Program and Abstracts

Collaborative Graduate Research Symposium
New Gallery - Education Building
Newnham campus, LAUNCESTON
21 - 22 October 2010
## Contents

<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELCOME</td>
<td>4</td>
</tr>
<tr>
<td>MAP &amp; CONTACTS</td>
<td>5</td>
</tr>
<tr>
<td>INFORMATION FOR PARTICIPANTS</td>
<td>5</td>
</tr>
<tr>
<td>FOR PRESENTERS</td>
<td>6</td>
</tr>
<tr>
<td>For AUDIENCE</td>
<td>6</td>
</tr>
<tr>
<td>SYMPOSIUM PROGRAM</td>
<td>7</td>
</tr>
<tr>
<td>WEDNESDAY, 20th OCTOBER 2010</td>
<td>7</td>
</tr>
<tr>
<td>THURSDAY, 21st OCTOBER 2010</td>
<td>7</td>
</tr>
<tr>
<td>FRIDAY, 22nd OCTOBER 2010</td>
<td>10</td>
</tr>
<tr>
<td>PUBLIC LECTURE</td>
<td>13</td>
</tr>
<tr>
<td>CAN WE MAKE OUR BRAINS LAST LONGER: BRAIN PLASTICITY AND NEUROPROTECTION IN AGING</td>
<td>13</td>
</tr>
<tr>
<td>Professor James Vickers</td>
<td>13</td>
</tr>
<tr>
<td>BIOGRAPHY</td>
<td>13</td>
</tr>
<tr>
<td>KEYNOTE PAPER 1</td>
<td>14</td>
</tr>
<tr>
<td>Reflections on collaboration in research</td>
<td>14</td>
</tr>
<tr>
<td>Associate Professor Tony Barnett</td>
<td>14</td>
</tr>
<tr>
<td>BIOGRAPHY</td>
<td>14</td>
</tr>
<tr>
<td>KEYNOTE PAPER 2</td>
<td>15</td>
</tr>
<tr>
<td>How a combination of research and clinical expertise can be used to address contemporary challenges in mental health</td>
<td>15</td>
</tr>
<tr>
<td>Professor Nicholas Procter</td>
<td>15</td>
</tr>
<tr>
<td>BIOGRAPHY</td>
<td>15</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>15</td>
</tr>
<tr>
<td>KEYNOTE PAPER 3</td>
<td>16</td>
</tr>
<tr>
<td>Professor Peter Frappell</td>
<td>16</td>
</tr>
<tr>
<td>BIOGRAPHY</td>
<td>16</td>
</tr>
<tr>
<td>STUDENT DISCUSSION PANEL</td>
<td>17</td>
</tr>
<tr>
<td>Lived experience of graduate research students: Time for reflection and celebration</td>
<td>17</td>
</tr>
<tr>
<td>ABSTRACTS</td>
<td>18</td>
</tr>
<tr>
<td>Hypertrophic cardiomyopathy in a Northern Tasmanian population: a pilot study</td>
<td>18</td>
</tr>
<tr>
<td>Carli Armstrong</td>
<td>18</td>
</tr>
<tr>
<td>Community processes modelling and rural community development</td>
<td>18</td>
</tr>
<tr>
<td>Heather Brookes</td>
<td>18</td>
</tr>
<tr>
<td>Ethical considerations in research using a vulnerable population with chronic kidney disease</td>
<td>19</td>
</tr>
<tr>
<td>Sandra Campbell</td>
<td>19</td>
</tr>
<tr>
<td>To be or not to be - now what was the research question?</td>
<td>19</td>
</tr>
<tr>
<td>Debra Carnes</td>
<td>19</td>
</tr>
<tr>
<td>In safe hands: a history of aged care in Tasmania</td>
<td>19</td>
</tr>
<tr>
<td>Elaine Crisp</td>
<td>19</td>
</tr>
<tr>
<td>The use of critical realism as a research framework</td>
<td>20</td>
</tr>
</tbody>
</table>
Melanie Greenwood.................................................................................................................. 20
DO TRANSDERMAL OPIOIDS REDUCE HEALTHCARE USE IN A RURAL PAIN POPULATION?.............................. 21
John Henshaw .................................................................................................................................. 21
INVESTIGATING THE FAMILIAL ASPECTS, RELATED SYMPTOMATOLOGY, AND CLINICAL PRESENTATION OF BICUSPID AORTIC
VALVES AND ASCENDING AORTIC ANEURYSMS IN FAMILIES IN TASMANIA .......................................................... 22
Jessica Kawa...................................................................................................................................... 22
PERINATAL MENTAL HEALTH PROMOTION ......................................................................................... 23
Robyn Kelly........................................................................................................................................ 23
INVESTIGATIONS INTO HAEMODYNAMIC FUNCTION IN TYPE 2 DIABETES MELLITUS .................................................. 23
Sibella King....................................................................................................................................... 23
INTERACTIONS BETWEEN SERVICE-USERS IN SUICIDAL CRISIS AND REGISTERED NURSES IN MENTAL HEALTH SERVICES (Tas.);
PRELIMINARY FINDINGS ................................................................................................................ 24
David Lees ......................................................................................................................................... 24
THE EFFECT OF YOGA ON SECONDARY ARM LYMPHOEDEMA AFTER TREATMENT FOR BREAST CANCER ................. 24
Annette Loudon.................................................................................................................................. 24
THE PATTERNS OF TIME EXPENDITURE BY PARENTS OF CHILDREN WITH COMPLEX NEEDS .......................... 25
Damhnat McCann ........................................................................................................................... 25
EXPERIENCING CHRONIC CONDITIONS WORK IN RURAL AND REMOTE AUSTRALIA: ......................................................... 25
Anna Spinaze ........................................................................................................................................ 25
FINDINGS FROM QUALITATIVE DATA ANALYSIS ............................................................................... 25
Kathryn Terry ..................................................................................................................................... 25
EXPLORING THE ROLE OF OBSERVATIONAL LEARNING IN THE DEVELOPMENT OF NURSING LEADERSHIP .... 26
Pieter Van Dam ..................................................................................................................................... 26
HEALTH LITERACY AND HEALTH CARE SYSTEM NAVIGATION FOR PEOPLE WHO HAVE HAD, OR ARE AT RISK OF, A CARDIAC
EVENT: A STUDY OVERVIEW .............................................................................................................. 26
Winifred van der Ploeg ....................................................................................................................... 27
PRIMARY HEALTH CARE AND RURAL NURSING IN OUTER REGIONAL AUSTRALIA: A STUDY OF IDENTITY ...... 27
Ree Van Galen ...................................................................................................................................... 27

NOTES .................................................................................................................................................. 28
NOTES .................................................................................................................................................. 29
NOTES .................................................................................................................................................. 30
NOTES .................................................................................................................................................. 31
NOTES .................................................................................................................................................. 32
NOTES .................................................................................................................................................. 33
Welcome

Each month of the year brings with it to the land its own beauty and vigour. This year, October can be singled out by many of us in the Faculty of Health Science (FHS) as one of the most dynamic times of the year, particularly as it is marked with the long-awaited arrival of our Collaborative Graduate Research Symposium.

The Symposium is co-organised by the University Department of Rural Health, Rural Clinical School, School of Nursing and Midwifery, School of Human Life Sciences, School of Medicine and the Launceston Clinical School to provide opportunities for research in progress sharing, professional and interpersonal networking, and a chance to reflect individually and collectively on our research journeys. It includes keynote addresses, a public lecture, thesis writing and writing for career workshops, discussion panel and presentations from PhD and research Masters candidates from the above department and schools. Thus the 2010 symposium will definitely enhance the quality of research interaction and social networking.

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. On behalf of the University Department of Rural Health, Rural Clinical School, School of Nursing and Midwifery, School of Human Life Sciences, School of Medicine, and Launceston Clinical School, we would like to warmly welcome all participants to the FHS Collaborative Graduate Research Symposium 2010.

Please enjoy the Symposium.

**Quynh Lê, John Field, Dominic Geraghty, and Craig Zimitat**

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Information for Participants

For Presenters

Each presenter is allocated 30 minutes for presentation including transfer time between sessions.

It is suggested that you use 15 minutes for the talk and 10 minutes for question/answer if your presentation.

For Audience

Our students would appreciate your comments/feedback from supervisors, colleagues and their fellow students to strengthen their research 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 allocated question/answer time. You are most welcome to follow up the discussion with the presenters at tea breaks, lunch time and social dinner.
Symposium Program

Wednesday, 20th October 2010

6.00 – 7.00 pm       Registration - Cheese and wine
Sir Raymond Ferrall Centre, Newnham campus, LTN

7.00 – 8.00 pm       Public Lecture
Lecture Theatre 5     Professor James Vickers – School of Medicine
Chairperson:          Topic: Can we make our brains last longer: brain plasticity
                      and neuroprotection in aging
A/Prof Dominic Geraghty

Thursday, 21st October 2010

9.00 – 10.00 am       Registration
                      Morning Tea - New Gallery

10.00 – 10.20 am      Opening address
LT 1 (A.150)           A/Professor Dominic Geraghty – Deputy Associate Dean
                      (Research) - Faculty of Health Sciences

10.20 – 11.10 am      Keynote Paper 1
LT 1 (A.150)           A/Professor Tony Barnett
Chairperson:          Topic: Reflections on collaboration in research
A/Prof Dominic Geraghty

11.15 – 12.45 pm      Concurrent Workshops
LT 1 (A.150)           Workshop 1: Writing for Publications
                      Dr Erica Bell
LT 2 (A.153)  |  Workshop 2: Writing for Career  
| A/Professor Dominic Geraghty  
| 12.45 – 1.45 pm  | Lunch - Degrees Restaurant  

| 1.45 – 3.15 pm  | Student Presentations  
| LT 1 (A.150)  | 1.45 – 2.15pm  
| Chairperson:  | Deb Carnes  
| A/Prof John Field  | To be or not to be – now what was the research question?  
| 2.15 – 2.45pm  | Winifred van Derploeg  
|  | Health literacy and health care system navigation for people who have had, or are at risk of, a cardiac event: A Study Overview  
| 2.45 – 3.15pm  | Anna Spinaze  
|  | Experiencing chronic conditions work in rural and remote Australia  
| LT 2 (A.153)  | 1.45 – 2.15pm  
| Chairperson:  | Ree Van Galen  
| Dr Jess Woodroffe  | Primary health care and rural nursing in outer regional Australia: a study of identity  
| 2.15 – 2.45pm  | Annette Loudon  


The effect of yoga on secondary Lymphoedema of the arm from treatment for breast cancer

2.45 – 3.15pm

John Henshaw

Do Transdermal Opioids reduce healthcare use in a rural pain population

3.15 - 3.45 pm Afternoon Tea - New Gallery

3.45 - 4.45 pm Student Presentations

LT 1 (A.150) 3.45 – 4.15pm

Chairperson: Carli Armstrong

Prof Andrew Robinson Hypertrophic cardiomyopathy in a northern Tasmanian population: a pilot study

4.15 – 4.45pm

Jessica Kawa

Investigating the familial aspects, related symptomatology, and clinical presentation of bicuspid aortic valves and ascending aortic aneurysms in families in Tasmania

LT 2 (A.153) 3.45 – 4.15pm

Chairperson: Sibella King

Dr Susan Johns Investigations into haemodynamic function in type 2 diabetes mellitus
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.15 – 4.45pm</td>
<td>Kathryn Terry</td>
</tr>
<tr>
<td></td>
<td>Findings from qualitative data analysis</td>
</tr>
<tr>
<td>4.45 pm</td>
<td>Closing Comments</td>
</tr>
<tr>
<td>7.00 pm</td>
<td>Dinner - Degrees Restaurant</td>
</tr>
<tr>
<td></td>
<td>Social Dinner will be held at Degrees Restaurant, Newnham Drive, Newnham Campus, Launceston.</td>
</tr>
</tbody>
</table>

**Friday, 22nd October 2010**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 9.00 am</td>
<td>Registration</td>
</tr>
<tr>
<td>9.00 – 10.00 am</td>
<td>Keynote Paper 2</td>
</tr>
<tr>
<td>LT 1 (A.150)</td>
<td>Professor Nicholas Procter</td>
</tr>
<tr>
<td>Chairperson:</td>
<td><em>How a combination of research and clinical expertise can be used to address contemporary challenges in mental health, influencing policy, practice and patient outcomes?</em></td>
</tr>
<tr>
<td>Prof Denise Fassett</td>
<td></td>
</tr>
<tr>
<td>10.00 – 10.20 am</td>
<td>Morning Tea - New Gallery</td>
</tr>
<tr>
<td>10.20 – 12.20 am</td>
<td>Student Presentations/ Concurrent Sessions</td>
</tr>
<tr>
<td>LT 1 (A.150)</td>
<td>10.20 – 10.50 am</td>
</tr>
<tr>
<td>Chairperson:</td>
<td>Heather Brookes</td>
</tr>
<tr>
<td>Prof Mary FitzGerald</td>
<td>Community processes modelling and rural community development</td>
</tr>
<tr>
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<td>10.50 – 11.20 am</td>
</tr>
<tr>
<td></td>
<td>Robyn Kelly</td>
</tr>
<tr>
<td></td>
<td>Perinatal mental health promotion</td>
</tr>
</tbody>
</table>
11.20 – 11.50 am

**Elaine Crisp**

In safe hands: a history of aged care in Tasmania

11.50 – 12.20 pm

**Pieter Van Dam**

Observing the invisible, exploring the role of observational learning in the development of nursing leadership

<table>
<thead>
<tr>
<th>LT 2 (A.153)</th>
<th>10.20 – 10.50 am</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chairperson:</strong></td>
<td><strong>Melanie Greenwood</strong></td>
</tr>
<tr>
<td><strong>A/Prof John Field</strong></td>
<td><strong>The use of critical realism as a research framework</strong></td>
</tr>
</tbody>
</table>

10.50 – 11.20 am

**David Lees**

Interactions between service-users in suicidal crisis and registered nurses in mental health services (Tas.): preliminary findings

11.20 – 11.50 am

**Damhnat McCann**

The patterns of time expenditure by parents of children with complex needs

11.50 – 12.20 pm

**Sandra Campbell**

Ethical considerations in research using a vulnerable
population with chronic kidney disease

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.20 - 1.30 pm</td>
<td>Lunch - Degrees Restaurant</td>
</tr>
<tr>
<td>1.30 - 2.10 pm</td>
<td>Keynote Paper 3</td>
</tr>
<tr>
<td>LT 1 (A.150)</td>
<td>Professor Peter Frappell – Dean of Graduate Research</td>
</tr>
<tr>
<td>Chairperson:</td>
<td>Globalisation of Graduate Research: Doctoral Study in the 21st Century</td>
</tr>
<tr>
<td>A/Prof John Field</td>
<td></td>
</tr>
<tr>
<td>2.10 - 3.00 pm</td>
<td>Student Presentations &amp; Brief Ceremony for Graduates</td>
</tr>
<tr>
<td>LT 1 (A.150)</td>
<td>2.15 – 3.00 pm</td>
</tr>
<tr>
<td>Chairperson:</td>
<td>Lived experience of graduate research students: time for reflection and celebration.</td>
</tr>
<tr>
<td>Dr Peter Orpin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UDRH: Dr Shandell Elmer, Dr Martin Harris, Dr Susan Johns, Peter Mulholland</td>
</tr>
<tr>
<td></td>
<td>SoN: Dr Brigit Stratton</td>
</tr>
<tr>
<td></td>
<td>HLS: Dr Amanda Crawford</td>
</tr>
<tr>
<td>3.00 - 3.20 pm</td>
<td>Afternoon Tea - New Gallery</td>
</tr>
<tr>
<td>3.20 - 4.00 pm</td>
<td>Q&amp;A and Closing Comments</td>
</tr>
<tr>
<td>LT 1 (A.150)</td>
<td>Chairperson: A/Prof Dominic Geraghty</td>
</tr>
</tbody>
</table>
Can we make our brains last longer: brain plasticity and neuroprotection in aging

Presented by
Professor James Vickers

Time: 6 – 8pm, Wednesday, 20th October 2010

Location: Lecture Theatre 5, Sir Raymond Ferrall Centre, Newnham campus, Launceston

Chairperson: A/Prof Dominic Geraghty

Biography

Professor Vickers is the Head of School of Medicine, Associate Dean (Research) of Faculty of Health Science, and Deputy Director, Menzies Research Institute.

James Vickers’ research interests are on the cellular basis of the degeneration and regeneration of the nervous system. He involved in many studies related to Alzheimer's disease, Parkinson's disease, motor neuron disease, glaucoma and brain trauma. He also applies a variety of modern cell biology techniques to human brain studies as well as experimental models related to human brain disorders. His overall aims are to contribute towards an understanding of how disease and injury affect the brain as well as to develop therapeutic agents that may inhibit the degeneration of nerve cells.
Keynote Paper 1

Reflections on collaboration in research

Presented by

Associate Professor Tony Barnett

Time: 10.20 – 11.10 am, Thursday, 21st October 2010

Location: Lecture Theatre 1 (A150), New Gallery, Education Building, Newnham campus, Launceston

Chairperson: A/Prof Dominic Geraghty

Biography

A/Professor Barnett trained as a nurse and worked in a number of hospitals in both South Australia and Victoria. He has held senior positions at Monash and Deakin universities. His research interests and activities include: clinical practice, rural health and the Quality of Life of older adults. Tony has attracted project and research grants from AusAID; the Rural Health Support Education and Training (RHSET) program, the Commonwealth Department of Education, Science and Training (DEST), the Nurses Board of Victoria and the Victorian Government Department of Health (DHS). He is currently working on projects investigating Advance Care Planning in residential aged care facilities and the role of IPL in the clinical education of health care professionals.
Keynote Paper 2

How a combination of research and clinical expertise can be used to address contemporary challenges in mental health

Presented by
Professor Nicholas Procter

Time: 9.00 – 10.00 am, Friday, 22\textsuperscript{nd} October 2010

Location: Lecture Theatre 1 (A150), New Gallery, Education Building, Newnham Campus

Chairperson: Professor Denise Fassett

Biography

Professor Procter is the Chair Mental Health Nursing and co-convenor of the Peace, Defence and Security Research & Innovation Cluster at the University of South Australia. Professor Procter has long standing interests in social inclusion research and policy development, culture change within mental health services and community engagement with the higher education sector. His research and consulting with government and non-government organisations delivers outcomes in service evaluation, practice development, practitioner mentorship and re-design of clinical pathways for improved service delivery. His publications and conference papers appear in academic journals and at scientific meetings concerned with theoretical dimensions of mental health service delivery, suicide prevention and social inclusion.

Abstract

The prevalence and impact of mental illness has potential far-reaching impacts for families, carers and others in our community. It is reliably predicted that the incidence of mental illness will continue to increase, particularly among younger people, partly because of the adverse effects of current social and environmental factors. In this presentation Professor Procter will describe some of the drivers for how he has managed his professional career in this context. In particular, the path he chose for finding relevance, impact and synergies between practice, teaching and research. As UniSA’s Inaugural Chair of Mental Health Nursing in a reform environment it has been important to know how and when to move in new ways building a bridge between reform strategy and strategy implementation. The goal being to work positively alongside mental health nurses, policy makers and government to forge community engagement in mental health nursing practice and research.
Keynote Paper 3

Globalisation of graduate research: doctoral study in the 21st century

Presented by

Professor Peter Frappell

Time: 1.15 – 2.10 pm, Friday, 22nd October 2010
Location: Lecture Theatre 1 (A150), New Gallery, Education Building, Newnham campus
Chairperson: A/Professor John Field

Biography

Professor Frappell is Dean of Graduate Research at the University of Tasmania. He was formerly Head of Department, Associate Dean (International), International Postgraduate Coordinator (Research) for the Faculty of Science, Technology and Engineering and latterly Director of Research Development in the Faculty of Law and Management at La Trobe University.

Professor Frappell’s research interests are on the physiological processes and mechanisms that underlie respiratory, thermoregulatory and energetic adaptation to the environment in a range of animals, from crustaceans to mammals.
Student Discussion Panel

Lived experience of Graduate Research students: time for reflection and celebration

Time: 2.15 – 3.00 pm, Friday, 22nd October 2010
Location: Lecture Theatre 1 (A150), New Gallery – Education Building, Newnham campus
Chairperson: Dr Peter Orpin

University Department of Rural Health and Rural Clinical School
- Dr Shandell Elmer
- Dr Martin Harris
- Dr Susan Johns
- Peter Mulholland

School of Nursing and Midwifery
- Dr Brigit Stratton

School of Human Life Sciences
- Dr Amanda Crawford
Hypertrophic cardiomyopathy in a Northern Tasmanian population: a pilot study

Carli Armstrong

**Hypothesis:** A rural and regional population of patients with Hypertrophic Cardiomyopathy (HCM) has a lower rate of obstruction on echocardiogram compared to previously described populations that is of clinical importance.

**Aims:**

1) Determine the prevalence of obstruction in the HCM population.
2) Profile the severity of disease in terms clinical and echocardiographic findings
3) Screen first degree relatives of an HCM index case and determine prevalence of obstruction within newly diagnosed cases

**Methods:** Participants were recruited from the Tasmanian branch of the National Genetic Cardiac Disease Registry between March and September 2010.

**Results:** Out of 43 cases, 23% had obstruction at rest.

**Conclusion:** The disease in this population displays a lower prevalence of obstruction compared to previously described tertiary referral populations.

Community processes modelling and rural community development

Heather Brookes

Within Rural Community Development (RCD) the complexity of relationships is a significant affecting aspect, yet research focuses around purposed outcomes with a structural view to highly interactive processes. The research aims to explore and develop a theoretical understanding of the complex processes and dynamics interacting in rural community development (RCD) and their resulting impact upon individuals and the fabric of community. Community is understood through its use and experience. The methodology takes a qualitative naturalistic inquiry approach, operationalised pragmatically, and is inductive and emergent, reflecting a grounded theory approach. As community boundary processes interact with RCD projects, associated communities act as constituent communities of the geographic space. RCD becomes the founding of a new constituent community of cause. Through this theoretical approach, it is possible to understand and manage the impact of RCD implementation processes within the fabric of the community, and rural community dynamics upon RCD.
Ethical considerations in research using a vulnerable population with chronic kidney disease

Sandra Campbell

**Background:** Nephrology nurse researchers are required to consider the ethical implications when proposing to undertake research using vulnerable populations. Two principle areas of concern arise in relation to the vulnerability of people with chronic kidney disease. Firstly, uraemic cognitive impairment may affect autonomy and informed consent decision making capacity. Secondly, gate keeping issues may arise with vigilant nephrology health care professionals.

**Aim:** This presentation considers the informed consent process from the perspective of the researcher assuring that the process is transparent and informed from both the participant and health facility perspective.

**Methods:** The presentation examines the overarching principles of ethical review that inform Human Research Ethics Committees and applies Swanson’s Theory of Caring which firmly posits the researcher within an ethical framework.

**Conclusions:** Finally, strategies are recommended for increasing recruitment and retention in research studies for people with CKD.

To be or not to be - now what was the research question?

Debra Carnes

**Background:** When undertaking research in relation to organisational culture the topic itself can be a challenging one to research. Add this to investigating the subject of culture and error reporting and it can become an even greater challenge. There is a constant conflict between designing a project that will obtain the most accurate data possible with the challenge of designing a project that will get any data at all.

**Aim:** To provide update on current research proposal with focus on development of the research tool and refining the project for ethics approval, as well as getting it done.

**Method:** Survey will be used to collect data for the project. The tool will be discussed.

**Results:** The next step - getting it out there to get some data.

**Conclusions:** Designing a research project is a challenging process that can lead a researcher (and research student) to ask "to be or not to be - now what was the question?"

In safe hands: a history of aged care in Tasmania

Elaine Crisp

Aged care is one of the more controversial and problematic areas of healthcare in Australia in the 21st century. Whilst most people today accept that residential care is
an essential service for those who can no longer cope on their own in the community, many lament its necessity as evidence of an increasingly materialistic, uncaring society that relegates old people to the periphery. Few people want to end up in a nursing home, and few nurses aspire to work there. But was this always the case?

This diachronic study integrates oral history interviews and archival research to illuminate the conditions, requirements and opportunities for both carers and the cared for in homes for the aged from the 1940s to the 1990s, a time of rapid and immense social upheaval. The results highlight the changes and continuities in the provision of aged care, and the shifting attitudes of Australian society towards the elderly and those that care for them.

Official records paint an almost uniformly positive picture of aged care. In contrast, public opinion, as seen through the media, is almost equally negative. This study enables a more balanced story to be told, with the hope that an understanding of the past will provide guidance for the future as our population ages in the 21st century.

The use of critical realism as a research framework

Melanie Greenwood

Improving the recognition and management of patients who deteriorate whilst in hospital is a priority at state, national and international level. Patient care is a complex social phenomenon influenced by macro level factors such as policies and procedures and micro level interactions between health care providers (Kontos et al. 2010b, p.2). Vital signs which are the observable cues of patient well being are measured, recorded and used by nurses as an integral component of patient care. Nurses work and interact in complex political, socio-cultural and organisational institutions which construct the measurement and use of vital signs. The interrelationship between practitioners and social structures that give form and shape to actions and interactions and the impact that they may have upon the measurement and use of vital signs has not been detailed in the research literature. The ways in which the relationship between practitioners and social structures serves to enable and/or constrain understanding and therefore use of vital signs is thus poorly theorised and understood.

Nursing as a social practice in which people engage in intentional actions and interactions with others in the ‘real world’ of acute care is the setting for the research project. Critical realism offers an ontology that can conceptualise reality, support theorising and guide the researcher in the natural and human sciences. Critical realists view reality as complex and recognise the role of both agency (the capacity of an individual to act independently) and structure (the patterned arrangements which influence choice) in influencing human behaviour. The research conducted within a critical realist framework provides an opportunity to uncover, explain and understand the complexities of practice and the richly contextual layers of workplace culture as a means of understanding the contingent nature of decision making related to vital signs. It is anticipated that this presentation will generate discussion with the audience, on how a critical realist approach could be used to support the exploration and understanding of complex social phenomena in which vital signs are measured
Do transdermal opioids reduce healthcare use in a rural pain population?

John Henshaw

**Background and Aims:** Persistent (non cancer) pain is on the increase as the population grows older and degenerative musculoskeletal changes increase. This burden of pain needs to be effectively treated to enable physical independence to continue. Healthcare access in rural areas is limited by resources and distance. The aim of this study is to compare the healthcare use of subjects with transdermal (TD) or oral controlled release (OCR) opioids for persistent (non cancer) pain. Opioids are increasingly being used for the treatment of disabling pain, as their long term safety profile is predictable. The usual choice is from a wide variety of OCR morphine and oxycodone preparations. Since 2006 TD buprenorphine and fentanyl preparations have become more widely available in Australia. Many doctors and patients find them a satisfactory alternative when problems arise with oral opioid dosing. This study aims determine if TD opioids should have a wider role in the treatment of persistent pain, particularly in rural areas such as North West Tasmania

**Methods:** Approval was obtained from the Tasmanian Scientific Research Advisory Committee (#H0009695) to recruit subjects from medical practices and hospital clinics in North West Tasmania, using poster advertising and self referral. The number, type, and purpose of all healthcare contacts were recorded in a monthly diary. Data collected was analysed using the statistical package Stata.

**Results:** Total mean monthly healthcare contacts with OCR subjects were 6.71 (95% CI, 5.52 to 7.90). With TD subjects, there were 0.94 (95%CI 2.16 to +0.28) less contacts. Pharmacy mean monthly healthcare contacts were 2.62 (95%CI 2.05 to 3.20) for OCR subjects and lower by 0.17 (95%CI -0.65 to +0.31) contacts for TD subjects. GP mean monthly healthcare contacts were 2.02 (95%CI 1.59 to 2.44) for OCR subjects and significantly (P=0.02) lower by 0.42 (95%CI -0.77 to -0.07) for TD subjects

**Conclusions:** CNCP is a multifactorial condition with many reasons for seeking healthcare. Opioid medications are used for pain control when other measures are insufficient to improve or maintain quality of life. This study from North West Tasmania showed that CNCP subjects prescribed transdermal opioids may have less total health related activity, and do have less GP related activity than those using oral controlled release opioids. This may be of particular benefit to people living in rural areas where there is a relative shortage of doctors. The burden of frequent access to healthcare for rural people with CNCP is considerable. The development of transdermal opioid systems may provide more therapeutic flexibility for rural patients
Investigating the familial aspects, related symptomatology, and clinical presentation of bicuspid aortic valves and ascending aortic aneurysms in families in Tasmania

Jessica Kawa

**Background:** Bicuspid aortic valves are a common congenital cardiac abnormality. Recently, this abnormality has been associated with ascending aortic dilatation, and although this relationship is now recognised, it is still poorly understood.

**Aim:** The aim of this study was to establish a cohort of bicuspid aortic valve and ascending aortic aneurysm patients by establishing a Tasmanian Branch of the National Genetic Heart Disease Registry, and to use this cohort to investigate the familial aspects, symptomatology, and clinical features of these conditions.

**Methods:** A Tasmanian Branch of the National Genetic Heart Disease Registry was established. Patients with the bicuspid aortic valves and ascending aortic aneurysms were identified by Cardiologists and General Practitioners. These patients were then sent an information pack about the Registry and were asked to return their consent form. Once enrolled, demographic information was obtained from the registrant, as was their medical history (including condition, age of diagnosis, clinical symptoms experienced, family history, and surgical history). First degree relatives were also invited to join the Registry. Participants for the familial aspect of the study were recruited from registrants who had indicated on their form that they consented to be contacted about projects they may be eligible to participate in.

**Results:** To date, there are 122 people on the Registry from 68 different families. Of the 122 registrants, 22 have a bicuspid aortic valve (63.6% male) and 10 an ascending aortic aneurysm (70% male), coming from 32 different families. In the bicuspid aortic valve group, the mean age of diagnosis of a bicuspid valve was 42.4±23.9 years and the group had a mean maximal aortic diameter of 43.0±8.7 mm. Eighteen registrants (81.8%) had experienced symptoms related to their bicuspid aortic valve and 20 (90.9%) had a murmur on auscultation. In the ascending aortic aneurysm group, the mean age of diagnosis was 53.9±22.5 years. The mean maximal aortic diameter was 49.9±3.5 mm, with 7 (70%) of the patients having a murmur, and 7 (70%) of the patients having symptoms related to their aneurysm. For the familial aspect of this study, 11 people consented to be a part of the study (10 bicuspid participants and 1 ascending aortic aneurysm participant), and 3 of these 11 (27.3%) participants had a known family history of their condition. To date, one family has agreed in principle to be a part of the study and screening of family members is underway.

**Conclusion:** This project is still ongoing, and although numbers are currently small and it is recognised that a much larger sample size is needed, results indicate that people with bicuspid aortic valves and ascending aortic aneurysms often experience symptoms related to their condition, and often have a clinically detectable murmur – these results may potentially influence screening recommendations. It is hoped with time, that the enrolment of more people onto the Registry and more families onto the familial aspect of the project will enable more definitive conclusions to be made.
Perinatal mental health promotion

Robyn Kelly

A variety of maternity health service professionals, including midwives and child health nurses, provide perinatal education in the form of antenatal and postnatal classes and support groups within the perinatal period – a period that can span from conception up to 24 months post birth. Yet, there is little research, nationally and internationally, that documents how mental health promotion is achieved within these classes.

The aim of my study is to examine parenting education curricula throughout the Department of Health and Human Services within the Women’s and Children’s Service (WACS) and Child Health and Parenting Service (CHAPS) for mental health promotional themes and content. Consent has also been gained from CHAPS to analyse policies and protocols from within the service for mental health promotion that could inform future planning. Information gained from the study could also inform WACS as to how mental health promotion could fit within the current Perinatal Depression national initiative currently underway across Australia.

A further aim of my study is to explore parenting health professionals' understanding of mental health promotion. This will be achieved through a small number of focus groups and individual interviews with Tasmanian midwives and child health nurses.

The aim of my presentation is to discuss the proposed methodological framework for this study and gain critical appraisal before embarking on the methodological chapter.

Investigations into haemodynamic function in type 2 diabetes mellitus

Sibella King

**Background:** Global prevalence of Type 2 Diabetes Mellitus (T2DM) is increasing rapidly. Hypertension (a major risk factor for CVD and death) is strongly associated with T2DM. As hypertension and vascular dysfunction are often concomitant with T2DM, the regular monitoring of blood pressure (BP) is considered essential to health management. Recent research suggests that aortic/central BP (measured by Pulse Wave Analysis / Velocity [PWA/V]) is a better indicator of cardiovascular outcomes and the pressures the vital organs are exposed to during the typical activities of daily living than traditionally measured brachial BP.

**Aims:** To determine the effect of environmental and nutritional interventions on haemodynamic function in T2DM.

**Methods:** Three studies will examine the changes in PWA/V in individuals with T2DM in response to 1). acute changes temperature and humidity: at rest, and 2.) during light exercise, and 3). The effect of nutritional supplementation with chilli on central BP and arterial compliance.
Interactions between service-users in suicidal crisis and registered nurses in mental health services (Tas.): preliminary findings

David Lees

The strong link between suicide and mental disorder means that Registered Nurses (RNs) within Mental Health Services (MHS-Tas) regularly interact with service-users in suicidal crisis. The nature of this interaction, and specifically how it affects experiences and outcomes of care, is poorly understood.

This current PhD project explores what is said, done, thought and felt when a service-user is in a suicidal crisis, and how the RNs and service-users consider the nature and scope of their engagement at this time. The research aims to contribute to suicide prevention by informing both nursing curricula and MHS-Tas workforce development activities.

The focus of today’s presentation is a summary of the preliminary analysis of survey and interview data. The data offers insight into the nature and scope of the issue, including a particular focus on the approach that is seen as best-practice and the perceived impediments to such an approach.

The effect of Yoga on secondary arm lymphoedema after treatment for breast cancer

Annette Loudon

Background: Currently 20% of women who have had mastectomies, axilla node removal and radiotherapy after treatment for breast cancer will get secondary arm lymphoedema. Lymphoedema is treated by Complex Lymphoedema Treatment (CLT). Lymphoedema cannot be cured and incurs personal, emotional and financial costs on each woman who has it. Women need to have a number of ways to self-manage their lymphoedema. Yoga may be one method.

Aim of Study: Does an integrated yoga practice lessen the effects of secondary arm lymphoedema from breast cancer?

Measures: Volume, circumference and amount of fibrous tissue of the affected arm; strength and range of motion of the affected arm; quality of life.

Type of Study: This will be a case-control study at two locations ie Hobart and Launceston. Women with secondary arm lymphoedema will be asked to take place in the study and be placed in a control or yoga intervention group. The yoga will consist of 8 weekly classes and a home practice that they can follow on a DVD. The yoga will consist of breathing, postures following manual lymphatic drainage and relaxation with elevation of the affected arm. Measures will be done at baseline, at 4 weeks, at 8 weeks, and a month after intervention on both the control and intervention groups at both locations.
The patterns of time expenditure by parents of children with complex needs

Damhnat McCann

Advances in health care technology and medicine have led to significant numbers of children with complex needs being cared for at home. Parents require support to enable them to effectively care for these children. But deciding on the level of support required is limited in part by the lack of detailed information relating to the level and type of care performed by parents to meet the often complex medical, physical, behavioural and social needs of their child (including bathing, dressing, feeding, medicating, and performing complex healthcare tasks). This presentation presents the results of a systematic review of the literature around the daily time use of parents of children with complex needs. The primary question relates to the patterns of time expenditure of the parents. A secondary question explores the proportion of this time that is spent in undertaking healthcare related tasks.

Experiencing chronic conditions work in rural and remote Australia

Anna Spinaze

**Background:** We need to know how individuals are coping with chronic conditions work content within rural generalist roles. We also need to understand shifts in identities and lifestyles, for rural health professionals (RHPs) at different personal and professional stages.

**Aims:** This paper presents early findings and hypotheses, for feedback during writing.

**Method:** Qualitative multi-method project, involving 20-30 rural / remote clinicians within the Tasmanian rural primary healthcare workforce.

**Results:** Early findings include aspects which drive RHP commitment to chronic conditions work but also limit chronic conditions work capacity.

**Discussion:** RHPs really live with chronic conditions. Rural clinicians increasingly not only ‘manage’ people with chronic conditions, but have chronic conditions themselves, and care for family members with chronic conditions. Early findings suggest a need to empower professional as well as patient chronic condition trajectories.

Findings from qualitative data analysis

Kathryn Terry

This research explores how the ANMC National Competency Standards for the Registered Nurse (the Standards) are understood by nurses, and how that understanding is translated when educating teaching and assessing students of nursing.

The research is Tasmanian based and uses a two phase mixed methods design. Phase One, an initial questionnaire provided a broad overview of participants knowledge.
and current understandings of the Standards and their use as an assessment tool. These results assisted in the generation of semi-structured interview questions for Phase Two. The semi-structured interviews explored key issues, as well as any interesting or ambiguous questionnaire responses. The interview data is now being analysed and this presentation will highlight the preliminary findings from qualitative data and the initial evolving themes.

This research study is timely in light of the recommendations of Council of Australian Governments (COAG) from the research report, Australia’s Health Workforce and the move in July 2010 to national registration and national accreditation. Health care today occurs in an environment of increasing clinical governance and accountability with Standards as an integral component of performance processes, as such determining how the nursing profession in Australia defines the basic competency of the registered nurse is crucial for the safety of the public and the protection of the nurse.

Exploring the role of observational learning in the development of nursing leadership

Pieter Van Dam

**Background:** As more nurse clinicians become leaders in healthcare institutions, the question of how best to position them for their future roles commands interest. Developing appropriate leadership strategies may contribute to successful nursing advancement in education and in the workplace as an approach to provide high-quality, effective and safe nursing care.

**Aim:** To identify and describe leadership learning and the processes influencing such learning, from a group of clinical nurse leaders taken from a variety of contexts.

**Methods:** A qualitative research approach that utilizes a time-line interview technique with clinical nurse leaders to enable in-depth data to be revealed of observational leadership learning and role modelling. Data analysis is through a grounded theory approach.

**Results:** This study will discover a prominent aspect and the importance of naturalistic learning to leadership development. It also will lead to recommendations for change in leadership programs and design interventions such as access to identified role models.

**Discussion/conclusions:** Social learning through observation could provide a significant contribution to nursing leadership development. However awareness of its dominance has either been assumed to be axiomatic or overlooked. This study will make a significant contribution in the understanding of observational learning and role modelling. It also will develop a theoretical framework regarding the use of role modelling in nursing leadership development.

Health literacy and health care system navigation for people who have had, or
are at risk of, a cardiac event: A study overview

Winifred van der Ploeg

This study aims to better understand the relationship between health literacy and health care system navigation for people with a chronic illness. The navigation concept that has evolved in the US, accompanied by the burgeoning health literacy knowledge-base, underpin this study and its rationale. That is, whilst US findings in these areas could be extrapolated as pertaining to Australia, they are clearly no substitute for country-specific research. Indeed, this study will go some way towards addressing the paucity of Australian research on health literacy and health care system navigation. It will also address an identified need in Tasmania to look beyond current health data used as a basis for comparison with mainland Australia to the reasons behind the observed differences. This may in turn help determine what needs to be done to improve the health status of Tasmanian’s population. The presentation will provide a précis of this mixed methods study.

Primary health care and rural nursing in outer regional Australia: a study of identity

Ree Van Galen

Background: Within the current national health care reform strategies, health care provision in outer regional Australian communities is changing. Nurses are the most prevalent and consistent face of health care provision in these rural communities. The Strategies expressed focus on primary health care as vital in supporting the health system to maintain 'wellness' rather than just focussing on illness has implications for health professionals' practice.

Aim: A central concern of this study was to explore the way in which nurses identify with, and are identified as, providers of primary health care in their communities.

Method: This project has utilised a qualitative approach, drawing on critical realist methodology. 21 nurses working in small outer regional communities in NSW and Tasmania participated in semi structured interviews which were transcribed and analysed. Content analysis of significant texts/documents influencing the positioning of nurses in rural health care is almost complete.

Results: Analysis indicates three major spheres of influence impacting on nurses negotiation/navigation of a primary health care approach to practice - these will be presented as preliminary analysis for discussion.