



# Graduate Research Conference

*21st June 2007 - Hobart*



**Program & Abstracts**

University of Tasmania  
University Club Hobart, Sandy Bay Campus

## CONTENTS

<b>Welcome</b> .....	<b>4</b>
<b>Organising Team</b> .....	<b>5</b>
<b>Venue Map &amp; Contacts</b> .....	<b>6</b>
<b>Information for Presenters and the Audience</b> .....	<b>7</b>
For Presenters .....	7
For Audience .....	7
<b>Suggested Questions at Discussion panel</b> .....	<b>8</b>
<b>Conference Program</b> .....	<b>9</b>
<b>Keynote Speaker: A/Professor Douglas Ezzy</b> .....	<b>13</b>
Biography .....	13
<b>Abstracts</b> .....	<b>14</b>
Emergency medicine services at rural hospitals: what the community wants, what the community needs .....	14
Dr Peter Arvier .....	14
Unintended Outcomes behind Rural Community Development.....	14
Heather Brookes .....	14
Mentored self-management and chronic obstructive pulmonary disease: An investigation of the influence of IT on health outcomes and patients' experiences.....	15
Liz Cummings .....	15
Preparing to manage the impact of critical study of rural health education.....	15
Lisa Dalton .....	15
'I cried when I was going up there' – A grounded theory study of children's admission for surgery .....	15
Karen Ford .....	15
Culturally Appropriate Counselling for African Men in Tasmania.....	15
Andrew Harris .....	15
Cross-cultural study of the views and attitudes towards maternity care of migrants in rural Tasmania – What does literature say? .....	16
Ha Hoang .....	16
Doing ethnography – What books don't tell you: Or do they? .....	16
Shandell Elmer.....	16
Finding common ground: An exploration of collaborative community-based approaches to early childhood health, wellbeing and development in Tasmanian rural communities .....	16
Susan Johns .....	16
Exploring the factors that facilitate or hinder the provision of rural home visiting volunteers - The early experiences of the naïve data gatherer .....	17
Fiona Jones.....	17
Researching the trajectories of decline to death in residential aged care – Preliminary findings and methodological issues .....	17
Sue Lawrence .....	17
Could expanding the scope of practice for rural paramedics be beneficial to the wellbeing of rural communities? .....	18
Peter Morgan .....	18
The challenges of undertaking collaborative research in nursing .....	18
Helen Courtney-Pratt – Sharon Andrews-Hall.....	18
How is competence in nursing taught, understood, assessed and maintained?.....	18
Kathryn Terry .....	18
Roles for pharmacists in improving the quality use of medicines to treat behavioural and psychological symptoms of dementia in residential care facilities.....	18

Juanita Louise Westbury.....	18
<b>Notes .....</b>	<b>20</b>
<b>Notes .....</b>	<b>21</b>
<b>Notes .....</b>	<b>22</b>
<b>Notes .....</b>	<b>23</b>

## WELCOME

Graduate research is a vital part of the university's identity. Metaphorically graduate research students are youthful streams which pour their vitality and inspiration into the main river of a university research discourse.

Research is not just an inquiry journey for research students but also a meaning making process, individually and collectively. Thus it is important that research students have opportunities to meet with their peers, supervisors and interested others to share and to reflect on their research progress and experiences.

The Graduate Research Conference on Thursday 21<sup>st</sup> June 2007 is the indication of our commitment to graduate research. The structure of our conference program, with a combination of various presentation topics and activities, reflects the nature of our interactive research discourse.

On behalf of the University Department of Rural Health, Rural Clinical School and the School of Nursing and Midwifery, I would like to welcome all the participants to the first Graduate Research Conference for 2007 and to thank you for your support and encouragement. The second Graduate Research Conference will take place in November this year and it will be led by the School of Nursing and Midwifery.

Best wishes,

Dr Quynh Lê

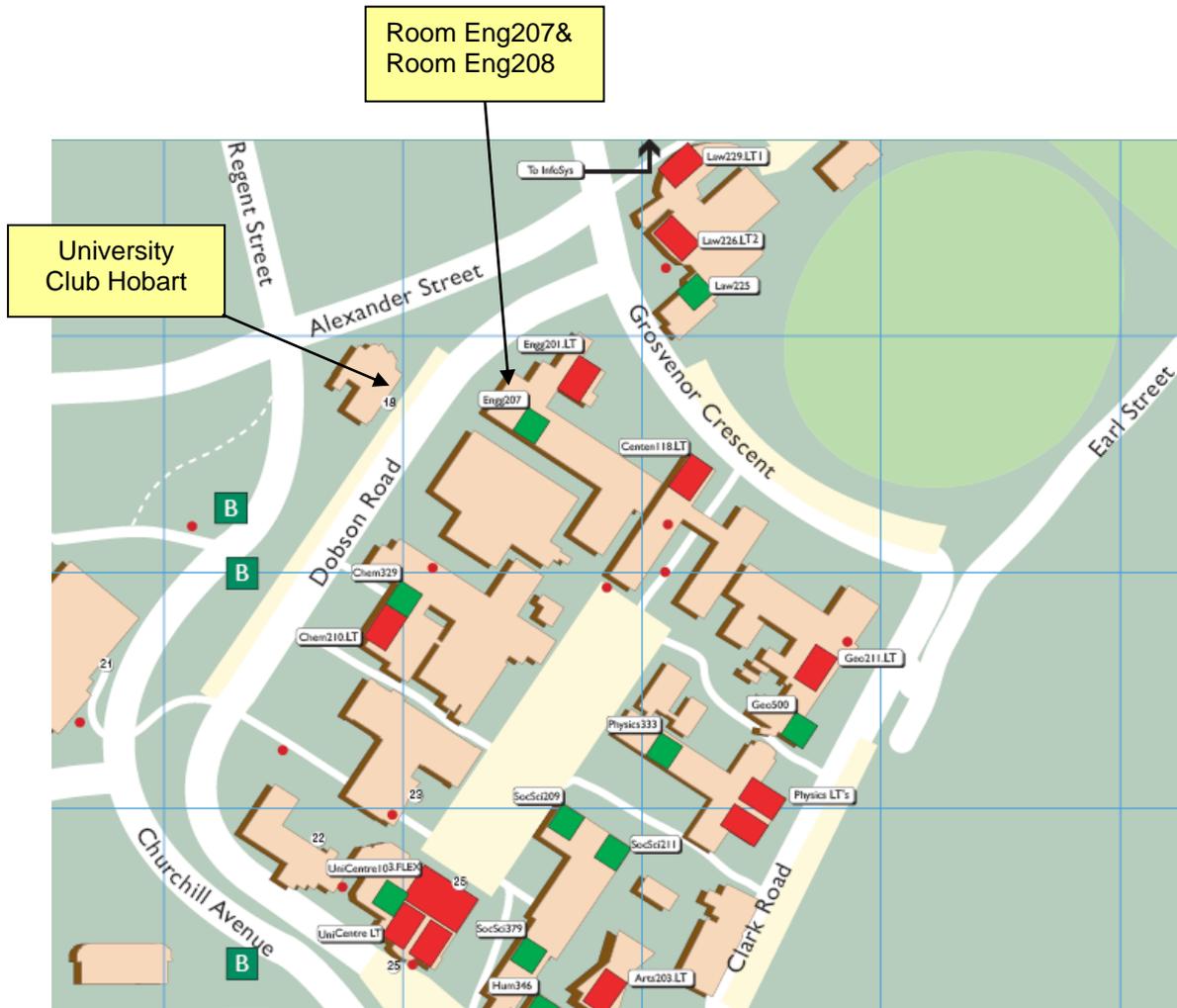
Rural Health Graduate Research Coordinator

## **ORGANISING TEAM**

- Yvette Massey
- Vicki Simm
- Kim Pitty
- Donna Campbell
- Leonie Geard
- Lisa Dalton
- Shandell Elmer
- Peter Orpin
- Caroline Gray
- Rosalind Bull
- Quynh Lê

and staff and students from the University Department of Rural Health, Rural Clinical School and School of Nursing Midwifery.

## VENUE MAP & CONTACTS



### **University Club Hobart**

Address: Churchill Avenue, Sandy Bay Campus  
Contact: (03) 6226 2493

### **Ms Kim Pitty**

Phone: (03) 6324 4017; Moblie: 0400 045 649  
Email: [Kim.Pitty@utas.edu.au](mailto:Kim.Pitty@utas.edu.au)

### **Ms Vicki Simm**

Email: [Vicki.Simm@utas.edu.au](mailto:Vicki.Simm@utas.edu.au)

### **Ms Caroline Gray**

Phone: (03) 6226 4750  
Email: [Caroline.Gray@utas.edu.au](mailto:Caroline.Gray@utas.edu.au)

## **INFORMATION FOR PRESENTERS AND THE AUDIENCE**

### **For Presenters**

Each presenter is allocated 25 minutes for presentation including transfer time between sessions. It is suggested that you use 20 minutes for the talk and 5 minutes for question/answer.

### **For Audience**

Our students would appreciate your comments/feedback from supervisors, invited guests and their peers to strengthen their research/working in progress. Feedback Sheets are available at the beginning of each concurrent session. If you have any ideas/suggestions/remarks for our presenting students, please fill in the Feedback Sheet and hand it back to the presenters at each session.

As we have a very tight schedule, please do not exceed the 5-minute question/answer time. You are most welcome to follow up the discussion with the presenters at tea breaks and the working lunch time.

## **SUGGESTED QUESTIONS AT DISCUSSION PANEL**

Time 1:15 – 2:15 PM

1. What does impact of research mean? (in general and in ruralhealth and nursing in particular)?
2. What does impact of research mean in different research methodologies (e.g.quantitative and qualitative)?
3. Can impact be positive or negative (e.g.. ethical consideration)?
4. What are the implications for researchers when research is assessed in terms of 'impact'?
5. Is impact a useful concept to use when talking about the quality of research?
6. When should research impact be measured?
7. How does it relate to graduate research? Any implications for graduate research students?
8. What can I do to increase the impact of my research?

## CONFERENCE PROGRAM

### 9:30 – 10:00 AM: Arrival and morning tea – University Club Hobart

10:00 – 10:15 PM                      Opening address: **Professor Judith Walker** – Professor of Rural Health

### 10:15 – 11:15 AM: Keynote Address

Uni Club Hobart                      **Chairperson: Professor Judith Walker**  
  
**Associate Professor Douglas Ezzy** – University of Tasmania  
  
Qualitative Methods: Hermeneutical Reflections

### 11:15 – 12:30 PM: Concurrent Sessions

Room Eng 207

**Chairperson: Dr Rosa McManamey**

11:15 – 11:40 AM

**Shandell Elmer**

Doing ethnography – What books don't tell: Or do they?

11:40 – 12:05 PM

**Susan Johns**

Finding common ground: An exploration of collaborative community-based approaches to early childhood health, wellbeing and development in Tasmanian rural communities

12:05 – 12:30 PM

**Fiona Jones**

Exploring the factors that facilitate or hinder the provision of rural home visiting volunteers - The early experiences of the naïve data gatherer

Room Eng 208

**Chairperson: A/Prof Dominic Geraghty**

11:15 – 11:40 AM

**Sue Lawrence**

Researching the trajectories of decline to death in residential aged care. Preliminary findings and methodological issues

11:40 – 12:05 PM

**Liz Cummings**

Mentored self-management and chronic obstructive pulmonary disease: An investigation of the influence of IT on health outcomes and patients' experiences

12:05 – 12:30 PM

**Karen Ford**

'I cried when I was going up there' – A grounded theory study of children's admission for surgery

Uni Club Hobart

**Chairperson: Dr Quynh Lê**

11:15 – 11:40 AM

**Ha Hoang**

Cross-cultural study of the views and attitudes towards maternity care of migrants in rural Tasmania – What does literature say?

11:40 – 12:05 PM

**Dr Peter Arvier**

Where to from here in training and education in emergency medicine

12:05 – 12:30 PM

**Andrew Harris**

Culturally Appropriate Counselling for African Men in Tasmania

**12:30 – 1:15 PM      Working Lunch with guest speaker, supervisors and colleagues – University Club Hobart**

**1:15 – 2:15 PM: Discussion Panel**

Uni Club Hobart

**Title: Research has an impact – affirmative or negative?**

**Chairperson:** Dr Peter Orpin

- Ms Kim Boyer
- Dr Emily Hanssen
- Dr Clarissa Hughes
- A/Prof Andrew Robinson
- Dr Christine Stirling

**2:15 – 3:30 PM: Concurrent Sessions**

Room Eng 207

**Chairperson: Dr Christine Stirling**

2:15 – 2:40 PM

**Heather Brookes**

Unintended Outcomes behind Rural Community Development

2:40 – 3:05 PM

**Peter Morgan**

Could expanding the scope of practice for rural paramedics be beneficial to the well being of rural communities?

3:05 – 3:30 PM

**Lisa Dalton**

Preparing to manage the impact of critical study of rural health education

Uni Club Hobart

**Chairperson: A/Prof Rosalind Bull**

2:15 – 2:40 PM

**Helen Courtney-Pratt – Sharon Andrews-Hall**

The challenges of undertaking collaborative research in nursing

2:40 – 3:05 PM

**Kathryn Terry**

How is competence in nursing taught, understood, assessed and maintained?

3:05 – 3:30 PM

**Juanita Louise Westbury**

Roles for pharmacists in improving the quality use of medicines to treat behavioural and psychological symptoms of dementia in residential care facilities

**3:30 – 4:00 PM: Closing with afternoon tea**

Uni Club Hobart

Closing/feedback/suggestions with afternoon tea

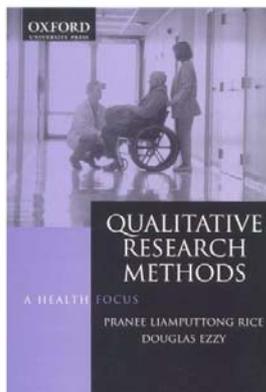
## KEYNOTE SPEAKER: A/PROFESSOR DOUGLAS EZZY

### Biography

Associate Professor Douglas Ezzy is Head of Discipline of Sociology and Deputy Head of School of Sociology and Social Work, University of Tasmania. He is one of the most inspiring researchers and speakers nationally and internationally. Associate Professor Ezzy's research is driven by a fascination with how people make meaningful and dignified lives.



A/Professor Douglas Ezzy



He has published six books. The recent ones include: *Qualitative Research Methods: A Health Focus* jointly with Pranee Rice; *Researching Paganisms* jointly with J Blain, and *Qualitative Analysis - Practice and Innovation*.

His research publications are numerous and impressive. The following refereed articles are most relevant to our Graduate Research Conference:

- 'Are qualitative methods misunderstood?', *Australian and New Zealand Journal of Public Health*, **25** (4) – 2001.
- 'Illness narratives: time, hope and HIV', *Social Science and Medicine*, **50** – 2000.
- 'Poverty, disease progression and employment among people living with HIV/AIDS in Australia', *AIDS Care*, **11** (4) – 1999.

He received a grant of \$ 300,000 for the research project *Long-Term Benefits Study of Workers* (jointly with Dr M Walter)

Currently Associate Professor Ezzy is supervising the following graduate research theses:

- An ethnography of three rural Anglican communities of faith in Tasmania;
- Making Meaning: Memory, Consumerism and Hope amongst Young Tasmanian Adults;
- Wednesday's Children: A sociological study of clinical depression;
- Subjugated knowledges: The rhetoric of harm minimisation and the reality of Tasmania's response to illicit drug use;
- Reflecting on Cosmetic Surgery.

## **ABSTRACTS**

### **Emergency medicine services at rural hospitals: what the community wants, what the community needs**

**Dr Peter Arvier**

The proposed changes to the Tasmanian hospital system highlight the wide divisions between the source of funding (the government), those delivering the services (the health professionals) and the consumers (the general public).

Not only are hospitals significant contributors to the economy of small towns, they are also a strong visual signal to the community of a “place of safety” in times of medical need.

Emergency Medicine services are viewed by the community as a time-critical resource that should be accessible to all. However, rural hospitals throughout the world are experiencing desperate shortages of suitably trained and experienced health professionals to safely deliver these services.

This research shows the emergency medicine workforce in rural and regional Australia is in a precarious state, surviving largely because of highly paid locums and large numbers of Overseas Trained Doctors. Traditional workforce models are no longer appropriate and radical changes are needed to deliver a consistently high level of care. A new model that crosses the boundaries of medicine, nursing, paramedic and allied health may be the answer.

### **Unintended Outcomes behind Rural Community Development**

**Heather Brookes**

The purpose of the research is to explore and develop a theoretical understanding of the complexity of influences, discourses, agendas, processes and dynamics that interact in rural community development (rcd) and the resulting impact of these interactions upon individuals and the fabric of community. The research focuses beyond the purported outcomes of the documented goals of rcd projects, to the dynamic and complex relationships of the community and individuals as they interact in response to, and around the rcd implementation. This impacts individuals and alters the community fabric in ways unexpected or unconsidered within rcd outcomes. While the purpose of the research has remained the same, upon reaching the point of data analysis, a new theoretical lens has been applied, providing a language through which to define and analyse the complex processes. This application is described and demonstrated with examples from the data.

## **Mentored self-management and chronic obstructive pulmonary disease: An investigation of the influence of IT on health outcomes and patients' experiences**

**Liz Cummings**

With the increasing incidence of chronic illness and the subsequent burden upon health systems worldwide there are moves towards patient-centred care and in particular self-management programmes. This presentation describes a research methodology developed to investigate the influence of IT on health outcomes and patients' experiences whilst undertaking a self-management intervention.

The research is located within a random controlled trial (RCT) of a mentored self-management programme, with an optional ICT tool for self-monitoring, for people suffering moderate to severe Chronic obstructive pulmonary disease (COPD). Despite being located within a RCT this research adopts a subjective research philosophy with an interpretivist epistemology. This is deemed to be the most appropriate philosophical stance to examine the individual's subjective experience of a mentored self-management programme.

## **Preparing to manage the impact of critical study of rural health education**

**Lisa Dalton**

To be added.

## **'I cried when I was going up there' – A grounded theory study of children's admission for surgery**

**Karen Ford**

It is important to investigate children's world of experiences, but this world has not been adequately studied from the point of view of nursing. We find there is a paucity of research that includes children's views. Understanding children's own constructions about their care and experiences when they are hospitalised is essential if we are to provide quality health care that meets children's needs and concerns. The best way of understanding a child's experiences and perspective is to ask the child. This study utilises a constructivist grounded theory approach to explore primary school age children's admission to hospital for surgery. This presentation presents preliminary findings of that work. The core category of 'being scared/ being excited' represents the range of emotional responses of the children to their admission for surgery.

## **Culturally Appropriate Counselling for African Men in Tasmania**

**Andrew Harris**

The arrival of significant numbers of refugees from Africa to Tasmania is a recent phenomenon, and cultural differences have been observed to be highly influential in settlement assistance. This has been observed to be particularly the case for men, partly because their

role identity is challenged by aspects of Australian society such as Centrelink payments to children, and a lack of suitable employment opportunities. Given the recency of the phenomenon, and the recognition that such research can be compromised by a western-centric orientation, a deliberately open stance is taken to the material through an emphasis on phenomenological methodology. Appropriate counselling pathways will be identified by exploring the areas of difference and overlap between African men's expectations and Western approaches to counselling. This presentation reports on the basic methodology of the study, and extracts from initial interviews with African practitioners in Tasmania.

## **Cross-cultural study of the views and attitudes towards maternity care of migrants in rural Tasmania – What does literature say?**

Ha Hoang

Migrants to a new country bring with them a complex cultural background which can become a powerful cultural and social capital to enhance their acculturation in a new cultural discourse. However, their cultural lenses can interfere strongly with their perceptions and attitudes towards social issues and services in their adopted country. In a context of cultural diversity great attention should be given to the intercultural aspects of health care as there are increasing problems due to language barriers and cultural differences. Maternity care is one of the most important areas in health care in Australia.

Though there are different cultural beliefs and practices in maternity care among people and institutions of different cultural background, research on immigrant women's views of maternity care has not attracted much attention. This presentation is about research dealing with maternity care in an intercultural context.

## **Doing ethnography – What books don't tell you: Or do they?**

Shandell Elmer

As a student embarking on ethnographic research I diligently read widely on both the philosophy and practice of this methodology. Yet the feeling of 'being prepared enough' before I entered the field eluded me. My field work experience has at once been daunting, thought-provoking, taxing and satisfying. Undertaking a critical reflexive stance on my role as researcher has revealed to me disjunctions between what I was prepared for and the reality of my experience. This paper will discuss some of my insights about 'doing ethnography' in relation to objectivity-subjectivity; participant-observer; and literal interpretation – analytical lens.

## **Finding common ground: An exploration of collaborative community-based approaches to early childhood health, wellbeing and development in Tasmanian rural communities**

Susan Johns

Having collected approximately two thirds of the data for my research into early childhood

partnerships, I have stopped to reflect on my methodology and on how I might have done things differently. The study was designed as qualitative research using a case study approach. Interviews, supplemented with written documentation and observation, are the key data source. Once I had transcribed the interviews and sent them back to participants for checking, I received some interesting and unexpected responses. Why did I receive an email from a teacher's aide requesting me to throw the interview in the rubbish because it was so bad? Why did one school principal slash nearly half of the material from his transcript? Why did a middle manager from an NGO decline the offer to amend their transcript, but seek a further assurance that the information would not be made available to others? And what of the consent form that each had signed? The session attempts to find some solutions to these and other questions surrounding the interview process

## **Exploring the factors that facilitate or hinder the provision of rural home visiting volunteers - The early experiences of the naïve data gatherer**

Fiona Jones

After toiling away at the Literature Review, the Preliminary Research Plan, the Human Research Ethics Committee Minimal Risk Application Form, followed by the Full Committee Application, comes the "good bit" – gathering the data. Now comes the challenges of the (at times) delicate process of procuring participants for the study; allowing for creativity and flexibility in interviews and focus group settings, whilst dealing with the tensions associated with "doing it right" – have I covered all the areas? and in sufficient depth? can I remember who said what in the focus group? – and to top it off, all this whilst trying to master the mysteries of the technological age of digital voice recording. In order to not rush the analysis for the sake of the conference deadline and risk glib observations, some musings on the preliminary observations of the first playback of some of the data will be presented.

## **Researching the trajectories of decline to death in residential aged care – Preliminary findings and methodological issues**

Sue Lawrence

The issue of capacity to provide care for an increasingly ageing population with changing care needs has been discussed in significant policy informing documents. These documents have referred to the illness and/or functional trajectory of decline to death concept proposed by Lynn which is seen as providing *an organizing framework for care ... so that people with fatal chronic illness can count on good care* (Lynn *et.al.* 2003). From a review of the literature, it has been found that the concept of a trajectory to death has very little empirical evidence to support it. The research being undertaken will determine the existence, or otherwise, of these trajectories of decline in residents of aged care facilities in southern Tasmania.

## **Could expanding the scope of practice for rural paramedics be beneficial to the well being of rural communities?**

**Peter Morgan**

The potential for rural paramedics to contribute to rural health care has received increased attention as a result of workforce shortages in rural health care. This study examines the views of Tasmania's rural paramedics and key contributors to rural health care, identifying their views about potential benefits to the community of such action. The presentation will discuss the first impressions obtained from the study and the direction and methodology being pursued.

## **The challenges of undertaking collaborative research in nursing**

**Helen Courtney-Pratt – Sharon Andrews-Hall**

Within the health care environment Participatory Action Research relies on intense collaboration with practitioners situated within their local context. Underpinning the participatory agenda is the conduct of regular meetings between practitioners participating in the research. This presentation focuses on challenges to this process when the realities of the workplace impact significantly. Data will be presented from two action research projects, illustrating common issues encountered during fieldwork and the measures taken to address these to ensure viability of the research.

## **How is competence in nursing taught, understood, assessed and maintained?**

**Kathryn Terry**

Over a decade has passed since the introduction of national competency standards which are the core competency standards by which performance may be assessed for licensure. These national competency standards may also be used to self assess competence, at renewal time as part of statutory declaration or to assess nurses involved in professional conduct matters. How the nursing profession in Australia defines the basic competency of the registered nurse is crucial to public policy, for the safety of the public and the protection of the nurse.

Research evidence that supports the current paradigm of assessment of competence of nurses is essential to the future of the profession. Yet probably more fundamental is to explore the current understandings of how competence in nursing is taught, understood, assessed and maintained within the nursing profession.

## **Roles for pharmacists in improving the quality use of medicines to treat behavioural and psychological symptoms of dementia in residential care facilities**

**Juanita Louise Westbury**

Up to 90% of people with dementia will develop behavioural and psychological symptoms of dementia (BPSD) such as wandering, agitation, and delusions. These symptoms are often the reason for admission into residential care facilities (RCFs).

If these symptoms become problematic, non-pharmacological approaches are recommended. Medication should be regarded as second-line, due to lack of efficacy and potential for side effects. However, previous research has revealed that psychotropic drugs such as antipsychotics and benzodiazepines are over prescribed for BPSD in RCFs.

This project aims to achieve a thorough understanding of the way BPSD is currently pharmacologically managed in RCFs and the determinants underlying this prescribing. With this information, roles for pharmacists will be developed and evaluated to improve the quality of prescribing of psychotropic medications for people with dementia in residential care facilities.