those for both HD and CAPD patients. The lowest scores for all three groups were in the psychological domain. The mean age for HD and CAPD patients was significantly higher than that for transplant patients. Unmarried status, educational level and rate of employment for transplant patients were significantly higher than those for HD and CAPD patients. Perception of economic status as "balanced" or "proficient" for transplant patients was significantly higher than that for CAPD and HD patients. Duration of current use of renal treatment for transplant patients was significantly higher than that for CAPD patients. Nurses were suggested to establish a support group of peers undergoing haemodialysis and CAPD as a means of sharing feelings concerning the treatments is an important way to improve patients' quality of life in the psychological domain.

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The effect of a brief intervention for problem drinkers in a Beijing general hospital: A randomized controlled trial

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Background: Recent changes in alcohol use patterns with increases in consumption in China, prompted recommendations that it should develop alcohol policies and practices in the area of harm reduction similar to the experiences of other countries (Cochrane *et al.*, 2003; Hao *et al.*, 1999). There are however, few published reports on alcohol interventions in the Chinese literature and none in the English literature could be found (Cochrane *et al.*, 2003). Brief intervention by non-specialists using a screening tool followed by a brief intervention in a primary/secondary health care setting has been proven successful in several European countries.

Purpose: This study aims to conduct a training program for selected nurses in a Beijing Hospital on how to screen and provide brief intervention for problem drinkers and to test this in a longitudinal intervention study.

Methods: Following screening of the hospital population for problem drinkers by the AUDIT, a randomised controlled trial was conducted to examine the effect of the brief intervention, over a 12 month period. Over four months 1019 subjects were recruited with 172 problem drinkers assigned to control and treatment groups and 116 followed up at 12 months. Selected nurses were trained to give a structured brief intervention, related to the AUDIT scores, which was conducted in the hospital wards. The AUDIT was given before intervention and at 12 months follow-up to identify low risk, hazardous and harmful alcohol consumption.

Results and Conclusions: There was a significant improvement in mean AUDIT scores for both control and experimental groups at 12 months follow up, indicating a reduction from hazardous to low risk drinking. This was consistent for the groups of hazardous, harmful and adult drinkers (under 60) while in older drinkers (over 60) only the experimental group showed significant improvement. Cultural factors such as the impact of hospitalisation and novelty of research are discussed as factors affecting the control group.

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Effectiveness of nursing instruction method on self care in permanent pacemaker recipients

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The purpose of study is to investigate the effectiveness of nursing instruction method on the knowledge, attitude, and behaviour of self care in PPM recipients. The study used quasi-experiment design and patients were enrolled by purposive sampling. Patients were separated into control group (n=35) and experiment group (n=37). Sample characteristics between the groups did not show significant difference. Pre-tests were done in patients with new PPM implantation one day prior to their PPM operation. Control group patients received standard postoperative nursing care, whereas experiment group patients received special nursing instructions. Post-tests were done on patients' first outpatient clinic visits scheduled one to two weeks after discharge. Questionnaires included 3 parts; knowledge (12 items, $\alpha=.44-.66$), attitude (9 items, $\alpha=.70-.75$), and behaviour (8 items, $\alpha=.36-.62$).

Result: 1. Knowledge: Both groups showed statistically significant differences between pre- and post-tests by paired t-test ($p < .001$). Comparison between the two groups, pre-test scores showed no significant difference ($p > .05$), but post-test scores and post-pre test differences were statistically significant ($p < .001$, $p < .005$). 2. Attitude: Both groups showed statistically significant differences between pre- and post-tests by paired t-test ($p < 0.05$). However, there were no significant differences on pre-test, post-test, and post-pre test differences between the two groups ($p > .05$). 3. Behaviour: No significant difference was observed on post-pre test differences ($p > .05$).

Conclusions: Nursing instruction method on PPM recipients raise the knowledge of self care, but no significant difference on attitude and behaviour of acute PPM care.

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**MIDWIFERY, WOMEN'S AND FAMILY
HEALTH
RESEARCH ABSTRACTS**

Complementary and alternative medicine use in Taiwanese women with breast cancer or gynaecologic cancers

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The use of complementary and alternative medicine (CAM) among oncology population is increasing worldwide, especially in Asian countries, such as Taiwan. However, there is little data to indicate which CAMs are in use among Taiwanese women with breast cancer or gynaecologic cancers. Differences between Western and Chinese cancer patients regarding to CAM use are partially attributable to a different cultural perspective and health care system, such as Traditional Chinese Medicine. The aim of this study was to determine the prevalence and modalities of CAM use by Taiwanese women with breast cancer or gynaecologic cancers. Additional objectives of this study were to measure the level of satisfactions and perceived benefits of CAM use. A descriptive cross-sectional survey was conducted at an outpatient oncology clinic attached in a teaching hospital of Taiwan. A total of 250 women participated in this study, which consisted of 196 women with breast cancer and 54 women with gynaecologic cancers. Approximately, 68% of the women reported that they had used some form of CAM since being diagnosed with cancer. The most common CAM therapies were currently used included Chinese medicine (45.6%), herbal remedies (18.9%), and vitamins (17.8%). The mean scores of satisfaction and perceived effectiveness were 5.52 (SD = 1.01) and 5.44 (SD = 1.0), respectively, with the range of 0-7. Characteristics significant differences ($p < .05$) were found between CAM users and non-users. The findings of this study indicated that patients sought CAM as complementary treatments rather than alternative methods. Therefore, it is important that health professionals should initiate communication regarding CAM with patients and lead patients in using CAM appropriately and safely. Moreover, there is a need to fill the gap and create partnerships between western conventional medicine and CAM. Accordingly, the integrative health care will support cancer patients approaching their therapeutic goals.

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Australian Midwives' knowledge of antenatal and postnatal depression: A national survey

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Emotional care provided by midwives can improve health and well-being; reduce stress, trauma and depressive symptoms; and enhance maternal outcomes in childbearing women. Midwives are well-positioned to provide information and basic counselling services to women with emotional disturbances by assisting them to make informed choices in relation to their treatment, resources and options. However, midwives are reported to provide poor intrapartum and postpartum emotional care to childbearing women which could stem from knowledge inadequacies. This study aims to assess Australian midwives' knowledge of antenatal depression and postpartum depression. A postal questionnaire survey was sent to all members of the Australia College of Midwives (n = 4000). The survey consisted of 20 Likert-type questions drawn from the literature and Beyondblue's "National Baseline Survey – Health Professional Knowledge Questionnaire". On average, midwives (n = 813) correctly answered 13 out of 20 questions (SD = 2.17). While 50.4% of midwives were aware of the diagnostic criteria for antenatal depression, few midwives (28.6%) knew about the adverse impact of antenatal depression on the physical health of mothers. 98.3% of midwives underestimated the percentage of antenatally depressed women that subsequently attempt suicide in the postpartum period. Many midwives were also not aware of the risk factors (70.6%) and common treatments (35.5%) for antenatal depression. In relation to postpartum depression, 44.4% of midwives were unaware of the incidence rate, 71% did not know the onset period and 32% were unsure about treatment options. Furthermore, midwives have a flawed perception in the used of antidepressant medications (56.4%) and incorrectly believed that the Edinburgh Postnatal Depression Scale (EPDS) could be used to assess psychotic depression symptoms (43.8%). Findings suggest a need to develop and evaluate an educational resource designed to improve midwives' knowledge of antenatal and postpartum depression to enhance their provision of effective emotional care to childbearing women.

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Prevalence and correlates of intimate partner violence in couples expecting their first child

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Aim: Male-to-female partner violence is believed to often begin or escalate during pregnancy and postpartum and is associated with poor general health, obstetric and reproductive outcomes for women. However, there has been little investigation of female-to-male violence and its association with male-to female violence.

Method: We investigated each partner's report on the Conflict Tactics Scale-II of the extent of reported violence in 246 couples expecting their first child who were recruited for a controlled trial of relationship education.

Results: 42% of couples reported at least one incident of physical aggression in the past year. The vast majority of violence was of lower severity (pushing, slapping, or shoving), rates of male-to-female and female-to-male violence were approximately equal, and the most common pattern was of reciprocal aggression between the partners. Even less severe aggression is associated with significant risk of injury – particularly for women, and predicts relationship deterioration and separation.

Conclusions: This study identifies that high rates of aggression in pregnant couples is a significant problem and describes a psycho-education strategy to address elements of this problem. Communication strategies to assist couples in the transition to parenthood will be discussed.

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Assessment and management of birthing needs of Singapore women: Development of a Singapore assessment of birthing needs questionnaire

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Background: Childbirth is a significant and deeply felt physiologic, cognitive, cultural, social and spiritual experience. In many parts of the world, it is considered a normal and healthy event in the life time of a woman. Many Singaporean women are now delaying starting a family to pursue academic and career achievements. Furthermore, a high rate of immigration has produced a heterogeneous, multi cultural society. With these phenomenons in mind, it is a challenge for the health professionals to deliver quality care to pregnant women with different cultural beliefs and socioeconomic status. Existing social support groups and knowledge drawn from only Singaporean born women are now inconsistent with the diverse social profile of the country.

Purpose: The purpose of this program of research is to explore the birthing experience of women residing in Singapore and develop resources to assist both health professionals and women. This presentation will focus on the cultural features of the birthing experience which have emerged from literature reviews and a qualitative pilot study of 30 women. This data will be then used to develop the "Singapore Assessment of Birthing Needs Questionnaire" which aims to assist health professionals to better determine women's needs and provide support prenatally.

Method: This presentation will outline the parameters and outcomes of the systematic review of the literature. It will also present the preliminary data from the in-depth interviews of the child-bearing women. Women were recruited from an antenatal clinic of a large tertiary maternity hospital. Interviews were conducted at a place and time convenient to the women. Average duration of each interview was around 30 minutes. Data was analysed using a thematic content analysis.

Conclusion: This presentation will focus on the cultural features of the birthing experience which have emerged from the literature and preliminary data from the qualitative study.

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Researching family in the context of health: challenges for the researcher

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Family focused research presents unique methodological, ethical and practical challenges. Even though the family is widely acknowledged as an important source of support for its members when they are ill very little research actually explores the family as a single unit. Researchers undertaking family focused research have to address a range of issues. The definition of the family group must to be clearly defined. It is also important for the researcher to use a framework that captures the unique nature of the family (Greenstein, 2006). A family perspective; the views of many people is very different from the individual perspective and this needs to be recognised and reflected in the theoretical framework (Friedman, Bowden, & Jones, 2003). It is important to identify what the whole family is experiencing; how the family is responding to and resources they draw on to overcome adversity (McCubbin, Thompson, Thompson, & Fromer, 1998). Family research presents significant ethical issues too. These include age of participants and the potential of one family member's responses to adversely affect other family members. This paper reflects the research issues associated with undertaking an exploratory descriptive study addressing the resources and support young women with breast cancer and their family member's utilise. Exploring the family within the context of the health care setting is important however very challenging in regards to the methodological, ethical and practical decisions to be made.

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Family: The strength of support

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The family often forms the main source of support for younger women during breast cancer treatment, which tends to occur in the outpatient setting with little sustained contact with health professionals. While this support is increasingly acknowledged; currently there is little understanding of the family's role and strengths (communication, leadership, coping styles), or how they may be used to enhance treatment outcomes. Breast cancer is the most common cancer diagnosis for women world wide (WHO, 2006), with approximately one in eight women in Australia diagnosed each year under the age of 75 years (AIHW, 2007). The incidence for women under fifty years of age accounts for 25% of all breast cancer cases in Australia (AIHW, 2007) however there is not a corresponding rate of focused research on this cohort to increase the understanding of the needs of this age group. One of the important considerations for this age group is their life phase, which is often premenopausal and with family responsibilities (AIHW, 2007; Dunn & Steginga, 2000). Hence diagnosis and treatment of breast cancer in younger women may cause significant life and family role disruptions that subsequently have repercussions through the whole-of-family for an extended period (Bloom, Stewart, Johnston, Banks, & Fobair, 2001). Research to date, indicates that although health professionals provide support and education for individual women, there is little long-term acknowledgement of the strengths and influence from the family on the long term family function and adaptation (Mellon & Northouse, 2001). This paper presents the literature and early findings exploring the strengths of the family. It aims to increase our understanding of the complex nature of the family and their functional and supportive roles during therapy for breast cancer; the strengths of the family, thus enhancing the long term adaptation of younger women with breast cancer.

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Comparison of smoking behaviours among different school types of female senior high students in Taiwan

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Background: Smoking prevalence among female adults has traditionally been lower than prevalence among males in Taiwan. However, the smoking prevalence of female youth was increasing dramatically in recent years.

Purpose: The research purposes were to determine the smoking behaviours among different school types of female senior high students.

Methods: The survey was conducted using school-based and employed a two-stage sampling design to produce nationally representative data in 2005. 25,618 participants from public and private senior high schools completed the self-administered questionnaire with a response rate of 92.77%. There were 13,365 female participants analysed in this study.

Results: The smoking prevalence among female senior high students was 7.84% where 2.94% for general, 8.23% for vocational and 30.97% for night school students. 49% of the night students smoked more than 5 cigarettes per day which was significantly higher than others. The majority of smoking their first cigarette was due to curiosity. However, 16.99% night students first tried to smoke for stress releasing which was about two times than others. 48.63% general students reported that their resource of first cigarette was from their friends, significantly lower than vocational and night students.

Conclusion: The smoking behaviours were different among different types of senior high students. The increased smoking among girl students especially for night students is an emerging challenge for tobacco control in Taiwan, as it is for many countries in Asia.

Implication: Tailor-made tobacco interventions and prevention strategies targeting female night school students are needed to lower the risk of smoking initiation.

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Avoidance of environmental tobacco smoke behaviours among women working in the highly exposed workforce

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Smoking is one of the most studied human behaviours, yet the questions respect to the narrowing of once-wide gender gap in smoking prevalence needs further investigation. The purpose of this study was to explore the knowledge of, attitudes and behaviour toward avoiding environmental tobacco smoke (ETS) and related factors among women working in the highly exposed workplaces in Taiwan. A cross-sectional research design was used. Women ($N = 1625$) worked in the top three ranked smoking prevalent workplaces volunteered to fill out questionnaires: real estate, cultural and leisure enterprises, and service industry. Results indicated that smoking prevalence was 7.8% among this group which was significantly higher than our national data (3.3%). 63% female workers reported being exposed to ETS, and 66.6% were bothered by ETS at work. Only 59.5% of whom would use language or leave to let smokers known about their anti-ETS attitude; however, when the smokers were their superiors or boss, only 28.7% participants would practice the avoidance behaviours. Participants on average had little knowledge of this issue (mean: 14.6 ± 4.86 out of 30); and said it was only "usually true" (mean: 2.13, SD: 0.55) that they practiced avoidance behaviours. There were significant differences in mean knowledge, and avoidance of ETS scores among different occupational groups, women working in the real estate industry had significant higher smoking prevalence, poorer knowledge of and behaviours toward ETS. Interventions designed to implement smoke-free environment in the workplace and to enhance female workers' knowledge and self-efficacy to better avoidance behaviours are recommended.

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