Collaborative Graduate Research Symposium

PROGRAM & ABSTRACTS

University Department of Rural Health
Rural Clinical School
School of Nursing and Midwifery
School of Human Life Sciences
Launceston Clinical School

Art Gallery - Education Building
Newnham campus, LAUNCESTON
Tuesday 16 June 2009
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Welcome

Winter is freshly arriving at our doorstep and has brought with it challenges and changes to the land and we can see and feel that nature has responded to the seasonal challenges beautifully and dynamically. This natural phenomenon is also tenderly reflected in our academic world when the first half of the year has just ended and left behind inspiring achievements and challenges. Yes, June is the month we gather together again to share and celebrate our progress and achievements in research at the Graduate Research Symposium on Newnham Campus.

The symposium is a joint event among the University Department of Rural Health, Rural Clinical School, School of Nursing and Midwifery, School of Human Life Sciences and Launceston Clinical School. We can see clearly and feel strongly the verve of our graduate research programs at the symposium. The abstracts give us some interesting information about the topics. At the Graduate Research Symposium, we are both participants and observers in a collaborative atmosphere which is filled with intellectual challenges and different seasons of emotions.

The symposium program includes a wide range of research inquiries by the students on health issues at different stages of their research. The formats and activities of the symposium are varied comprising student panel discussions, keynote speech, social dinner and ‘foods for thoughts’, involving the participation of the supervisors and colleagues. This symposium promises a dynamic research interaction for all, intellectually and socially.

One of the key factors which determine the success of a candidature is the collaborative spirit mutually developed and shared among students, supervisors, support staff and the caring others. This graduate research symposium is a manifestation of this collaborative spirit.

Many people have contributed to this symposium. 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 and Launceston Clinical School, I would like to welcome all participants to this Collaborative Graduate Research Symposium.

Graduate research students are not alone in their research journeys. The gathering of colleagues and friends at the Collaborative Graduate Research Symposium in June is a clear manifestation of our warm spirit of togetherness and enthusiastic support to them.

Please enjoy our own special event that June has warmly brought to us: The Collaborative Graduate Research Symposium!

Quynh Lê, Lisa Dalton & Dominic Geraghty
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Information for Participants

For Presenters
Each presenter is allocated 30 or 15 minutes for presentation including transfer time between sessions.

It is suggested that you use:

- 20 minutes for the talk and 10 minutes for question/answer if your presentation is 30-minute session.
- 10 minutes for the talk and 5 minutes for question/answer if your presentation is 15-minute session.

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

## 10.00 - 10.25 am

**Welcome and Morning Tea** - Art Gallery, Education Building Block A, Newnham Campus, Launceston

**10.25 – 10.40 AM:** Opening address: **Professor Judith Walker** – Professor of Rural Health and Chief Executive of Rural Clinical School, University of Tasmania (Video-Conference from CML, Hobart).

## 10.40 - 11.40 am

**Keynote Address**

Lecture Theatre 2 A.153

Chairperson: **Dr Erica Bell** – Acting co-Director of the University Department of Rural Health, Tasmania

**Professor Sue Kilpatrick** – Pro Vice Chancellor (Rural and Regional), Deakin University

*(Re)Establishing networks for health research on the move*

## 11.45 - 1.15 pm

**Concurrent Sessions**

Lecture Theatre 1 A.150

**Danielle Williams**

Chairperson: **Dr Christine Stirling**

Overweight & obese women discuss their experiences of general practice

12.15 – 12.45

**Shandell Elmer**

Organisational readiness for community participation: the benefits of a socio-cultural approach
12.45 – 1.00

Robyn Kelly
Perinatal mental health promotion in maternity services

11.45 – 12.15

Juanita Westbury
Community pharmacy promoting appropriate sedative use in aged care: the ‘RedUSe’ project.

Chairperson: Professor Andrew Robinson

12.15 – 12.45

Deb Carnes
Nurses’ perceptions of organisation culture and its impact on medication error – is Qualitative Comparative Analysis – a potential method of data collection?

12.45 – 1.15

Brigit Stratton
Developing nursing practice to meet the needs of older adults in an Australian day surgery/procedure unit – an action research study.

1.15 – 2.00 pm

Lunch – Uni Cafe, Building Block A, Newnham Campus, Launceston

With the presence of Professor Peter Frappell, the Dean of Graduate Research.
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3.20 - 4.20 pm  Provocation Panel

Lecture Theatre 2  A.153

Chairperson:  Prof Madeleine Ball, Prof Denise Fassett, Dr John Field, Dr Clarissa Hughes, Dr Peter Orpin, Prof Andrew Robinson

4.20 pm  Closing

5.00 pm  Cheese & Wine
6.00 pm  Social Dinner

Cheese & Wine and Social Dinner will be held at Northern Bombers Room, Level 1, Aurora Stadium, Invermay Rd, Invermay.
Keynote Address

(Re)Establishing networks for health research on the move

Time: 10:40 – 11.40 am, 16 June 2009 (Tuesday)

Location: Lecture Theatre 2 (A153), Art Gallery – Education Building, Newnham Campus

Guest speaker: Professor Sue Kilpatrick, Deakin University

Abstract

Health research should be relevant to current issues and seek to answer the questions that are of interest to health practitioners, managers, services, policy makers and the community. Researchers need to be active in networks with these groups so they can identify the issues that need to be researched. Health research that is not adopted by policy makers, health systems and/or practitioners could be regarded as wasted effort. Networks of these same groups are essential for several aspects of dissemination and uptake of findings. Such networks (formal and informal) can be used to validate research findings, assist in adapting findings to the variety of policy, system, community and practice contexts, and to promote uptake of research.

Many of the gaps in our knowledge are at the edges of disciplines. Cross or interdisciplinary research is needed to answer these questions. Interdisciplinary research teams can evolve out of researcher networks.

In short, networks are the mechanism to move health research, the health system and health practice toward evidence based policy and practice. This presentation discusses the features of effective networks, and gives some examples of research.

Biography

Professor Sue Kilpatrick was appointed Pro Vice-Chancellor (Rural and Regional), Deakin University, in February 2009. She has had a career long interest in rural and regional development through education and research. Prior to joining Deakin University, she was Director of the Department of Rural Health, University of Tasmania, Chair of the Australian Rural Health Education Network and previously Director of the Centre for Research and Learning in Regional Australia.

Professor Kilpatrick has a PhD in the Economics of Education and a Master of Economics in Labour Economics. She is passionate about higher education access for rural and remote students and lifelong learning. Her research interests are education and learning in rural and regional Australia, rural health systems, social capital, rural workforce, community participation, learning for natural resource management and primary industry, and community leadership. She has over 150 publications and has received numerous research grants in these areas besides working as a consultant with local communities. Membership of boards and committees in areas related to her research has complemented her research career, including school education, the early years, farmer education and training, economic development, rural health research and community care.
The health care arena is in a constant state of change and for researchers, the challenges of such constant changes are imposing. The pace of change, the multiplicity of involved parties, limited availability of crucial data and funding make it difficult to describe what is happening, much less to explain the constant changes or track the consequences. Change is certainly constant, but is it disruptive?

Panel Members

Prof Madeleine Ball
Human Life Sciences

Prof Denise Fassett
Nursing & Midwifery

Dr Clarissa Hughes
Rural Health

A/Prof John Field
Nursing & Midwifery

Dr Peter Orpin
Rural Health

Prof Andrew Robinson
Nursing & Midwifery
Abstracts

Points of contact: The journey of people with chronic kidney disease (CKD) from diagnosis to commencement of dialysis

Sandra Campbell
The incidence of chronic kidney disease (CKD) is increasing. This presentation outlines the preliminary qualitative research plan that aims to illuminate where people with CKD access information related to the preservation of their kidney health. Identification of significant points of contact with health care professionals during this journey will allow a clearer understanding of where nephrology nurses can have a greater influence on the primary health care of people who develop CKD in the future. This presentation will outline the philosophy of primary health care within the context of CKD, how Grounded Theory is an appropriate methodology and the preliminary progress on the project.

Qualitative Comparative Analysis – A potential method of data collection to assess organisational culture

Deb Carnes

Background - Organisational culture is an important part of quality and safety management. The reporting and disclosure of error is considered vital in order to both assess potential risks and to meet now mandatory requirements to disclose adverse events to patients. Organisational culture may be a factor in determining whether or not an error is either reported or discloses. Within the rural sector there are difficulties in using a "big-N" statistical survey in order to assess organisational culture as in most cases the number of staff - in particular the number of nurses is small. This creates a problem for the researcher in designing a project to assess organisational culture and its influence on medication error within the rural setting. QCA is a methodology designed to compare case studies within the "small-N" study.

Methods - This presentation will briefly discuss how QCA could be used as a potential data collection method to assess how nurses in rural settings perceive that organisational culture may impact on medication error.

Results - Some examples of how potential data may be collected and analysed will be presented.
Conclusions - QCA is a potential methodology for assessing how nurses in rural settings perceive that organisational culture may impact on the reporting and disclosure of medication error.

Organisational readiness for community participation: the benefits of a socio-cultural approach

Shandell Elmer

Background - Although it is part of the mainstream health discourse, the practice of community participation is fraught with difficulties. Consequently, the failure of community participation to deliver on promises of accessible, equitable and appropriate health services has led to victim-blaming at the level of the community.

Aim - The aim of this research is to examine the organisational factors that influence community participation as an alternative to current understandings that (over)emphasise the community perspective.

Methods - This ethnographic study of organisations involved in the self-assessment stage of a quality improvement program has enabled observation of staff engaged in critical reflection about their practices, networks and the ‘reality’ of working life.

Results - Shared values and beliefs shape the form and content of opportunities for community participation and the development of institutional arrangements to support the same. The potential for community participation exists in organisational cultures characterised by trust, connectedness and shared understandings and where clients are valued.

Conclusion - Commitment to authentic community participation demands a better understanding of the socio-cultural context of health care organisations and how these processes enable or constrain participatory efforts. This research points to the need for an organisational development approach to build the capacity of organisations to effectively engage with their community.

Telling the story: Children's experience of admission for surgery from their perspective.

Karen Ford

Method - A constructivist grounded theory approach, informed by symbolic interactionism, has been utilised in this study. Interviews with children, children's drawings and my own observations have been used to further understandings of children's admission to hospital for surgery. A constructivist approach recognises the meanings created are a co-construction between the child and the researcher. It is
also recognised that it is not possible to fully represent the children's perspectives, but that I get as close to their experience as possible.

**Findings** - Surgery represented a threat to children's sense of self. The children were engaged in the processes of 'coming to know' and of 'bouncing back' as they incorporated the experience of surgery into their sense of self and so were able to move on. A facilitating holding environment was required in order for the children to successfully achieve this.

**Discussion** - This presentation seeks to receive feedback around the structure of the 'story' being told.

## The ABC of early childhood collaborations in rural communities

**Susan Johns**

**Aim** - To analyse the process of developing and sustaining primary health care interagency collaborations in small rural communities, from the perspective of early childhood and family health and wellbeing.

**Methods** - This qualitative case study features three small rural communities in Tasmania. It draws on data from three sources: semi structured interviews, written documentation and observation. Participants were purposefully selected from three groups: managers, service providers, and parents.

**Results** - Three groups of factors influence the development of primary health care collaborations: leadership, social capital, and environmental factors. Leadership availability and quality is critical to effective collaboration. Each community has different leadership sources, structures and processes, shaped by levels of community social capital and by environmental factors such as policy, resources and workforce.

**Conclusions** - Rural communities that are able to identify and harness the skills, knowledge and resources of internal and external leaders are well positioned to take greater ownership of their own health and wellbeing. The study provides critical guidelines for developing and enhancing the capacity of a range of primary health care service providers operating in rural communities at different stages of collaborative readiness.

## Perinatal mental health promotion in maternity services

**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 the content of these classes/courses is developed, what evidence based literature is used, and, in particular, how mental health, as opposed to a description of Postnatal Depression and its signs and symptoms, is promoted.

A number of studies regarding PND prevention studies (so called mental health promotion?) and perinatal classes closely tally with NHMRC directives regarding the inclusion of protective factors that aid in preparing and supporting parents. They form the groundwork for this proposed study and provide the impetus to commence a body of work that will initially investigate how parental mental health promotion is understood by parents and health professionals who work with parents (including mental health workers) and how mental health promotion is incorporated in perinatal education in Tasmania.

Developing nursing practice to meet the needs of older adults in an australian day surgery/procedure unit – An action research study

Brigit Stratton

Background: A significant body of research extols the merits of day surgery/procedure (DS). Conversely, reports indicate some marginalisation of patients’ person-focused care in the pursuit of organisational efficiency and rapid patient throughput. This is problematic when increasingly older adults, who often have multiple co-morbidities and sometimes-limited social supports, and care needs in addition to procedural imperatives, undergo day surgery/procedure. Yet we know little of older people’s situation in DS, highlighting the imperative to elicit and respond appropriately to their care needs.

Aim: This study seeks to answer the question, ‘What are the possibilities for a group of DS nurses to develop their practice to better meet the care needs of older adult patients?’

Methods: This study utilises an action research methodology. Eight DS nurses participated in an action research group (ARG). The preliminary investigation elicited older adult's experience of DS, and DS stakeholders' views on caring for older people. Together with document analysis, the findings informed action planning/implementation with a view to change.

Results: Findings strongly indicated the need for equitable preadmission processes;
improved nurse monitoring/communication with older people waiting preprocedure; and responsible overnight care following sedation. Developing best practice-based recommendations to address these concerns, the ARG encountered barriers to change. Despite this situation, they made small but significant inroads to improvement.

**Discussion/conclusion(s):** Day surgery/procedure providers must consider the implications of their action and inaction in extending a duty of care to older people, raising care to best practice standards so nurses can go beyond the merely functional delivery of care to what may be an increasingly vulnerable day surgery/procedure.

**Health literacy: What’s that all about?**

*Winifred van der Ploeg*

Whilst health literacy is varyingly defined, it is in essence the set of skills and abilities a person needs to access, comprehend and use information communicated in whatever guise to restore, promote and maintain good health. Addressing the ramifications of inadequate health literacy has, in part and for certain countries, involved formal, population-based quantification of the prevalence of low health literacy. Australian data with respect to this were enumerated in 2006 and provide the stark reality of a population of which less than half have adequate health literacy to understand and use the health system. Yet, when compared to the USA, Australia is only just starting to gain an awareness of, and work towards, health literacy based on a scant number of country-specific studies. This presentation will provide a very brief overview of the health literacy discourse apparent in the reviewed literature and how it has informed the intended study.

**Primary health care and rural nursing in small Australian communities: A study of identity.**

*Ree van Galen*

**Background:** In Australia, rural nurses working in small communities are currently experiencing significant changes in the constructions of their role, their relationship with medicine, with health and with their community of focus. With rural workforce issues of retention and recruitment, shifts in rural demographics and the imminent introduction of a national primary health care strategy, research exploring the professional identity of these nurses will assist in informing new and innovative models for health care delivery for rural communities.

**Research Question:** How do rural nurses in small communities construct their
professional identities and negotiate/navigate a primary health care approach in their professional role?

With the following questions as sub themes:

- How do organisational reforms regarding primary health care strategies impact on the professional identity of these rural nurses?
- How does the concept of community (of focus) influence rural nurses professional identity?
- How do rural nurses collaborate with other health care providers?

**Aim:** The aim of this presentation will be to share the process of developing an appropriate methodology for addressing a study of identity and will include a discussion on the data collection strategies employed.

**Community pharmacy promoting appropriate sedative use in aged care: the ‘RedUSe’ project.**

**Juanita Westbury**

**Objective:** To evaluate a multi-disciplinary intervention promoting appropriate sedative use in aged care homes: the RedUSe (Reducing Use of Sedatives) project.

**Methods:** ‘RedUSe’ was a controlled trial conducted in 25 Tasmanian aged care homes, with 13 intervention and 12 control homes. Intervention homes received a series of pharmacist-led strategies including two medication audit cycles, staff education and targeted sedative reviews. Home psychotropic drug use data was collected at baseline, 12 weeks and 26 weeks.

**Results:** A total of 1591 residents, on average, were audited for each data collection. A statistically significant decrease in mean benzodiazepine use from baseline to time 26 (p < 0.005) and a marked decrease in antipsychotic use were found in intervention homes. Conversely, control home antipsychotic and benzodiazepine use increased over the trial.

**Conclusion:** The RedUSe project led to a statistically significant reduction in benzodiazepine use and to a marked decrease in antipsychotic use. Our findings suggest that pharmacist-led strategies are an effective way to reduce psychotropic use in aged care homes.
Overweight and Obese Women discuss their experiences of general practice
Danielle Williams

**Introduction** - This research was part of a doctoral research project which aimed to generate new understandings of overweight or obese female health consumers that were cognisant of the sociocultural implications of obesity.

**Method** - This project utilised a qualitative approach, drawing on a constructivist grounded theory methodology. Semi structured interviews were conducted with 24 women, and subsequently transcribed and analysed using constant comparative analysis.

**Results** - The women in this study identified their experiences within the general practice context as extremely problematic. Participants felt that their general practitioners (GPs) treated body size and weight in a way which reflected the social and cultural attitudes toward obesity, which was extremely disempowering and often distressing. Most participants felt that GPs’ stock response was to ‘blame’ all health issues on weight, which often obscured other health issues. Participants described feeling like ‘just a fat body’ whenever they interacted with their GP, a feeling which worked to erode the inherent trust that most participants had in their GPs.

**Conclusion** - Overweight and obese women were afraid and embarrassed when having to visit their GP, and often avoided or delayed health seeking because of this. Participants believed that body size was the major determinant in how they experienced and negotiated health care. Given the global incidence of obesity, investigations which endeavour to generate new information about the healthcare experiences of overweight and obese consumers are critical.

Leadership and Lobbying
Zich Zichy-Woinarski

My research has been looking at rural communities particularly in the delivery and provision of vocational education and training. A major part of the research relates to how rural communities and rural industries seek to influence policy development and how this occurs within the community through the interplay of leadership styles and the development of an effective lobbying process to seek positive long term positive outcomes. Some of the research tends to challenge perceptions about community leadership and suggests that there are a number of distinctive leadership styles which need to be considered.
Students’ Publications 2008–2009

School of Human Life Sciences

2008


Gill, GF and Geraghty, DP and FitzGerald, DG, ‘Did General Practice Health Assessments of Older Australians improve Equity?’, Australian Health Review, 32 (3) pp. 488-493. ISSN 0156-5788 (2008) [Refereed Article]


Koh, D and Gowardman, J* and Rickard, C* and Robertson, IK and Brown, A*, ‘A prospective study of peripheral arterial catheter (AC) infection and comparison with concurrently sited central venous catheters (CVCs)’, Critical Care Medicine, 36 (2) pp. 397-402. ISSN 0090-3493 (2008) [Refereed Article]


Pittaway, JK and Robertson, IK and Ball, MJ, ’Chickpeas may influence fatty acid and fiber intake in an ad libitum diet, leading to small improvements in serum lipid profile and glycemic control’, Journal of the American Dietetic Association, 108 (6) pp. 1009-1013. ISSN 0002-8223 (2008) [Refereed Article]

2009

Koh, K and Fassett, RG* and Sharman, JE* and Coombes, JS* and Williams, AD, ‘Intradialytic versus home based exercise training in hemodialysis patients: A randomized controlled trial’, BMC Nephrology, 10 (2) ISSN 1471-2369 (2009) [Refereed Article]

Bird, ML and Ball, MJ and Hill, K* and Williams, AD, ‘Effects of resistance and flexibility exercise interventions on balance and related measures in older adults’, Journal of Aging and Physical Activity ISSN 1063-8652 (In Press) [Refereed Article]


School of Nursing and Midwifery

2008


Greenwood, M. 'Portfolios for Practice', ACCCNs Institute of Continuing Education Meeting, December (2008), Adelaide pp 1.


**2009**


Davis, L and Ware, R. and Keogh, S and McCann, D and Watson K, 'Factors influencing paediatric nurses' responses to medication administration' has been accepted for publication in Quality and Safety in Health Care, (2009).

Williams, D, “I am more than an obese body”: overweight and obese women talk about their experience of general practice’, General Practice and Primary Health Research Conference, Melbourne, Australia, (2009).

Williams, D, ‘Making words matter: conducting ‘good’ qualitative research General Practice and Primary Health Research Conference, Melbourne, Australia, (2009).

**Department of Rural Health and Rural Clinical School**

**2008**


Hansen, EC and Hughes, CJ and Routley, GK and Robinson, AL, ‘General practitioners’ experiences and understandings of diagnosing dementia: Factors impacting on early diagnosis’, Social Science and Medicine, 67 (1) pp. 1776-1783. ISSN 0277-9536 (2008) [Refereed Article]


McCall, Michael and Reeves, MD and Skinner, MW and Ginifer, CJ and Myles, P* and Dalwood, N*, ‘Paramedic Tracheal Intubation using the Intubating Laryngeal Mask Airway’, Prehospital Emergency Care, 12 (1) pp. 30-34. ISSN 1545-0066 (2008) [Refereed Article]


2009


Johns, SM, ‘The ABC of primary health care collaborations in rural Australia’. Accepted for the GP & PHC conference in Melbourne on 15-17 July.


Hoang, H ‘Maternity care experiences of ethnic minorities in rural Tasmania: A mixed methods study’, Health in Transition: Research for the Future. Paper accepted for presentation at the 4th


University Department of Rural Health

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