



School of Nursing & Midwifery
Celebrating 20 years
of excellence

Virtual Research Symposium Program

12:00pm AWST Dean's Welcome and Symposium Opening and Acknowledgement of Country

Professor Karen Clark-Burg, Dean and
Professor Caroline Bulsara, Research Coordinator
School of Nursing & Midwifery

12:03pm AWST Vice Chancellor's address

Professor Francis Campbell, Vice Chancellor

12:15pm AWST Launch

Professor Selma Allieux, Pro Vice Chancellor, Student Experience

12.20pm AWST Address

Professor Leanne Monterosso, Clinical Research Chair, School of Nursing & Midwifery

12.35pm AWST Address

Associate Professor Annmarie Hosie, Chair in Palliative Care Nursing, School of Nursing & Midwifery

1:00pm AWST Presentations commence





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| Name | Title | Time |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------|
| Natasya Raja | Patient controlled analgesia in emergency departments: A mixed method study | 1.00pm |
| Rachel Whiteley | Young people with mental health issues and their perceptions of inpatient hospital care and treatment: a qualitative descriptive study. | 1.20pm |
| Dr Judith Wilson | Towards equity: Aboriginal Birthing Women Voice Uncomfortable Truths | 1.40pm |
| Melanie Wright | Patient involvement in healthcare projects | 2.00pm |
| Dr Therese Burke | Defining the role of the MS Nurse in Australasia: A mixed method study | 2.20pm |
| Kirstie Balding | The midwifery objective structured clinical assessment (OSCA): stressful or useful? Perspectives from recent graduates | 2.40pm |
| Break | Celebrating our achievements – a video montage of former research degree students and their research journeys | 3.00pm |
| Dr Elaine Bennett | Sustaining an interprofessional research and evaluation culture in a community service organization | 3.20pm |





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| Michelle Katavatis & Jane Bahen | A comparison of learning models and its impact on motivation to seek rural and remote employment: an exploratory sequential mixed methods study | 3.30pm |
| Carl Yuile | The contribution of interpersonal interactions to the comfort of patients attending for short stay surgery: A grounded theory study | 3.40pm |
| Dr Cathryn Josif | The experiences of final semester nursing students on a remote health elective immersion in the Kimberley region of Western Australia: A QUALITATIVE STUDY | 3.50pm |
| Dr Cathryn Josif | Travel to Investigate Return to Motivate: A Churchill Fellowship to improve dementia services for remote dwelling Aboriginal people | 4.00pm |
| BREAK (Judging tally) | | 4.10pm |
| Prize Giving | | 4.20pm |
| Closing | | 4.30pm |





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| Name | Title | Time |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Dr Helen Nelson | Validating a parent-reported version of the Australian hospital patient experience question set (AHPEQS-PARENT) for Perth Children's Hospital | 1.00pm |
| Loreta Murphy | The development of an ancillary neurological examination tool for nursing: The Mini-Neurosurgical Assessment Tool | 1.20pm |
| Susan Witham | Senior registered nurses working with new graduate nurses in the intensive care unit: a narrative inquiry | 1.40pm |
| Dr Ben Hay | The factors influencing nurse graduates use of mobile technology in clinical settings in Perth Western Australia: A mixed method study | 2.00pm |
| Elizabeth Endean | Impact of person-centred care on the detection and management of delirium in patients with dementia | 2.20pm |
| Dr Ainslie Robinson | Returning to the scene of the Crimea: Florence Nightingale's notes on nursing (1860) and the domestic sickroom | 2.40pm |





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| Break | Celebrating our achievements – a video montage of former research degree students and their research journeys | 3.00pm |
| Kaile Moon | An Australian context qualitative descriptive study about the experiences and views of nursing students: what influenced them to choose the mental health specialty? | 3.20pm |
| Chris Adams & Philip Daplyn | Global health alliance Western Australia Tanzanian clinical immersion: A qualitative evaluation of Notre Dame nursing graduate perceptions of preparedness and achievement of course learning outcomes | 3.30pm |
| Laura Posa | Intensive care nurse's perceptions on barriers impeding the provision of end of life care in the intensive care setting | 3.40pm |
| Professor Caroline Bulsara | Patient involvement in the development of a patient-reported outcome measure (PROM) for ovarian cancer | 3.50pm |
| BREAK (Judging tally) | Video - Surviving the journal submission process: 'a conversation' Dr Kylie Russell & Dr Tracey Coventry | 4.10pm |
| Prize Giving | | 4.20pm |
| Closing | | 4.30pm |



Address

Associate Professor Annmarie Hosie, Chair in Palliative Care Nursing



Biography

Name: Associate Professor Annmarie Hosie
Chair in Palliative Care Nursing (Sydney campus)
Qualifications: PhD, RN, MACN

Annmarie Hosie is Associate Professor, Palliative Care Nursing at The University of Notre Dame Australia (UNDA), School of Nursing Sydney and St Vincent's Health Network Sydney. Annmarie has long-term clinical experience as a registered nurse in acute, sub-acute, community and residential aged care settings, and expertise in palliative care, aged care and clinical trial coordination. In 2016, she graduated from UNDA with a PhD in delirium epidemiology, systems and nursing practice in palliative care units. Her post-doctoral research at IMPACCT, University of Technology Sydney (2016-19) focused on delirium prevention and treatment in people with advanced illness. Annmarie's goal is to improve clinical care, function and quality of life of older people with advanced illness through high-quality research, translation and advocacy.

OLDER PERSONS' AND THEIR CAREGIVERS' PERSPECTIVES AND EXPERIENCES OF RESEARCH PARTICIPATION WITH IMPAIRED DECISION-MAKING CAPACITY: A SCOPING REVIEW

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OPARI study research team: <https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnaa118/5899769>

ABSTRACT

Background and aim

Older people are under-represented in clinical research, especially those with conditions that impair cognition. The study aim was to identify perspectives and experiences of older persons and their caregivers of research participation with impaired decision-making capacity.

Method

Scoping review of English-language research articles and Australian online narratives, January - February 2019 (updated June 2020). Data were tabulated and narratively synthesised.

Results

Twenty-three articles (2000-2020, 83% United States) and two YouTube webinars (2018-20) were included. Studies were heterogeneous and hypothetical scenarios, quantitative analyses and examination of proxy consent predominated. Participants (n=7331) were older persons (71%), caregivers of older persons with dementia/cognitive impairment (23%) and older persons with dementia/cognitive impairment (6%). Synthesis identified two themes: willingness to participate and decision-making approaches.

Discussion and conclusion

Research participation by older persons with dementia may be optimised through reducing risks/burdens, increasing benefits, greater consumer involvement in study development, and shared and supported decision-making approaches. Older persons' and caregivers' perspectives and experiences of research participation with impaired decision-making capacity require investigation in more countries and conditions other than dementia, and dissemination through more varied media.

Key nursing / midwifery messages

Findings inform nurse researchers of ways to support older people with dementia to participate in clinical research.

Address

Professor Leanne Monterosso, Clinical Research Chair



Biography

Professor Leanne Monterosso's academic research leadership promotes excellence in nursing and midwifery research, scholarship and innovation at the University of Notre Dame Australia, St John of God Murdoch Hospital and other clinical settings. Her research interests include cancer, palliative care, neonates, paediatrics, midwifery, workforce, falls and translational research. Leanne's research findings have influenced clinical practice and policy in both public and private health sectors, nationally and internationally. She is particularly interested in improving patient and family health-related outcomes. Leanne has attracted \$8.8 million in competitive and non-competitive research funding across her career and published, presented and collaborated widely with colleagues across clinical and tertiary academic settings in WA and nationally.

Evaluation of a nurse-led survivorship care model for lymphoma cancer survivors: a pilot randomised controlled trial

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Leanne Monterosso, University of Notre Dame Australia/St John of God Murdoch Hospital; Edith Cowan University
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ABSTRACT

Introduction: Models of lymphoma survivorship care are limited in the published literature. A nurse-led lymphoma survivorship model of care was therefore developed and tested in a phase II pilot pragmatic randomised controlled trial (RCT).

Aim: To deliver individualised care to meet the informational, practical and emotional needs of patients with lymphoma who had completed treatment, to facilitate adjustment and promote self-management.

Methods: Three months' post-treatment completion, 60 consenting patients were randomised 1:1 to usual care (control) or usual care plus intervention. Survivorship unmet needs, distress, adjustment to cancer and self-empowerment were assessed in both groups at baseline, three and six months. The intervention comprised three face-to-face appointments, delivery of tailored resources and an individualised survivorship care plan and treatment summary (SCPTS), shared with the general practitioner (GP). Univariate and multivariate analyses examined changes within and between groups at three time points. A GP evaluation survey sought information on the perceived utility of the SCPTS.

Results: Statistical significance was set at 0.05 (2-tailed). By study completion, data revealed a trend toward intervention participants (n=30) reporting less unmet informational, practical and emotional needs (M=21.41 vs M=25.72; 95% CI= -8.59, 17.21; p=.506), less distress (M=13.03 vs M=15.14; 95% CI= -5.04, 9.25; p=.558) and an increase in empowerment (M=50.21 vs M=47.21; 95% CI= -6.08, 0.08; p=.056) compared with control participants (n=30). The SCPTS was rated good to very good by a majority of GPs (n=13, 81%).

Conclusions: Survivors require tailored/individualised support and resources. This trial indicated a nurse-led lymphoma survivorship model of care may be a helpful intervention for lymphoma patients who have completed treatment. A tailored SCPTS may promote survivor self-management and increase GP engagement.

Stream 1 1:00pm - Natasya Raja Azlan

**PATIENT CONTROLLED ANALGESIA IN EMERGENCY DEPARTMENTS:
A MIXED METHOD STUDY**

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**ABSTRACT***Introduction/Background*

Pain is the primary reason most patients present to emergency departments (ED), however conventional pain management methods are suboptimal. Patient controlled analgesia (PCA) enables patients to self-administer intravenous analgesia through a pre-set pump. PCAs are not routinely used in EDs, however have been rigorously evaluated and are widely used in other clinical areas.

Aim/Purpose of the project

This study aims to describe ED clinicians' perceptions of the use of PCA in EDs and establish the feasibility of using PCAs in the ED.

Methods/Process

This is a four-phase mixed method study. In phase one, semi-structured interviews were conducted in a private and public ED in Western Australia (WA) to identify clinicians' perceptions of using PCAs in EDs. In phases two and three, a survey was developed and distributed to ED doctors and nurses across Australia and New Zealand. In the final phase, a feasibility pilot randomised controlled trial (RCT) will be conducted in one private hospital ED to establish the feasibility of using PCAs in EDs.

Results/Outcome

This study is ongoing.

Conclusion/Recommendation for practice

This research will add to a limited body of knowledge in the area of pain management in EDs and potentially lead to a change in the management of pain for patients who present to an ED.

Stream 2 1:00pm – Dr Helen Nelson

VALIDATING A PARENT-REPORTED VERSION OF THE AUSTRALIAN HOSPITAL PATIENT EXPERIENCE QUESTION SET (AHPEQS-PARENT) FOR PERTH CHILDREN'S HOSPITAL

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**ABSTRACT***Background and aim*

The Australian Hospital Patient Experience Question Set (AHPEQS) was developed by the Australian Commission on Safety and Quality in Health Care (the Commission) to ask adult patients about their experience of inpatient care. Supported by the Commission, this mixed-methods study aims to adapt and validate the AHPEQS for parents of children who have received inpatient care. We assumed that parent experience would differ to child experience; this presentation focuses on inductive interviews with parents.

Methods

Parents (n=14) of children who had been admitted for hospital care were interviewed to identify their experience that their own needs, and the needs of children, were met. Content analysis used an inductive method to identify experience specific to parents and children.

Results

All parents experienced stress, fear, or emotional distress. Many asked to be respected for their knowledge of their child, and many valued clear communication, including when staff spoke directly with their child.

Discussion and conclusion

Parents "are very much a part of the care" of their unwell child, experiencing unique needs and emotions, this must be reflected in AHPEQS for parents.

Key nursing / midwifery message

Parent and child experience of health care is supported by emotional support, respectful care, and clear communication.

Stream 1 1:20pm - Rachel Whiteley

YOUNG PEOPLE WITH MENTAL HEALTH ISSUES AND THEIR PERCEPTIONS OF INPATIENT HOSPITAL CARE AND TREATMENT: A QUALITATIVE DESCRIPTIVE STUDY.

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Dr Tracey Coventry, School of Nursing and Midwifery, University of Notre Dame Australia, Fremantle, WA tracey.coventry@nd.edu.au

Professor Andrew Page, University of Western Australia. Andrew.page@uwa.edu.au



ABSTRACT

Background and aim

Young patients often seek admission to psychiatric hospitals when they are experiencing an acute episode of mental illness and have reached crisis point. Current research suggests that adolescents and youths experiencing mental health issues will usually reach a point of seeking professional help when their family systems have completely broken down. In many cases the patient has often been experiencing mental illness for months or sometimes years prior to the admission. This study will focus on youth experiences and whether they perceive that the support received in an acute inpatient setting is appropriate and adequate. The study will also explore youth perceptions of alternatives to hospital admission and the services necessary to ensure that risk and mental wellbeing are still managed safely.

Methods

This study will use a qualitative descriptive design using a questionnaire to describe the perceptions of the current group of youth inpatients in the private mental health service in metropolitan WA. The population includes all youth inpatients between the ages of sixteen to twenty-four years at the research site during the study period. The questionnaire will pursue insights and understanding from the patient's own perspectives and their current experience of accessing mental health services.

Results

Data collection has been completed with analysis and writing currently occurring.

Discussion and conclusion

This study will provide an insight from the people that are currently in the best position to answer those questions. By conducting this research with consumers (whose opinions of services matter the most) the outcomes of this study will be considered in any future service re-design at the study site. In addition, this study could also have potential to be replicated in other mental health services to gain a wider overview of youths' experience of mental health services.

Key nursing / midwifery messages

Consumers are an important consideration in clinical re-design of services.

Stream 2 1:20pm - Loreta Murphy

THE DEVELOPMENT OF AN ANCILLARY NEUROLOGICAL EXAMINATION TOOL FOR NURSING: THE MINI-NEUROSURGICAL ASSESSMENT TOOL

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ABSTRACT

Background and aim

Neurosurgery wards provide care for patients diagnosed with cerebral tumours, haemorrhages, blood clots, infections, head injuries, vascular malformations or aneurysms. Neurological function in such patients can deteriorate very quickly leading to catastrophic changes that may result in cognitive impairment or death. Consequently, neurosurgery nurses are vigilant for neurological changes, assessing and recording observations using current best practice guidelines. The aim of this research is to facilitate an improved neurological patient assessment by nurses of the conscious neurosurgical patient, and appropriate clinical pathway management in the acute neurosurgical ward. The purpose of this research is to develop a valid and reliable mini neurosurgical assessment tool (MNA).

Methods

A mixed methods design, via a 'knowledge-to-action' cycle framework, will be the basis for the proposed research. This includes seven phases: knowledge creation; knowledge adaptation; identification of barriers and facilitators; the tailoring of an ancillary MNA tool; implementation and knowledge monitoring; and outcome evaluations and sustainability.

Results

This research is part of a current PhD project, with data collection in progress. An overview of the topic, the current gap in nursing practice assessment, and results from the phase 1 integrative review and phase 2 expert group of clinicians will be provided.

Discussion and conclusion

The MNA tool and associated education will be the catalyst for both improved nursing knowledge and patient outcomes in the acute neurosurgical ward

Key nursing / midwifery messages

Neurosurgery patients would benefit from a neurological assessment tool that goes beyond an assessment of their consciousness via the internationally utilised Glasgow Coma Scale.

Stream 1 1:40pm – Dr Judith Wilson

Towards equity: Aboriginal Birthing Women Voice Uncomfortable Truths

Dr Judith Wilson, Associate Dean, School of Nursing and Midwifery,
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ABSTRACT

Background and aim

Despite the vast amount of literature on the experience of birth, and the subsequent positive changes to birthing practices for Australian women, little is known about the experience of birth of Australian Aboriginal women who remain muted and marginalised. Aboriginal women and babies have poorer health outcomes than other Australians. More Aboriginal babies are born earlier, smaller and sicker and due to this, go on to have more health morbidities across the life span than other Australians. Aboriginal mothers have more babies, more teenage pregnancies and have more complexities of pregnancy, birth and the postnatal period, than other Australian women. The findings of this study provide insights into how maternity health care providers can change their behaviours to provide a culturally safe place for Aboriginal women who birth, so that Aboriginal women will have improved access to health care at an earlier stage in pregnancy. This will make a positive difference to the birth outcomes for Aboriginal mothers and babies.

Method

This Western Australian study foregrounds the voices of 10 Aboriginal women who have birthed in the last 2 years. Using qualitative face to face interviews, the women share their stories of birth.

Results

An Analysis of the interviews reveals how it is to be an Australian Aboriginal woman having a baby today, highlighting the challenges that racism, past atrocities, and present assumptions bring to the already frightening experience of birth.

Key messages

Women's stories provide midwives and other maternity health care professionals with honest and often uncomfortable truths about systemic racism in Australian society and in its healthcare system.

Stream 2 1:40pm - Susan Witham

SENIOR REGISTERED NURSES WORKING WITH NEW GRADUATE NURSES IN THE INTENSIVE CARE UNIT: A NARRATIVE INQUIRY

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ABSTRACT

Background and aim

Previous studies explore the perceptions of New Graduate Nurses (NGNs) transitioning into professional practice within the intensive care unit (ICU). However, limited studies examine experiences of Senior Registered Nurses' (SRNs) working with NGNs in ICU. This study seeks to examine the SRNs' stories of experiences working with NGNs in ICU.

Method or proposed research method

Individual interviews were conducted with five SRNs. The Narrative Inquiry three-dimensional space of temporality, sociality and place, guided the inquiry and analysis.

Results (if completed)

Two overarching threads, 'Reverberations' and 'Caring' were revealed. Minor threads: 'It's Dangerous', 'Patrolling Like Surf Lifesavers', 'We Carry Them', 'Survival Mode' and 'Enjoyable Moments' describe outcomes for SRNs. 'I've Been There', 'They Must Ask Questions' and 'Not In My Backyard', reveal SRNs' nurture of NGNs.

Discussion and conclusion

Working with NGNs in ICU increased SRNs' patient surveillance and workload levels; contributing stress, pressure and feeling of being overwhelmed. Yet, an obligation to support and care for NGNs prevailed. SRNs perceived NGNs as not yet possessing the clinical skills to care for critically ill patients independently. The very nurses supporting NGNs in ICU, need support themselves.

Key nursing / midwifery messages

Alleviation of SRNs' substantial workload in ICUs together with recognition of their essential role in supporting NGNs would benefit both retention of expertise, and provision of quality NGN development.

Stream 1 2:00pm - Melanie Wright

PATIENT INVOLVEMENT IN HEALTHCARE PROJECTS

Melanie Wright, HDR student, School of Nursing and Midwifery, University of Notre Dame Australia, Fremantle, WA. Melanie.wright@health.wa.gov.au

Professor Karen Clark-Burg, School of Nursing and Midwifery, University of Notre Dame Australia, Fremantle, WA. Karen.clark-burg@nd.edu.au

Professor Jim Codde, Institute for Health Research, University of Notre Dame Australia, Fremantle, WA. Jim.codde@nd.edu.au



ABSTRACT

Background and aim

The benefits of patient involvement in clinical care and research are well described in the literature; but there is little evidence to suggest that involving patients in the planning and delivery of healthcare projects is perceived as similarly beneficial. This study explored the perspectives of project staff in five public hospitals and health services in Western Australia (WA), regarding patient involvement in their projects and the perceived benefits and barriers of this involvement.

Methods

The study was designed using a sequential mixed method approach including an internet-based questionnaire and a focus group. Participants included staff who were specifically employed to lead and manage projects of any type, size, and complexity within five public health services in WA.

Results

Thirty project staff participated in the questionnaire ($n=30$) and four project staff attended the focus group ($n=4$). Project staff perceived that patients do add value to healthcare projects; although, the findings indicate they were not involving patients in all projects and there is no guiding framework for practice. Senior Project Officers involved the most patients; 53% of the total number of patients involved ($n=27$; $p=0.046$) and 78% in the largest group of '1-5 patients involved in the last twelve months' ($n=18$; $p=0.035$). Six-Sigma qualifications or use of this methodology had a higher association with patient involvement compared to those staff with different training and experience ($n=27$; $p=0.026$). Although project staff stated they were confident to involve patients, only 26% had specific training in patient involvement and some described a level of fear and anxiety with this approach. Project staff stated a genuine intent to measure and evaluate patient involvement in their projects but lacked the reporting tools required to facilitate this.

Discussion and conclusion

For health service organisations to optimise and manage genuine patient involvement in healthcare projects there needs to be greater investment in staff and patient training, and development of associated policies, frameworks, evaluation tools and reporting mechanisms that are embedded into the organisational culture.

Key nursing / midwifery messages

There is currently a gap between organisational intent to actively involve patients in healthcare projects and translation of this into practice at a meaningful level.

Stream 2 2:00pm – Dr Ben Hay

THE FACTORS INFLUENCING NURSE GRADUATES USE OF MOBILE TECHNOLOGY IN CLINICAL SETTINGS IN PERTH WESTERN AUSTRALIA: A MIXED METHOD STUDY

Dr Ben Hay, School of Nursing and Midwifery, University of Notre Dame Fremantle
Ben.hay@nd.edu.au Dr Carol Piercey (retired), School of Nursing and Midwifery, University of Notre Dame Fremantle



ABSTRACT

Background and aim

In healthcare institutions, there are few standard policies to guide graduates use of mobile technology. Significantly, there appeared to be a potential gap between learning with mobile technology in undergraduate nursing programs and their use in the clinical setting. This study investigated the factors influencing nurse graduates use of mobile technology in Perth, Western Australia (WA).

Methods

A mixed method study design with six sequential stages was used. This design combined quantitative data from an online survey using the Technology Acceptance Model 2 (TAM2), with qualitative data from graduates and senior nursing staff. The multicentre study involved nurse graduates from three tertiary metropolitan and two private hospitals in Perth, WA.

Results

Descriptive and inferential statistics revealed statistically significant results within the sample (N=66, 24%). Both social and cognitive variables were influential. Nurse graduates found personal mobile technology use in clinical settings relevant and useful for their roles. It was the relevancy and usefulness related to patient care that graduates justified their covert use of mobile technology.

Discussion and conclusion

The findings demonstrated that clinical use of personal mobile technology, assisted in bridging the gap in learning from university to clinical settings for nurse graduates. The findings provided an understanding of the TAM2 social and cognitive variables that influenced graduates use of mobile technology in the clinical settings.

Key nursing / midwifery messages

This research extended nurses' knowledge and the methods that graduates use their mobile technology in the clinical settings. It also suggests that both social and cognitive factors are influential in its use. The study contributed new evidence that has implications for healthcare organisations and for universities that offer undergraduate nursing programs.

Stream 1 2:20pm – Dr Therese Burke**Defining the role of the MS Nurse in Australasia: A mixed method study**

Dr Therese Burke, School of Nursing, University of Notre Dame Australia,
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Associate Professor Joanna Patching, School of Nursing, University of Notre Dame Australia,
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ABSTRACT*Background and aim*

There has been a profound increase in MS related knowledge in recent years; alongside these advances has been expansion in the role of the MS Nurse, however contemporary knowledge about the role is lacking. The purpose of this research was to define the role of the MS Nurse in Australasia in 2020. Additional to this goal was to also understand current support needs, learning needs and the current skillset of the MS Nurse.

Method

Although employing a mixed methods approach, this 2-phase study was influenced primarily by the qualitative paradigm. Phase 1 comprised of a cross-sectional electronic, anonymous survey exploring job responsibilities, areas of support and support need, educational strengths, learning needs and skills required to perform the MS Nurse role. Descriptive statistics and thematic analysis were used to analyse the data. Phase 2 was qualitative in style and employed one-on-one, semi structured interviews using a form of focused ethnography called life history. Thematic analysis following the recommendations of Braun & Clarke (2006, 2013) provided a systematic and robust method of data analysis.

Results

A total of 60 MS Nurses completed the phase 1 survey and 25 MS Nurses were interviewed in phase 2 of the study. Findings revealed five key themes and 21 subthemes to assist with comprehensively exploring the role of the MS Nurse. Additionally, areas of future learning and support needs were identified, and specific skill sets recognised and discussed. Finally, a definition of the role of the MS Nurse was proposed and MS Nurses were identified in their specialty as Conductors of Care.

Discussion and conclusion

It is hoped that the outcomes of this research study, and particularly the definition of the role, will assist MS Nurses to develop professionally; to support strategies to meet unmet support and educational needs, to plan workloads, to support adequate staffing and to support the development of a skilled and recognised career with respect and acknowledgement of the MS Nurse role.

Key nursing / midwifery messages

Defining specialty nursing roles helps nurses to understand career pathways and milestones, helps other health care team members and patients understand their role better and brings focus to their expert role. In the International Year of the Nurse and Midwife, this study acknowledges the skills of MS Nurses and the unique contribution they make to patient care and quality of life. If the professional development and quality of life for MS Nurses can be understood and improved, there follows improvements to the nursing care and quality of life for people living with MS.

Stream 2 2:20pm – Elizabeth Endean

IMPACT OF PERSON-CENTRED CARE ON THE DETECTION AND MANAGEMENT OF DELIRIUM IN PATIENTS WITH DEMENTIA

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Anna Williams, School of Nursing, University of Notre Dame Australia, Sydney, NSW. anna.williams@nd.edu.au
Margaret Fry, University of Technology, Sydney, NSW. Margaret.Fry@health.nsw.gov.au
L Chenoweth, School of Nursing, University of Notre Dame Australia, Sydney, University of New South Wales.
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ABSTRACT*Background and aim*

Dementia is associated with adverse outcomes in acute care patients, including delirium. This study aimed to implement and evaluate a person-centred care (PCC) approach on patients with Dementia in acute care.

Method

A non-randomised pilot trial in a tertiary hospital with 47 persons with dementia. Four nursing champions received education and instruction on how to support the nursing staff to apply PCC for persons with dementia. Validated tools were used to measure before and after incidents of delirium and care quality. Qualitative interviews with nurses, champions, patients, and family/carers provided information on the embedding of PCC in practice.

Results (if completed)

The study found a significant improvement in care quality (0.01) with PCC (n=26) compared with non-PCC (n=21). A non-significant reduction in delirium incidence at post-test (p=0.065). Participants reported a shift in attitudes towards care of the person with dementia.

Discussion and conclusion

Nurses implementing PCC are more alert to symptoms of delirium and delirium incidence is reduced. With non-PCC attempts by nurses to establish a therapeutic relationship with the person, or to understand the reasons for the patient's distress and respond appropriately is limited.

Key nursing / midwifery messages

These findings confirm the benefits of PCC for persons with dementia at risk of delirium.

Stream 1 2:40pm – Kristie Balding

THE MIDWIFERY OBJECTIVE STRUCTURED CLINICAL ASSESSMENT (OSCA): STRESSFUL OR USEFUL? PERSPECTIVES FROM RECENT GRADUATES

Kirstie Balding, School of Nursing and Midwifery, University of Notre Dame Fremantle
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ABSTRACT

Background and aim

Simulation is a widely used educational technique within many midwifery education programs. Similarly, simulation has been used extensively throughout the Graduate Diploma of Midwifery program at Notre Dame but did not form part of summative assessment until 2016 when the Midwifery OSCA was introduced into the Midwifery Emergencies course. Midwifery students are assessed on their management of simulated obstetric emergencies. Whilst students generally enjoy the simulation as a learning activity, making it part of a summative assessment removes the 'safe space', being formally assessed makes the experience stressful for many. OSCA's are widely used in other health disciplines and literature within these fields confirm that these assessments cause high levels of stress. In addition to this, from an educator's perspective, the OSCA takes considerable planning and organisation in terms of time, staffing and resources. The aim of simulation education is to recreate an aspect of reality within a safe learning environment to help students practise key skills and for those rare events which may not regularly occur within midwifery practice.

Proposed research method

Beyond the standard university evaluations, the value of this assessment as a useful learning experience for midwifery students is unknown. Within other disciplines such as medicine the OSCA is widely used and evaluated but there is limited evidence within a midwifery context. Recent graduates from the GDM program who had undertaken OSCA's and who are now practising as midwives were surveyed with the aim of the study being to discover if the OSCA they undertook had proven to be a useful learning experience and what relevance it had to their current clinical practice as midwives.

Results/ Discussion/Conclusion

Research is ongoing.

Key nursing / midwifery messages

This project has implications for educators, to ensure that the assessments that students undertake has relevance to them and is useful to their future clinical midwifery practice.

Stream 2 2:40pm – Dr Ainslie Robinson

RETURNING TO THE SCENE OF THE CRIMEA: FLORENCE NIGHTINGALE'S NOTES ON NURSING (1860) AND THE DOMESTIC SICKROOM

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ABSTRACT

Introduction/Background

A recurrent theme of nineteenth-century literature and prose is that of family upheaval occasioned by illness or injury. The demands of the infirm could swiftly focus the attention of entire households on the small world of the sickroom, a confined area reliant in most cases upon the well-meaning but untrained ministrations of the household's female members. It is to this group of domestic personal carers that Florence Nightingale (1820-1910) directed the first edition of her immensely popular essay-style work, *Notes on Nursing: What it is, and what it is not* (1860).

This paper focuses on the sphere of the Victorian domestic patient and carer as painted by Nightingale based on her experience in the Crimea, and her seemingly modern views concerning preventive health. Further, several decades before the advent of germ theory, it explores the extent of Nightingale's influence on the survival rates of domestic patients through the dissemination of sanitary practices honed in a relatively vast battle-field hospital, and refined for use in the isolated and anxious space of a home-based sickroom.

Method

This paper offers a comparative theoretical study of Nightingale's published "blueprint" for early domestically-provided nursing care as a conduit for formalised nurse education

Results

Although Nightingale's contribution as a founder of modern nurse education has been generally recognised, the impact of her 1860s *Notes* with its prodigious dissemination record has to date been underestimated both for its contribution to modern understandings of such areas as infectious diseases, evidence based practice, patient deterioration, professional identity, and vocation.

Conclusion/Recommendation for practice

As such, and in relation to contemporary nursing concerns that continue to echo the foundational underpinnings of Nightingale's philosophy, Nightingale singles out the power of clinical observation (and its development) as the key requirement for prospective and practising nurses.

Stream 1 3:20pm – Dr Elaine Bennett

SUSTAINING AN INTERPROFESSIONAL RESEARCH AND EVALUATION CULTURE IN A COMMUNITY SERVICE ORGANIZATION

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ABSTRACT

Background and aim

Ngala is a community-based parenting and early childhood organisation in Western Australia. In 2007, formal links were made with universities where researchers could actively participate in the establishment of a research agenda that supported priority areas for Ngala. This provided a strategy for embracing the challenges of an evidence-informed organisation alongside competing financial demands, which for many not-for-profit organisations, is an ongoing dilemma. This presentation will discuss the foundational components undertaken by Ngala to sustain a research and evaluation culture within an evidence-informed organisation.

Methods

A case study design was used to describe activity and experiences over a twelve-year period. Participants included academics from a range of disciplines, and Ngala managers and practitioners. Multiple data sources were used: current literature, an organisational audit of archived documents, and a leadership survey on benchmarking evidence-informed practice

Results

The foundational elements of sustaining a culture of research and evaluation, including the challenges and examples of success have enabled change and growth.

Conclusion/Recommendation for practice

Sustainability of a culture results in the strength of an organisation to continue building on the successes of the past and focusing on the long term. Senior level leadership and commitment enhances the drive for evidence-informed practice which takes a whole of organisation approach to ensure sustainability.

Key nursing / midwifery messages

Three key messages for practice are: leading evidence-informed practice requires patience, persistence and support systems, an effective quality culture supports evidence-informed practice, and an evidence-informed culture requires leadership, resource building, systems and structures and partnerships with universities.

Stream 2 3:20pm – Kaile Moon

AN AUSTRALIAN CONTEXT QUALITATIVE DESCRIPTIVE STUDY ABOUT THE EXPERIENCES AND VIEWS OF NURSING STUDENTS: WHAT INFLUENCED THEM TO CHOOSE THE MENTAL HEALTH SPECIALTY?

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ABSTRACT

Background and aim

Nurses perform a vital role in the mental health (MH) speciality. The mental health nurse (MHN) role is complex with expectations to manage a safe milieu, practice person-centred care, crisis management, therapeutic skills, teach coping skills, provide emotional support, and set professional boundaries. However, the recruitment and retention of MHNs continues to be a global struggle. Nursing students typically have low interest in choosing the MH speciality. Strategies to reduce stigma and improving attitudes and beliefs about MH nursing and mental illness have been successful among nursing students, globally and in Australia. However, these successful strategies have not extended to an increase in nursing students' interest to then enter the MH speciality. This study aims to describe what influences nursing students to choose the mental health speciality.

Methods

This study utilises qualitative descriptive methodology. Semi-structured interviews have been conducted to gather data from nursing students enrolled in elective mental health units. Content and thematic analysis were used to determine the findings of this study.

Results

Three themes emerged related to influences to choosing the MH speciality: an intrapersonal reconciliation of values and career, observing and absorbing experiences in the MH system, and a desire to serve MH patients and to be an MH activist.

Discussion and conclusion

Nursing students shared their views about the MHN role and clinical environments including the MHN-patient relationship and views of the MH system. Nursing students also shared their personal views of people with mental illness and how those have changed over time.

Key nursing / midwifery messages

The results are anticipated to benefit nurse educators in the development of nursing curriculums and informing educators for future recruitment of nurses to the mental health speciality.

Stream 1 3:30pm – Michelle Katavatis & Jane Bahen

A COMPARISON OF LEARNING MODELS AND ITS IMPACT ON MOTIVATION TO SEEK RURAL AND REMOTE EMPLOYMENT: AN EXPLORATORY SEQUENTIAL MIXED METHODS STUDY

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Michelle Katavatis

ABSTRACT

Background and aim

The difficulties associated with recruiting and retaining healthcare staff in rural and remote Australia is widely acknowledged as being one of the most significant barriers to accessible and sustainable services. Data from the Australian Government clearly demonstrates that the health of people in rural Australia lags behind their counterparts in urban areas. The challenge is related to the areas with fewer trained staff, are the very areas that require a range of medical, nursing, and allied health staff. This lack of rural and remote staff is not peculiar to Australia, with many geographically large developed countries including, Canada and New Zealand, experiencing similar issues with staff health care facilities. The overall purpose of the research project is to determine which approach to learning and teaching will facilitate increased student motivation to seek rural and remote employment as a registered nurse after graduation.

Methods

This research project will use an exploratory sequential mixed methods approach. The approach entails an initial qualitative data collection component (one on one interviews) which will inform a subsequent quantitative component (online survey).

Results (if completed)

This study has not yet completed data collection and analysis.

Conclusion/ Key nursing / midwifery messages

The study has significant implications both domestically and internationally as many developed countries are experiencing challenges associated with recruitment and retention of healthcare staff, notably nurses. The research project will provide the School of Nursing and Midwifery with the opportunity to be a leader in rural and remote nursing education using a blended learning approach to teaching and learning in the university sector.

Stream 2 3:30pm – Chris Adams & Philip Daplyn

GLOBAL HEALTH ALLIANCE WESTERN AUSTRALIA TANZANIAN CLINICAL IMMERSION: A QUALITATIVE EVALUATION OF NOTRE DAME NURSING GRADUATE PERCEPTIONS OF PREPAREDNESS AND ACHIEVEMENT OF COURSE LEARNING OUTCOMES

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Chris Adams

ABSTRACT

Background and aim

Global Health Alliance Western Australia (GHAWA) has facilitated Western Australian nursing and midwifery student placements in Tanzania since 2011, providing logistical and financial support through the WA Department of Health. The main aim of this research is to qualitatively evaluate former third year professional practice student perceptions of preparedness and achievement of professional practice course learning outcomes for the GHAWA Tanzania placement. Furthermore, to explore whether participants who self-identify as resilient achieve better learning outcomes than those with lower levels of resilience.

Method

Researchers will employ a qualitative study design and include the Ohio State University Brief Resilience Scale (BRS) as part of a demographic profile for participants. Sample size will be approximately 20 and the sample will provide sufficient data to adequately answer the aims of the study. Qualitative data from the focus groups will be transcribed verbatim and analysed thematically. Data returned from the BRS will be analysed using SPSS thus providing a global profile of participants' sense of resilience.

Results

This research project has been granted Ethics approval and data collection and analysis are presently underway.

Conclusion/ Key nursing / midwifery messages

Preparing culturally competent nurses is an essential requirement of any Bachelor of Nursing (BN) program. This research project will endeavour to provide valuable inferences useful in evaluating and informing current departure sessions provided for students travelling to Tanzania.



Philip Daplyn



Tracy Martin

Stream 1 3:40pm – Carl Yuile

**THE CONTRIBUTION OF INTERPERSONAL INTERACTIONS TO THE COMFORT OF PATIENTS
ATTENDING FOR SHORT STAY SURGERY:
A GROUNDED THEORY STUDY OF THE PATIENT'S PERSPECTIVE**

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ABSTRACT

Background and aim

The volume and type of procedures performed as short stay surgery (SSS) are increasing. SSS is comparably safe, efficient, and effective. Post-procedure patient satisfaction is high; however, satisfaction decreases following discharge. A high proportion of SSS patients experience emotional discomfort during and after admission, with patient-orientated outcomes unfavourably impacted. Few studies have examined SSS patient's perceptions of how interpersonal interactions influence their sense of personal control and associated experience of emotional comfort. By enhancing understanding of how to address care needs, patient experience can be improved. This study aims to develop a substantive theory grounded in data; location-specific to inform service improvements and sufficiently abstract to apply across facilities.

Method or proposed research method

This grounded theory study will involve in-depth semi-structured interviews with SSS patients two weeks after discharge.

Results (if completed)

This study has not yet completed data collection and analysis.

Conclusion/Key nursing / midwifery messages

Patients appreciate the expediency and accessibility of SSS. Equally, they may value therapeutic interpersonal interactions that promote the experience of emotional comfort, aiding recovery.

Stream 2 3:40pm – Laura Posa

INTENSIVE CARE NURSE'S PERCEPTIONS ON BARRIERS IMPEDING THE PROVISION OF END OF LIFE CARE IN THE INTENSIVE CARE SETTING

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**ABSTRACT***Background and aim*

Intensive care nurses look after the most critically ill patient population with the highest mortality rate daily. While research to date has highlighted and provided insights into the current provision of End of Life Care (EOLC), further research is needed to improve the efficacy of nurses existing practice in intensive care units (ICU). The objective of the study was to investigate the specific barriers and contextual characteristics that nurses experience within the ICU environment concerning a patient's EOLC.

Methods

A descriptive survey research design was used with a validated questionnaire instrument to collect quantitative and qualitative data on the nurse's attitudes, beliefs and experience of EOLC. The National Questionnaire of Critical Care Nurses Regarding End-of-Life Care was used with permission from the authors. The study was conducted in a major ICU located in a tertiary public hospital in metropolitan Western Australia.

Results

The respondent rate was 67.31% (n=105). Obstacles with the highest perceived intensity score reported by participants, involved issues around the communication and practice of EOLC in ICU including family interaction. The ranges of mean scores for helpful behaviours were much higher than the ranges for obstacles. These helpful behaviours included allowing family members to have adequate time alone with the patient after he or she has died, and families being taught how to engage with the dying patient. The three most frequent barriers that impede the provision of a positive EOLC—continually calling the nurse for updates, not accepting the poor prognosis, and doctors differing opinions about care—were consistent with comparable international research. A perceived negative EOLC experience by the nurse was found to negatively impact the nurse's psychological and physiological health.

Discussion and conclusion

This research has built on previous studies and has indicated that obstacles continue to impede a nurse's ability to facilitate EOLC in the ICU setting.

Key nursing / midwifery messages

The implementation of interventions which support clearer communication, guidelines to support and guide nurses in facilitating EOLC practices, and more transparent planning of care between all multidisciplinary team members is required.

Stream 1 3:50pm – Cathryn Josif

THE EXPERIENCES OF FINAL SEMESTER NURSING STUDENTS ON A REMOTE HEALTH ELECTIVE IMMERSION IN THE KIMBERLEY REGION OF WESTERN AUSTRALIA: A QUALITATIVE STUDY

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ABSTRACT

Background and aim

Half a million Australians, 2.2% of the population, reside in remote Australia. Remote areas are characterised by small, isolated communities with high rates of ill health and low numbers of health professionals. A significant shortfall of nurses in remote areas is predicted. The immersion of nursing students in remote settings will likely increase employment uptake following graduation. The aim of this study is to explore the experiences, expectations and outcomes of final semester, undergraduate nursing students enrolled in a Rural and Remote Health (NURS3036) immersion program (RRHIP) / pilot project in the Kimberley region of Western Australia.

Method

Students will spend eight weeks in remote Australia. They will attend weekly RRHIP workshops and participate in campus and community activities. Photovoice, in conjunction with in-depth semi-structured interviews, will be used to explore student experiences, expectations and outcomes.

Results

The RRHIP will be described and the research methodology discussed.

Conclusion

This study describes the experiences, expectation and outcomes of undergraduate nursing students undertaking a RRHIP pilot project. The findings will inform further development of this program and be transferable to other university settings.

Key nursing / midwifery messages

The experiences of undergraduate nursing students undertaking RRHIPs may impact on their decision to return and work in remote locations and ameliorate the shortage of nurse in this area

Stream 2 3:50pm – Professor Caroline Bulsara

PATIENT INVOLVEMENT IN THE DEVELOPMENT OF A PATIENT-REPORTED OUTCOME MEASURE FOR OVARIAN CANCER

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ABSTRACT

Background and aim

In recent years the focus on Patient Reported Outcomes Measures (PROM) to ensure optimal communication between patient and clinician. However, many of the PROM for women with ovarian cancer focus on symptomology and do not incorporate the more ongoing complex psycho oncological aspects of living with ovarian cancer. This study used a consumer and community driven approach to exploring priorities for women diagnosed and living with ovarian cancer. Combined with extensive literature review, we sought to hear “patient voice” and their views of health symptoms and outcomes that matter most to them as they traverse their disease pathway.

Method

This initial component of the study used a qualitative descriptive (QD) approach employing a community conversation for both women and their carers followed by semi structured interview technique. Fourteen women were interviewed and two focus groups were held with questions guided by the community conversation. A framework thematic analysis was used to analyse the data.

Results

The analysis uncovered a number of overlapping priorities for the women. Core themes include diagnosis and treatment related emotional and informational challenges, lack of self-empowerment, lack of intimacy in relationship. The complexity of this data highlights major issues within the health system in improving early diagnosis for these women.

Conclusion and key messages

These findings uncovered a number of far reaching implications for the ways in which ovarian cancer is diagnosed and how women find their way through the health care system. By identifying key priorities for women using a ‘ground up approach’, it is hoped that the system can better diagnose and treat women earlier than is currently taking place.

Stream 1 4:00pm – Cathryn Josif

Travel to Investigate Return to Motivate: A Churchill Fellowship to improve dementia services for remote dwelling Aboriginal people

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ABSTRACT

Background and Aim

Dementia rates are increasing nationally. Australian Aboriginal people, over 45 years are 3- 5 times more likely to receive a dementia diagnosis than the non-Aboriginal population. My Churchill Fellowship aimed to improve dementia services for remote dwelling Aboriginal people in the Kimberley region of Western Australia.

Method

The Bob and June Prickett Churchill Fellowship enabled me to visit America, Canada and Aotearoa in July 2016. I visited service providers, community members and researchers involved in the provision of dementia services to remote communities to learn about dementia research and the provision of dementia services in Indigenous populations in similar contexts.

Findings

Services and researchers addressed significant challenges to the delivery of dementia services in numerous ways. Successful elements included; development of culturally appropriate tools to screen for dementia, Indigenous led services, incorporating Indigenous worldviews and cultivating and nurturing community workers skilled in the provision of dementia services.

Discussion and conclusion

Recommendations from the Fellowship included; development of a pathway map for remote communities for the provision of dementia services, a regional conference on dementia annually and establishment of a regional steering group of service providers and community members to promote elder well-being and improve dementia services.

Stream 2 4:10pm – Video Presentation Associate Professor Kylie Russell and Tracey Coventry

SURVIVING THE JOURNAL SUBMISSION PROCESS: 'A CONVERSATION'

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Associate Professor Kylie Russell

ABSTRACT

Background and aim

Writing for publication is a challenging process for the higher degree research student. The focus of the presentation is the process of journal article submission from the decision to write, the choice of journal, the type of article, the actual submission online and the subsequent outcomes. The presentation features the student dealing with feelings of self-doubt, receiving critique, crafting responses and the process of frequent revision to meet the journal criteria. The aim of the presentation is to share the experience and provide insight into the writing and submission process and to encourage students to embrace the challenge of writing articles for publication.

Methods

The real-life experiences of the student and supervisor is portrayed in this recorded 'conversation'.

Results

Writing for publication is a valuable learning tool offering rewards and challenges. The systematic process of thinking, planning, writing, and revising is a constructive learning journey that supports the students' academic progress and achievements.

Discussion and conclusion

Although the process may be daunting, the opportunity for peer-review, accepting and responding to critical feedback, and improving academic writing can influence job applications, grant applications, performance reviews and promotions.

Key nursing / midwifery messages

The benefits of a successful submission and subsequent publication is worthy of the students' time and effort.



Tracey Coventry

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