

# Conference 2014

Commonwealth Nurses Federation

**NURSES AND MIDWIVES:  
Agents of Change**

2nd Commonwealth Nurses Conference

Saturday 8 and Sunday 9 March 2014  
London United Kingdom

Conference  
Abstracts



Commonwealth  
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# Welcome Messages



## SINGAPORE

### Miss Kong, Susie

Miss Susie Kong has been President of the CNF since 2005 and completes her second and final term of office at the close of the conference. Prior to taking up the position of President of the CNF, Miss Kong served as both President and Secretary of the Singapore Nurses Association. Miss Kong is passionate about nursing and has been influential in the development of nursing leadership and quality improvement in Singapore and internationally.



## AUSTRALIA

### Ms Iliffe, Jill

Ms Jill Iliffe has been Executive Secretary of the Commonwealth Nurses Federation since 1 April 2008. Prior to taking up her appointment, Ms Iliffe was National Secretary of the Australian Nursing Federation. Under Ms Iliffe's leadership, the CNF has undergone transformational change in providing leadership and support to national nursing associations in Commonwealth countries.



## UNITED KINGDOM

### HE Mr Sharma, Karmalesh

His Excellency, Mr Karmalesh Sharma took up his position as the 5th Secretary-General of the Commonwealth on 1 April 2008 and is currently half way through his second term of office. Prior to taking up his position as Secretary-General, Mr Sharma was India's High Commissioner to the United Kingdom. Mr Sharma has been a member of the Indian Foreign Service since 1965. During his career he has served as the Special Representative of the United Nations Secretary General to Timor Lesté and India's Ambassador and Permanent Representative to the United Nations in New York and Geneva.



## UNITED KINGDOM

### Mr Krishnarayan, Vijay

Mr Vijay Krishnarayan is the Director of the Commonwealth Foundation and was Deputy Director from 2006-2012. He has a special interest in the relationship between development and the environment and prior to taking up his appointment at the Commonwealth Foundation was Managing Partner for the Caribbean National Resources Institute, a sustainable development think tank. Mr Krishnarayan has been supporting civil society organisations across the Commonwealth for the past 25 years.



## UNITED KINGDOM

### Dr Carter, Peter

Dr Peter Carter is Chief Executive and General Secretary of the Royal College of Nursing (RCN). Before assuming this position in 2007, Dr Carter spent almost twelve years as the Chief Executive of the Central and North West London Mental Health NHS Trust, one of the largest mental health trusts in the UK. Dr Carter has written and lectured extensively on medico-legal issues and leadership. He was awarded the OBE for services to the NHS in the 2006 New Year's Honours.



## UNITED KINGDOM

### Lord Kakkar, Ajay

Baron Lord Kakkar is Professor of Surgery at University College London and Consultant Surgeon University College London Hospitals NHS Foundation Trust. Lord Kakkar's research interests focus on the prevention and treatment of venous and arterial thromboembolic disease and cancer associated thrombosis. He was appointed an independent Cross Bench Peer in 2010. He is Chair of the House of Lords Appointments Commission, Chair of the Health Honours Committee, a member of the General Medical Council and a Commissioner of the Royal Hospital Chelsea.



#### **SWITZERLAND**

**Dr Benton, David**

Dr David Benton took up his position as Chief Executive Officer of the International Council of Nurses (ICN) on 1 October 2008. Immediately prior to his appointment he worked with the ICN for three years as consultant nursing and health policy, specialising in regulation, licensing and education. Dr Benton has held senior roles in nursing in the UK for over twenty years and been awarded a number of prestigious awards for his contribution to health and nursing policy.

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#### **UNITED KINGDOM**

**Ms Day-Stirk, Frances**

Ms Frances Day-Stirk was elected President of the International Council of Nursing (ICM) in 2011. She is a former member of the executive management team of the Royal College of Midwives in the UK responsible for professional standards, policy education, research and international relations. Her professional interests include organisation of maternity services, women's choice in place of birth, homebirth, and newborn care.

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# Keynote Speakers



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## CANADA

Dr Beck, Deva-Marie  
Co-Director, Nightingale Initiative for Global Health

### **Maternal health: we care, but how do we get the world to care?**

In rural, marginalized areas of the world women and girls are still dying in childbirth and pregnancy at a rate of one every two minutes, more than 750 a day. 200 of these are teenagers. While these statistics are not widely known, they should be! This presentation will recall how Florence Nightingale herself achieved, what she advised, and explore how we can be the ones she envisioned. In this presentation, we will explore ways to engage nurses to move beyond our traditional silent comfort zones to help the world to care about the health of mothers as much as we do.



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## INDIA

Ms Manjrekar, Phalakshi  
Nursing Director, P.D. Hinduja National Hospital and Medical Research Centre; Executive Director Nightingale Initiative Global Health

### **The Indian perspective and its relevance to maternal and child health: we continue to do more**

Dr Beck and Ms Manjrekar are joint presenters.



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## AUSTRALIA

Professor Chiarella, Mary  
Professor of Nursing, Sydney Nursing School, University of Sydney

### **Competence to practise: an unmistakable fact or a holy grail?**

The question of competence is one of primary importance to regulatory authorities on application to register and renew registration. This paper will address the following questions: What do we mean by competence to practise? How is competence to practise assessed prior to registration? How does a regulatory body assure itself that a person continues to be competent to practise after registration? These questions will be explored in relation to relevant case law, current research and literature relating to adverse events and human factors.



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## INDIA

Dr Pathare, Soumitra  
Co-ordinator, Centre for Mental Health Law and Policy, Indian Law Society

### **Mental health law in Commonwealth countries: a time for review**

Mental health and human rights are linked in three important ways. First, mental health affects human rights; second, human rights violations affect mental health and third, positive promotion of mental health and human rights is mutually reinforcing, as they are complementary approaches to advancing the wellbeing of persons worldwide. One way to prevent human rights violations from occurring is by reforming mental health laws to be more in line with the promotion of the human rights of persons with psychosocial disabilities. Internationally, the Convention on the Rights of Persons with Disabilities (CPRD) serves as a comprehensive and legally binding framework for promoting and protecting the rights of persons with mental disorders. We reviewed mental health legislation in Commonwealth member states to obtain an insight as to how mental health legislation in the Commonwealth complies with the CPRD and adopts a rights-based approach. This presentation outlines the key findings, our conclusions and puts forward several recommendations resulting from the findings of this report.



#### UNITED KINGDOM

Ms Hancock, Christine  
Founder and Director, C3 Collaborating for Health

##### **Nurses as 'agents for change': tackling the global challenge of non-communicable disease**

This presentation will focus on an innovative approach to tackling what is often described as the major health challenge of the 21st century – prevention of chronic, non-communicable diseases (NCDs). Christine Hancock will set the scene about the global challenge of NCDs highlighting why it is such a significant problem facing low-, middle- and high-income countries. As many of the levers for prevention are beyond traditional health systems there are increasing opportunities for well-educated nurses to use their knowledge and skills in innovative ways. Christine highlight the vital role that nurses can and must play within existing health systems and services and will also raise the issue of nurses' own health and its impact on their professional practice.

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#### UNITED KINGDOM

Ms Mason, Kat  
Chief Executive, Medical Aid Films

##### **Innovative film education: supporting nurses and midwives using film to be agents of change in their community**

Medical Aid Films produces best practice, culturally appropriate education films for training frontline health workers in low resource settings on maternal and child health. MAF's 28 films are currently used by over 1,000 partners globally. This presentation shares the outcomes of an evaluation of the use of MAF by nurses at the Chitambo Mission Hospital, Serenje, Zambia to support their work with the community at remote health posts during monthly outreach and at the hospital during antenatal care classes. Chitambo Mission Hospital serves a population of 100,000 people over a 90km radius, supported by a doctor and team of nurses and hospital staff. Only 3 in 10 women deliver in the hospital, and maternal and newborn mortality rates are high.

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#### AUSTRALIA

Dr Currow, Kathryn  
Executive Principal Diploma in Child Health, International Postgraduate Paediatric Certificate; Senior Chief Medical Officer, the Children's Hospital Westmead NSW Australia; Executive President Commonwealth Association for Health and Disability

##### **The International Postgraduate Paediatric Nursing Certificate**

Since 2005, the International Postgraduate Paediatric Nurse Certificate (IPPNC) has grown to provide access to an international standard of paediatric care in 16 countries. Collaborative In Country Learning, the IPPC unique model of education, is the combination of annually updated lecture units from Sydney experts and tutorials from paediatric expert tutors in each country, enabling participation where doctors and nurses work, while they work, without the need to travel. Assessment is also conducted locally. The platform enables access to annually updated streamed lecture units at anytime, anywhere with internet connection; DVDs are sent to remote locations. Lectures units are available as a whole course or subsets may be arranged to meet specific requirements. Ongoing review access is available lifelong to our graduates.

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#### IRELAND

Ms Cloran, Sue  
Registered Dietitian, Kellogg Company, Europe

##### **The role of All-Bran and natural wheat bran fibre in the diet**

The focus of this presentation is on general nutrition information and will cover: what is fibre; why worry about fibre and digestive health; short and long term consequences of low fibre intake; what forms of fibre are best for digestive health; whether all fibres are equal in nutritional value; and introducing natural wheat bran fibre. The presentation will provide practical applications to primary health care for nurses.

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# Speaker Abstracts

7. Dr Ugoghukwu, Chika – Advance practice nursing challenges in developing countries: perception of nurses in selected health care facilities in South East Nigeria
9. Mrs Graham, Clair – Communication competence and patient safety: understanding the link for safer care
12. Dr Dayalan, Manivannan – Assessment of level of burnout and factors contributing to burnout among nurses working at selected hospitals
17. Mrs Gabriel, Elena – The organisational culture and effectiveness of nursing staff in Cyprus public hospitals
25. Ms Ntlale, Matsola Evelyn – The costs and benefits of nurse migration in Lesotho
33. Ms Sam, Heather – The role of the Biennial National Conference in enabling South African nurses' participation in policy development
85. Mrs Shaw, Pamela – The impact of government health reforms on black minority ethnic staff in the NHS: a follow-up study
91. Mrs Wasili, Rose – Findings from an evaluation of a Continuing Professional Development Programme for nurses and midwives in Malawi
95. Mr Catton, Howard – Safe nursing staffing levels: protecting patients and securing the future workforce
100. Ms Chengodu, Thilaavathi – Clinical trial nurses: who are they?
105. Dr Scott, Patricia and Professor Brysewicz, Petra – Developing a pan African emergency nursing strategy
108. Ms Weziwe, Sikaka – Nurses advocating for positive practice environments to enhance quality care: a South African experience
109. Mrs Hamilton-Stuart, Willamae – Closing the gap from task to caring: nursing support staff
114. Mr Kyeremeh, George Kumi – Using a systems approach to address patient safety
16. Miss Richardson, Eileen – Providing cultural care in a multicultural society Retired, formerly
35. Dr Noble, Helen – Quality of life, decision-making, costs, and impact on carers of people managed without dialysis
37. Mrs Barrie, Janette and Mrs Steel, Sheila – Anticipatory Care Planning Project Manager, NHS Lanarkshire
46. Ms Kooi Li, Ooi – Improving care through EPEEP nurse rounding in a Singapore Tertiary Hospital
48. Mr Asante-Krobea, Kwaku – Managing chronic low back pain: knowing the facts, confronting the challenge
66. Dr Howard, Marion – Pressure sores: a nurse's eyesore
75. Mr Nurumal, Mohd Said – Cardiopulmonary resuscitation: bystander versus emergency medical service personnel
77. Mr Che Hasan, Muhammad Kamil – Physical health components and cardiometabolic risk markers among elderly: a case control study
83. Miss Ahayalimudin, Nurul'Ain – Disaster management: identifying knowledge of community health nurses and the predictive factor
- Ms Hancock, Christine; Ms Hughes, Pat; Professor Wills, Jane; Dr Bazarko, Dawn; Ms Nuttall, Michaela – Tackling non-communicable disease by improving the health and wellbeing of nurses and midwives
4. Mrs Addom, Bernice – Non-compliance with Artesunate Amodiaquine treatment regime: a study at Ashiaman community in Accra, Ghana
10. Miss McCausland, Claire – Overcoming the barriers to engaging black African men in HIV screening in primary care
27. Mrs Zaca, Faith – Multidisciplinary team involvement in improving the quality of HAART access at local facility level
36. Dr Iita, Hermine – Strategies to support the use of the nursing process in local primary health care practice in Namibia
38. Mrs Kownaklaj, Jaruan – Developing denial techniques to avoid sexual intercourse with a HIV positive partner
42. Mrs Frank, Karen – Initiating community palliative care services in a limited capacity setting
77. Ms Makau, Mpoetsi – Lesotho nursing and midwifery strategic plan
80. Mr Ndarukwa, Pisirai – Evaluation of the implementation of the ART program in Chitungwiza City Zimbabwe
107. Miss Nicholson, Wendy – The role of nurses supporting the health and wellbeing of carers across the life course
110. Mr Mahabuke, Sello William – A model to sustain primary health care
115. Professor McCourt, Kathleen – The development of specialist and generalist roles in primary health care nursing
119. Ms Buchanan, Maura – Uganda UK Health Alliance
14. Miss Gwata, Dorcas – Mental health interventions for young people involved in gangs in inner city London
24. Ms Ntlale, Matsola Evelyn – Health sector response to domestic violence in Lesotho
32. Dr Grout, Gwyn and Mrs Overton, Jo – Improving mental health through education
51. Dr Macaden, Leah – Higher education in dementia: capacity building in Scotland as the dementia clock continues to tick
57. Mr Ujam, Malachy – Interaction of frontline professionals involved in mental health crisis: a view from the frontline
61. Mrs Cutajar, Maria – Workplace mental health: it pays to be proactive
62. Mrs Mashini, Maria – Exploring the feelings of guilt of the family care giver in providing care to persons with dementia
63. Miss Aligawesa, Mariam Namulindwa and Mr Mulimira, Moses Wasswa – Harnessing and utilising the skills of diaspora nurses to improve mental health care: a UK based Uganda diaspora study
78. Dr Charania, Nadia Ali Muhammad – Strategies Pakistani women use to self-manage recurrent depression
88. Ms Johnson, Rebecca – Determining attitude, knowledge and practice of nurses in recognising mental health problems in children
99. Ms Saliba, Theresa – Illness perceptions in carers of persons with dementia
118. Mrs Oywer, Elizabeth – Is mental health nursing facing extinction in Kenya
1. Mrs Leonard, Angela – Improving breastfeeding practice at a paediatric hospital in South Africa: The 'Breastfeeding is Best' project
11. Mrs Mashwama, Clementine – HIV and AIDS: giving hope to a generation of orphaned children in Swaziland
18. Mrs Athanasiou, Eleni – Vaginal birth after Caesarean Section
43. Miss Bernie, Kate – Factors influencing young mothers' infant feeding decisions
44. Mrs Graham, Kateca – Collaborative care in breast cancer management in the Bahamas
52. Mrs Taukuheke, Letha Itembu – Midwives knowledge of the use of the partograph in the Regional Training Hospitals in Namibia
54. Dr Major Bernthal, Lizzy – The impact of army life on a mother's decision-making when her child is unwell
65. Ms Bugeja, Marie-Louise – Parentcraft services: from a founding project to a professional entity providing client-centred education and support
68. Mrs Jones, Marsha – Improving postnatal care and experience in hospital for Black and South Asian women by exploring health care workers' capabilities
79. Ms Ebu, Nancy – A systematic appraisal of the factors influencing antenatal services and delivery care in sub-Saharan Africa
90. Mrs Celestine-Balfour, Sarah – Postpartum depression: an exploration of nurses' attitudes and knowledge
115. Dr Lukolo, Linda Ndeshipandula – Empowering rural parents to provide sexuality education to their children in Oshana region Namibia
13. Major Brownsell, Mike – Fit for future: promoting the health and wellbeing of army reservists
20. Mrs Ingraham, Enith Regina – A health future begins with me!
33. Ms Sam, Heather – The role of the Biennial National Conference in enabling South African nurses' participation in policy development
52. Mrs Taukuheke, Letha Itembu – Midwives knowledge of the use of the partograph in the Regional Training Hospitals in Namibia
64. Dr Dietrich Leurer, Marie – 'Have patience and give the mother time and reassurance': new mothers' perspectives on breastfeeding support
69. Ms Mifsud, Mary Grace – Clinical learning environment as perceived by students and qualified staff
70. Ms Mifsud, Mary Grace – Intermediate care for patients with fractured femur: a literature review
113. Mrs Leonard, Angela – Effective information regarding cardiac surgery for children
117. Mrs Sanisah, Saidi Binti – An exploration of self-care practices of patients with type 2 diabetes in Malaysia

# Workforce



## 7. NIGERIA

Dr Ugoghukwu, Chika

Senior Lecturer, Department of Nursing Sciences, University of Nigeria, Enugu Campus

### **Advance practice nursing challenges in developing countries: perception of nurses in selected health care facilities in South East Nigeria**

The purpose of the study was to explore the perception of nurses in selected health facilities to the role of Advanced Practice Nurses (APN) and Nurse Practitioners (NP) in the health care system. Through in-depth interviews, 30 nurses from selected primary and secondary health care facilities in the five south eastern states of Nigeria provided their perceptions on the APN and NP roles within the health care system and the challenges that are envisaged with their deployment within the health care system. Data analysis was through content analysis. Implications for practice were highlighted and some recommendations made based on the findings.



## 9. UNITED KINGDOM

Mrs Graham, Clair

Lecturer, The University of the West of Scotland

### **Communication competence and patient safety: understanding the link for safer care**

Patient safety is a significant concern within contemporary public and primary healthcare, with communication failure featuring as a prominent cause of concern in many cases. Very few studies have explored nurses' role within communication and patient safety, with no studies having focused on the student nurses' role or their perceptions and experiences either within the educational setting or within practical application to patient care. Therefore, this study will add a unique dimension to the body of knowledge within patient safety with a focus specifically on the role of communication competence.



## 12. INDIA

Dr Dayalan, Manivannan

Principal, Chithirai College of Nursing, Madurai, Tamilnadu State, India

### **Assessment of level of burnout and factors contributing to burnout among nurses working at selected hospitals**

Burnout is described as a state of depletion of a person's resources and energy resulting in apathetic and impassive behaviour towards others, having dysfunctional repercussions on the individual and adverse effects on organisations. The nursing personnel working in hospitals often feel burnout and increased levels of stress and anxiety. Absenteeism and sick leave are common as a result of work stress and burn out among the nurses in the hospitals. The relationship between factors contribution and level of burnout revealed significant positive correlation. The study concludes that whenever factors contributing burnout are prevailing, the risk for burnout also will be high.



## 17. CYPRUS

Mrs Gabriel, Elena

Educational Coordinator of Nursing Services, Ministry of Health, Cyprus

### **The organisational culture and effectiveness of nursing staff in Cyprus public hospitals**

Culture represents the personality of an organisation, having a major influence on employees, customers and organisational success. To investigate the organisational culture and effectiveness through the views of nursing staff in five Cyprus public Hospitals. Overall, the strongest culture type was the Aggressive/Defensive. With respect to the specific cultural styles, the primary style of nursing staff was described as Approval and the secondary style as Power. The causal factors that shape and reinforce nurses' culture were found in the areas of Organisational bases of power and Total influence. Findings have supported reports in the relevant literature and provide an indication of the necessity for change to improved organisational effectiveness.



### 25. LESOTHO

Ms Ntlale, Matsola Evelyn  
Manager, Nursing Services, Mafeteng Hospital Lesotho

#### **The costs and benefits of nurse migration in Lesotho**

The present day migration of nurses from developing countries, to more developed countries, depletes these countries of this vital human resource, which is necessary to provide optimum quality nursing care to their populations. It is important that a nurse understands the costs and benefits of migration to their families, whom they leave behind. This is to help the migrant nurses to realise how migration affects their families, especially their children and spouses, before they decide to leave their home countries to work in foreign lands. The purpose of this study was to investigate and describe the experiences of family members, of migrant nurses, from the Maseru district of Lesotho, about the costs and benefits of nurse migration. The target population of the study was families of migrant nurses from Lesotho. The presentation provides a balanced view of the costs and benefits of nurse migration on their families.

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### 33. SOUTH AFRICA

Ms Sam, Heather  
Marketing Manager, Democratic Nursing Organisation of South Africa (DENOSA)

#### **The role of the Biennial National Conference in enabling South African nurses' participation in policy development**

The purpose in organising national scientific conferences for nurses and midwives was to create a space where they would do a critical assessment of their participation in health policy. This presentation will demonstrate how the conferences have enabled South African nurses and midwives to actively engage and influence policies affecting the profession. The outcomes of the first conference fed into the National Nursing Summit, 2011 organised by the Department of Health. The summit led to the development of the Nursing Strategy 2013. The second conference produced a declaration where nurses and midwives commit to work in solidarity in ensuring effective implementation of policies relating to their profession. The resounding success of the 2nd SA Nurses Conference, proved the need for such enabling platforms for nurse to engage and further articulate the kind of professionals they want to be and the type of health care they are prepared to provide.

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### 59. UNITED KINGDOM

Mrs Allen, Mandy  
Lecturer, Child Health, University of the West of Scotland

#### **The Advanced Paediatric Practitioner role in NHS Scotland: an exploratory study**

The aim of the study was to explore the perception of the advanced paediatric practitioner role from the perspective of service users (parents) and service providers within NHS Scotland. The Scottish Government key priorities in child health centre on building capacity and capability to replace the shortfall in senior paediatric medical staff. Other drivers for change require a skilled workforce equipped to respond effectively and flexibly to new opportunities and models of care. Advanced paediatric nurse practice roles have evolved to fulfil some of these requirements, and these practitioners are in a prime position to respond to the changing health and service care needs required for a quality service which is fit for children, young people and their families today in Scotland. Initial findings will be outlined, exploration of any issues identified, and the subsequent stages of study will be discussed.

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### 74. SOUTH AFRICA

Mr Masenyani, Mbombi  
Registered Nurse, Mankweng Hospital South Africa

#### **Experiences of professional nurses in performance assessment in a tertiary hospital, Limpopo Province, South Africa**

The purpose of this study was to explore and describe the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex. A qualitative research approach was used. Purposive and convenience sampling were used to select the participants. Data were collected by conducting unstructured face-to-face interviews. The results indicated a conflict between the nurse managers and professional nurses arising from dissatisfaction with allocated assessment ratings and scores. Professional nurses complained about unfair ratings, stating that scores were based on personality than performance. The results also indicated that nurse managers lacked knowledge about the performance assessment process. It is recommended that nurse managers be involved on an on-going training to enhance consistency. Development of legal and ethical standards for ensuring fairness and a change in the method of assessment are also recommended.

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## 85. UNITED KINGDOM

Mrs Shaw, Pamela  
Health visitor, Practice educator, Mid Yorkshire Hospitals NHS Trust

### **The impact of government health reforms on black minority ethnic staff in the NHS: a follow-up study**

The presentation reports on a follow-up to a research project that looked at the positive contributions of Black and Minority Ethnic (BME) National Health Service staff in leadership positions to the delivery of health care. They participated in the making of a DVD that showcased their ethnic backgrounds, occupational groups and positions of leadership within the NHS. Their stories highlighted the importance of diversity training and the necessity of portraying positive images of BME professionals in leadership positions as a way forward for the NHS. This follow-up study aimed to see how these leaders/role models have progressed or maintained their careers under a different government and health reforms. The biggest challenges were accessing external training and development opportunities alongside increasing workload with limited resources. Other challenges reported were fear of job losses, staff sickness, reduced budgets and maintaining good quality care. These findings are reflective of other research findings in this area since the implementation of the coalition government health reforms and austerity measures.

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## 91. MALAWI

Mrs Wasili, Rose  
International Training and Education Center for Health (I-TECH) Malawi Country Office Senior Program Manager for Nursing Education

### **Findings from an evaluation of a Continuing Professional Development Programme for nurses and midwives in Malawi**

The Nurses and Midwives Council of Malawi (NMCM) introduced a national continuing professional development (CPD) programme in 2010 to help maintain a highly skilled and competent nursing and midwifery workforce. In 2012, in collaboration with the International Training and Education Center for Health (I-TECH) and Voluntary Service Overseas (VSO), NMCM conducted a formal evaluation to identify key strengths and programmatic weaknesses. The qualitative cross-sectional programme evaluation was conducted by a seven-person team over three weeks. The CPD program was largely noted to be a valuable contribution to the profession regarding helping nurses stay up-to-date on the latest clinical trends. However, results identified significant gaps in several facets of the CPD program. Final recommendations for CPD strengthening will be shared.

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## 95. UNITED KINGDOM

Mr Catton, Howard  
Head of Policy and International, Royal College of Nursing UK

### **Safe nursing staffing levels: protecting patients and securing the future workforce**

A growing body of international evidence and experience supports the connection between nurse staffing levels in hospitals and the quality of patient care. The effects of understaffing have been highlighted by investigations into high profile care failures in the UK, such as public inquiries into Mid Staffordshire hospital and an investigation into hospitals reporting high mortality rates. Most of these investigations identified low staffing levels as a strong contributing factor to poor quality care. Despite this evidence and experience there is downward pressure on staffing levels at a time of growing demand. In this paper the Royal College of Nursing (RCN) will discuss responses to these varied challenges, consider safe staffing levels and the NHS workforce, and explore policy and advocacy action to promote safe staffing. Finally, the paper will include recommendations for securing a future workforce with the right numbers and skills for the needs of tomorrow's patients.

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## 100. AUSTRALIA

Ms Chengodu, Thilaavathi  
Clinical Trial Manager: The Alfred Hospital, Victoria, Australia

### **Clinical trial nurses: who are they?**

Clinical research and clinical trials are widely acknowledged as critical to developing new and improved treatments. Anecdotally clinicians have identified improved recruitment and retention rates when the clinical trial coordinator is a nurse. Little is known about how nurses manage the complexities and challenges of the diversity and dynamic of their role in clinical trials. The aim of this study was to identify and describe the role that nurses play in clinical trial coordination in Australia. The results of this study will contribute to enhancing knowledge and promoting quality in this dynamic area of nursing in Australia. This presentation will discuss the implications of this study for development of clinical research nurse roles and how they influence the delivery of health care in public health care settings

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PHOTOGRAPH  
NOT AVAILABLE

#### 105. UNITED KINGDOM

Dr Scott, Patricia  
University of Hertfordshire UK

Professor Brysewicz, Petra  
University of Hertfordshire UK

##### **Developing a pan African emergency nursing strategy**

This presentation reports on a recent activity to initiate the development of a pan-African Emergency Nursing Strategy. Harmonised standards of practice in emergency nursing across Africa is delivered in a range of acute clinical and community based public health contexts with national variation in the regulation, education and clinical competence infrastructure. The aim of this initiative is to implement a harmonised theoretical and competence framework across the continent of Africa with key milestones for implementation over an extended period of time. Increasing demand on emergency health care systems throughout Africa means that this initiative has huge potential to harmonise standards of care for the benefit of African populations.



#### 108. SOUTH AFRICA

Ms Weziwe, Sikaka  
Research Officer, DENOSA

##### **Nurses advocating for positive practice environments to enhance quality care: a South African experience**

Negative incidents that take place in health institutions in South Africa including criminal activities like sexual assaults to both patients and health professionals prompted action by nurses. It is against this background that DENOSA in partnership with the South African Medical Association (SAMA) embarked on a National Positive Practice Environment (PPE) campaign for health professionals. The purpose of the campaign is to create a safe and enabling work environment for health professionals. The campaign, driven by health professionals, brings in various stakeholders to seek solutions to challenges facing the health sector. Monitoring the progress of the campaign is underway. So far it has been launched in seven out of nine provinces and positive effects have been observed. A national campaign initiated by nurses demonstrates a proactive inclination towards improving the health and well-being of citizens in their country.



#### 109. BAHAMAS

Mrs Hamilton-Stuart, Willamae  
Nursing Services Advisor, Public Health Authority, Bahamas

##### **Closing the gap from task to caring: nursing support staff**

Unlicensed assistive personnel have always contributed to patient care in the health field. The challenge worldwide has been whether to regulate or not regulate, train or not to train, standardized content, level and duration of training, and role, function and boundaries of this group. In The Bahamas this situation has existed for many years. Despite the value of the contributions of this cadre of persons by patients and nursing personnel, the drive to increase and strengthen the contribution of this group has recently taken centre stage. In addition, it is well recognised that this cadre of staff is increasing rapidly in the health care system all over the world and in The Bahamas. This presentation shares the Public Hospitals Authority strategic action to improve and regulate all support staff.



#### 114. GHANA

Mr Kyeremeh, George Kumi  
Director of Nursing and Midwifery Services, Chief Nursing and Midwifery Officer, Ghana

##### **Using a systems approach to address patient safety**

Medical errors, sometimes leading to tragic consequences for the patient is very common in our health facilities. This poses a great threat to patient safety as a whole. Most of these incidences can be prevented in the first place. They are avoidable if the issue is viewed as a system failure instead of individual blame. This paper examined a case study considering a look-alike medicine: Magnesium Sulphate and Metronidazole. The case was critically examined using systems approach to quality improvement which made it possible to identify all the contributing factors: from the manufacturer to the point of administration of the medicine to the patient at the bed side. The result was that all the safety mechanisms were identified at the various points of the system. Corrective measures were put in place. The manufacturer repackaged the product. The safety systems were adhered to and problem was corrected. Now patient safety is guaranteed by simple interventions to ensure patient safety using a systems approach instead of individual blame.

# Quality Health Care



## 16. UNITED KINGDOM

Miss Richardson, Eileen

Senior Lecturer and International Project Officer, Bournemouth University

### **Providing cultural care in a multicultural society Retired, formerly**

Wherever we live in the Commonwealth, we live in a multicultural society. This is increasingly the case as the world population increases and the means of travel and the need to find a safe haven to live and work becomes more important. Caring in such a society necessitates the recognition of cultural difference which becomes increasingly important when people and their families are faced with threats to their health. This presentation will seek to explore culture and its impact on the health of people in our care. In doing so it will explore the meaning of cultural awareness, cultural knowledge, cultural skills, and finally consider the nature of and ability to reach the hallmark of cultural competence.



## 35. UNITED KINGDOM

Dr Noble, Helen

Lecturer Health Services Research and Visiting Honorary Research Fellow, City University London

### **Quality of life, decision-making, costs, and impact on carers of people managed without dialysis**

(Noble H., Yaqoob M., Maxwell A., Burns, A., McCourt F., Agus A., McDowell C. and Normand C.)

The study aimed to explore quality of life, decision making, costs and impact on carers of patients with advanced kidney disease who opt not to embark on dialysis. The study, over seven sites in the UK, takes a 'mixed methods' approach including both quantitative and qualitative methodology. The study is designed to capture patient and carer profiles when conservative kidney management is implemented and understand trajectories of care receiving and care-giving. It will explore the interactions that lead to clinical care decisions and the impact of these decisions on informal carers with the intention of improving clinical outcomes for patients and the care giver experience.



## 37. UNITED KINGDOM

Mrs Barrie, Janette

Nurse consultant for long term conditions NHS Lanarkshire

Mrs Steel, Sheila

Anticipatory care planning in Lanarkshire, Scotland

### **Anticipatory Care Planning Project Manager, NHS Lanarkshire**

The essence of Anticipatory Care Planning is to help people with long term conditions to have the confidence, control and choice that comes with knowing what might happen, spotting small indications of change and being ready to do the right things with the right supports from the right people. It should be tailored to the stage of the patient's condition and as such exemplify person centred and holistic care, and respect for the individual's goals, wishes and choices. Within the context of palliative care where the person's condition is expected to deteriorate, the term anticipatory care fits under the umbrella of advance care planning. Anticipatory Care Planning can be regarded as a continuum from self-management through to end of life care where the patients have choice, control and confidence in the management of their condition.



## 46. SINGAPORE

Ms Kooi Li, Ooi

Nurse clinician, National University Hospital Singapore

### **Improving care through EPEEP nurse rounding in a Singapore Tertiary Hospital**

The EPEEP nurse rounding acronym stands for explain (E), pain/position (P), elimination/toileting (E), environment (E) and plan to return (P). The nurses are expected to explain their contact events, ensure patients are free of pain and comfortable, offer help in toileting needs to patients, ensuring patients' personal items are within their reach and lastly, to inform patients on the nurse's next EPEEP round. The programme aims to proactively increase nurse rounding by attending to patient every 2 hours instead of attending to patient when patient called. In June 2013, a structured EPEEP nurse rounding was introduced and piloted to evaluate the program.



#### 48. GHANA

Mr Asante-Krobea, Kwaku

##### **Managing chronic low back pain: knowing the facts, confronting the challenge**

The paper will highlight revealing outcomes of copious review of literature undertaken in a quantitative research process that explored beliefs of sedentary desk-based workers about chronic low back pain. Pain is a common complaint among the general population and chronic pain remains a general public health burden affecting 20% of the workforce annually. The most common cause of job-related disability and missed work has been attributed to back pain. Knowing the nature of pain and the facts about its prevalence within the community will provide the resources for the delivery of optimal care.

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#### 66. BARBADOS

Dr Howard, Marion

Professor, University of the Virgin Islands (St Thomas Campus)

##### **Pressure sores: a nurse's eyesore**

Pressure ulcer development in hospitalised patients is very serious and affects approximately 2.5 million patients in USA hospitals each year, and 60,000 people die each year from complications of pressure ulcers. The above suggests that a significant health population may not be in receipt of the most efficient and effective nursing care. Pressure ulcers are very costly to treat; approximately 11 billion dollars yearly are spent on treatment of pressure ulcers in USA hospitals. Yet in the majority of cases they can be prevented if simple measures were followed. This paper suggests the establishment and implementation of a Pressure Ulcer Protocol and outlines the process and expected outcomes.

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#### 75. MALAYSIA

Mr Nurumal, Mohd Said

Lecturer, Department of Critical Care Nursing, Faculty of Nursing, International Islamic University, Malaysia and Faculty of Nursing Chiang Mai University Thailand

##### **Cardiopulmonary resuscitation: bystander versus emergency medical service personnel**

Cardiopulmonary resuscitation (CPR) is required before initiating advanced life support in out of hospital cardiac arrest (OHCA) event. Thus, the bystander and nurses are urged to perform CPR to increase the chance of survival during the time sensitive period. The aim of this study was to identify the number of OHCA cases that have performed CPR before arrival to the hospital. A consecutive-retrospective of n=285 ECHO cases during the year of 2011 were examined. Regardless of the patient condition the notion of immediate CPR improves chances of survival otherwise survival decreases by 10% for every minute delay.

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#### 77. MALAYSIA

Mr Che Hasan, Muhammad Kamil

Lecturer, Kulliyah Faculty of Nursing, International Islamic University, Malaysia

##### **Physical health components and cardiometabolic risk markers among elderly: a case control study**

Cardiometabolic diseases remain the leading cause of death as well as disabilities in Malaysian population and the risk increases gradually with age. The challenge to the chronic health care in the clinical and research communities alike is to describe the suitable components of preventive, diagnostic, and therapeutic care especially for elderly in the society. Hence, assessing physical health components in the elderly may provide information to complement the physiological data and perhaps could be used to predict the health status among elderly. Beneficial effects of physical health on the risk of cardiometabolic diseases in elderly that may underlie this relationship are not well understood. Thus, the aim of this study was to explore the relationship between physical health components and cardiometabolic risk markers among elderly.

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#### 83. MALAYSIA

Miss Ahayalimudin, Nurul'Ain

Department of Critical Care Nursing, International Islamic University, Jalan Hospital Campus, Malaysia

##### **Disaster management: identifying knowledge of community health nurses and the predictive factor**

In recent years, disaster occurrences are increasing in numbers. Community health nurses (CHNs) as front line staff are required to be prepared and act effectively during disasters. With mounting numbers of health-related disasters, CHNs play very crucial roles to ensure the community receives appropriate services in which the outcomes will lead to the improvement of nursing care. In this study, the knowledge of community health nurses and predictor factor to the findings were investigated.

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**UNITED KINGDOM**  
**C3 COLLABORATING FOR HEALTH WORKSHOP**

Ms Hancock, Christine  
Founder and director C3 Collaborating for Health

Ms Hughes, Pat  
C3 consultant for nursing, health and development



Professor Wills, Jane  
Professor of Health Promotion at London South Bank University, London UK

Dr Bazarko, Dawn  
Founder and senior vice president of UnitedHealth Group's Center for Nursing Advancement, USA

Ms Nuttall, Michaela  
Cardiovascular nurse specialist and CVD Co-ordinator for Public Health Bromley, UK



**Tackling non-communicable disease by improving the health and wellbeing of nurses and midwives**

Nurses have a key role in promoting health and preventing disease, including non-communicable disease (NCD) among patients, communities and the public - but what about their own health and wellbeing? This workshop will provide an opportunity to share experiences and explore initiatives aimed at helping nurses and nursing students to improve their own health and wellbeing. This presentation will include lessons that are relevant for nurses working in places with fewer resources and will highlight the role of nurse leaders in promoting the health and wellbeing of nursing colleagues. The workshop will also provide an opportunity for participants to share their views and experiences related to the impact of nurses own health on their professional practice, and to explore challenges and solutions that enable nurses to lead healthier lives.



# Primary Health Care



## 4. GHANA

Mrs Addom, Bernice  
Senior Nursing Officer, Korle-Bu Teaching Hospital Accra Ghana

### **Non-compliance with Artesunate Amodiaquine treatment regime: a study at Ashiaman community in Accra, Ghana**

Non-Compliance with antimalarial therapy has become a great concern due to the development of multi-drug resistant Plasmodium falciparum strain. Any success in the fight against malaria in the absence of a vaccine largely depends on compliance with Artemisinin-based Combination Therapies (ACTs) of which Artesunate Amodiaquine (AS+AQ) is the first line medicine in Ghana. A cross-sectional study was conducted in 2011 at Ashiaman community in Accra to record knowledge on malaria treatment regime and practices of non-compliance with AS+AQ treatment regime. The results demonstrated evidence that non-compliance with AS+AQ exist in Accra, Ghana.



## 10. UNITED KINGDOM

Miss McCausland, Claire  
Lecturer, Sexual and Reproductive Health, University of Central Lancashire

### **Overcoming the barriers to engaging black African men in HIV screening in primary care**

It is estimated that 23% of HIV positive Black Africans living the UK remain undiagnosed; within those accessing HIV care services only 34% are men. With heterosexual sexual contact being the main mode of transmission practitioners need to develop an awareness of how to engage men in screening and care services. Practitioners need to be able to identify the barriers to accessing screening and care services. Understanding of the health care needs of these men will help target specific prevention strategies and approaches which can be utilised to disseminate health promotion.



## 27. SOUTH AFRICA

Mrs Zaca, Faith  
Operational Manager, King Dinuzulu Hospital, KwaZulu-Natal Province, South Africa

### **Multidisciplinary team involvement in improving the quality of HAART access at local facility level**

South Africa is one of nine countries worldwide with high HIV mortality rates. To engage the workforce in the improvement of HAART access at local facilities formed multidisciplinary Quality Improvement teams. A quality mentor overseeing a minimum of 10 facilities and giving on-site support was nominated. Each facility had a team leader selected with the authority to influence change. The project demonstrated that it is possible to engage facilities through the multidisciplinary team formation in resource constrained settings. Teams with clear goals perform better as they work towards goal accomplishment. Facilities perform well with constant supervision.



## 36. NAMIBIA

Dr Iita, Hermine  
Lecturer in community health, University of Namibia, School of Nursing and Public Health, Oshakati Campus

### **Strategies to support the use of the nursing process in local primary health care practice in Namibia**

The purpose of this study was to explore and describe the utilisation of the Nursing Process by registered nurses in local level primary health care practice in Namibia and to develop strategies to support registered nurses in this regard. A quantitative research approach using a survey design with self-report questionnaire was used. Five main problem area were identified and strategies developed to address the problems. Recommendations were made based on the findings and the strategies formulated.



### 38. THAILAND

Mrs Kownaklai, Jaruwan

Assistant Professor and Lecturer, Faculty of Nursing, Mahasarakham University, Thailand

#### Developing denial techniques to avoid sexual intercourse with a HIV positive partner

This research aimed at developing denial techniques to prevent unsafe sexual intercourse between couples where one partner is infected with HIV or AIDS. Methods used by samples in refusing to have sexual intercourse were by verbal communication, by providing medical reason, by providing health reason, by lying, using another way to make partner reach sexual climax, and by expressing disagreement toward having sexual intercourse. The research results show that after education and testing the technique of refusal to have non-safe sexual intercourse, both males and females realise the right to refuse and have less risky behaviour in spreading disease to the other.



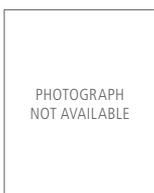
### 42. TRINIDAD AND TOBAGO

Mrs Frank, Karen

Registered Nurse, Oncology Unit, Tobago Regional Health Authority

#### Initiating community palliative care services in a limited capacity setting

The incidence of non-communicable diseases (NCDs) such as cancer is rising at a disturbing rate in developing countries. Although community palliative care services have been recommended by the World Health Organization (2007) for countries with limited resources; access to palliative care services remains limited. A palliative care practice based around home visits is an example of community-focused care for patients with illnesses such as cancer. Offering specialty consultation in the home setting relieves patients' and their families of the financial, emotional and psychological burden associated with the commute to a health facility. This service will ultimately loan medical equipment such as oxygen cylinders and adjustable beds to ensure that patients enjoy a good quality of life (QOL).



PHOTOGRAPH  
NOT AVAILABLE

### 77. LESOTHO

Ms Makau, Mpoetsi

Head, Clinical Nursing Services, Ministry of Health, Lesotho

#### Lesotho nursing and midwifery strategic plan

The purpose of this first ever Nursing and Midwifery Strategic Plan is to strengthen nursing and midwifery leadership, management, supervisory, mentoring, monitoring, evaluation and reporting systems. Though since its drafting in 2010 National Nursing and Midwifery Strategic Plan (NNMSP) has not been costed, but is being used to direct nursing and midwifery and has attracted support from different interested parties and significant developments have been achieved such as establishment of National Nursing and Midwifery Education Committee (NNMEC) and development of Competency Based Curriculum (CBC) as well as the training of nurses specializing in advanced midwifery and anaesthesia.



### 80. ZIMBABWE

Mr Ndarukwa, Pisirai

Senior Nurse Tutor, School of Nursing, Chitungwiza Central Hospital, Zimbabwe

#### Evaluation of the implementation of the ART program in Chitungwiza City Zimbabwe

The purpose of this descriptive cross sectional study was to evaluate the implementation of Antiretroviral therapy in City of Chitungwiza, Zimbabwe. Self-administered questionnaires were used to collect data from key informants and health workers to determine their knowledge levels on the ART programme with regard to the national standards on implementation and decentralization and identify whether they adhere to ART protocols. Based on this research, the study concluded that documentation is not being done effectively. It is being recommended that health workers be trained on the importance of documentation and that pharmacist should be employed.



### 107. UNITED KINGDOM

Miss Nicholson, Wendy

Professional Officer for School and Community Nursing, Public Health Nursing, Department of Health London

#### The role of nurses supporting the health and wellbeing of carers across the life course

Many young carers and adult carers, who are supporting a family member often neglect their own health and wellbeing needs. Evidence illustrates poor public health outcomes associated with carers. Carers themselves need support if they are to continue with their vital caring role. Supporting the health and wellbeing of carers is complicated by the fact that many carers either don't see themselves as a carer or they may wish to keep this hidden. This presentation will focus on the growing needs of carers across the life course and demonstrate how the voice of carers is at the centre of policy development. We will share the findings from the work stream and illustrate the transferability of the work to date and impact this can make on the lives of both the carer and cared for.



#### 110. SOUTH AFRICA

Mr Mahabuke, Sello William

Registered Nurse, National District Hospital, Bloemfontein, Free State, South Africa

##### **A model to sustain primary health care**

Provision of primary health care is of utmost importance to ensure efficiency through organised community efforts for environmental sanitation, control of communicable infections, health education of individuals in principles of personal hygiene, organisation of medical and nursing services for early diagnosis and prevention of disease, and the development of social machinery that ensures to every individual in the community a standard of living adequate for health maintenance. A survey was undertaken with the general population attending the gateway clinic in Bloemfontein. Findings and recommendations are shared covering the main areas of: clients, personnel, management, and resources.

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#### 115. UNITED KINGDOM

Professor McCourt, Kathleen

Dean of the School of Health, Community and Education Studies, Northumbria University

##### **The development of specialist and generalist roles in primary health care nursing**

The responses of nurses to debates regarding task shifting and skill mix are often informed by fears of dilution of the trained nursing workforce, excessive demands on remaining skilled staff, reductions in the quality of care, and poorer health outcomes. Within primary care there are pragmatic and policy reasons for promoting nurse-led models of care. The UK, like many Commonwealth countries, has growing numbers of patients with non-communicable diseases. Meeting their needs requires changes to models of health care, specialist career paths and expectations of service delivery. Nurse-led services within primary care can be more effective, more economic and more satisfactory to patients than services based on a medical model. This paper from the Royal College of Nursing (RCN) will discuss the development of specialist roles in primary care nursing and the need for continuing support for more generalist roles in district nursing.

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#### 119. UNITED KINGDOM

Ms Buchanan, Maura

Independent Nursing and Health Care Advisor; Director, Uganda UK Health Alliance

##### **Uganda UK Health Alliance**

Uganda, like many sub-Saharan countries, has numerous organisations, NGOs and individuals engaged in projects and programmes contributing to health care. Often there is overlap and duplication in their efforts and little knowledge of each other's work, nor indeed of the health priorities of the Ugandan Government. Following a visit to Kampala by the UK's Lord Crisp where he met with the Ministry of Health, it was agreed to establish an alliance similar to one previously launched by Lord Crisp in Zambia. The Uganda UK Alliance was launched in 2013 and aims to promote better co-operation and co-ordination between Uganda and UK organisations in order to address the Ugandan health priorities and support their efforts to achieve MGDs

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# Mental Health



## 14. UNITED KINGDOM

Miss Gwata, Dorcas

Clinical nurse specialist, Child and Adolescent Mental Health Services, Central North West London Mental Health Foundation Trust

### Mental health interventions for young people involved in gangs in inner city London

The growing global prevalence of mental health needs amongst young people who offend remains a particularly concerning public health issue. The London Borough of Westminster, an area of high cultural diversity and wide social disparities is delivering mental health interventions to young people who are involved, or identified to be at risk of gang activities at grassroots level. Inclusive age group is 12–18 years old. The program screens young people involved in gangs for mental and physical health and offers interventions for those facing enforcement or otherwise. Over 70% of young people referred are using drugs and alcohol at time of referral. Young girls involved in gangs are particularly vulnerable to sexual exploitation by gang members; they are more likely to be asked to carry drugs and weapons. Our interventions have reduced self-harm behaviours and ensure safe placements for vulnerable girls.



## 24. LESOTHO

Ms Ntlale, Matsola Evelyn

Manager, Nursing Services, Mafeteng Hospital Lesotho

### Health sector response to domestic violence in Lesotho

Although domestic violence is recognised as a public health problem in most countries, health sector response to address the problem is not known in Lesotho. The purpose of this study was to investigate and describe how the health sector in Lesotho addresses domestic violence. A qualitative research design was utilised to investigate and describe the health sector response to domestic violence in Lesotho. The data was collected by in-depth semi-structured interviews and document review. Four themes were identified from data. Recommendations are made with regard to policy development, health care professionals' education and need for future research.



## 32 UNITED KINGDOM

Dr Grout, Gwyn

Independent Consultant Nurse

Mrs Overton, Jo

Southern Health Foundation Trust Cognitive Behavioural Nurse Therapist / Kintampo Project Educator

### Improving mental health through education

In this presentation we will provide an overview of the Kintampo Project and how it continues to work, through a UK / Ghana collaboration, to improve mental health services. Particular emphasis will be given to how the project has involved nurses as agents of change and the impact on the nursing profession in Ghana. Until recently the majority of mental health service provision has occurred in three large psychiatric units in the South, necessitating a journey of 380 miles or more for those living in the North. The Kintampo Project, through the College of Health Kintampo, is educating two new cadres of mental health professionals whose focus is on local communities. This presentation will illustrate how nurses from Ghana and the UK have contributed to the health and wellbeing of people with mental health problems in communities across Ghana.





#### 51 UNITED KINGDOM

Dr Macaden, Leah

Lecturer, School of Nursing, Midwifery and Health, University of Stirling (Highland Campus)

##### **Higher education in dementia: capacity building in Scotland as the dementia clock continues to tick**

With dementia now recognised as a national crisis within the UK, resources and capacity building are urgently required to improve both health and wellbeing of the person with dementia. The School of Nursing, Midwifery and Health, University of Stirling has developed an innovative post graduate programme: MSc in Health and Wellbeing of the Older Person which includes a 30 credit module which facilitates the development of an extended knowledge base to promote health and wellbeing for the person with dementia and their families using innovative approaches to learning that aim to clearly connect policy, practice, education and research. The module spans across both the health and social care aspects of dementia that aim toward training practitioners at the dementia enhanced and expertise level within a promoting excellence framework.

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#### 57. UNITED KINGDOM

Mr Ujam, Malachy

PhD Candidate, Division of Health and Social Care, Faculty of Health and Medical Sciences, University of Surrey, UK

##### **Interaction of frontline professionals involved in mental health crisis: a view from the frontline**

This study explored the previously under researched interaction of frontline professionals (police, paramedics, A&E nurses and mental health nurses) involved in managing mental health service users who present in a crisis. The current study uses a social constructionism/discourse analysis approach as well as a multi-professional, multi-organisational approach with service user involvement. The sample in this study consisted of quantitative (numerical) data from the police and six National Health Service (NHS) organisations in one region of the United Kingdom. Data for this study shows that more than 50 years since deinstitutionalisation, following the closure of asylums, the challenges associated with managing mental health crisis in the community remain entrenched. Key findings and recommendations will be shared.

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#### 61. MALTA

Mrs Cutajar, Maria

Senior Midwife, Mater Dei Hospital Malta: Vice President, Malta Union of Midwives and Nurses

##### **Workplace mental health: it pays to be proactive**

Mental health is an important component of occupational health; and is now widely recognised as a crucial factor when building and maintaining a successful organisation. This is because; mental health problems have a direct impact on workplaces through increased absenteeism, reduced productivity, and increased costs. Like many diseases mental disorders have risk factors that can be prevented or reduced, yet decision-makers have been slow to recognise the importance of promoting mental health within the workplace This presentation aims, to help individuals better understand the sources and dynamics of mental health at the workplace. The presenter will outline some of the socio-economic arguments for the promotion of good mental well-being in the labour force. The role and activities to promote mental wellbeing in the workplace that can be undertaken by organisations will be outlined along with important gaps and challenges that need to be addressed.

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#### 62. CYPRUS

Mrs Mashini, Maria

Senior Nursing Officer, Educational Programs Management Team, Nursing Services Education Sector, Ministry of Health

##### **Exploring the feelings of guilt of the family care giver in providing care to persons with dementia**

The rapid increase of cases of dementia has globally expanded the need for informal care. Family caregivers experience a considerable physical and emotional burden. The feeling of guilt is widely recognised during the provision of care and it has been shown to be related to psychosocial maladjustment to the caregivers, significantly affecting both their quality of lives and the quality of care they provide. This study explored factors associated with the feeling of guilt of the family caregiver providing care to persons with dementia in the Cyprus Greek population. Feelings of guilt are commonly experienced by family caregivers of persons with dementia. It is important to take into consideration the family caregiver's feeling of guilt and to establish community psychosocial support programs aiming to reduce caregivers' emotional distress.

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### 63. UNITED KINGDOM

Miss Aligawesa, Mariam Namulindwa

Co-Chair, Uganda Diaspora Health Foundation, Butabika Link, East London NHS Foundation Trust and Clinical Charge Nurse Triage Ward South London and Maudsley NHS Foundation Trust, Ladywell Unit, Lewisham University Hospital

Mr Mulimira, Moses Wasswa

Co-Chair, Uganda Diaspora Health Foundation, Butabika Link, East London NHS Foundation Trust and Life skill and recovery worker, Millharbour Ward (psychiatric intensive care unit) Tower Hamlets Centre for Mental Health Mile End Hospital

#### **Harnessing and utilising the skills of diaspora nurses to improve mental health care: a UK based Uganda diaspora study**

This presentation considers the role of the Ugandan Diaspora as active capacity builders of mental health services in Uganda. A case study of the partnership between Uganda Diaspora Health Foundation and Butabika National Referral Hospital in Uganda - East London NHS Foundation Trust Link (The Butabika Link) will examine existing practices of engagement to address the lack of skilled health workers in Uganda. This will provide a practical example of diaspora involvement in the planning, and implementation of a global health initiative. This presentation will examine the process through which Ugandan Diaspora nurses are engaged in the planning and implementation of projects, within the context of delivering sustainable global health initiatives. Discussion will focus on current and completed projects, including the ways in which members use their networks and local knowledge to influence project outcomes. Completed projects such as Peer support training and Psychiatric Clinical Officer training on psychological therapies, demonstrate that collaboration with the Ugandan Diaspora has made an impact on the efficacy and capacity of projects led by The Butabika Link.



### 78. PAKISTAN

Dr Charania, Nadia Ali Muhammad

Clinical Educator, School of Nursing, University of Michigan, Ann Arbor, USA

#### **Strategies Pakistani women use to self-manage recurrent depression**

Major depression is a concern for Pakistani women. The purpose of this qualitative study was to describe Pakistani women's perspectives on strategies to self-manage their recurrent depression. With a purposive sample of 10 Pakistani women, 27 semi-structured interviews were conducted and analysed. Women described their symptoms of depression and their perspectives about depression. Factors in depression, emergent themes and strategies will be shared. This research underscored the importance of self-management strategies in major depression and the potential to broaden the roles and responsibilities of advanced nurses by promoting collaboration and partnerships within a patient-provider care framework.



### 88. BAHAMAS

Ms Johnson, Rebecca

Senior Nursing Officer, Paediatric Nurse Practitioner, Princess Margaret Hospital Bahamas

#### **Determining attitude, knowledge and practice of nurses in recognising mental health problems in children**

There is growing evidence to suggest that mental health illnesses are prevalent among children. In fact, one in five children (20%) experience mental health problems that significantly interfere with their developmental functioning and achievement. This study aims to enhance the knowledge and practice among nurses in an inpatient paediatric unit in Nassau Bahamas as it relates to the incidence, signs and symptoms of mental health illnesses in children. If detected and treated appropriately at an early stage, many children can either fully recover from their mental illness or successfully control their symptoms, thus enabling them to live full and productive lives. Conversely, when left undetected and untreated, the mental disorders of childhood can continue into adulthood and lead to many devastating problems in all aspects of an individual's life.



### 99. MALTA

Ms Saliba, Theresa

Practice Nurse, Mental health community and rehabilitation, Mount Carmel Hospital Malta

#### **Illness perceptions in carers of persons with dementia**

An individual's 'personal model' of an illness comprises perceptions on causes, symptoms, treatment effectiveness, duration, consequences and emotional impact. These perceptions have been shown to influence a person's adjustment to an illness. However there is a dearth of knowledge regarding the 'personal model' of carers for persons with depression. This study aimed to examine the illness perceptions of carers of persons with depression. The cross-sectional design involved 94 carers of persons with depression living within a community setting. Results and conclusions will be shared. Health professionals should explore the caregivers' perceptions on depression and target beliefs associated with negative outcomes, such as the adverse emotional impact of providing care for a person with depression. Interventions planned should also be responsive to the significantly different perceptions in carers by years of caring.



**118. KENYA**

Mrs Oywer, Elizabeth  
Registrar, Kenya Nursing Council

**Is mental health nursing facing extinction in Kenya**

The purpose of this study was to determine the factors associated with choosing mental health nursing as a career in Kenya, and to explore the possible ways of improving recruitment and retention of mental health nurses in Kenya. A qualitative design employing focus group discussions was used. Data were collected over a three week period in July 2010. The results revealed that basic nursing students do not intend to pursue a career in mental health nursing. The barriers to the mental health field include stigma, a poor working environment and inadequate career guidance. Marketing, policy and regulatory reforms, as well as positive work environments have been identified as strategies for improving the recruitment and retention of mental health nurses in Kenya.

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# Maternal and Child Health



## 1. SOUTH AFRICA

Mrs Leonard, Angela  
Research Coordinator, University of Cape Town

### Improving breastfeeding practice at a paediatric hospital in South Africa: The 'Breastfeeding is Best' project

Improving breastfeeding practice is a challenging task and collaboration from all staff is essential. The aim of this project was to align with global strategy to encourage and support breastfeeding practices at Red Cross War Memorial Children's Hospital, Cape Town. The methodology was intentionally participative and included working with a multidisciplinary health care team, including dietitians, nurses and breastfeeding mothers. This project has prioritised and promoted breastfeeding, designed and implemented a hospital specific breastfeeding policy and trained nursing staff. Improving breastfeeding practice in a paediatric hospital was possible as a result of the participative approach and overcoming the challenges of privacy for breastfeeding mothers', policy design and implementation and staff training.



## 11. SWAZILAND

Mrs Mashwama, Clementine  
Senior Lecturer, Southern African Nazarene University

### HIV and AIDS: giving hope to a generation of orphaned children in Swaziland

HIV and AIDS is a global problem in particular in the Southern Africa Region; Swaziland is one of the countries that has the highest prevalence of HIV and AIDS at 26% in the general population and 39.2% among pregnant women. The group that is hardest hit by the impact of this pandemic is the children. Studies on children's responses to death of a parent have shown that bereaved children suffer from depressive syndrome expressed through sadness, crying, irritability, sleep disturbances, nightmares, general loss of interest, and poor school performance. The Project Giving Hope to a Generation of Orphaned Children in Swaziland is a support group for orphaned children, which was initiated in 2003 in the Manzini Region focusing on children from age 6-12 years and above. The purpose of the project is to provide an opportunity for the orphans to come together and share their grief and loss experiences.



## 18. CYPRUS

Mrs Athanasiou, Eleni  
Registered Midwife, Limassol General Hospital

### Vaginal birth after Caesarean Section

The World Health Organization recommends that the caesarean section rate should not be higher than 10% to 15% however the rates of caesarean section are dramatically increasing. From studies done after the 1960, it appears that women with previous caesarean can safely attempt to deliver vaginally in subsequent pregnancies. Women who considered candidates for vaginal birth after caesarean, 60-80% will succeed. As health professionals, we should consider if all these caesareans are really necessary and ethically correct and we should encourage vaginal birth after previous ones.



## 43. UNITED KINGDOM

Miss Bernie, Kate  
Medical Student, University of Leeds

### Factors influencing young mothers' infant feeding decisions

Increasing rates of exclusive breastfeeding for the first six months of life is important to ensure that infants achieve 'optimal growth, development and health'. Interventions targeting young mothers are recommended due to low breastfeeding rates. Women's mothers have been identified as potential influences on whether women choose to breastfeed. This study aimed to explore professionals' perceptions of young mothers' attitudes to breastfeeding and the role of maternal grandmothers. Grandmothers were identified as important influences on some women, and in particular, concerns were raised that grandmothers sometimes undermined intentions to breastfeed. Professionals recognise grandmothers as an important influence and source of support for many mothers but identified other priorities, particularly improving the level of support in post-natal care.



#### 44. BAHAMAS

Mrs Graham, Kateca  
Nursing Officer 1, Department of Public Health Bahamas

##### **Collaborative care in breast cancer management in the Bahamas**

Specific inherited mutations, BRCA1 and BRCA2, increase the risk of female breast and ovarian cancers and have been associated with increased risks of several other types of cancer. Four per cent of the Bahamian population carries the gene. On average Bahamian women are diagnosed with breast cancer 20 years before women in the USA resulting in Bahamas having the highest mutation rate in the world of the genes that can cause breast and ovarian cancer. A collaborative program which included governmental and non-governmental agencies has been developed to heighten awareness of breast cancer risk factors, provide early detection through screening, diagnosis, improved treatment methods and increased access to breast health services has been

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#### 52. NAMIBIA

Mrs Taukuheke, Letha Itembu  
Lecturer, Midwifery Coordinator, University of Namibia

##### **Midwives knowledge of the use of the partograph in the Regional Training Hospitals in Namibia**

The high incidence of maternal as well as neonatal mortality and morbidity in developing countries is associated with pregnancy related complications during childbirth which could be prevented if women in developing countries had access to basic and emergency obstetrical care and delivered with the help of a skilled birth attendant. In Namibia, the partograph is an observational tool used to record maternal and foetal signs during the management of the first stage of labour. This tool enables practicing midwives to identify impending problems during labour in the mother as well the foetus. This study assesses and describes midwives' knowledge regarding the use of the partograph in Oshakati and Windhoek regional training hospitals. A quantitative, descriptive research design was used and findings and recommendations will be shared.

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#### 54. UNITED KINGDOM

Dr Major Bernthal, Lizzy  
Research Fellow and Lecturer, Medical Directorate, Royal Centre for Defence Medicine, Birmingham UK

##### **The impact of army life on a mother's decision-making when her child is unwell**

While there is considerable evidence concerning the complex factors influencing a mother's decision to seek professional help when her child is unwell, little empirical work has addressed the stresses faced by lone parents during enforced separation and the consequential effect on decision-making. As lone parents, military mothers faced a combination of stressors that altered their help seeking behaviour. Fear for the partner's safety when absent, reduced mothers' rational thinking and altered their interpretation of the child's symptoms from 'minor' to 'life threatening'. Consequently, they contacted health care services as a last resort when their partner was available, to a first resort in his absence. Lone mothers may require psychological, emotional and logistical support alongside treatment for their sick child.

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#### 65. MALTA

Ms Bugeja, Marie-Louise  
Charge Midwife, Parentcraft Services Malta

##### **Parentcraft services: from a founding project to a professional entity providing client-centred education and support**

The aim of Parentcraft Services is to provide education and support for pregnant women, their partners and extended family, before, during and after birth, with the main focus on client-centred care. Client relationship is seen to be of extreme importance and nurtured actively to build trust between clients and midwife. The Support Tel Helpline is open to all, even those who never attend Parentcraft sessions. A generic email is also available. Parentcraft Services is also actively involved in various steering groups, including the Breastfeeding Friendly Hospital Initiative (BFHI), National Breastfeeding Policy, Sexual Health Policy, Child Safety, Asylum Seekers, Gender Equality, etc. Ultimately, Parentcraft Services provides an opportunity for synergy and support on health issues related to pregnancy, birth, postnatal and neonatal period. It is also greatly involved in the wellbeing of the newborn, and child safety issues.

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## 68. UNITED KINGDOM

Mrs Jones, Marsha

Mary Seacole Scholar 2011, Lead Midwife, Barts Health, Newham University Hospital NHS Trust

### **Improving postnatal care and experience in hospital for Black and South Asian women by exploring health care workers' capabilities**

The study aimed to engage with and elicit the views of women, midwives and other health care workers to gain an insight into the barriers to equality of postnatal care design and delivery for Black and South Asian women and to identify areas for improvement. The study revealed poor staff attitudes, inadequate support of women in the postnatal period, inadequate information provision and poor cultural understanding in the provision and delivery of the service provision. The study also revealed stress and frustration amongst staff as a result of being unable to provide adequate quality care and services to all women. These findings have implications for black, minority and ethnic women (BME) and the wider community. The outcomes from the project provide essential information and pointers for the local organisation, to address the issues which have been identified as having the most impact on service delivery, in order to improve the experiences of women, babies, families and staff.



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## 79. GHANA

Ms Ebu, Nancy

Assistant Lecturer, University of Cape Coast

### **A systematic appraisal of the factors influencing antenatal services and delivery care in sub-Saharan Africa**

Maternal mortality is a public health problem worldwide and antenatal services and delivery care are key strategies to reduce avoidable maternal deaths. However millions of women of childbearing age in Sub-Saharan Africa do not receive sufficient care due to disparities in accessing and utilising antenatal services and hospital delivery care. This systematic appraisal seeks to investigate the factors influencing access to antenatal services and delivery care among women of childbearing age in Sub-Saharan Africa. Results of four studies showed low use of hospital delivery with Christian women more likely to use hospital delivery than Moslem women or traditional worshippers. Access to ANC services and delivery care are influenced by women's and their partners socio-demographic, education, economic status, distance to health facility, quality of care and cost of service. Access inequalities affect the health of women in sub-Saharan Africa. Promoting safe motherhood would require improving the socioeconomic and political environments that addresses the multiple barriers women encounter.



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## 90. TOBAGO

Mrs Celestine-Balfour, Sarah

Cluster Nurse Manager, Tobago Regional Health Authority

### **Postpartum depression: an exploration of nurses' attitudes and knowledge**

This study explored the attitudes and knowledge of nurses in the management of patients with postpartum depression in Tobago? The findings of the study revealed that the practice and knowledge of the nurses are not at the expected level. 45% did not know the methods for diagnosing PPD. 80% had received information in their training; however 74.3% had not received continued education. The majority (97.1%) were aware that it was their responsibility to assess the mother's psychological health yet this was not offered by way of an assessment tool. Most felt their patients would benefit from counselling (62.9%). It is recommended that policies regarding postpartum maternal health be established with continuing professional education provided for nurses and midwives who are well positioned to offer PPD screening and counselling. As such mental health care delivered by nurses has the potential to avert the many obstacles that would hinder the detection and treatment of PPD, and eventually improve the outcome of both mother and infant.



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## 115. NAMIBIA

Dr Lukolo, Linda Ndeshipandula

Lecturer, School of Medicine, University of Namibia

### **Empowering rural parents to provide sexuality education to their children in Ohangwena region Namibia**

Talking about sexuality has never been easy in most Namibians cultures and it seems that most parents feel uncomfortable and embarrassed to talk openly with their children about sexuality. They do not participate in the sexuality education of their children, because they believe they are unable to provide quality and adequate sexuality education due to their lack of knowledge about human sexuality or their perceived inability to explain what they do know. The purpose of this study was to develop a programme to empower rural parents to participate in the sexuality education of their children. The study was a qualitative, explorative, descriptive and contextual in nature, performed in three phases. Recommendations are made and conclusions drawn. The main findings revealed two themes: factors influencing parental participation in their children's sexuality education, and the need for parental participation in their children's sexuality education.

# Posters



## 13. UNITED KINGDOM

Major Brownsell, Mike

Officer Commanding B Squadron, 208 Field Hospital (Liverpool)

### **Fit for future: promoting the health and wellbeing of army reservists**

HM Forces are made up of both regular and reserve personnel, respectively serving fulltime or around 30 days annually. In all there are around 15,000 Army reservists. Health care professionals are a major component of Defence Medical Services. The aim of this pilot programme was to assess; advise; monitor and offer multiple, practical opportunities to maintain and improve physical activity, eating choices and wellbeing. A combination of assessment and support was offered over a one year period. This included consideration of reservists' health risk factors; a health check (including BP; random glucose and cholesterol; BMI; GPPAQ) and motivational support with an occupational health adviser. A variety of sessions on lifestyle (including healthy eating, active transport, yoga, fitness and strength training) were delivered.



## 20. BAHAMAS

Mrs Ingraham, Enith Regina

Nursing Officer 2, Tarpum Bay Clinic, Department of Public Health, Eleuthera, Bahamas

### **A health future begins with me!**

This presentation demonstrates how primary care health education can empower people to take responsibility for their own health and lessen the after-hours on call workload of nurses working in the primary health care setting using case examples of people with asthma and minor illnesses such as common cold, insect bites, small abrasions etc. The presentation demonstrates that empowering a client to take responsibility of their own condition lessens repeat clinic visits, gives the client a sense of satisfaction and gives the overwhelmed on call nurse her much needed rest.



## 33. SOUTH AFRICA

Ms Sam, Heather

Marketing Manager, Democratic Nursing Organisation of South Africa (DENOSA)

### **The role of the Biennial National Conference in enabling South African nurses' participation in policy development**

The purpose in organising national scientific conferences for nurses and midwives was to create a space where they would do a critical assessment of their participation in health policy. This presentation will demonstrate how the conferences have enabled South African nurses and midwives to actively engage and influence policies affecting the profession. The outcomes of the first conference fed into the National Nursing Summit, 2011 organised by the Department of Health. The summit led to the development of the Nursing Strategy 2013. The second conference produced a declaration where nurses and midwives commit to work in solidarity in ensuring effective implementation of policies relating to their profession. The resounding success of the 2nd SA Nurses Conference, proved the need for such enabling platforms for nurse to engage and further articulate the kind of professionals they want to be and the type of health care they are prepared to provide.



## 52. NAMIBIA

Mrs Taukuheke, Letha Itembu

Lecturer, Midwifery Coordinator, University of Namibia

### **Midwives knowledge of the use of the partograph in the Regional Training Hospitals in Namibia**

The high incidence of maternal as well as neonatal mortality and morbidity in developing countries is associated with pregnancy related complications during childbirth which could be prevented if women in developing countries had access to basic and emergency obstetrical care and delivered with the help of a skilled birth attendant. In Namibia, the partograph is an observational tool used to record maternal and foetal signs during the management of the first stage of labour. This tool enables practicing midwives to identify impending problems during labour in the mother as well the foetus. This study assesses and describes midwives' knowledge regarding the use of the partograph in Oshakati and Windhoek regional training hospitals. A quantitative, descriptive research design was used and findings and recommendations will be shared.



#### 64. CANADA

Dr Dietrich Leurer, Marie

Assistant Professor, College of Nursing, University of Saskatchewan, Canada

##### **'Have patience and give the mother time and reassurance': new mothers' perspectives on breastfeeding support**

Despite the World Health Organization's recommendation of exclusive breastfeeding for the first six months of life, in many countries infant nutrition practices fall well short of this standard. In Canada, although the vast majority new mothers initiate breastfeeding, only one quarter exclusively breastfeed for six months, with many mothers discontinuing breastfeeding within the first few weeks. In order to capture perspectives of new mothers, a survey was distributed by public health nurses in Western Canada to mothers of infants six to twelve months of age who had initiated breastfeeding. A sub analysis of the survey responses focused on the perceptions of these mothers regarding the breastfeeding support they had received from nurses. The findings provide direction to nurses working with mothers in the postpartum period by highlighting the need to consider how new mothers may view their interactions, to ensure evidence-based guidance is provided, and to facilitate an encouraging, empathetic and non-judgemental therapeutic relationship.

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#### 69. MALTA

Ms Mifsud, Mary Grace

Charge Nurse, Orthopaedic Ward 1, Mater Dei Hospital, Malta

##### **Clinical learning environment as perceived by students and qualified staff**

The Clinical Learning Environment (CLE) is a multidimensional entity with a complex social context which has undergone significant changes over the years. A descriptive cross sectional survey collected quantitative and qualitative data from students and staff. Results revealed no significant differences between students and staff overall perceptions on the CLE. Additionally, no significant difference was found in CLE perceptions between males and females. However a significant difference was found between subgroups of students by clinical placements in the two different hospitals. Factors enhancing and hindering learning emerged under two themes, namely; the clinical environment and the ward organisation. Additionally, support through mentorship was perceived as important by both students and staff. A set of recommendations are proposed in order to enhance students' learning.

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#### 70. MALTA

Ms Mifsud, Mary Grace

Charge Nurse, Orthopaedic Ward 1, Mater Dei Hospital, Malta

##### **Intermediate care for patients with fractured femur: a literature review**

Hospital admissions due to falls in people aged 60 years in Australia, Canada and United Kingdom are increasing. This presentation shares the results of a literature review of intermediate care for patients with fractured femur. Although there are vast literature on intermediate care, there is lack of clarity and debate about its definition and the cost effectiveness of different approaches. Examples of intermediate care advantages across different cultures are given. These include the provision of holistic care to patients, flexibility and patient centered approach, and encouragement to individuals to reach their full potential. Community based care was found to be more efficient than hospital care as it assisted older people to become more independent. Various problems with discharge planning and intermediate care will be highlighted. To apply evidence into practice some recommendations will be emphasized. These include background information on cultural components of the country, structured discharge plans and support networks.

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#### 113. SOUTH AFRICA

Mrs Leonard, Angela

Research Coordinator, University of Cape Town

##### **Effective information regarding cardiac surgery for children**

In South Africa, a multicultural, multilingual, low health literacy society, a mother may be excluded from accessing health information relevant to her child's hospitalisation. Being adequately prepared and in possession of sufficient knowledge is known to relieve anxiety and may assist a mother in best preparing her child for any procedures or surgery. The process of cardiac surgery is complex but has a relatively predictable pathway. A need was identified for succinct, accessible information about both the cardiac procedure and pathway. Four options of information delivery were presented to mothers; a storyboard of photographs, a doll simulating a baby post-operatively in PICU, a medical information sheet and an anatomical picture of a heart. Specific evaluation of the storyboard highlighted that parents felt empowered by it, giving them a sense of hope and awareness of what to expect. Knowledge of and familiarity with equipment provided parents with greater understanding and thus alleviated their stress. The photo storyboard was identified as being assessable and preferable in preparing parents and children for cardiac surgery.

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#### 117. MALAYSIA

Mrs Sanisah, Saidi Binti

Postgraduate Research Student, School of Nursing, Midwifery and Social Work, the University of Manchester

##### **An exploration of self-care practices of patients with type 2 diabetes in Malaysia**

Malaysia recorded a steep increase in patients being diagnosed with type 2 diabetes in the last 10 years. Patients' lack of engagement with self-care has been argued as the main reason for an increase in associated complications such as renal impairment, foot ulcer and cardiovascular diseases; however there is little research evidence to support this view. A study was conducted to explore patients' experience of caring for their type 2 diabetes and to explore factors that influenced their engagement in self-care. A qualitative case study design was employed. Themes included in the data were understanding and perception of diabetes and self-care, strong religious belief, positive acceptance of diabetes and supports from family which perceived as facilitators to self-care. Barriers to self-care include; adapting self-care to daily routine, environment, Malaysian diet and their role in the family. By acknowledging the barriers and facilitators which perceived by the patients in engaging to self-care, it will increase awareness of healthcare professionals on patients' problems which will lead to individualised self-care support.

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