PROGRAM & ABSTRACTS

The Collaborative Graduate Research Symposium

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

Dechaineux Theatre - Tasmania School of Art
Hunter Street, HOBART
Thursday 13 November 2008
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Welcome

Graduate research candidates are like rivulets, each running a course on its own right but together they form a powerful river. They are a research force and also a source of inspiration of a university. Thus, one can measure the research dynamics of a university by its graduate research programs. This Collaborative Graduate Research Symposium clearly demonstrates the dynamism of the University of Tasmania.

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. However the abstracts offer no comparison to the more inspiring presentations by the presenters. By listening to the candidates, we will be able to travel along with them their personal research journeys which are filled with intellectual challenges and different seasons of emotion: excitement, anxiety, and pride.

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, poster presentation, 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.

Graduate research students are not alone in their research journeys. 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 forum is a manifestation of this collaborative spirit.

Yes, I strongly feel it in the process of organising this symposium.

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.

Have a wonderful time at the symposium.

Dr Quynh Lê

Rural Health Graduate Research Coordinator
Map & Contacts

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Information for Participants

For Presenters
Each presenter is allocated 20 minutes for presentation including transfer time between sessions. It is suggested that you use 15 minutes for the talk and 5 minutes for question/answer.

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 5-minute 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

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<td>Opening address: <strong>Professor Judith Walker</strong> – Professor of Rural Health and Chief Executive of Rural Clinical School, University of Tasmania</td>
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| 10.40 – 11.40 AM | Keynote Address                                                       | Chairperson: **A/Professor Sue Kilpatrick** – Director of University Department of Rural Health, Tasmania  
**A/Professor Lisa Bourke** – School of Rural Health, Shepparton, University of Melbourne  
Challenges of doing multidisciplinary research |
| 11.45 – 12.45 PM | Concurrent Sessions                                                  |                                                                 |
| CA 2.35    | 11:45 – 12:05 PM                                                      | **David Lees**                                                 |
|            | **Dr Peter Orpin**                                                   | An exploration of therapeutic engagement between mental health nurses and clients who at the time of engagement were experiencing a suicidal crisis  |
|            | 12:05 – 12:25 PM                                                    | **Suanne Lawrence**                                           |
|            | **The 12 months of life to death for nursing home residents**       |                                                               |
12:25 – 12:45 PM

Sharon Hetherington

Physical activity and healthy ageing: The effects of enhanced social support

CA 1.30 11:45 – 12:05 AM

Chairperson: Chona Hannah

Shandell Elmer

Health and wellbeing of intermarried Filipino women in rural Tasmania

12:05 – 12:25 PM

Anna Spinaze

The lived experience of working with chronic conditions in rural and remote areas: early findings

12:25 – 12:45 PM

Deb Carnes

What is really known about the management of human error in rural hospitals?

CA 1.08 11:45 – 12:05 AM

Chairperson: Kate Squibb

Professor Denise Fassett

White lies

12:05 – 12:25 PM

Helen Courtney-Pratt

Evidence-based nursing: Insights from an action research project
12:25 – 12:45 PM

**Ree Van Galen**

Primary health care and rural community nurses in coastal regions: a study of identity

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| 1:50 – 2:10 PM                      |
| **John Henshaw**                   |
| Do transdermal opioids reduce healthcare use in a rural pain population? |

| 2.10 -2.30 PM                      |
| **Rebecca Austen**                |
| An exploration of community health nurses' mentor training experiences in developing their capacity to support people with COPD to self-manage their condition |

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CA 1.30
Chairperson: A/Prof Rosalind Bull
Marie-Louise Bird
Balance, strength and flexibility
1:30 – 1:50 PM

Amanda Reilly
The transfer of learning from simulation based environments to clinical settings
1.50 - 2.10 PM

Glenn Aslin
Is there a role for rural ambulance paramedics in the provision of acute and non-acute care for palliative clients?
2:10 – 2:30 PM

2.35 – 3.30 PM: Discussion Panel
Dechaineux Lecture Theatre
Dr Lisa Dalton, Cassie Saunders, Suzette Seaton
Chairperson: Dr Erica Bell

3.30 – 4.00 PM: Closing and Afternoon Tea

7.00 PM: Social Dinner
Hotel Grand Chancellor – 1 Davey St Hobart, TAS 7000, Tel: (03) 6235 4535
Keynote Address

Challenges of Doing Multidisciplinary Research

A/Professor Lisa Bourke
School of Rural Health, University of Melbourne

Abstract
One of the key distinctions between rural and remote health and other health disciplines is it brings together health professionals and researchers from a range of disciplines who are committed to a particular context, namely improving the health of rural, remote and Indigenous people. The multidisciplinary nature of rural and remote health is touted as a strength and rural health is a leader in some aspects of multidisciplinary health research. However, the bringing together of Indigenous health, allied health, nursing, medical and other researchers has raised challenges for those undertaking the research. Rarely are the challenges of multidisciplinary research analysed in-depth. Drawing on examples of specific multidisciplinary research projects in rural health, this presentation discusses some of the methodological and theoretical challenges of undertaking multidisciplinary research projects

Biography
Associate Professor Lisa Bourke is a social scientist at the School of Rural Health, University of Melbourne. She received her Ph.D. in Rural Sociology from The Pennsylvania State University and her Masters in Sociology from Utah State University. She has studied rural communities in Australia and the US for almost 20 years, with attention to community development, community participation and social in/exclusion. Her current research interests include rural health and wellbeing, young rural residents, Indigenous health and community participation in health.

A/Professor Lisa Bourke
Abstracts

Is there a role for rural ambulance paramedics in the provision of acute and non-acute care for palliative clients?

Glenn Aslin

People living with life-limiting illnesses often benefit from the care palliative care services provide. These services, in addition to providing specific medical interventions also aim to provide a more holistic multidisciplinary approach to care at this end of life. As part of this approach, traditional care providers have been called upon to adapt and develop strategies aimed at providing an umbrella of coverage to enable assistance to be available when it is required not just in office hours. This study involves developing an understanding of the issues involved in non-trauma end of life care and their specific application in out-of-hospital rural settings. It seeks to establish whether there is a role for the rural ambulance paramedic as part of this multidisciplinary team other than as a means of transport.

An exploration of community nurses’ mentor training experiences in developing their capacity to support people with COPD to self-manage their condition

Rebecca Austen

Rationale: COPD is a chronic illness that is recognised as the fourth leading cause of death worldwide. Self-management is highlighted as an appropriate strategy to effectively manage chronic diseases, such as COPD in the primary health care settings. However, little is known of how practitioners, such as community health nurses (CHN), implement self management approaches. Similarly we have little understanding of what training CHN’s require to facilitate a shift to a more primary health care approach that supports the development of self efficacy for self management among people with chronic disease.

Aim: The aim of this research is to conduct a case study to investigate the training experience of a group of CHN’s who will act as mentors to people with COPD, and to identify the issues that influence the translation of this new knowledge and understanding into their practice in ways that support self management.

Discussion: The study identified that the self-management training did improve
CHN's understanding of self-management. However, as past experiences of training identified if CHN's were not given the opportunity to implement these acquired skills as soon as possible post training, the knowledge acquired could not be consolidated and CHN's continued to practice as they had always done. These findings highlight that training CHN's towards a self-management approach requires facilitating a paradigm shift to how they perceive CHN practice.

Balance, strength and flexibility

Marie-Louise Bird

Objective: To investigate the balance benefits to untrained, community dwelling older adults by participating in resistance and flexibility programs.

Method: In a randomised cross-over trial 32 older adults [mean=66.9 years, 95% confidence interval (65.9, 67.8) years] participated in a resistance and a flexibility exercise program for 16 weeks each. Balance and strength were measured.

Results: Significant improvements in sway velocity under eyes open and closed conditions, as well as Timed up and Go, Ten times sit-to-stand and Step test were seen with both interventions; without significant differences between the two groups. Resistance training also resulted in significant increases in lower limb strength that were not evident in the flexibility intervention.

Conclusion: Significant improvements in balance performance were achieved with both a resistance training and a standing flexibility program in healthy untrained older adults. Older adults who choose not to participate in resistance training may improve stability through flexibility training.

Black tooth stumps and toothache: signs of a bigger picture?

Dr Rosemary Cane

Aims & Rationale: Oral diseases such as dental caries, periodontal disease and oral mucosal lesions are major public health problems. They frequently share similar biomedical and underlying social determinants with other chronic diseases. Yet methods to integrate oral health with primary health care are under researched. In the Australian rural setting the dental workforce capacity is challenged by high demand for episodic acute care and lengthy waiting lists, often with little opportunity or balance in patient exchanges. Except for acute dental conditions, rural people living in social chaos are unlikely to have oral health addressed during visits to their GP. A ‘vicious

circle’ is established and apart from symptom relief and referral to a dentist, when available and the patient can afford the out of pocket expense, short term palliative outcomes and no follow-up care often result.

**Approaches:** We are currently designing a project to determine how best to improve dental health in this patient group. We plan to examine suitable approaches in two stages using mixed methods, and a social context and structure approach. Firstly, quantitative methods will be used to establish the frequency of visits to the GP and determine the characteristics of patients who seek access to primary health care for dental problems. Secondly, volunteer patients and their GPs will be take part in qualitative semi structured interviews investigating the social and health context of the visit.

**Benefits to the community:** This explorative project has the potential of better understanding the pathways between social structure, health and oral health and identifying practical methods to integrate oral health with chronic disease management.

**What is really known about management of human error in rural hospitals?**

**Deb Carnes**

Quality and Safety in healthcare has become a key focus within the health system. Improving patient outcomes with better risk management is now a major goal, not only to improve patient safety and outcomes but to help reduce the associated cost burden. Is there something missing though? This paper will present a review of the literature in relation to what is really known about quality and safety in rural hospital settings. This will include a critique of some of the main reports and interventions in relation of quality and safety focusing on rural hospitals.

**Evidence-based nursing: Insights from an action research project**

**Helen Courtney-Pratt**

This research project engaged acute care nurses in an attempt to investigate and improve practice related to care provision for patients with Chronic Obstructive Pulmonary Disease (COPD). During the research it became evident that nurses within the group struggled to deliver evidence based nursing care, despite a sound knowledge. The presentation focuses on competing demands within the nurses' work place setting and the impact of these, utilising data from the action research group. The findings suggest that different approaches to engaging and
embedding evidenced based nursing may be warranted.

**Primary health care and rural community nurses in coastal regions: a study of identity**

Ree Van Galen

**Introduction:** In Australia, rural community based nurses face tensions between different conceptions of their role, their relationship with medicine, with health and with their community of focus. With rural workforce issues of retention and recruitment, changes in rural demographics and the imminent introduction of a national primary health care strategy, research exploring the professional identity of these nurses will inform new, innovative models for health care delivery for rural communities.

**Aims:** A review of the literature will be presented outlining the consideration of the following questions for exploration.

**Research Question:** How do rural community nurses in coastal regions 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 rural community nurses?
- How does the concept of community (of focus) influence rural nurses professional identity?
- How do rural community nurses collaborate with other health care providers?

**Methods:** The presentation will then go on to discuss the development of an appropriate methodology and methods for this study of identity.

**Health and Wellbeing of intermarried Filipino women in rural Tasmania**

Chona Hannah

**Introduction:** The intermarriage of Filipino women and Australian men has become a social phenomenon in Tasmania. Intermarriage and the subsequent migration of Filipino women from The Philippines into Tasmania require great efforts of acculturation into the Australian society in general and into the rural areas of Tasmania specifically. There are successful cases and there are also cultural shocks and various problems facing Filipino wives in adapting and coping with personal, social and cultural problems.
Aims: To investigate the experiences and views on health and wellbeing of Filipino wives, who came to Australia as a result of intermarriage basis and have lived in rural parts of Tasmania and their access to and use of health care services in Tasmania.

Methods: This ongoing research employs both quantitative and qualitative methods. To gather the data, the intermarried Filipino women are invited to participate in a survey and semi-structured interview. SPSS is used to analyse the quantitative data collected through a survey questionnaire. NVivo is used to analyse the interview qualitative data.

Expected outcomes: The research is expected to provide evidence how personal background information of intermarried Filipino women living and working in rural Tasmania (e.g. age, level of education, length of stay in Australia, employment status, English language proficiency) affect their views and attitudes on health and wellbeing in terms of health concept, access to health care services, and acculturation strategies.

The research findings will provide insights into issues and problems facing women who are engaged in interracial marriages as well in cross-cultural marriages.

Conclusion: Migration to a new country is a challenge to many female migrants especially those who are engaged in racial intermarriages, particularly dealing with a totally different culture from their native origin. For the intermarried Filipino women, it is a journey which requires emotional intelligence to handle possible culture shocks and various problems such as personal and social issues which affect their health and wellbeing.

Do transdermal opioids reduce healthcare use in rural pain population?

John Henshaw

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.

Approval was obtained from the Tasmanian Scientific Research Advisory Committee to recruit subjects from medical practices and hospital clinics in North West Tasmania. The number, type, and purpose of all health care contacts, together with the time and cost (including travel) associated, were recorded in a monthly diary.

Results: The initial data (152 subjects - 656 subject months) shows little difference in healthcare use between the two opioid groups (TD v OCR).

Persistent pain is a multifactorial chronic disease state with many reasons for seeking healthcare. This initial data from North West Tasmania indicates that subjects using
transdermal or oral controlled release opioids are equivalent in their healthcare use.

**Physical activity and healthy ageing: The effects of enhanced social support**

**Sharon Hetherington**

**Introduction:** For older adults, regular participation in physical activity has the potential to improve their health and wellbeing and enable them to live independently for longer. Nonetheless, research indicates that up to 50% of older adults are insufficiently active to realise health benefits. Social support for physical activity from family, friends and partners may be an important motivator for older people and is the focus of this study.

**Aims:** The aim of this study is to assess the impact of increasing the level of social support for physical activity within the target communities. This will be achieved by recruiting and training ‘peer support mentors’ in each community who will act as positive role models and actively encourage other older people to become more active.

**Methods:** Older Tasmanian adults, resident in a suburban retirement village (n=160) and a rural township (n=176) will be surveyed for their perceptions of the amount of social support they received to be physically active, along with their activity levels and their perceptions of the value and cost of being physically active. Face to face interviews will be conducted with five relatively active and five relatively inactive individuals at each site to add depth to the survey findings and to form the basis of the intervention phase aimed at increasing social support for physical activity.

**Results:** First responders to the survey appear to be very active older people (predominately female and un-partnered). Efforts are being directed at engaging a wider cross section of the older community in the survey process.

**Expected Outcomes:** Outcome measures we will use to gauge the effectiveness of the intervention are changes in level of physical activity, enhanced perceptions of social support and increased community involvement in activities.

**The 12 months of life to death for nursing home residents**

**Suanne Lawrence**

**Introduction:** The trajectory of decline to death is a concept that has limited empirical evidence in nursing home residents.

**Aim:** To test whether there are identifiable trajectories of decline to death in a
population of residents of 4 nursing homes in southern Tasmania.

**Method:** Data from deceased resident records have been collected from the participating nursing homes and the Tasmanian Register of Births, Deaths and Marriages. The data are grouped by cause of death according to the method described by Lunney et.al. (2002) into 4 groups.

**Results:** There are 143 records with cause of death data available for analysis. The largest group are classified as ‘frailty’ (58%) and this group had the longest length of stay in residential care. The youngest group, which also had the shortest stay, are the ‘terminal’ group who died of malignancy or muscular dystrophy. Further statistical analysis is required to compare within and between groups.

**An exploration of therapeutic engagement between mental health nurses and clients who at the time of engagement were experiencing a suicidal crisis**

David Lees

Suicide is a major preventable cause of premature death; however suicide prevention efforts may be limited in their effectiveness by an insufficient evidence base. Understanding the subjective experiences of people who have been suicidal is considered vital for improving the evidence base, yet involving potentially vulnerable participants in research poses serious ethical challenges.

This presentation will summarise the research aims and proposed data collection strategies, and then outline the ethical challenges of conducting research with individuals who have a mental illness and who have in the past been suicidal. The researcher will call upon the audience to critique the approach and consider the risks and benefits of the proposed research.

**The transfer of learning from simulation based environments to clinical settings**

Amanda Reilly

The aim of this research is to discover if learning from simulation based scenarios in undergraduate nursing education transfers to real world clinical settings. The methods used in this research include survey and interview of three core groups. The first group were nursing students in their final year undertaking the Rural Interprofessional Emergency response weekend. The second group are second year undergraduates in acute care placements in Tasmania, and the third group are the second year acute care clinical teachers in Tasmania. This presentation will include
preliminary findings from the first stage of this research.

The role of the pharmacist in the treatment of diabetic and cardiovascular patients in reference to sexual dysfunction

Lorraine Smith

Erectile Dysfunction (defined as the persistent inability to achieve and/or maintain an erection sufficient for satisfactory performance) affects approximately 30% of the male population. Most ED is related to vascular, neurological and hormonal disorders (such as cardiovascular disease and diabetes), with medication use becoming an increasing cause. The most common form of ED is Secondary ED (being the man could previously attain and sustain erections but now cannot). Standard medication therapy for these conditions (including beta blockers, digoxin and thiazide diuretics) may worsen sexual dysfunction owing to the medication side effects. This in turn may lead to non-compliance hence secondary worsening of the condition, i.e. treatment failure. Adequate sexual functioning is also associated with personal well-being and relationship stability, so it can be clearly demonstrated that management of these patients requires a holistic approach and needs to involve collaboration across the spectrum of health professionals. Sexual problems have been notably under-researched until recent times. Community practice plays a primary role as a centre of health education to the population, and patient education is essential to ensure optimum outcomes for the pharmacological treatments for sexual problems. Medication knowledge is the area of expertise of a pharmacist, so what implications does this have for professional practice and best practice?

The lived experience of working with chronic conditions in rural and remote areas: early findings

Anna Spinaze

In August, I started a fieldwork investigating role and identity for health professionals working in rural and remote settings, amidst rising expectations around chronic conditions work. My multi-method qualitative research aims to understand what is involved in facilitating chronic conditions care and self-care, and how rural/remote settings affect such work. Using chronic conditions work as a ‘lens’ to make explicit tensions, transitions, issues, and changes within rural clinician roles and identities, this research will contribute to improving ‘fit’ of rural roles and work conditions to health professionals at different personal and professional stages.

Early findings indicate work-life balance issues, role incompatibilities, individual interest, professional pathways, peer expectations, and system capacity are important
in dis/enabling working with chronic conditions. Given ageing workforces and rural populations, rural clinicians not only ‘manage’ people with chronic conditions, but have chronic conditions themselves, and care for family members with chronic conditions. Emerging hypotheses will be discussed.

White Lies
Kate Squibb

When a patient arrives for an X-ray examination they may well have been provided with a provisional diagnosis by their doctor, but once the radiograph is processed the radiographer potentially holds in his or her hands a definitive diagnosis. In the clinical experience of the author Australian radiographers do not usually make reports on radiographs, and standard practice is that radiographers do not supply a diagnosis to the patient; occasionally they may offer radiographic opinion to the referring clinician. In the rural setting without a radiologist readily accessible it may be prudent for the radiographer to inform the patient of the diagnosis in order to expedite patient care so that the patient may seek appropriate follow up treatment. This session will present some of the preliminary results from the paper based questionnaire and the first round of interviews of how rural radiographers are dealing with this issue.
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