RURAL HEALTH

GRADUATE RESEARCH SYMPOSIUM

Thursday 3 November 2011

Grand Chancellor Hotel, Hobart
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Welcome

The arrival of November has brought to the land many wonderful things: early summer breeze, sunlight and blue sky. In this beautiful and inspiring context, our rural health graduate research symposium is meaningfully and appropriately timed and placed to celebrate our academic journey towards the end of a successful year, and to showcase not only our research growth, but also our wealth of enthusiasm and strength of togetherness.

The Symposium provides opportunities for research in progress sharing, professional and interpersonal networking, and a chance to reflect individually and collectively on our research journeys.

The Symposium is an illustration of a dynamic research and collaborative spirit of many enthusiastic colleagues and students. They have given their precious time, ideas, and resources to make it a success. We would like to thank all students, supervisors and colleagues for your positive responses and support in different ways to this event. Your encouraging support is like fresh summer breezes for us.

Graduate research is embedded in the lived experiences of our students who come from different parts of the world, bringing along their diversity of cultures and linguistic backgrounds. The symposium dinner night will be a wonderful showcase of our dynamic intercultural fever.

On behalf of the University Department of Rural Health and the Rural Clinical School, we would like to warmly welcome all participants to the rural health Graduate Research Symposium 2011.

Please enjoy the Symposium.
Map & Contacts

Directions driving to the Hotel Grand Chancellor Hobart

**From Hobart Airport:** Hobart airport is 15 kilometres from the CBD. Allow 20 minutes by Taxi. Take Holyman Avenue until you come to the Tasman Highway roundabout. At the roundabout take the second exit onto Tasman Highway (for approximately 10 kilometers. Stay on the left hand lane as you get to the start and over the Tasman Bridge. Continue on the left lane and take the Hobart City exit off the Tasman Bridge. As you get closer into the city (approximately 2 km’s from the bottom of the Tasman Bridge) get into the middle lane and soon as you pass the Liverpool Street exit stay on the extreme right hand side lane. As you progress you will pass a 9/11 wine and bottle shop and soon as you pass Evan Street intersection (this is one corner of the hotel) you begin to see the main entrance driveway of the Hotel Grand Chancellor Hobart.

**From Launceston**

Head towards the Hobart water front along the Brooker highway, at the traffic island continue to the waterfront and then turn right onto the waterfront and the hotel is on your right.

Kim Izard
UDRH
Tel: (03) 6324 4051
# Symposium Programme

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<th>Time</th>
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<tr>
<td><strong>8.30 - 9.00 am</strong></td>
<td>Registration - Harbour View Room 2</td>
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<tr>
<td>9.00 – 9.10 am</td>
<td>Welcome and housekeeping</td>
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<td>Harbour View Room 2</td>
<td>Dr Quynh Lê – Graduate Research Coordinator</td>
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<td><strong>9.10 - 10.00 am</strong></td>
<td>Opening Address</td>
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<tr>
<td>Harbour View Room 2</td>
<td>A/Professor Tony Barnett – Director</td>
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<td>Topic: <em>What are the challenges in rural health research?</em></td>
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<td><strong>10.00 - 10.30am</strong></td>
<td>Morning Tea - Harbour View Mezzanine</td>
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<tr>
<td><strong>10.30 - 12.00 noon</strong></td>
<td>Student sessions</td>
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<tr>
<td>Harbour View Room 2</td>
<td>10.30 – 11.00am</td>
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<td>Chairperson:</td>
<td>Melinda Minstrell</td>
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<tr>
<td>Dr Jess Woodroffe</td>
<td>A conceptual framework for breast nurses’ practice in rural settings: a pragmatic mixed methods study</td>
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<td>11.00 – 11.30am</td>
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<td>Ha Hoang</td>
<td>Maternity care and services in rural Tasmania: the perspectives of rural women and health professionals</td>
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<td>11.30 – 12.00 noon</td>
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<tr>
<td>Chona Hannah</td>
<td>Health and wellbeing of intermarried Filipino women in rural areas of Tasmania</td>
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UDRH Graduate Research Symposium, Thursday 3 November 2011
Grand Chancellor Hotel, Hobart

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<th>Time</th>
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<tr>
<td><strong>12.00 – 1.00 pm</strong></td>
<td>Workshop on thesis writing</td>
<td>A/Professor Erica Bell&lt;br&gt;Topic: <em>Release the brilliant writer trapped within! (a step-by-step guide to pain-free thesis writing)</em>&lt;br&gt;Please bring 10 pages of non-fiction writing to the workshop.</td>
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<td><strong>1.00 – 2.00 pm</strong></td>
<td>Lunch - Harbour View Mezzanine</td>
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<td><strong>2.00 – 3.40 pm</strong></td>
<td>Student sessions</td>
<td>Harbour View Room 2&lt;br&gt;Chairperson: Christine Materia&lt;br&gt;<strong>2.00 – 2.25pm</strong> Christine Materia&lt;br&gt;Environmental connectedness, climate driven phenomenon and psychological health, does the puzzle fit?&lt;br&gt;<strong>2.25 – 2.50pm</strong> Daniel Terry&lt;br&gt;International Medical Graduates in Tasmania: Issues, Integration and Acculturation in the rural and remote context.&lt;br&gt;<strong>2.50 – 3.15pm</strong> Danielle Berry&lt;br&gt;Under What Circumstances should paramedics perform non-drug facilitated endotracheal intubation in the pre-hospital setting?</td>
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<td><strong>3.15 – 3.35 pm</strong></td>
<td>Afternoon Tea - Harbour View Mezzanine</td>
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3.35 – 4.25 pm  
**Student sessions**

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<th>Time</th>
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| 3.35 – 4.00 pm| Chairperson: Thuy Thanh Le  
Dr Quynh Lê  
Nail biting and mineral deficiency in children |
| 4.00 – 4.25 pm| Alexandra King  
Household food security and older adults in rural Tasmania – a review of the literature |

4.25 – 5.00 pm  
**Q and A**

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| 4.25 – 5.00 pm| Dr Rosa McManamey  
Theme: *Issues and Possibilities* |

6.30 pm  
**Symposium Dinner**

Symposium Dinner will be held at Harbour View Room 2, Hotel Grand Chancellor Hobart.

- Introducing participants
- National costume presentations
- In-house international music
- Fun activities
- Dance practice for fun
- Prizes and closing
Abstracts

Under What Circumstances should paramedics perform non-drug facilitated endotracheal intubation in the pre-hospital setting?

Danielle Berry

Background: Appropriate and effective airway management is fundamental in successful resuscitation of the critically ill and injured patient, as failure to establish a patent and secure airway is a significant contributor to patient mortality. Internationally, endotracheal intubation (ETI) is recognised as the gold standard of definitive airway control. However the safety, efficacy and benefit of ETI to patient’s pre-hospital has been bought into question with suggestion that the practice should be ceased by paramedics altogether. Literature surrounding paramedic ETI reveals credible evidence both for and against the practice, with clear indication that further research is necessary.

Aim: To gather and analyses evidence, from both national and international sources, to assist paramedics in accurately identifying which patients will benefit most from pre-hospital non-drug facilitated ETI.

Methods: Data will be gathered from two separate studies. The first, an international survey of emergency medical services, examining current education, training and equipment standards. The second study, a prospective observational analysis of all patients requiring advanced airway interventions over a 2 year period from several Australian Ambulance Services.

Results/ Discussion/ Conclusions: Yet to commence data collection.
Health and wellbeing of intermarried Filipino women in rural Tasmania

Chona Hannah

Interruption has become a social phenomenon for some Filipino women. This is particularly true in Australia, where most Filipino women have arrived on the basis of marriage. They bring with them their cultural values and beliefs which affect the way in which they view their new environment, through their cultural lenses and their views and attitudes may not be understood or accommodated by the mainstream. The main purpose of this research was to investigate the health and wellbeing of Filipino wives who came to Australia as a result of intermarriage and now live in rural parts of Tasmania. The focus was on the following aspects: acculturation problems, health concepts and health care in rural Tasmania, problems in access to health care services, and the social and cultural capital. This study employed mixed methods with a combination of quantitative and qualitative approaches. Data analysis revealed that health and wellbeing were the two most important aspects in the life of the intermarried Filipino women in rural Tasmania. The main factors which significantly affect their health and wellbeing in their acculturation into rural Tasmania include: age gap, English language proficiency, highest level of education, and length of stay in Tasmania. The findings of this study also presented insights into the mental and emotional intelligence of the intermarried Filipino women as to how they handled possible culture shock and how they adapted to the mainstream culture throughout their interracial married life.

Maternity Care and Services in Rural Tasmania: the perspectives of rural women and health professionals

Ha Hoang

Despite strong records of safety and quality maternity care, maternity care in Australia is not meeting the needs of rural and remote women as evidenced by poor access and outcomes. This study aims to:(i) identify the needs of women in maternity care in rural
areas, (ii) examine the current available maternity health services in rural Tasmania and (iii) identify the gaps between the needs and services.

The study employed a mixed methods design with a self-administered mailed survey and semi-structured interviews as data collection methods. 600 survey questionnaires were sent out to women in the six rural communities across Tasmania. The survey response rate was 35%. Semi-structured interviews were conducted with 22 women and 20 health professionals. Descriptive statistics and Chi Square tests were used to analyse the survey data with the use of SPSS 15. The interview data were analysed using grounded theory and thematic analysis with the use of NVivo v8.0.

The findings indicate a set of unmet maternal needs of women in rural Tasmania namely (i) access needs, (ii) safety needs, (iii) needs for small rural birthing services, (iv) information and support needs, and (v) needs for quality services.

The study provides important recommendations for bridging the gaps between the women’s needs and currently available maternity services. This study makes a contribution to the enhancement of maternal care and services in rural Tasmania and consequently to improve access and outcomes for rural women and their families.

**Household Food Security and Older Adults in Rural Tasmania – a Review of the Literature**

**Alexandra King**

**Background:** Food insecurity in older adults is associated with sub-optimal nutrition, which can lead to a lower quality of life, higher morbidity and mortality, more frequent admissions to hospital and earlier admission to residential care.

**Aim:** To review the academic and grey literature on food security in developed country contexts, focusing on older adults.

**Methods:** A search of electronic databases for peer reviewed journal articles, and government and university websites for grey literature.

**Results:** Research into household food insecurity in Australia is very limited in scale and scope. Much overseas research relies on statistical analysis of population-level datasets to identify correlates of food insecurity. This research provides strong evidence of a link
between food security and socio-economic indicators but is unable to delineate causal pathways. The interpretation of research results is hampered by a lack of conceptual clarity around food insecurity, particularly in relation to older adults. These areas include the temporal and locational nature of food insecurity, and the social significance of food and eating.

**Discussion:** Further research is needed to address gaps in the literature on food insecurity for older adults. My PhD thesis entitled “Elderly Tasmanians and Food Security” aims to address this need.

### Nail biting and mineral deficiency among children

**Thuy Thanh Le**

**Background:** Nail biting (onychophagia) is an irritable common disorder in children and teenagers but it is still an under-recognised problem. The complications of nail biting range from mild to serious clinically significant distress and functional impairments such as nail fragments embedded in the gums, tooth resorption, serious infections of bacteria, virus and parasites, painful injuries, etc. The causations underlying nail biting are not well understood in the medical field and are therefore not addressed properly. In terms of research and preventative measures for nail biting, there has been a large gap in the current literature.

**Objectives:** The aims of the study are to examine the views of parents and health professionals on children’s nail biting in terms of social, psychological and clinical dimensions; and to investigate the relationship between nail biting and mineral deficiency. It attempts to:

- Identify the views of health professionals and parents of children’s nail-biting on:
  - Possible causes of nail-biting (with some reference to mineral imbalances);
  - Associated health issues of nail biting; and
  - The treatment of nail biting.
- Identify implications and recommendations for parents and health professionals in dealing with children with nail biting problems.
Methodology: A mixed methodology will be employed in the study. Quantitative and qualitative methods include surveys and in-depth interviews with health professionals and parents of nail biting children. A snowball recruitment method will be used, starting with a few parents and health professionals of the researcher’s professional network who agree to distribute the information sheets amongst their network of parents and health professionals in Tasmania. This first group of participants will also explain the project background and survey process to their networks.

Expected Outcomes: Based on some theoretical assumptions and explanations, it is anticipated that the most probable cause of nail biting in children is mineral imbalance. Co-occurring symptoms and health issues with nail biting will be identified. The implications of the findings of this research will be directed towards the development of both effective and long-lasting treatments and prevention strategies.

Environmental connectedness, climate driven phenomenon and psychological health, does the puzzle fit?

Christine Materia

Most people do not experience climate change directly. Some people come to understand climate change through their connection to the environment, their lived experience and direct first-hand knowledge. This knowledge might be gained through experiencing climate driven phenomenon; such as bushfires, cyclones, droughts, floods. Some people may come to know climate change through indirect experiences such as the social representation of climate change via virtual and vicarious exposure to mass media coverage and educational sources. My research examines relationships between the way in which a person comes to know, understand and experience climate driven phenomenon and the degree of resilience they may have to potential cumulative psychological health impacts resulting from climate change.

In this presentation, I consider the literature covering the concept of environmental connectedness (physical, cognitive, emotional and spiritual); direct and indirect experiences of climate driven phenomenon (bushfires, floods, cyclones, and drought) and the potential cumulative psychological health impacts (post-traumatic stress disorder, anxiety disorders, and suicide) of climate change.
A conceptual framework for breast nurses' practice in rural settings: a pragmatic mixed methods study

Melinda Minstrell

Breast cancer typically causes significant disease burden for women, often compounded by complex and fragmented cancer care. Breast nursing roles support women by providing supportive care and care coordination. However, most of what we know about breast nursing is from urban settings. This thesis aims to advance knowledge of rural breast nurses’ practice within real world contexts.

The research process followed a sequential, explanatory mixed method design. Three rural breast nursing services are described, and summarised to compare with previous reports of breast nursing. Quantitative data over a one-year period provided descriptions of overall rural breast nursing practices, and consultations with women. During the same time, clients’ supportive care outcomes were gathered through longitudinal surveys of unmet needs. These quantitative results informed semi-structured interviews with rural breast nurses about what they do, and what influences their practices. Together, the quantitative and qualitative findings informed the conceptual framework developed within this thesis.

The conceptual framework for rural breast nurse practice incorporates the key interacting features that shape rural breast nursing practices. Client’s needs are determined by individual characteristics, circumstances, and journeys which, in turn, influence nursing practices. Nurses’ personal and professional features, including their experiences and relationships, individualise rural breast nursing practices. Physical and socio-cultural contextual features within organisations and wider healthcare systems create the parameters that define what is possible within each site. Significantly, features related to clients’, nurses’, and healthcare providers’ availability and accessibility are important to the effectiveness of rural nursing services.

This thesis provides unique insight because it considers the context of real world practice and acknowledges the need for diversity in nursing practices to reflect individual settings. The outcomes of this study will be useful for those establishing and
improving rural breast nurse services by identifying the influences of clientele, nurse, and contextual features that should be considered when planning services.

**International Medical Graduates in Tasmania: Issues, Integration and Acculturation in the rural and remote context**

*Daniel Terry*

**Background:** An Australian wide shortage of doctors has led to a reliance on International Medical Graduate (IMG) recruitment. Under current policy, IMGs are placed in rural and remote areas where a shortage of doctors often exists. Previous IMG research has focused on employment satisfaction, integration and support. Yet, few studies recognised quality of life and social needs of IMGs and their families impacting rural acculturation and retention, especially in rural Tasmania.

**Aim:** The study aims to explore the experiences and challenges of IMGs living and working in rural and remote Tasmania, and how this informs the acculturation process.

**Methodology:** A mixed methodology will be employed in the study. A survey and in-depth interviews with IMGs working in rural and remote Tasmania and their stakeholders will be used to inform the research aims.

**Expected outcomes:** It is anticipated IMGs in Tasmania may be comparable to IMGs elsewhere in Australia. As such, acculturation is likely to occur rapidly among IMGs with Australian spouses and those who have rural practice experience. Yet, maintaining cultural and religious connectivity may be more challenging in Tasmania. Community awareness and acceptance of IMGs and his/her family’s cultural differences is expected to remain crucial for greater acculturation in Tasmania to occur.