

Conference 2012

COMMONWEALTH NURSES FEDERATION

Inaugural
Commonwealth Nurses Conference

Our health: our common wealth

Saturday 10 and Sunday 11 March 2012

The Commonwealth Club, 25 Northumberland Avenue, London EC2N 5AP England

Book of abstracts



Commonwealth
Nurses Federation

in collaboration with
the 9th CNF European
Region Conference

supported by



Welcome

On behalf of the Commonwealth Nurses Federation (CNF), welcome to the Inaugural Commonwealth Nurses Conference which is being held in London UK on the eve of Commonwealth Day 12 March 2012 and Commonwealth Week.

The Inaugural Commonwealth Nurses Conference is also being held in conjunction with the 9th CNF European Region conference and is being supported by the Royal College of Nursing UK and the Commonwealth Secretariat. I hope you enjoy the conference and your time in London.



Susie Kong, President, Commonwealth Nurses Federation



Miss SUSIE KONG

Susie received her nursing education in England. She did her general nursing and operating theatre nursing certificates at Guy's Hospital, London and her midwifery at Queen Charlotte Hospital and St Thomas' Hospital, London. She also holds a Master's Degree in Health Care Management from the University of Wales (Swansea), United Kingdom. Susie has worked as a nurse in the United Kingdom, Malaya and Singapore. She has held several senior management positions in various health care organisations in Singapore and has also worked as a short term consultant for the World Health Organisation (WHO) in LAOS and Vietnam. Her work experience includes hospital planning, quality assurance and home care services. Susie was the President of the Singapore Nurses Association (SNA) for 15 years from 1988 to 2003 and Executive Director of SNA from 2004–2008. She was elected President of the Commonwealth Nurses Federation for the term 2005–2009 and re-elected for the term 2009–2013. Susie is an active member of several nursing and health related committees. Susie was bestowed the Princess Srinagarindra Award 2009. This prestigious Award is given annually in memory of Princess Srinagarindra (mother of the current King of Thailand) to a nurse from around the world in recognition for her contribution to nursing.



Ms ANDREA SPYROPOULOS

Andrea is President of the Royal College of Nursing UK. She has worked as a qualified nurse for over 28 years and has practised as a midwife, sister and nursing officer. She has proudly maintained her licence to practise and continues to work within the acute sector for clinical development and to meet the practice hour's requirement for registration. Andrea works as a Clinical Strategist, providing in-depth and detailed advice on the design of clinical settings so as to best improve the patient experience. Andrea undertakes this role in both Canada and the UK, and has led on large projects in both countries. Her responsibilities in this role include ensuring the provision of clinical and operational advice to the relevant design team throughout all stages of the process, from the initial plans to the opening of the new facility. Andrea has also spent ten years working as a Senior Lecturer at John Moores University, teaching the pre-registration programme to graduate and undergraduate nurses, doctors and allied health professionals.



Mr IOANNIS LEONTIOU: PhD(c), MA, BSc(Hons)

Ioannis is President of the Cyprus Nurses and Midwives Association. Ioannis is a Senior Nursing Officer at the Ministry of Health currently appointed to the Medical and Public Health Services having an advisory role for the re-organisation and development of the Ambulance Service in Cyprus. Ioannis was appointed by the Minister of Health on the Advisory Committee for the Private Hospitals and participates in certain working groups of the Ministry of Health for health related issues. Ioannis is an official delegate for the Cyprus Nurses and Midwives Association on various committees locally and internationally. Ioannis served as Vice-President European Federation of Nurses (2008–2010) and was Board member for the CNF Europe Region (2007–2011).



Mr PAUL PACE

Paul graduated as a nurse in 1985. After working for six years in the Accident and Emergency Department, Paul obtained a scholarship specialising in renal dialysis where he worked for four years. In 1992, Paul extended his specialisation to Infection Control at the University of Manchester in the UK which gave him the opportunity to set up various infection control policies including the needle stick injury policy which has been recently been adopted within the EU countries. Paul has presented various papers on infection control at international nursing conferences including the ICN conference in Taiwan and the Australian Infection Control conference in Hobart, Tasmania and was a member of the Nursing and Midwifery Council in Malta, the regulatory body for nurses and midwives. In 2008, Paul became President of the Malta Union of Midwives and Nurses and had the honour to pilot projects such as the enrolled nurse to registered nurse conversion course and the reimbursement of financial costs for continuing professional development to all nurses and midwives. As President of MUMN, Paul participates not only in the CNF but also in ICN and in the European Federation of nurses (EFN). Paul is Secretary General of FORUM which is a confederation of eleven unions. He also represents FORUM in the European Trade Union Council (ETUC). Additionally, Paul is a part time lecturer at the University of Malta preparing students both at degree and diploma level in infection control principles and also in the prevention of infectious disease.

Plenary speakers



Mr H E KAMALESH SHARMA is an Indian diplomat who became Commonwealth Secretary-General on 1 April 2008. Mr Sharma previously served as India's High Commissioner to the United Kingdom. A career diplomat since 1965, Mr Sharma served as the Special Representative of the United Nations Secretary-General to Timor Leste from 2002 to 2004. As India's Ambassador to the UN in Geneva and New York he has been spokesperson for developing countries in the Uruguay Trade Round and closely involved in the development of the Monterrey Consensus and Millennium Development Goals. He is Chancellor of Queen's University, Belfast.

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Dr PETER CARTER OBE is Chief Executive and General Secretary of the Royal College of Nursing (RCN), the world's largest professional union of nurses. The RCN has a membership of over 400,000 nurses, midwives, health visitors, nursing students, cadets and health care assistants. Before assuming the post of RCN General Secretary in January 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 with an operating budget of over £200 million and an international reputation. Dr Carter is a graduate and a member of the Chartered Institute of Personnel. He also has a Master's Degree in Business Administration and a PhD, both from the University of Birmingham. He was awarded his OBE for services to the NHS in the 2006 New Year's Honours. He is a visiting professor at the Florence Nightingale School of Nursing and Midwifery at King's College London and Anglia Ruskin University.

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Ms CHRISTINE HANCOCK is founder and director of C3 Collaborating for Health, a small global charity that tackles four major chronic diseases (cardiovascular disease, diabetes, chronic respiratory disease and many cancers) by focusing on the three biggest risk factors: tobacco, poor diet and lack of physical activity. An experienced nurse and health-service manager, she trained at King's College Hospital, was ward sister at London's National Heart Hospital, CEO for Waltham Forest health service, General Secretary of the Royal College of Nursing, and President of the International Council of Nurses. C3 Collaborating for Health recognises health as being about more than health care. There are many different things that we do every day that have an impact on our long-term health and wellbeing. We can all make changes to our lifestyles, but we may need assistance if these changes are to be sustainable: the environment in which we live and work may not encourage healthy choices, and health messages can be inconsistent and hard to follow. C3 brings together policy-makers, businesses, government, teachers, health experts, young professionals, academics and others to design ways to make it easier to be healthy, and to put these ideas into action. Working together can achieve more than is possible when acting as individuals or individual organisations. Christine is a governor of De Montfort University, Leicester, an adviser to Doctors.net and trustee of a charity providing life-skills to homeless people.

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Mr NEIL PAKENHAM-WALSH is the coordinator of Healthcare Information For All by 2015 (HIFA2015) a global campaign and knowledge network. He is a co-director of the Global Healthcare Information Network (GHI-net), which administers HIFA2015. GHI-net is a UK non-profit organisation that runs global health forums to improve the quality of health care in developing countries. HIFA2015 brings together more than 4000 members – health workers, librarians, publishers, researchers and policymakers – in 2000 organisations across 163 countries worldwide. HIFA2015 members are committed to a common goal: By 2015, every person worldwide will have access to an informed health care provider – people will no longer be dying for lack of access to basic health care knowledge. One-third of members are based in Africa, one-third in Europe, and one-third in the rest of the world. GHI-net runs several other global health forums in collaboration with the World Health Organization: HIFA-Portuguese, HIFA-Evidence-For-Informed-Policy-Network-French, International Child Health Group of the Royal College of Paediatrics, Child Health (CHILD2015), and Zambia UK Health Workforce Alliance (HIFA-Zambia). Neil qualified in medicine from St Georges Hospital, London in 1983 and after a few years in hospital medicine moved into global health. His special interests include: improving the availability and use of relevant, reliable health care knowledge for health workers and citizens in low- and middle-income countries; and developing the potential of large, interdisciplinary virtual learning networks such as HIFA2015 to help address complex global health challenges. Neil has worked with the World Health Organization, the Wellcome Trust, the publication *Medicine Digest* (now incorporated in *Africa Health*), and the International Network for the Availability of Scientific Publications (INASP). He is based near Oxford, UK.

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Dr DEVA-MARIE BECK is a Nightingale scholar, nurse, author, multi-media specialist and global ambassador for the worldwide nursing community. She is an International Co-Director of the Nightingale Initiative for Global Health (NIGH), created in Florence Nightingale's footsteps – to increase public awareness about the priority of health and to empower and encourage nurses and concerned citizens to advocate for the most pressing global health needs of our time. Dr Beck represented NIGH at two Civil Society Development Forums convened in Geneva and New York City by CoNGO (the Congress of UN NGOs) to make key recommendations to the United Nations Economic and Social Councils of 2009, for 'Global Health' and 2010 for 'Women's Empowerment.' On behalf of NIGH, she has keynoted in Beijing, Caracas, Chicago, Istanbul, Mumbai, New York City, Quebec City, Toronto and Washington, DC and is on the development team of NIGH's global internet outreach at www.NightingaleDeclaration.net. Her work features a WHO/NIGH co-sponsored online video – Nurses and midwives: now more than ever for a healthy world (available in 7 languages) and, most recently, Daring caring and sharing – an online video to increase awareness about maternal health worldwide. Dr Beck has served as one of the Founding Directors of the 2010 International Year of the Nurse and as co-author of *Florence Nightingale today: healing, leadership, global action* (2005) and numerous related articles and book chapters. She has contributed new scholarship on Nightingale's extensive worldwide outreach, recommending how Nightingale's legacy can further inform and strengthen 21st century nursing practice and global citizenship.

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Ms ANDREA SPYROPOULOS is President of the Royal College of Nursing and also works as a Clinical Strategist, providing in-depth and detailed advice on the design of clinical settings so as to best improve the patient experience. Andrea undertakes this role in both Canada and the UK, and has led on large projects in both countries. Her responsibilities in this role include ensuring the provision of clinical and operational advice to the relevant design team throughout all stages of the process, from the initial plans to the opening of the new facility. She has worked as a qualified nurse for over 28 years and has practised as a midwife, sister and nursing officer. She has proudly maintained her licence to practise and continues to work within the acute sector for clinical development and to meet the practice hour's requirement for registration. Andrea also spent ten years working as a Senior Lecturer at John Moores University, teaching the pre- registration program to graduate and undergraduate nurses, doctors and allied health professionals.

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YVONNE CHAPERON is a registered nurse and a qualified solicitor, registered to practice in the state of Victoria, Australia. In 1989, she undertook her nursing training at the Royal Melbourne Hospital and commenced her graduate year on the Colorectal and Burns Unit in 1991. Yvonne commenced her law degree at the University of Tasmania in 1993 and worked at the Royal Hobart Hospital, Tasmania, three days a week and continued to nurse on weekends once qualified as a lawyer. On graduation as a lawyer, she practiced in Hobart, Tasmania in the areas of commercial law and criminal law. This included advocacy in the Magistrate's Court and the Supreme Court of Tasmania. Prior to joining the ANF (Victorian Branch) as a Professional Officer, Yvonne was employed with Ryan Carlisle Thomas, Lawyers, representing registered nurses before the Nurses' Board of Victoria, the Coroner's Court of Victoria, the Australian Industrial Commission, the Magistrate's Court and the Federal Court. In 2005, Yvonne became an Industrial Officer with the ANF Victorian Branch and had carriage of negotiating nursing awards and agreements and working with a team of Industrial Organisers and Professional Officers dealing with industrial and professional issues. In 2007, Yvonne became the Victorian Branch Assistant Secretary. In this role, she participated in the negotiation of state-wide nursing enterprise bargaining agreements in the public, private and aged care sectors. In July 2010, Yvonne commenced employment as the ANF National Assistant Secretary.

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Dr DHANANJAYAM (Danny) SRISKANDARAJAH has been Director of the Royal Commonwealth Society (RCS) since 2009. He was also Interim Director of the Commonwealth Foundation in 2011. Prior to joining the RCS he spent five years at the Institute for Public Policy Research (IPPR), the UK's leading independent think-tank, where he was head of migration research and, latterly, Deputy Director. Dr Sriskandarajah is a noted expert on international development and migration issues. He is the author of numerous reports and academic articles, writes regularly in the press (including in the Financial Times and the Guardian), has given more than 500 broadcast interviews, and has been a consultant to several international organisations. Dr Sriskandarajah holds a degree from the University of Sydney, and an MPhil and DPhil from the University of Oxford, where he was a Rhodes Scholar.

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Dr MARLA SALMON (ScD, RN, FAAN) is the Robert G. and Jean A. Reid Dean in nursing and professor in Psychosocial and Community Health at the University of Washington School of Nursing. She holds a joint appointment as professor in Global Health. Her scholarship focuses on global and domestic health policy and workforce capacity building. Dr Salmon has served in a number of governmental roles relating to health workforce development: Director of the Division of Nursing with the US Department of Health and Human Service; Chair of the National Advisory Committee for Nursing Education and Practice; member of the Clinton Administration's White House Taskforce on Health Care Reform; and member of the US Delegation to the World Health Organization. Dr Salmon has served as Chair of the Global Advisory Group for Nursing and Midwifery of the World Health Organization and as Head of the Secretariat for the Global Government Chief Nursing Officer's Network. She has consulted with governments as well as regional and global organisations. Dr Salmon is founder and former director of the Lillian Carter Center for International Nursing. She serves on a number of boards and advisory groups, including trustee for the Institute for Education of Students Abroad (IES) and former trustee for the Robert Wood Johnson Foundation. She is a member of the Institute of Medicine where she has served on a number of committees. Dr Salmon recently was senior editor of the award winning book, *NURSE: A World of Care*, which explores the role and impact of nursing around the world.

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Speaker abstracts

Mrs ADELAIDE MARIA ANSAH OFEI (Ghana)

2. Improving the quality of life of pregnant women using the IPTp-SP: experiences from the Dangme West District, Ghana
3. The prevalence of low back pain among nurses at the surgical department of Korle-Bu Teaching Hospital, Accra, Ghana

Dr ANDREAS CHARALAMBOUS (Cyprus)

4. Introducing eNurse for the management of respiratory symptoms in patients with lung cancer

Mr ANDREAS XYRICHIS (United Kingdom)

6. Unintended consequences of information technology on teamwork in intensive care

Mr JONATHAN ZHANG HONG'EN (Singapore)

7. Evaluation of the inter-rater reliability of two falls risk assessment tools in the inpatient setting

Mrs LYNNE DODSON (United Kingdom)**Dr VANITA SHARMA (United Kingdom)**

8. Oncology nurse training programme in Ghana, Uganda and Malawi

Professor ANNIE YOUNG (United Kingdom)

9. Bringing oncology clinical trials awareness to an international nursing audience via a web-based course

Dr CHIKA UGOCHUKWU (Nigeria)

11. Meeting the health related MDGs: challenges and the way forward

Ms LEE LAY ENG (Singapore)

12. Improving the process of retrieval of consumable items during mass casualty events and monthly stock inventory

Dr CHRISTIANA KOUTA (Cyprus)

13. The use of innovative technologies in community care

Miss FLORA NJEI NEH (Cameroon)

15. The use of information technology in five hospitals in Cameroon

DR JULIA PHILIPPOU (United Kingdom)

21. Managing careers as a strategy for developing a dynamic workforce

Mrs KATECA DEMERITTE-GRAHAM (Bahamas)

22. Candid voices in the evaluation process of the School of Nursing

Mrs KOMALAVALLI THONAKKOT (India)

23. The attitude level of school students on Yogic practice toward promotion of health

Ms LESLEY-ANNE LONG (United Kingdom)**Dr ELISABETH CLARKE (United Kingdom)**

24. The HEAT programme: flexible and scalable training for frontline health workers in Ethiopia

Mr NASRIFUDIN BIN NAJUMUDIN (Singapore)

25. A nurse managed telephone follow up and home visit programme for patients with high risk of unscheduled readmissions

Ms LOVEDAY PENN-KEKANA (South Africa)

26. Analysing nursing policy developments in post-apartheid South Africa

Mr SENESIE MARGAO (Sierra Leone)

27. The challenge for nurses and midwives of a government free health care initiative

Mr MALACHY UJAM (United Kingdom)

28. Mental health crisis in Africa: recognising the issues and suggesting ways forward

Mr MICHAEL LARUI (Solomon Islands)

29. Development of nursing regulation in Solomon Islands

Ms HLOLISILE NGIDI (South Africa)

30. Retrospective clinical chart review on the documentation of core PMTCT activities in Kwa Zulu Natal Province, South Africa

Mr MONAPHATHI MARAKA (Lesotho)

31. Nurses views on improving midwifery practice in Lesotho

Mrs RACHEL FINN (United Kingdom)

34. Can patient care be improved by using electronic nurse rostering?

Mr PISIRAI NDARUKWA (Zimbabwe)

32. Factors contributing to abortions at Chitungwiza Population Service, Zimbabwe Reproductive Health Clinic
33. Student nurses; views on the pregnancy policy implemented by Zimbabwe Ministry of Health

Professor LAETITIA RISPEL (South Africa)

35. We need that money and we need it immediately: moonlighting decisions of nurses in South Africa
58. Today was a hectic day: exploring the average working day of nursing unit managers in South Africa

Mrs ALICE AYUK TAMBE AGBOR (Cameroon)

36. The effects of climate on nursing students' health and wellbeing

Lt Col Dr PADMARAJ MEERA (India)

39. Challenges in nursing education in India

Mr DHUNRAJ FOOLCHAND (Mauritius)

40. A study on knowledge of foot care among diabetic patients in Mauritius
41. An analysis of the factors influencing nurse migration from Mauritius

Ms DORIS AQUILINA (Malta)

42. Adherence to treatment after reinforcement by the Rheumatology Nurse Specialist

Mrs ELIZABETH OYWER (Kenya)

44. Using ICT for workforce planning: a case of mental health nurses in Kenya

Ms FIONA SCALPELLO HAMMETT (Malta)

45. Death anxiety among health care professionals

Mr GEOFFREY AXIAK (Malta)

46. The relationship between nutritional status and chemotherapy induced distress

Mrs HANNAH-KIM GRIMA FORMOSA (Malta)

47. Surgical nurses' views regarding cardiopulmonary resuscitation: an exploratory study

MAURA BUCHANAN (United Kingdom)

49. Making a difference through health partnerships

Mr TONIO PACE (Malta)

51. Undergoing tonsillectomy: experiences of parents and children in Malta

Miss PAULA PROCTER (United Kingdom)

52. Bridging the information gap for the common good

Professor RUTH NORTHWAY (United Kingdom)

53. Improving the health of people with intellectual disabilities

Ms SHARON PETERS (United Kingdom)

56. Bransbury Park Young Persons' Drop in Centre, Portsmouth, UK

Mrs TRIXIE MCAREE (United Kingdom)

69. Is Vitamin D deficiency in pregnancy still a public health issue?

Ms WILLAMAE THERESE HAMILTON-STUART (Bahamas)

70. Innovations for excellence in nursing: the Bahamian experience

Ms TZUU LING TAN (Singapore)

72. Redesigning the nursing clinical handover process: bedside inter-shift handover

Ms NORAINI BINTI SAHA'AT (Singapore)

75. Improving the time taken to orient patients to the orthopaedic ward environment

Mrs ZAMASOMI LUVUNO (South Africa)

76. Fast tracking patients with multi-drug resistant TB to HAART initiation using quality improvement technology
77. MCWH QI at scale: DASHBOARD in action in the Kwa Zulu Natal Province South Africa

EILEEN RICHARDSON (United Kingdom)

78. Meeting the educational needs of Kenya's private nurse practitioners

Mrs UNICE GOSHOMI (Zimbabwe)

79. Knowledge of pregnancy induced hypertension complications and health seeking behaviour among pregnant women

Mrs M K D LALITHA MEEGODA (Sri Lanka)

80. Palliative care needs of adult cancer patients at a national centre in Sri Lanka

Mrs THELMA LOPEZ (Botswana)

81. Developing an integrated non-relational data management system

Dr MARION HOWARD (Virgin Islands)

82. Meeting the health MDGs: a Caribbean perspective

Ms JOYCE KAMDONYO (Malawi)

83. Enhancing midwifery capacity to reduce maternal and neonatal mortality in the ECSA region by scaling up midwifery educator training
4. Strengthening capacity to reduce newborn mortality in the ECSA region



Mrs ADELAIDE MARIA ANSAHE OFEI (Ghana)

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Adelaide is a lecturer at the School of Nursing, College of Health Sciences, University of Ghana, Legon. She is a registered nurse and a midwife who has specialised in human resource management, health policy and planning, and public health. Adelaide has been engaged in human resource management in health for the past eight years until last year when she started full time teaching at the University. Adelaide loves reading, dancing, sewing and traveling. Her research interests are in health systems management and public health.

2. Improving the quality of life of pregnant women using the IPTp-SP: experiences from the Dangme West District, Ghana

The impact of intermittent preventive treatment (IPTp) as a strategy for malaria control and the extent to which it improves the quality of life of pregnant women and outcome of pregnancy in the Dangme West district, Ghana was assessed by conducting a cross-sectional descriptive study. One hundred (100) pregnant women were selected by multi-stage cluster sampling from 21 communities. The study utilised both qualitative and quantitative methods in assessing the impact of IPTp. In addition to the above, data was also collected through desk top reviews of HCFs' records, the district's health annual reports, published and unpublished literature, textbooks, etc. IPTp strategy is doing very well as a strategy for malaria control and management in pregnancy in the district. The outcome of pregnancy has improved significantly but due to late assumption of antenatal care many women do not get the requisite dosage to realise the full potential of the IPTp therapy. Community participation should be enhanced to realise the full potential of the IPTp-SP strategy.

3. The prevalence of low back pain among nurses at the surgical department of Korle-Bu Teaching Hospital, Accra, Ghana

It is generally accepted that nurses belong to the group of high-risk professionals with regard to the occurrence of musculoskeletal injuries, especially in the area of the lumbar spine. These health challenges are due to intensification of work, changes in scheduling and organisation of the workplace, rising demands on nurses as well as new technologies. Long periods of duty exemptions and leaving the profession for good are due to debilitating low back pain among nurses. This leads to the reduction of the number of nurses on the wards, resulting in increased burden on the few remaining nurses. A descriptive cross sectional survey using the census approach was used to examine the prevalence of low back pain among 76 nurses at the Surgical Department of the Korle-Bu Teaching Hospital. Low back pain was found to be a common phenomena among the nurses. Knowledge in vital posture and body mechanics was variable but inadequate. Consequences of low back pain were quite remarked among the nurses in the Department especially shortage of staff, overworking, depression, chronic pain, sleep disorders and sick leave. The nurses acknowledged that management should ensure frequent training in body mechanics particularly lifting of patients, provision of adjustable beds and above all adequate provision of regular check-ups for staff and regular supervision and education by the Occupational Health Department of the Hospital.



Dr ANDREAS CHARALAMBOUS (Cyprus)

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Andreas is a Lecturer of Oncology and Palliative Care at the Cyprus University of Technology. He is also Head of the Euro-Mediterranean Research Center for Oncology and Palliative Care. He has a wide range of research interests including all the different focal points of the cancer trajectory. These include the following research interests: complementary and alternative techniques, symptom management, burden of care, spiritual and religious care, individualised care, quality of life, and quality of care. The cancer types that he has focused his studies on include but are not limited to head and neck cancers, breast cancer, prostate cancer and lung cancer. At the moment he is involved in several national and international studies.

4. Introducing eNurse for the management of respiratory symptoms in patients with lung cancer

Lung cancer is one of the main killers worldwide and the most frequent type of cancer in Europe and North America affecting men and women. In the light that lung cancer has a poor prognosis especially for small cell lung cancer (NSCLC), every effort needs to be made as to improve the lives of patients. This means that many patients suffer from the symptoms caused by the disease or/and the side-effects of the treatment and as a result many times the patients have to be hospitalised or attend the emergency department in order to deal with these symptoms. This paper will present the pilot implementation of an online programme in Cyprus as a means to manage respiratory symptoms and improve the Quality of Life of patients suffering from lung cancer. The programme is designed in a way that it can be used either by the patient or a significant other assigned by the patient. The online tool has much functionality and serves the patients in many different levels and ways. These include education, training (passive-active), symptom reporting, scheduling appointments and introduction of complementary and alternative therapies (CAM). The programme is person-tailored and is mutually decided between the nurse and the patient. The programme has been developed in a user-friendly format so that the patient or/and significant other can use it without specific IT knowledge. In order to assess the positive impact of the online supportive programme, several assessments were employed (online versions) including the level of dyspnoea, breathlessness and shortness of breath (SOB), the number of emergency hospitalisations due to poor symptom control, and overall Quality of Life.



Mr ANDREAS XYRICHIS (United Kingdom)

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Andreas is currently faculty member of the Department of Critical Care, at the Florence Nightingale School of Nursing and Midwifery, King's College London. Andreas has a professional background in nursing, has practised in intensive and emergency care, and has served as advisor to the secretary general of the European Federation of Nurses' Associations. Andreas' programme of research concerns the subject of multidisciplinary teamwork in primary and acute health care settings following qualitative social science approaches, drawing from organisational management and medical sociology. His work on teamwork has informed undergraduate nursing and medical education in the UK and contributed to European Commission reports on patient safety. Andreas' current research examines the work of health care professionals in intensive care units in London, employing an ethnographic approach, focussing particularly on the effects of the spatiotemporal and technological environments.

6. Unintended consequences of information technology on teamwork in intensive care

The use of information technology in health care has been rising steadily since the inception of the intensive care unit (ICU) in the early 1960s. A strong information infrastructure in health care can manage the burgeoning clinical knowledge base, coordinate patient care across health care professionals and support multidisciplinary teamwork. Despite continuous technological advancements and political support, uncertainty remains regarding the efficacy of information technology in health care concerning either safety or quality of care. Teamwork in particular has been associated with improved mortality rates in ICUs, however the extent to which information technology influences this either positively or negatively has been overlooked. The current paper reports findings from the analysis of information technology use in ICU and its impact on multidisciplinary teamwork; it forms part of a larger research investigating collaborative practices in ICU undertaken in London. An ethnographic ethos guided the overall conduct of the research. Data were collected using non-participant observation and semi-structured interviews from three ICUs in London and analysed following standard social science procedures of data reduction, data display, conclusion drawing and verification. Unintended consequences of information technology – positive, negative and perverse – were found to shape teamwork in ICU, fostering or hindering inter-professional interaction. In particular, the instantaneous availability of patient and professional notes facilitated information exchange and care planning; the completion of the electronic patient record took primacy over patient care discussions, while face to face communication was sidelined in favour of remote working. Further development and deployment of information technology in health care would need to hold these issues to better consideration in order to provide technological solutions that support as opposed to threaten teamwork, safety and quality of care.



MR JONATHAN ZHANG HONG'EN (Singapore)

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Jonathan has a BSc (Hons) in nursing. Having graduated from the University of Sunderland in 2010, Jonathan Zhang is currently a registered nurse with the Singapore General Hospital's Surgical High Dependency Unit. His clinical practice includes a diverse range of surgical specialties and trauma.

7. Evaluation of the inter-rater reliability of two falls risk assessment tools in the inpatient setting

Identification of patients at high risk of falling would theoretically allow nurses to target interventions to those most likely to benefit from them and hence results in more efficient use of resources available. Many tools to assess patients' risk of falling have been developed over the years. However, not many were investigated for reliability, validity and clinical usefulness. In order for a tool to be useful and relevant, it should be validated prospectively, using sensitivity/specificity analyses, in more than one population, with good face validity, inter-rater reliability and adherence from staff and transparent simple calculation of the score. This paper reports the inter-rater reliability of two fall risk assessment tools, namely Morse Scale and St Thomas's Risk Assessment Tool (STRATIFY), when used among patients in the acute care setting. This is part of a larger study which aimed to evaluate the sensitivity and specificity of the two tools. Raters (ie nurses) working in the inpatient settings of two medical and three surgical wards were trained in the use of the assessment tools. Based on an assumption that two raters will have a probability of disagreement of approximately 3%, a sample size of 160 would give us a 90% CI of width 5%. Two nurses consecutively and independently applied the assessment tools to a convenient sample of 160 patients who were admitted in the respective wards. Results demonstrated excellent inter-rater reliability with a Kappa value of 0.95 for Morse Scale and 0.87 for STRATIFY. Given that one of the agreed category has a small percentage, the AC1-statistic was also calculated, which yield values of 0.98 and 0.94 for Morse Scale and STRATIFY respectively. Both Morse and STRATIFY demonstrated excellent inter-rater reliability values. Decision to adopt which tool will then be affected by the sensitivity, specificity and ease-of-use of the tools.



Mrs LYNNE DODSON (United Kingdom)

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Lynne Dodson has a Master's Degree from the University of Birmingham in Clinical Oncology. Lynne's varied oncology nursing career started as Breast Cancer Research Nurse, followed by 15 years as a Macmillan clinical nurse specialist in breast care where she chaired the national NHSBSP nurse group and was one of the first nurses to attend the British Association of Surgical Oncology Group. Lynne has been an active member of the RCN breast committee and has been a member of one of the NICE guidelines committee. Lynne until recently was the Lead Cancer Nurse at the University Hospitals Birmingham NHS Foundation Trust (since 2002), where she worked with 15 Cancer MDT teams, palliative care services and chemotherapy services and led in a number of projects related to cancer nursing and cancer care, such as the information prescription and holistic needs assessment. Lynne has a keen interest in communication with cancer patients and is a national facilitator for advanced communication skills. Lynne's recent research interests include the Proceed project (responding to ethnic diversity and cancer). Lynne has been involved in teaching cancer nurses in Africa as part of the work of AfrOx (Africa Oxford Cancer Foundation).



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Vanita is the Head of Programmes for the Africa Oxford Cancer Foundation (AfrOx), where she manages programmes to help train health care workers and to improve the early diagnosis, treatment and awareness of cancer in Africa. She has organised training programmes for cancer nurses in Ghana, Malawi and Uganda, and is helping to develop a free-to-access online training course in cancer nursing which will be tailored to the needs of cancer nurses in Africa. Vanita studied for her doctorate in Modern History at the University of Oxford. She has taught at the University of Oxford, the School of Oriental and African Studies, University of London and at the Lahore University of Management Sciences, Pakistan. She was previously the Communications Manager for the INDOX Cancer Research Network, which is a cancer research network between the University of Oxford and India's top nine comprehensive cancer centres.

8. Oncology nurse training programme in Ghana, Uganda and Malawi

The aim of the AfrOx Cancer Nursing Training Programme was to run a three-day training workshop for cancer nurses in three African countries – Ghana, Uganda and Malawi during 2011, ultimately to improve patient care. The serious shortage of health workers across the world has been identified as a critical constraint in achieving health and development goals. An estimated 1.5 million health care workers are needed in Africa alone. Across the world, 57 countries have been identified as having 'critical shortages', including Ghana, Uganda and Malawi (World Health Report 2006). Nurses have an essential role in the provision of cancer services in Africa. Cancer nurses in Africa are front line care givers: they administer drugs, communicate with the patients and their families, change dressings and help maintain the dignity of the patient throughout their treatment or until end of life or survivorship. These nurses are often overworked and poorly paid; few have career development opportunities. A critical problem is the lack of specialist training available for cancer nurses. The 3-day interactive workshops in cancer care programme included communication skills training, prevention and awareness, care of the patient with advanced cancer and research. Collaboration and coordination between charity (AfrOx), the public and private sectors, health ministries, local and international training institutions and funders was key to the success of the programme. The training has been an outstanding accomplishment, evidenced by feedback and subsequent joint projects e.g. research fellowships. A free online cancer nursing training programme, to support nurses caring for cancer patients across Africa, will be launched in December 2011.



Professor ANNIE YOUNG (United Kingdom)

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Annie was appointed as Professor of Nursing at the University of Warwick in October 2010. Prior to this research and clinical post, she was Nurse Director of the '3 Counties' Cancer Network for 8 years steering the direction of Cancer Patient Services. Annie had the opportunity of progressing a 5-point cancer plan in Qatar where she worked for 6 months. Annie's oncology nursing career started as a chemotherapy nurse, followed by research, both quantitative and qualitative. She gained a Medical Research Council Clinical Fellowship for research into venous thromboembolism in cancer patients. Her research portfolio now includes survivorship and new technologies for monitoring the side effects of chemotherapy. Annie visits developing countries, mostly in Africa to support their nursing and patient care programmes, through training and exchanges. She has numerous publications on symptomatic care and books on novel therapies. Annie fits this in around her family, tandeming and playing tennis.

9. Bringing oncology clinical trials awareness to an international nursing audience via a web-based course

Clinical research is essential to improvements in prevention, detection and management of a wide variety of human health issues. However, the performance of clinical research brings with it, ethical concerns. The lines between the practice of accepted therapy and clinical research may be unclear in some situations, increasing the risk that people being recruited to clinical trials will not fully understand the true intent, expectations, risks and benefits of the clinical trial, making them vulnerable to influence. As direct care providers, nurses play a key role in patient education and decision making. In the clinical trial setting, direct care nurses can play a key role in educating patients about clinical trials, advocating for informed decision making, and ensuring ethical treatment of people participating in clinical trials. However, most nurses are not familiar with the process, ethics and requirements of clinical trials as this information is not typically addressed in depth in schools of nursing or in clinical practice areas. To address the need for clinical trials education for direct care nurses, two professional cancer nursing organisations, one USA based and one international collaborated to develop a clinical trials awareness web course. The course was first developed in English and will be translated to additional languages once initial testing is done. This course provides direct care nurses at all levels of practice with the knowledge and skills needed to care for people on clinical trials. Using a combination of didactic content, case studies and interactive activities, the course provides an overview of the types and process of clinical trials, ethical and cultural considerations, assessment and monitoring, participant informational needs, and documentation requirements. Case studies address issues that nurses can encounter with clinical trials, such as informed consent in vulnerable populations, study subject and family decision making, and potential conflicts between the study and patient needs. An overview of the course content and examples of activities will be presented along with preliminary feedback from learners.



Dr CHIKA UGOCHUKWU (Nigeria)

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Dr Ugochukwu (Nigeria): is a trained nurse and midwife (RN, RGN). She has taught in diploma, undergraduate and advanced nursing programmes and is involved in research in nursing, health care, and education, including issues concerning children. She is a Fellow of the West African College of Nursing (FWACN) and trainer for the WHO Integrated Management of Childhood Illnesses (IMCI). She has served on various committees and on the Board of the Nursing and Midwifery Council of Nigeria. Dr Ugochukwu has more than 20 years of teaching experience. Presently she is a Senior Lecturer at the Department of Nursing Sciences, Enugu Campus, University of Nigeria, Nigeria. She is the current President of the West African College of Nursing.

11. Meeting the health related MDGs: challenges and the way forward

The Millennium Development Goals (MDGs) are aimed at relieving communities and persons of general poverty and other ills in society and in the health system – reducing the current burden of disease and preventable health problems affecting the world's population especially in the developing countries. The MDGs provided a focus for collaborative multi-dimensional action. Three (3), out of the 8 MDGs are health related viz:

- MDG 4: Reduce child mortality
- MDG 5: Improve maternal health
- MDG 6: Combat HIV/AIDS, malaria and other diseases

In most developing countries the major causes of death include, direct and indirect obstetrical complications, obstetric and neonatal complications and the 3 delay factors. The delay factors are those associated with:

- delay in seeking care
- delay in reaching (access to) care
- delay in getting care in the health system

The delays often make mothers' ability to access health services difficult, but most importantly, the socio cultural, psychosocial and health systems factors tend to complicate the efforts. This paper will highlight the efforts in different member countries of the sub region toward achieving the health related MDGs, especially MDG 4 and 5.



Ms LEE LAY ENG (Singapore)

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Lee has worked as a nurse for the past 37 years. She is currently working at the Singapore General Hospital, one of the biggest acute tertiary hospitals with over 30 clinical disciplines. The Singapore General Hospital is also Singapore's flagship tertiary hospital and national referral centre with almost 1600 beds. Lee completed her Critical Care Nursing Course in Singapore and has been working in critical care areas for the last 26 years. Her areas of specialty include: medical intensive care, coronary care, surgical intensive care, and burns intensive care. Lee has spent the last 11 years working in the Burns Centre of Singapore General Hospital, where the project she will be presenting was initiated.

12. Improving the process of retrieval of consumable items during mass casualty events and monthly stock inventory

The Burns Centre in Singapore General Hospital is a tertiary referral centre, which receives patients from the region. Burn victims are very vulnerable as a delay in treatment can lead to complications and death. Hence it is crucial that the Burns Centre is well equipped to handle large number of patients in the event of a disaster. It is also our priority to ensure staff safety during the process of delivering prompt and quality health care to patients in the event of a disaster. In the past, all consumable items are kept in various cabinets in the centre. In the event of mass casualties, nurses have to hurriedly push open trolleys and use step ladders to retrieve all consumable items from the various cabinets. These consumable items are then stacked up on the open trolleys. As the trolleys are not self-contained, items can easily fall from the trolley during transport, risking contamination of sterile items. Using common quality improvement tools, the project team analysed the issue systematically and implemented an enclosed mobile trolley for storage of all consumable items. With this innovation, workflow and time spent in retrieval of consumable items during mass casualty events was reduced by 95%. This project has helped to safe-guard the safety of staff while they deliver prompt treatment to patients in times of high workload.



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Christiana is Assistant Professor at the Department of Nursing at the Cyprus University of Technology. Christiana Kouta holds a PhD from Middlesex University (UK) and a Master's in Health Promotion from the University of East London (UK). She has a Bachelor of Science in Nursing from the University of Indianapolis (USA) and a Diploma in Nursing from the Cyprus School of Nursing. Her research interests include: health promotion and education (especially sexuality), community health care (especially home care) and transcultural health. Dr Kouta is trying to design and apply research combining these parameters: culture, sexuality and community health.

13. The use of innovative technologies in community care

The use of technological solutions is important in providing effective health care that is focused on the decentralization of health care from hospitals, aiming to increase clients' participation. The application of innovating technologies in community health care is used by health professionals for enhancing health care and improving long term treatment and rehabilitation. This presentation aims to discuss the use of modern technological programmes in Cyprus, such as DITIS (Network for Medical Collaboration) and MELCO (Mobile Elderly Living Community) and their application in the community. The rapid development of technology provides benefits to people and specifically elderly people living in the community. Telecare and telenursing are considered as the modern ways of improving the quality of health services. DITIS is currently in operation in Cyprus for supporting medical and nursing staff of the Cyprus Association of Cancer Patients and Friends (PASYKAF) who offer home care services for cancer patients. DITIS creates and manages a virtual health team which does not require simultaneous physical presence of all its team members at the treatment location of the patients; and supports new medical and nursing approaches such as telenursing, electronic supply of medicine and long distance observation of patient through calculative devices. MELCO is a system under development at present, and it aims at creating an innovating wireless technology capable of integrating and supporting socialisation and daily needs of elderly people outside their home environment, motivating them in adopting and preserving an independent and active way of living, based on elderly people needs. The implementation of these modern technological programmes can: a) improve home based care, b) help in reducing the cost of care, c) limit the period of time that chronic patients require hospital treatment, and d) encourage and support the active participation, communication, socialisation, mutual help and self-organising of elderly people.



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Flora is a Senior Nurse who graduated from the University of Buea in 2008. She is presently working as a Nurse Instructor at the Training School for Specialised Nurses in Yaounde, Cameroon. Flora's areas of instruction are: anatomy and physiology; research methodology; hospital hygiene; English language for the profession; nursing sciences; introduction to the principles of teaching and learning; and clinical research supervision. Flora frequently assists in the hospital and clinics during surgical operations. Flora's professional interests include: nursing education; health care management; surgical nursing; promoting transparency in nursing education; and giving quality education to future nurses. Flora is a member of the Cameroon Nurses Association and participates in seminars; national and regional meetings; and celebrating various key events such as Commonwealth Day and International Nurses' Day.

15. The use of information technology in five hospitals in Cameroon

Information and technology (IT) can be used to improve the quality and safety of health care and to lower costs. But in developing countries, there is an inadequate supply of skilled individuals who have the technical skills to use this technology to improve health care. A study was carried out in the five main referral hospitals in the centre region of Cameroon, whereby the senior staff of the hospitals were interviewed concerning availability of IT, its use and the distribution in the units of the hospitals. Only the referral hospitals were considered because these hospitals are meant to give the best of care, and they receive patients from all the other hospitals in the country. From the study, it was noticed that 80% of the hospitals had information technology that were mostly for diagnostic purposes, and the central unit which was mostly for financial purposes. Individual units had no IT to manage information. There was no intranet within the hospitals units. Meanwhile the remaining 20% that had IT were not putting it to use. The staff lacked the required training to manage the services. Most of the hospitals were not equipped with enough IT services, thus much is still to be done here in order to improve the care given to individuals. Due to the lack of staff training in IT the putting in place of IT does not serve its purpose. IT needs to work in synergy with national health policy, improving education for workers and building workforce capacity; therefore making IT a part of the curriculum for future health workers will be a good idea. A training programme should be organized urgently for the present hospital staff so they can make use of the available IT to improve care in Cameroon.



DR JULIA PHILIPPOU (United Kingdom)

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Julia has a professional background in critical care nursing and since 2009 is a faculty member at the Florence Nightingale School of Nursing and Midwifery, King's College London. She has completed a BSc (Hons) in Nursing Studies, a Master's degree in Nursing Research and a PhD at King's College London. Her PhD work was funded by the Florence Nightingale School of Nursing and Midwifery scholarship award and examined career management in nursing from the perspective of employers and employees. Her teaching at the Florence Nightingale School of Nursing and Midwifery focuses primarily on various aspects of research, including evidence-based practice and health care, workforce, and organisational development. Dr Philippou's research is concerned primarily with the study of nursing workforce, particularly career management and development, and recruitment and retention.

21. Managing careers as a strategy for developing a dynamic workforce

The provision of high-quality care is an important aim of health care services internationally and the people who work in health care are at the very heart of achieving this goal. A continuing organisational challenge in health care has been the retention of vital employees. Worldwide policies are calling for more dynamic ways of managing nurses' careers, in order to improve recruitment and retention and address the threats of nursing shortages to patient safety and quality of care. This paper reports findings of a UK study examining the perceptions of nurses and their employers about their responsibilities in managing nurses' career development and the implications these views may have on workforce retention. Data were collected via a cross-sectional questionnaire survey. 813 nurses and 58 employers working in five NHS Trusts across London returned a completed questionnaire. Career motives and satisfaction with support for career development and management feature prominently in nurses' reasons for choosing nursing and their intentions to remain in or leave the profession. Nurse employers and nurse employees indicated a shared approach with regard to nurses' career management, with short term career development responsibilities to lie primarily with the employers and long term career development responsibilities to lie with nurse employees. Effective career management and development is fundamental to containing the challenges associated with a changing health care environment and a changing landscape of nursing careers with diverse roles and responsibilities. Helping talent grow in organisations requires time, investment and constant attention. The urgent need to address and meet contemporary changes in the health care environment creates important opportunities to advance nurses' careers creating a workforce fit for the 21st Century.



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Kateca is a nursing officer and lecturer. She has an MSc in Nursing Education, a Certificate in Critical Care, an Advanced Certificate in Nursing Education and a Diploma in Nursing. Kateca's career in nursing spans over thirty years having worked at Family Island Clinic and Ambulatory Care as a Nurse Manager and a Registered Nurse in the Surveillance Unit of the Intensive Care Unit, Geriatrics Department of Rand Memorial Hospital. As a nurse educator, Kateca enjoys teaching clients and others. She has been involved in many local, regional and international conferences from which she has gained knowledge and experience. Kateca is active in community service and voluntary work is a passion. She is Vice-President of Great Stories Ministry; is involved in after-school reading and homework programmes and story-telling.

22. Candid voices in the evaluation process of the School of Nursing

The process to conduct an evaluation of the School of Nursing at the College of the Bahamas along with the teaching health care facilities took over one year of preparation to be executed effectively. The aim of assessment was to measure the credibility of the School in relations to: its calibre of graduates and faculty, international standards of its curricula and the teaching/learning environment. The Nursing Council entrusted the Education Committee to perform the task. The Committee accomplish the task by identifying many timelines and objectives to fulfil this mandate and sought collaboration with vital interested parties. The Committee members worked feverishly and extensively in discussion and revision. There was examination of numerous models to guide the decision to identify and tailor an evaluation tool to the country's environment. The Evaluation tool, questionnaire, what to look for, and confidentiality oath were developed by the Committee Members followed by the larger Council Members approval or/and suggestions. Random selection of the learning environment-hospitals and clinics were achieved with numerous considerations. Student rotation, learning environment and the presence of students to actively participate (without intimidation or coercion) in the evaluation were achieved. The key stakeholders made invaluable contribution for the process to be successful. Intermittent progressive dialogue with the Committee and the evaluatees was performed over the year. Their participation in the evaluation had implications for staffing issues, financial implications, and the capacity to provide adequate representation. Active training and familiarisation of the Tool and the process was performed. Participants were placed in groups and voiced their insight and analysis during the sessions. Three days of systematic and purposeful fact finding was executed and the sample populations expressed their views about the School.



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Komalavalli works as Principal of Karpaga Vinayaka College of Nursing, Madurantakam Taluk, Kancheepuram dt, Tamilnadu, India. Dr Komalavalli is an Executive Member of the Trained Nurses Association of India, Tamilnadu Branch and a life member of the International Lions Club of Madurantakam. Dr Komalavalli obtained her BSc in Nursing from Madras Medical College Chennai in 1993; her Master's Degree in Nursing at Saveetha College of Nursing Chennai in 2002; and was awarded her Doctorate Degree in Nursing from Vinayaka Missions University in 2009. She is shortly to be awarded her LLB. Dr Komalavalli has received many distinguished awards in recognition of her contribution to health and social services: Appreciation Award – Lion's club of Madurantakam 2008–2009; Appreciation Award – International Lion's club 2009–2010; Dedicated Service Award – Society of Midwives India 2010; Best Teacher Award by the Tamilnadu Dr M.G.R. Medical University 2011. Dr Komalavalli has presented many scientific papers in national and international conferences.

23. The attitude level of school students on Yogic practice toward promotion of health objectives

The study was conducted to assess the attitude level of school students on Yogic practice toward promotion of health objectives and to determine the relationship between post-test attitude level of students and selected demographic variables. The research design adapted was quasi experimental with sample size of 100 students in the age group of 11 to 12 years. The overall pre-test attitude mean score is 35.55 % with the SD 11.32% and the overall post-test score is 85.40% with SD 6.77%. It was found in the mean enhancement between pre-test and post-test score that there was a significant improvement in the level of attitude of sample respondents about yogic practice after intervention was administered. Healthy children can improve into healthy citizens and ultimately constitute a healthy nation. Children are future pillars and leaders of the country. In the present day, it is believed that medical and surgical therapies are effective in treating minor and major diseases, but yogic practice can be used alternatively to overcome disease in the rudimentary stages of functional disturbances. Yogic practice is the natural way which provides relief from the problem. Yogic practice is considered to be a most effective practice and can be followed by children and adults for prevention of many diseases and for wellbeing. Yoga practice as a therapeutic programme is different from conventional medical practice. It aims to develop the resistance capacity in individuals for various disturbances. Yoga can be a promotive oriented approach for health care as well as a preventive method. Physical practices such as asana and pranayama can have tremendous influences in restoring the imbalance in individuals.



Ms LESLEY-ANNE LONG (United Kingdom)

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Lesley-Anne is academic director of The Open University's International Development Office and creator and director of the OU's HEAT (Health Education and Training) Programme (<http://www8.open.ac.uk/africa/heat>). HEAT is designed to significantly expand and update the skills of health care workers in developing country communities. Launched in Ethiopia in 2011 (and c. 6,000 students in 2012), HEAT works in collaboration with Ethiopia's Ministry of Health, UNICEF, the WHO, AMREF and others. Discussions are underway with governments and INGOs elsewhere in sub-Saharan Africa as well as in India, Bangladesh and South America. A former barrister specialising in family law, Lesley-Anne was Dean of the OU Health and Social Care Faculty for four years, before going on to lead OU initiatives in international development, social justice and child rights. Lesley-Anne is also CEO of the Africa Justice Foundation (<http://www.africajusticefoundation.org/>), an organisation of leading British legal experts working with African governments on justice system strengthening programmes.



Dr ELISABETH CLARKE (United Kingdom)

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Elisabeth is a psychologist by background who has been involved full-time in the education of nurses and other health care professionals since 1985. Prior to transferring to The Open University in 2007, Elisabeth was Head of Distance Learning at the Royal College of Nursing (RCN). Elisabeth was appointed to the RCN in 1994 to establish its higher education distance learning programmes, including the UK's first MSc in Nursing by distance learning. Thousands of students both in the UK and around the world were supported to achieve their academic aspirations. This included a group of children's nurses in Kenya who successfully completed the BSc (Hons) in Child Health Nursing. Elisabeth is passionate about flexible education and enjoys the challenge of pushing the boundaries of educational innovation to develop learning opportunities that make a real difference to patient experience by empowering health care practitioners to deliver high quality, compassionate care.

24. The HEAT programme: flexible and scalable training for frontline health workers

The challenges of providing quality and equitable healthcare in Africa, especially to vast, rural populations, are well known (Willis-Shattuck et al., 2008). Current training cannot keep up with emigration, deaths from AIDS and other diseases, and population growth. Deprived of opportunities for education and development, and against a backdrop of poor pay and increasing workloads, significant numbers of health workers migrate to work in the private sector, NGOs or developed countries. According to the Global Health Workforce Alliance (2011), this means that one billion people never see a trained health worker in the course of their lifetime. The need for basic healthcare is urgent and it is crucial to scale-up training significantly, particularly in rural areas, if the health millennium development goals (MDGs) are to be achieved. This paper focuses on three key issues:

- National cadres of well-trained and paid community health workers (CHWs) present a viable means of delivering crucial health interventions in rural settings and can help alleviate Africa's crisis in human resources for health and help governments to achieve the health MDGs (WHO, 2007).
- Access to high-quality, open educational resources, combined with practical skills training, offers great potential to train CHWs using a flexible and scalable model that is highly relevant to the African context. Drawing on the Open University's Health Education and Training (HEAT) programme in Ethiopia, the key components for success and some of the constraints in delivering such a model will be outlined.
- An indication of how the HEAT model could support the continuing development of registered nurses and other healthcare professionals.

The paper will close with a summary of plans to expand HEAT in Africa and India, and the potential role that the HEAT programme and its partners can play in policy development.



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Nasrifudin is a Senior Staff Nurse from Singapore General Hospital. He has been working as a registered nurse for the past seven years. Nasrifudin has an Advanced Diploma in Gerontology and a Bachelor of Nursing from La Trobe University, Australia. His major interest is in elder care.

25. A nurse managed telephone follow up and home visit programme for patients

This paper reports preliminary results of a study which aimed to determine whether a nurse-managed telephone follow-up and home visit programme for patients with high risk of unscheduled readmissions can reduce hospital readmission rates and result in better patient outcomes. A randomized controlled trial was carried out in a large tertiary hospital in Singapore (targeted sample size: 400). Patients in the controlled group received routine care, which included instructions for medications, basic health advice and arrangements for outpatient follow up on discharge. Patients in the intervention group received 4 follow-up telephone calls from the study team and 2 home visits by nurses from the Agency for Integrated Care within 30 days of discharge. Outcome measures included patients' health related quality of life (QoL) as measured by SF-36v2 questionnaire; numbers and costs of unplanned visits to general practitioners, polyclinics and emergency departments, as well as unscheduled readmission rates at 30 days and 3 months after discharge. At the time of this report, 23 (11: intervention, 12: control) patients have completed the study. Most were male (74%), retired (74%), had primary school education (65%) and have enough income for daily living (78%); with a mean age of 77 years. There were no statistically significant differences between the demographics of the intervention and control groups. The mean physical component scores and mental component scores of both groups showed an increasing trend over time. However, there was no significant difference in the QoL scores for the two groups. Results of this study are to-date inconclusive as we have yet to recruit our targeted sample size. However preliminary results have demonstrated the feasibility of our data collection plan and procedures. This study will help to inform interventions that will enable effective discharge back to the community for patients with high risk of unscheduled readmission.



Ms LOVEDAY PENN-KEKANA (South Africa)

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Loveday is a medical anthropologist and health systems researcher who has worked on issues related to nursing and midwifery in South Africa for many years. She works at the Centre for Health Policy based in the School of Public Health at the University of the Witwatersrand.

26. Analysing nursing policy developments in post-apartheid South Africa

In recent years there has been increased global emphasis on nurses' involvement in health policy and systems development. As part of a broader research programme on the state of nursing in South Africa, a policy analysis study was done, focusing on nursing remuneration, scope of practice, qualifications framework and the national nursing strategy to analyse the dynamics, strengths and weaknesses of major policies that focus on nurses in South Africa. Using a contemporary policy analysis framework proposed by Walt and Gilson, the study combined key informant interviews, policy narratives, interviews with frontline nurses and a document review. A thematic content analysis of the data was carried out using Atlas ti. There was considerable fragmentation in the development of these policies with sub-optimal stewardship from government, the regulatory body and the nursing organisations. There was a disjuncture between the leadership and front line nurses. The latter group was generally unaware of these policies with the exception of the one on remuneration as it affected them directly. There was stalling of finalisation of these policies and implementation was generally poor. There were shifting power relationships which influenced who was consulted, how the consultation happened and the degree to which the views and inputs were considered and incorporated. Democratic South Africa presents major opportunities for nurses to influence and direct policies that affect them. However for this to happen there has to be collective leadership, and involvement of front line providers.



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Senesie completed his nursing training at the National School of Nursing in May 2002 and worked as a volunteer instructor at the National School of Nursing from 2002 to 2004 while at the same time working as night superintendent at the United Nations Field Hospital for Civilian Patients from 2002 to 2004. During this time (2001–2004) Senesie was also President of the National School of Nursing Student Union. Senesie was enrolled into Government Civil Service from 2004 until the present time working firstly at the Kailahun Government Hospital as District HIV Counsellor (2004–2005), then at Kenema Regional Government Hospital as District HIV Counsellor (2006–2007). During this time Senesie undertook a Certificate in Public Health at the Eastern Polytechnic School of Nursing in Kenema and was also Secretary-General of the Sierra Leone Nurses Association (2004–2009). From 2007 to 2009, Senesie was Acting National Coordinator for HIV and AIDS Voluntary Confidential Counselling and Testing. Presently, Senesie is HIV Treatment Assistant at the Connaught Teaching Hospital as well as being Vice President of the Sierra Leone Nurses Association from 2009 and a student at the University of Sierra Leone.

27. The challenge for nurses and midwives of a government free health care initiative

Sierra Leone is classified by the UN as the world's least developed country. In 2008, Sierra Leone ranked 178 out of 178 in the UN Human Development Index. It is one of nine countries in Africa whose income per capita has actually fallen compared to 1960s levels. About 70% of Sierra Leoneans were living below the poverty line in 2007. Sierra Leone's health indicators are grim; a life expectancy of 47 years, an infant mortality rate of 89 per 1000 live births, and a maternal mortality ratio of 857 per 100 000 live births. Financing health care remains a significant challenge. Public health spending in Sierra Leone is low compared to other African countries. According to the latest WHO fact sheet on national health accounts (2009), per capita health expenditure is PPP\$30 (US\$12). Government spending accounts for 31.3%; with private spending the remaining 68.7%. In the same fact sheet, the share of government budget devoted to health was 7.8%, falling short of the Abuja target of 15%. Against that background, it is important to note that the new Free Health Care Initiative FHCI initiated by the President on April 27th 2010 is intended to address these informal and under the table charges as a way of enabling pregnant and lactating women as well as children under five to obtain effective access to quality health care. This is also in line with, and if achieved will considerably advance, the Government of Sierra Leone's commitments to achieving MDGs 4 and 5. There have been successes after the launching the initiative, but the challenges faced by health workers are many. These include; insecurity in hospitals and clinics, insufficient drug supplies and unequal staff distribution leading to unsafe work environments for health workers to name a few. Significant progress has been made in expanding health service delivery and improving health status in Sierra Leone, particularly over the last several years. However, additional efforts will be necessary to achieve the MDGs.



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Malachy is a PhD researcher with a focus on mental health based in the Division of Health and Social Care, Faculty of Health and Medical Sciences, University of Surrey, Guildford in the United Kingdom. Malachy has an Msc in Advanced Practice (Mental Health); a BA (Hons); and is an Associate of the Higher Education Academy (AHEA). Malachy's research interests are: the interaction of frontline professionals (police, paramedics, accident and emergency practitioners and mental health nurses) involved in managing mental health patients who present in a crisis; the experience of overseas trained nurses seeking NMC registration in the UK; the mental health of ethnic minorities; and the impact of service configuration on patient experience. Malachy has made numerous national and international conference presentations. He was awarded the SABP Nursing Scholarship Award in 2008 and in 2009 was awarded a £10,000 grant for his PhD research.

28. Mental health crisis in Africa: recognising the issues and suggesting ways forward

The enchanting and sprawling continent of Africa is scarred by low income, high prevalence of communicable diseases and malnutrition. Life expectancy remains low and where available, health services are poorly equipped and minimally staffed. Under these circumstances, mental health issues are often neglected or at best relegated to the background. A significant proportion of the global health burden is due to mental illness and the disability adjusted life years (DALY) lost to due to mental incapacity is projected to rise in many African Countries. This rise is fuelled by decades of internecine wars, child soldiers, diseases and poverty etc. Yet, mental health services in Africa, where these exist, are often poorly developed and even more poorly resourced. Indeed, many countries within the continent have no mental health action plans, programmes or policies. Mental health services in Africa face stiff competition for attention and funding, from other equally disabling diseases with higher mortality rate. So, despite numerous resolutions adopted by African countries to improve mental health care delivery, evidence from the continent points to very modest improvements in a handful of countries. This paper call for urgent action to address the huge and growing menace of mental illness across the African continent. In conclusion this paper proffers suggestions that would be useful to support the development of effective, culture sensitive mental health care for Africa.



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Michael is currently the National Head of Nursing Services (Chief Nursing Officer) in the Ministry of Health and Medical Services Solomon Islands as well as Chairman of the Nursing Council of Solomon Islands. Michael has 20 years' experience as a registered nurse working in both primary and tertiary health care in the Solomon Islands. Mr Larui has held senior nursing roles in Honiara and in one of the Provincial centres since 2000 including Coordinator of the Provincial Expanded Programme on Immunization; Senior Nursing Officer – Training; Project Officer for Solomon Islands Health Sector Development Project (World Bank) for Reproductive Health and Health Information System Components; and was a former provincial Director of Nursing for the Honiara City Urban Nursing Services before being appointed as the National Head of Nursing in 2007.

29. Development of nursing regulation in Solomon Islands

The Nursing Regulation in Solomon Islands was developed for the nursing profession to administer activities that will help improve nursing practice and work according to the Nursing Council Act of Solomon Islands (1987) with its amendment of 1997. The challenges faced by nurses in the areas of practice and conduct help inform a review of Nursing Regulations. A previous draft Nursing Regulation has never been approved by the Nursing Council of Solomon Islands. This raises the need for reworking to facilitate a better regulatory regime. Work began in the 1990's by a taskforce together with assistance from the Attorney General's Chambers. The Nursing Regulation which was completed in 2010 and received cabinet approval in 2011 considered areas that need to be included in the Nursing Council Act. The completion of the Regulation calls for a review of the Nursing Council Act of Solomon Islands. The proposed review of the Nursing Council act also received support from the World Health Organization to provide technical and financial assistance. The initial work included awareness talks on the Nursing Regulation and the principal act with its amendments. Recent awareness talks showed very little understanding by nurses of the Nursing Council Act of Solomon Islands. The regulation was about the details of nursing curricula and examinations, scope of practice, registration, and management of the Nursing Council of Solomon Islands and disciplinary processes. This needs to support the current realities of practice and be backed up by competencies, education standards and protocols and procedures. It also needs to be consistent with other laws of the country. The completion of the Nursing Regulation was an achievement for the nursing profession to help nurses practice according to the Nursing Council Act of Solomon Islands.



Ms HLOLISILE NGIDI (South Africa)

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Hlolisile is a registered nurse who holds a Master's Degree in Nursing specialising in research. Hlolisile is currently registered for her PhD. Hlolisile worked in a public facility for five years before she left to work as a Research Nurse in HIV prevention with the Medical Research Council. Hlolisile eventually joined an NGO called 20 000+ Partnership as a Project Manager in order to be involved first-hand in research. 20 000+ Partnership is so named because the organisation believes that if Prevention of Mother to Child Transmission of HIV Programmes are working well and strengthening health systems, more than 20 000 lives of babies can be saved each year. Hlolisile was born in a remote rural area and is passionate about engaging in community uplifting activities and research and feels that nurses need to be more engaged in research. Hlolisile has had abstracts accepted for a conference in Switzerland in 2010 and the SAAIDS conference in 2011.

30. Retrospective clinical chart review on the documentation of core PMTCT activities in Kwa Zulu Natal Province, South Africa

Despite years of implementation, programmes for PMTCT are not reaching HIV positive pregnant women. Poor documentation and monitoring system have contributed to the poor performance. This has led to South Africa being one of the 12 countries in the world with high HIV seroprevalence at 29.7%, and an increasing child mortality rate which is related to HIV and AIDS. Multi-steps and the complexity of the programme including poor documentation have resulted in gaps in the provision of care. The aim of this research was to assess the documentation of core activities of PMTCT from antenatal, maternity and post-natal care. A retrospective record review was conducted on records of women who were HIV infected and delivered in a hospital. A data extraction tool was used to extract information on charts with a hundred and thirty charts sampled. The majority of participants were unemployed (77%), of the unemployed, 85% were single parents. These results suggest a relationship between employment and marital status ($p=0.000$). Antiretroviral prophylaxis initiated at antenatal clinic was $n=98$ (75%), whilst Nevirapine to the baby was 105/130 (80%). Only 46% infant feeding counselling were recorded to have been done. A total of 18/130 (18%) participants were eligible for HAART, of the $n=18$ participants, about 10 (55%) were initiated onto HAART. For continuity of care and proper management of clients in the context of HIV which evolves at high speed in South Africa, it is crucial that women and their babies be given prophylaxis. Management provided should be documented so as to meet the National Strategic Plan for South Africa, and Millennium Development Goals by 2015 for HIV free survival.



Mr MONAPHATHI MARAKA (Lesotho)

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Mr. Monaphathi Maraka is a registered nurse midwife with a Master's Degree in Health Management and 23 years experience in various areas of health care in Lesotho. During this time he has been an active member of the Lesotho Nurses Association and is now its 10th President. He works as a health services manager for the National University of Lesotho. His areas of interest are nursing research, information management and the improvement of care. As a member of the Southern African Network of Nurses and Midwives Executive Committee, Mr Monaphathi Maraka has a strong desire to contribute to unity and sharing of regional experiences among national nurses organisations in sub-Saharan Africa.

31. Nurses views on improving midwifery practice in Lesotho

Midwifery is widely practiced by nurses and by community-based or lay midwives in Lesotho, a country where 60 percent of births are attended by skilled health personnel. Midwifery is also a key service that supports overall health services in a country where child mortality is rated one of the highest in Africa. Given the evidence of low quality of general and midwifery care, and the urgency to meet millennium development goals (MDGs) through strengthening mother and child services, health policy makers favour training lower health cadres to rapidly increase personnel for midwifery services. This does not guarantee improved midwifery services. The study aimed to assess nurse's views regarding the quality of mother and child care, the national institutions and their expected actions, the departments of nursing and their roles in strengthening midwifery services in Lesotho. The findings would inform health policy makers on the interventions proposed by nurses to improve midwifery practice. A total of 57 nurses participated in the survey which used a structured, self-administered questionnaire to collect data. Results showed that 82% of respondents were midwives, with 26% males and 66% females. The age groups 20–30 and 41–50 comprised 58%. 81% felt that midwifery should be mandatory for all nurses while 84% rejected having lower cadres of nurses being trained as midwives without a basic nursing qualification. In all, 91% of the respondents stated at least one reason why a nurse without midwifery would pose a challenge in practice. There should be dialogue and investment to improve midwifery services through improved regulation, education, administration and resource allocation for better mother and child care quality, and for Lesotho to attain its MDGs targets.



Mrs RACHEL FINN (United Kingdom)

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Rachel is Clinical Lead in the Electronic Staff Scheduling (Rostering) Programme Nottingham University Hospitals NHS Trust, United Kingdom. Rachel began working in the NHS in 1981 as a nurse, specialising in ophthalmic nursing before working in a number of clinical and general management positions throughout the UK. Having worked at Nottingham University Hospitals NHS Trust since 2002, Rachel's current roles include working in the staff scheduling programme and being responsible for NUH's use of the patient dependency tool – Association of UK University Hospitals (AUKUH). Rachel's role within the staff scheduling programme focuses on delivering a workforce planning tool which improves quality, safety and staff experience, whilst increasing productivity and reducing cost.

34. Can patient care be improved by using electronic nurse rostering?

Nottingham University Hospitals NHS Trust (NUH) is a large acute teaching hospital in the East Midlands, United Kingdom. Registered nurses and support staff make up approximately 50% of the total workforce of 13,000 employees. In 2009 the Trust embarked on the rapid implementation of an eRostering system using proprietary health care specific software. Approximately 5,000 staff are now rostered electronically, across 150 wards and departments. Prior to implementation little was understood about how headroom or unavailability within nursing budgets was allocated, measured or monitored. Headroom at NUH currently allocates 21.5% and allows the allocation of annual leave, study leave, management and sick leave. UK Trusts have traditionally set own headroom figures for nursing budgets. eRostering has allowed NUH to both measure and understand the affect of rostering practice on key measurements which affect spending and care delivery. Ward managers report increased time with patients through: better allocation of leave, greater transparency of rosters, challenging historic working practices, accurate recording of under/over contracted hours and formal review of shift times. Trust wide benefits can now be seen in management of staff and services, greater understanding of staff unavailability, greater financial understanding, reduction of staffing costs within payroll and reduction of bank and agency expenditure. Key improvements included:

- Staff working restrictions reduced from 47% to 31%
- Time spent on patient care increased from 63% to 71%
- Management time reduced from 4.3% to 2.5%
- Sustained net reduction in over contracted/unused hours.

The implementation of eRostering has brought to light areas and issues that nursing needed to address but didn't know about, and is able to demonstrate significant increased time on direct patient care since the implementation of an eRostering system.



Mr PISIRAI NDARUKWA (Zimbabwe)

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Pisirai is a registered general nurse and registered midwife and holds a Bachelor of Science in Nursing Education with specialisation in Psychiatric Education. He is a Senior Tutor and Research Coordinator for the three training programmes of nursing at Chitungwiza Central Hospital Zimbabwe (General Nurses, Midwives and Clinical Officers). Pisirai has a passion for research with two prizes won for papers presented at the Cuba-Zimbabwe Medical Scientific presentation day. In 2011 he won the overall research prize at such a presentation. Pisirai's research interests are in addressing health systems, workforce, and reproductive health issues. He is also developing a research proposal seeking to address unsafe abortion prevalent among Zimbabwean women. Pisirai is a prospective student for a Masters of Public Health at Africa University although facing sponsorship challenges as the government has no adequate grants for education at this level.

32. Factors contributing to abortions at Chitungwiza Population Service, Zimbabwe Reproductive Health Clinic

This research study aimed to identify the factors contributing to abortion among patients reporting at Chitungwiza Population Service Zimbabwe Reproductive Health Care Clinic. It used a descriptive survey design and purposive sampling method to recruit 50 participants in the study. The investigator carried out this research at Chitungwiza Population Service Zimbabwe Reproductive Health Care Clinic which is based in Chitungwiza's Unit F suburb. The mean age for the participants was 23.2 years. The major findings showed that 20 (40%) of patients who received post-abortion care following abortion were women in the age group 21–25 years. The majority of the respondents 21 (42%) were married women. Among the respondents, 21 (70%) had attained Ordinary Level education. Of the respondents interviewed 17 (56.7%) had planned the pregnancy and 13 (43.3%) had not. All respondents were knowledgeable about the need for evacuation of retained products of conception following abortion. The majority of women did not book for antenatal care. Some women were not aware that any form of bleeding per vagina is abnormal during pregnancy. Women of child-bearing age should be educated on booking at antenatal clinic early and fees should be affordable. Health institutions should improve quality of post-abortion care. It is suggested that research be carried out on a wider scale to identify knowledge, attitudes and practice of women on abortion.

33. Student nurses' views on the pregnancy policy implemented by Zimbabwe Ministry of Health

The purpose of this descriptive survey was to establish student nurses' views on the implementation of the pregnancy policy at Chitungwiza Central Hospital School of Nursing and Midwifery. Questionnaires were completed by 80 student nurses at this hospital. Results indicated that the students considered the pregnancy policy was unfair and did not consider their views as adults. Cultural values and lack of adequate knowledge about contraception were cited amongst the factors contributing to student nurses' pregnancy. The most affected individuals were student nurses in the age group 17–25 years (n=35; 43.75%). These results indicate the need for the policy planners to revisit the current pregnancy policy with a view to designing a policy that takes into account the views of the student nurses on the implementation of the pregnancy policy within schools of nursing. The study recommends that the current pregnancy policy be reviewed to meet the needs of the female student nurses and be gender sensitive. Further research at a national level needs to be carried out on the benefits of a policy that allows student nurses to continue their pregnancy during their course of training in Zimbabwe.



Professor LAETITIA RISPEL (South Africa)

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Laetitia became the new Head of the School of Public Health at the University of the Witwatersrand in Johannesburg, South Africa in January 2012. She obtained a Bachelor of Science Degree in Nursing with distinction and post-graduate degrees in epidemiology and biostatistics, public health and economics. She is the principal investigator of a large multi-year nursing research programme in South Africa entitled: Research on the State of Nursing (RESON) that focuses on nursing policy, casualisation, agency nursing and moonlighting and nursing management and quality of care. During 2011, Professor Rispel was inaugurated in the Nurse Researchers Hall of Fame under the auspices of the Forum of University Nursing Deans in South Africa in recognition of her pioneering research on health policy and health systems, including the role of the nurse as an agent of change, nurses' roles in health policy development, health sector transformation and primary health care.

35. We need that money and we need it immediately: moonlighting decisions of nurses in South Africa

Moonlighting, also known as multiple or dual job-holding, is commonly understood as having a second job, usually part-time, in addition to a primary full-time job. Although moonlighting is common in many low-and-middle income countries, there has been little research done on moonlighting among nurses in South Africa or its consequences for health system performance. This paper reports on the moonlighting decisions of nurses, and perceived advantages and disadvantages, both individually and for the health system. It is part of a larger research project that examines casualisation, agency nursing and moonlighting (CAM) in nursing in South Africa. During 2009, focus group discussions (FGDs) were held with nurses, who were recruited purposively, in four provinces of South Africa. The FGDs sought to get a range of perspectives from diverse groups of nurses that differed in age, and by race, category of nurse, geographic location and public vs. private health sector. The FGDs were digitally recorded and transcribed verbatim. The interviews were analysed using Atlas ti (version 6) and thematic content analysis. Nineteen FGDs were held in the South African provinces of the Eastern Cape (n = 4), Free State (n=3), Gauteng (n=+7) and Western Cape (n=5), reaching a total of 150 nurses. Factors influencing nurses' moonlighting decisions included: economic/financial; personal and family factors; and non-financial issues, such as flexibility, choice, experience and learning new skills; and as a way of coping with staff shortages. Individual disadvantages included physical exhaustion; tension between permanent and moonlighting nurses; and the lack of employment benefits due to casual employment. Perceived health system advantages of moonlighting included staff supplementation and cost savings, while the disadvantages included negative impact on patient care and on permanent staff. Moonlighting among nurses has received insufficient attention in South Africa, and needs to be addressed holistically.

58. Today was a hectic day: exploring the average working day of nursing unit managers in South Africa

In Africa, improving the quality of health care delivery is an important health priority. This paper reports on the daily issues faced by nursing unit managers in nine hospitals in two South African provinces, done as part of an overall project to examine the relationship between the quality of nursing unit management and quality of care in hospitals. The overall project combines in-depth qualitative and quantitative methods, including reflective diaries, semi-structure interviews, record reviews and observation. As part of the latter, the activities of 36 nursing unit managers in private and public hospitals were recorded. Each nursing unit manager was observed for a period of two hours a day and their activities recorded on a minute by minute basis. The data was coded into categories and analysed according to the time spent on activities in each category. While nursing unit managers spend the majority of their time on coordinating patient care, a significant amount of time is spent on staff scheduling, attending meetings and managing ward stock. The least amount of time is spent on communication with patients and staff members. Constant interruptions influence the quality of nursing unit management. Although nursing unit managers are held responsible for the quality of care, their workloads, the range and diversity of activities as well as current work organisation, make it difficult for them to meet this responsibility. A combination of leadership training, better use of nursing unit managers' time, internal agency and supportive supervision from executive nursing management is needed to enable the provision of consistent and high quality patient care.



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Alice is a Senior Nurse who graduated from the University of Buea in 2008. She is presently working as a Nurse Instructor at the Training School for Specialised Nurses in Yaounde, Cameroon. Alice's areas of instruction include: nursing care; anatomy and physiology; hospital hygiene; blood transfusion and intravenous infusions; English language for the profession; prophylactic interventions; and nutrition. Alice previously worked as a Nurse Instructor at the State Registered Nursing School Garoua and as a surgical nurse at the Garoua Regional Hospital. Alice's professional interests include: nursing education; clinical nursing; and dietetics. Alice is a member of the Cameroon Nurses Association and participates in seminars; national and regional meetings; and other celebrations.

36. The effects of climate on nursing students' health and wellbeing

The health effects related to climate are potentially an increasing problem in Cameroon, especially during the hot season when there no means for protective and adaptive actions. This study involved in-depth interviews with the use of a structured questionnaire addressed to 90 nursing students from 3 different nursing schools in Garoua, headquarters of the North Region. Each student participated in an in-depth interview to evaluate the effects of heat on students' health during school days in the town of Garoua. There was a significant correlation between daily in-door temperatures of the classrooms and the percentage of students who had fatigue, felt very hot, had headache and nose bleeding. 55.6% of the students had fatigue, 33.3% felt very hot, 8.9% had headache and 2.2% had nose bleeding. The prevalence of fatigue and feeling very hot were higher in girls than in boys; 62%:38% and 78%:22% respectively. Up to 67% of the students were absentminded in class and 33% had a slow writing speed. High in-door temperatures between 38°C–40°C were observed in these schools. Fatigue, feeling very hot, headache and nose bleeding associated with high in-door temperatures were observed amongst students involved in this study. The provision of ceiling fans and air conditioners may help reduce the high in-door temperature of the classrooms, which may in turn enhance learning and increase performance.



Lt Col Dr PADMARAJ MEERA (India)

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Padmaraj was born in a remote village in Southern India and educated in modest village government schools. She loved adventure and was more inclined to sports and outdoor activities and hence took up a career that provided her with these opportunities, serving for 39 years in the Indian Armed Forces, including three years of nurse training. While serving in the Army, she was transferred to many different places across the country where she was exposed to different roles, cultures and environments. Her passion to learn has earned her various degrees including a doctoral degree. Since retirement, she has been involved in many socially responsible activities such as attending village courts, volunteering for Government sponsored programmes such as spreading AIDS awareness, and administering pulse polio to infants. She also makes philanthropic donations to old age homes, orphanages, and other charitable and non-Government organisations.

39. Challenges in nursing education in India

Nursing education is a professional education which is consciously and systematically planned and implemented. It is competency based on a holistic concept of health care. Nursing practice encompasses provision of preventive, promotive, curative and rehabilitative aspects of care to people across their life span in variety of health care settings. Nursing practice in 21st century faces a number of challenges such as the changing health needs of society with rapid advances in medical knowledge and technology; increased health care costs; and a growing population of hospitalised patients who are older and acutely ill. The overall aim of nursing in India is to develop a high quality nursing workforce to meet the health care demands. The aim of nursing education in India is to develop a high quality nursing workforce and to meet the health care demands of an increased modern industrialised country like India. The impact of modernisation, globalisation and liberalisation on society has brought tremendous changes in general and nursing education. The significant trends in modern education are creativity changes in the teaching-learning process and advanced educational technology. To meet the challenges there is a need to prepare the graduates and trained staff with repeated staff development in order to meet the challenges to provide better patient care. The faculty needs to be role models in preparing the nurses.



Mr DHUNRAJ FOOLCHAND (Mauritius)

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Dhunraj has been a practising qualified nurse since 1984 and has had wide clinical exposure including medical, surgical and orthopaedic nursing. Currently he is posted in the Orthopaedic and Traumatology Unit as a Charge Nurse. Dhunraj has a post basic qualification in community health nursing and also holds a BSc (Hons) Degree in Nursing run jointly by the University of Mauritius and Middlesex University UK (2004). Dhunraj has served for two consecutive terms as a member of the Education Committee of the Nursing Council of Mauritius (2006–2011) and was appointed Chairperson of the Council for 2011–2014. Dhunraj has just completed a Master's Degree in Public Health (MPH) from UNISA and also has a Master in Science Health Services Management Degree from the University of Technology Mauritius.

40. A study on knowledge of foot care among diabetic patients in Mauritius

Diabetic foot related problems are the most common reason for hospital admission of diabetic patients. Nearly all non-traumatic amputations are associated with diabetic foot and its management requires appropriate knowledge of foot care. The purpose of this study was to determine the level of knowledge of diabetic patients in Mauritius about foot care and the prevention of foot problems. A descriptive survey design was used. A convenient sample consisting of diabetic patients within five regional hospitals (n=120) was used. A questionnaire was used for data collection and computer software SPSS 17.0 for data analysis. The findings revealed that although participants have basic foot care knowledge, they lack adequate knowledge on how to check for sensation, importance of foot examination and foot screening. The findings of this study have implications for implementing guidelines or designing a foot care programme to limit the incidence of diabetic foot related problems.

41. An analysis of the factors influencing nurse migration from Mauritius

41. Nurses constitute the largest group of health care professionals in the health services in Mauritius. Shortage of nurses has been traditionally associated with retirement, but nurse migration in the local context is also contributing to this problem as reported world wide. Consequently, nurse migration remains a problem resulting in work overload for the remaining nurses and poor service delivery. The aim of this study was to determine the reasons and to analyse the factors that motivate nurses to emigrate in the local context. A descriptive survey design and a simple random probability sample consisting of eighty nurses (n=80) was used. A questionnaire was used for data collection and computer software SPSS 17.0 for data analysis. The findings revealed that work conditions, job satisfaction, opportunities for professional and educational development are important factors that would motivate nurses' decisions to emigrate but salary is a key factor as well. Nurse migration has become a major human resource management issue, which should not be overlooked by decision makers. Nurse managers and policy makers have a crucial role to play in the retention of nurses through appropriate strategies. It is believed that the recommendations drawn from this study can contribute positively to the situation in the local context.



Ms DORIS AQUILINA (Malta)

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Doris obtained her state registered nurse certificate in Malta in 1979. She commenced working at the Outpatients Department at Mater Dei Hospital in Malta 1988 and saw the establishment of the Rheumatology Unit in 1990. In 2006, Doris was appointed as the first rheumatology nurse specialist at Mater Dei Hospital in Malta. Apart from clinical work in nurse-led clinics in the outpatients department, Doris also organises conferences and seminars for both nursing staff and patients who suffer from arthritis. Doris was instrumental in establishing the patients association: Arthritis and Rheumatism Association Malta. Doris has had the opportunity to spend some time on work placements in the Rheumatology Unit in Bangor Wales. Doris furthered her studies at the University of Brighton obtaining a Certificate in Rheumatology Practice. In 2010 she graduated from the University of Malta with a Post Graduate Diploma in Geriatrics and Gerontology and is currently studying for a Master's Degree. She is married to Joe and has three lovely grown up children.

42. Adherence to treatment after reinforcement by the Rheumatology Nurse Specialist

There are various definitions which can be found in the literature describing adherence. NICE (2009) defined it as: what recommendation of the prescriber the patient has agreed to, emphasising the freedom of the patient to adhere to the recommendation and if this fails, the patient should not be blamed. Researchers have agreed that adherence is challenging patient behaviour as it is multifaceted and complex. There are several factors that can affect adherence to treatment in older patients, such as illness acuity, health beliefs, financial and social support, and unclear communication from the carers. Three common reasons for non-compliance with medication in the elderly are:

- Overuse and abuse
- Forgetting to take medication
- Alteration of dosages and schedules when to take the medication.

Self-efficacy also played a part in adherence to treatment. Self-efficacy is a predictor to medication adherence. The patient passes through the five stages of change and it is important for health professionals to understand at which stage the patients are, in order to intervene appropriately to improve adherence. The study on the effect of education on medication adherence found that self-efficacy education had a positive effect. The Rheumatology Nurse Specialist has an important role in patient education. This role can vary but the main aim is to help patients maintain their social, physical and psychological function. Goh et al (2006) conducted a study about the perception of the role of rheumatology nurse practitioners and found that communication and drug therapy were perceived as being more important than other skills.



Mrs ELIZABETH OYWER (Kenya)

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Elizabeth is a registered nurse with post basic studies in mental health nursing and advanced nursing from the University of Nairobi. She has undertaken courses in research, leadership and management; has a degree in nursing from Dundee University and a Master's Degree in Health Studies (Mental Health) from UNISA. Currently Elizabeth is pursuing a Master's in Education at Dundee University. Elizabeth has been Registrar of the Nursing Council of Kenya for the last 7 years where she has facilitated the development of standards, regulatory tools, and several curricula. Under her leadership, the Nursing Council of Kenya built the prestigious NCK Plaza; developed a functional nursing database which is best practice in the region; and upgraded over 7,000 nurses from certificate to diploma using distance learning. Plans are underway to upgrade nurses from diploma to BScN using the same strategy. In 2009 Elizabeth was elected as a Board member of the International Council of Nurses. Elizabeth's major interest is in workforce issues especially the regulation of nursing education and practice.

44. Using ICT for workforce planning: a case of mental health nurses in Kenya

Previous research has discussed the apathy in the recruitment of mental health nurses globally. None of those studies have looked at how useful the database can be to map out the mental health nurses in a country. The current study, (which was part of a larger study on mental health nurses) used the database maintained by the Nursing Council of Kenya (NCK) and the Department of Nursing (DON) in Kenya to map out the mental health nurses in Kenya. A transcription form was developed to capture data on all mental nurses tracked in the database (n=510). Document analysis was done to describe the profile of mental health nurses in terms of trends of enrollment, age, gender, deployment status, length of stay in a particular station and causes of attrition while at the same time, checking on the effectiveness of the database. The results demonstrate that the enrolment to mental health nursing has been very low and most of the available nurses are ageing. The findings also suggest most of the mental health nurses are males and are institutionalized in their areas of deployment especially in the main mental hospital. At the same time, the study was able to establish barriers to recruitment to mental health nursing and the strategies that can be employed to avert the looming crisis. A comprehensive database is able to provide evidence for nursing workforce planning. The Government, regulatory body and the training institutions need to work together to improve recruitment, deployment and retention into mental health nursing.



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Fiona has an MSc. (Health Sciences) and a BSc. (Hons) (Nursing) and works as a staff nurse in the general acute hospital of Mater Dei, Malta. Fiona's main fields of experience include general medicine and haematology. She graduated from the University of Malta in 2005 and 2011. While working in the haematology unit, Fiona started to nurture an increased interest in oncology and palliative care. Her Master's Degree dissertation topic was: Nursing students' anxiety and attitudes toward caring for the dying – a correlational study.

45. Death anxiety among health care professionals

Hospitalisation of death in Western countries has increasingly exposed nurses to the dying process and consequently, caring for the dying has become increasingly central to nursing. Death and caring for the dying are two factors that trigger death anxiety. Death anxiety among health care professionals ought to be taken into consideration, since death anxiety can be the underlying factor of several negative implications. Occasionally, nurses may be profoundly affected by a patients' death and can experience severe sadness and consequently, nurses mourn and experience depressive feelings. Caring for the dying may be a source of stress, distress and anxiety, especially when nurses are present while a patient is suffering, and when communicating with a patient about his/her death and dying. These factors ought to be addressed, since ultimately morale distress may lead to lack of job satisfaction, which eventually may result in staff burnout. Quality of care while caring for the dying is influenced by the nurses' attitudes. Evidence suggests that predominantly nurses and nursing students possess positive attitudes toward caring for dying patients. Death anxiety is configured by the person's attitudes toward death. Additionally, attitudes toward caring for the dying may be influenced by death anxiety. Fear of death is a result of the socio-cultural modifications that have occurred after the institutionalisation of death and dying. Studies propose contrasting viewpoints about the impact variables assert on death anxiety. Influencing death anxiety variables include: demographic variables (age and gender), religiosity, psychological factors, culture, personal and professional experience, attitudes toward caring for the dying, and education. Therefore, assessment of the nurses' death anxiety levels, providing continuous end of life education and self-reflection programmes may be the means to lessen the nurses' death anxiety levels and improve attitudes toward caring for the dying. The ultimate result of such interventions will eventually be a healthier nursing working force and providing good quality of care.



Mr GEOFFREY AXIAK (Malta)

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Geoffrey graduated in nursing in 1995 and obtained his Master's Degree in 2010 where he studied the relationship between nutritional status and distress caused by the side-effects of chemotherapy, a paper he is presenting at this conference. In 2003 he also graduated as a nutritionist in Malta. He has been Clinical Nutrition Nurse in Malta since 2002 and has organised several conferences in Malta and took part in several others, both locally and abroad, as a speaker and chairperson. He regularly lectures carers, nurses, nursing students and doctors on the topic of nutrition and clinical nutrition as well as organising and taking part in various seminars, talks and programmes to the Maltese general public. As a nutritionist he is also involved in the Maltese National Strategy for Non-Communicable Diseases and is also running a campaign against obesity in children, a hot issue and large problem in Malta.

46. The relationship between nutritional status and chemotherapy induced distress

This is a correlation study aimed at identifying a possible relationship between nutritional status and chemotherapy-induced distress in patients treated for haematological cancers. Nutrition is assumed to have some sort of relationship with levels of distress, perhaps helping people to cope with challenges they meet. The participants were given pre-validated tools that could be filled in by the patients themselves, to increase the study's validity and reliability. Consent to carry out the study was obtained from all the hospital authorities and from the Ethics Committee of the University of Malta. The study sample consisted of seven men and six women, recruited from those admitted for a first treatment at a specific unit at the general hospital in Malta (between March and May 2009), under the care of the same Medical Consultant. Although their treatment regimes differed slightly, the side-effects of the treatment, those causing the distress to the patients, were similar. Sample size amounted to 50% (n=13) of the total patient population during this period. The study's objectives ranged from identifying a possible correlation mentioned above, comparing actual patients' nutritional status with their own perceived status, and comparing their nutritional status across the treatment cycle. After conducting statistical analyses on the data obtained, the study showed no correlation between actual nutritional status and patient distress before chemotherapy started (P-value 0.309), although significant correlations were then found once the side-effects of treatment started to be experienced by the patients, up to the end of the treatment (P-values 0.508, 0.528 respectively). Secondary relationships were also found between BMI (actual nutritional status) and patient-perceived nutritional status (P-value of 0.027). The results of this study sheds some light on the role of nutritional support in haematological cancer patients, an area of medicine which is rather sparsely researched and provides a basis for future research which goes deeper into the topic area, studying the various variables that might influence the patients' distress and nutritional status.



Mrs HANNAH-KIM GRIMA FORMOSA (Malta)

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Hannah has an MSc in Health Science (Malta) and a BSc (Hons) in Nursing and has been a specialised cardiac nurse with experience at the Cardiac Critical Care Unit, Mater Dei Hospital for the past 10 years. Apart from being an assistant lecturer at the Faculty of Health Science within the University of Malta, where she is currently co-coordinating a specialisation course in cardiac nursing for students and colleagues with an interest in cardiac care, she is also a clinical supervisor and mentor in the clinical area. Among other pursuits she has studied complementary therapies as well as being a former member of the Malta Resuscitation Council and the hospital's CPR team and a qualified Basic Life Support Instructor and an Immediate Life Support provider.

47. Surgical nurses' views regarding cardiopulmonary resuscitation: an exploratory study

The decision not to resuscitate a patient is a complex issue and there is little guidance for nurses on how such a decision is to be made. This research study addressed cardiopulmonary resuscitation (CPR) decision making on acute surgical wards in a public general hospital in Malta. The aim of the study was to explore the views of surgical nurses regarding this decision making process. The study sought to address this through an exploration of the nurses' views regarding: (a) the people involved in decision making and the final decision maker, (b) initiating the decision making process and the person to start discussions, (c) documenting discussions and decisions, and (d) satisfaction with current practice. A questionnaire, developed by the researcher, was distributed to the total population of surgical nurses involved in acute care at the local general hospital. The gathered data were analysed using a qualitative approach. Whilst the findings of the data collection cannot be generalised, the results do provide pointers to what, and how, aspects of the decision making process may be developed. The respondents thought that the patient, relatives, and the nurse should play a predominant role in CPR decision making, however, the ultimate responsibility rests with medical staff. The data suggest that to make appropriate 'do not resuscitate' decisions, and avoid rash decision making in cases of actual arrest, early decision making is essential, once a patient's condition starts to deteriorate, along with various strategies as to how nurses could make a more significant impact on the decision making process. It is hoped that the results and recommendations of the study will have a favourable impact and influence on the decisions made regarding resuscitation in Malta, so that health professionals will be able to provide optimal quality end-of-life care for patients.



MAURA BUCHANAN (United Kingdom)

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Maura is a registered nurse with a BA, a post graduate diploma in Clinical Neurosciences, and a post graduate diploma in Health Law. Maura is a Trustee of THET (Tropical Health and Education Trust), a charity that supports link between health professionals in the UK and developing countries. Maura has recently retired after 21 years in the National Health Service and is now an Independent Nursing and Health Care Adviser. Her last NHS appointment was that of Nursing and Quality Projects Lead at the Oxford University Hospitals Trust. For 14 years, until 2010, Maura managed the hospital's acute private patient services. Her clinical specialty was neurosurgery, working in this field in Glasgow, London and Oxford. Maura served as the elected President of the Royal College of Nursing from 2006–2010, Deputy President from 2002–2006 and as Chair of RCN Congress from 1998–2002. Maura's professional interests include health law and ethics and global health. She is also a Trustee and Board member of Ethox (the Oxford Foundation for Ethics and Communication in Health Care Practice).

49. Making a difference through health partnerships

There has been a long and constructive experience of UK health workers and institutions sharing their knowledge and expertise with counterparts in low-income countries. Not only have these partnerships helped with the recruitment, training and retention of health workers in some of the poorest countries in the world, they have also provided a valuable opportunity for UK-based health professionals to improve their skills in challenging environments, offering training and development opportunities which directly benefit the UK health sector. THET (The Tropical Health and Education Trust), a UK based international development organisation, has taken a unique approach by supporting health professionals to make a difference through health partnership models or 'Health Links'. To date, some 100 'Health Links' connect UK to over 20 developing countries addressing issues from maternal mortality, child health, to nurse education and clinical practice development. These 'Health Links' provide benefits to the developing country partners by increasing staff skills and enhancing patient care. At the same time, UK staff benefit from the opportunity to improve teaching and interpersonal skills and learn how to work in more resource constrained environments. Many successful partnerships exist between UK health professionals in sub-Saharan Africa and Asia. Some involving paired institutional partnerships, some developing broader networks of volunteers. In Zambia, for example, THET and partners are working with the Ministry of Health to improve nursing and midwifery education nationally and also support skills training to address the country's human resource crisis. Barriers exist to nurses engaging in international partnerships, not least funding and employers' attitude or support. Yet, in the UK enormous opportunities now exist with Government committed to continue investment in overseas development. Health Links and The Health Partnership Scheme, a new DfID programme managed by THET in consortium with HLSP, offer tremendous opportunities for nurses to share skills and create partnerships that truly make a difference to global health.



Mr TONIO PACE (Malta)

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Tonio has been in nursing since 1988. Throughout the years he has worked in medical wards (12 years), a drug rehabilitation unit (3 years), operating theatres (anaesthesia – 12 years) and very recently has been promoted as a Nursing Officer in charge of an Acute Emergency Admitting Ward at the Mater Dei Hospital, Malta. Throughout these years, Tonio has mentored and supervised nursing students and is now part of the examination board of the Faculty of Health Science. Tonio conducts lectures on several nursing topics, mainly pertaining to operating theatres and the role of the anaesthetic nurse throughout the perioperative experience. Tonio has attended various conferences and symposia both locally and abroad in which he also presented papers. Tonio finds it relevant to keep himself updated with current issues which relate to his working experience and thrives on the opportunity to pass his knowledge onto his junior peers. Tonio graduated with a BSc (Hons) in Nursing in 2009 and his next step will be a Master's Degree which will hopefully commence in a few months' time. Tonio is looking forward to presenting his paper 'Undergoing tonsillectomy: experiences of parents and children in Malta' in this Commonwealth Nurses Conference which will also enable him to meet nurses from other countries which may have differing views, making it more exciting to debate on related issues in nursing.

51. Undergoing tonsillectomy: experiences of parents and children in Malta

Tonsillectomy is a common surgery performed on children. This study attempts to explore the experiences of parents and children undergoing tonsillectomy. The study was conducted in a ward which specialises in ear, nose and throat (ENT) conditions which is in the main local general hospital of Malta. The ward caters for both children and adult patients. In this study, the sample population was made up of ten children and ten adults, the latter being the child's biological parent. These were conveniently selected. To collect the data, a survey research design was used. Structured interviews were used as a form of data collection. The tool consisted of two separate interview schedules one for parents and one for children. Both simple quantitative and qualitative analysis were employed. Results revealed that all participants were content with the whole hospital experience. It was found that nurses lacked in providing information. This study revealed that parents talked to their children regarding the hospitalisation and surgery and contributed in their child's hospitalisation. Although the ward environment was identified as being nice and clean, it was not found to be suitable for children. At the induction phase, children mostly recalled their mother and the doctor assisting them to sleep and the parent being the first person the children remarked on seeing when they woke. Parents and children were found to be eager to return home, back to their familiar surroundings. Recommendations included measures to improve the preparation of children and their parents undergoing tonsillectomy, revising the policy concerning visiting hours and the ward's need for a designated area for children incorporating toys and books. Further research on a larger scale is recommended for nurses to develop appropriate interventions tailored to the needs of the child and parents that will improve their skill to deal with surgery and also on the child's views of the information they feel they need to help them understand the overall hospital experience.



Miss PAULA PROCTER (United Kingdom)

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Paula has a background in nursing. She has been involved with technology within the health arena since 1979 when she implemented one of the early nursing computer systems in Exeter, Devon. Since then she has held various national and organisational posts with information at the heart of her work. Between 1995 and 2007 Paula was successful in attracting over £4 million (US\$6.5 million) research grant funding. In 2006 Paula became a Fellow of the British Computer Society and Chartered IT Professionals. In 1998 Paula was inducted into Sigma Theta Tau International. Paula holds a visiting professorship in the Philippines and previously held adjunct professorships in Canada and Singapore. Paula has a full teaching portfolio from undergraduate through to PhD including over 2,000 undergraduate nursing, midwifery and allied health professional students taking the Systems of eCare (eHealth) course which she leads.

52. Bridging the information gap for the common good

The pervasive use of information and communications technology (ICT) in clinical and remote care settings brings many challenges and new opportunities to all involved in health and social care. It also acts as a catalyst for needed changes in the curriculum to enable health and social care practitioners to be fit for purpose having acquired the appropriate knowledge and understanding for managing and applying governance standards to patient/client information. The presentation is about information; it does not require any computer technology knowledge or experience; it will explore and identify the gains and losses with embracing the new information age in health and social care. It will consider the changing nature of health care receipt/delivery, the activities needed to retain a positive balance between practitioner provision and the emerging reliance on information. There is acceptance that in order to achieve purpose we must find wisdom in all that we do, an exploration of intelligence in health and social care practice will be undertaken demonstrating stages that need to be mastered to attain wisdom in ICT. There needs to be a start point to reaching our potential and this rests in the initial preparation of health and social care practitioners. The presentation will include why we must divide once and for all the 'computer skills base' from 'information understanding'. The skills can be 'self-taught', whereas the wisdom in information needs to be learnt within a supportive framework. An example solution demonstrating a longitudinal ICT module hosted on-line for the entire body of undergraduate nurses at a University will be given. In conclusion, some thoughts on the future developments of emerging information and communication technologies that may support health and social care will be explored along with a glimpse at the potential associated risks for future roles in health and social care if this 'nettle' is not grasped very soon by the professional practitioners for the common good.



Professor RUTH NORTHWAY (United Kingdom)

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Ruth is currently Professor of Learning (Intellectual) Disability Nursing at the University of Glamorgan, South Wales. She is involved in teaching and supervision at both under graduate and post graduate levels her specialist areas being the needs of people with learning disabilities (particularly health needs) and safeguarding people from harm who may be vulnerable. She is also involved in research and has a particular interest in participatory approaches to research. Currently she is involved in a participatory study that is exploring the understandings that people with learning disabilities have concerning abuse and the support they feel they need if they are abused. People with learning disabilities have been actively involved at all stages of this project. Last year she was appointed as Chair of the Royal College of Nursing Research Society Steering Committee and she is a Fellow of the RCN.

53. Improving the health of people with intellectual disabilities

Globally people with intellectual disabilities are at risk of undetected and therefore unmet health needs. However, many of these health problems may result from poverty and poor living conditions rather than from their disabilities (Emerson and Hatton, 2007). They are also at great risk of poverty: most live in low and middle income countries and within those countries they experience greater poverty than others. Even in wealthy countries they are more likely to be poor than other citizens. Nonetheless a lack of specific reference in the Millennium Development Goals (MDGs) targets and indicators to disabled people has been identified as a major omission which may limit the extent to which the MDGs are achieved (Groce, 2010). Few countries train nurses specifically to work with people with intellectual disabilities but globally nurses are involved in supporting people with intellectual disabilities in relation to their health needs. They are ideally placed to identify health needs and to raise awareness of how socio economic factors have an adverse impact. To date an international network of nurses working with people with intellectual disabilities has not existed which has limited the potential for nursing to become an international force for change in this field. This presentation will explore the issues relating to poverty, health, nursing and people with intellectual disabilities and make the case for the development of such a network. It will argue that such action is necessary to strengthen the nursing contribution to the MDGs particularly Goal 1 (eradication of extreme poverty and hunger) and Goal 8 (global partnership for development).



Ms SHARON PETERS (United Kingdom)

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Sharon trained as a nurse in the early 70s and has had a diverse career with many different jobs all based around health. Sharon has taught health and social care in a variety of settings from special schools to university, including a high school in New York. Although still working on general wards, Sharon's speciality is health promotion. She spent six years as a health promotion specialist working with children, families and schools in Portsmouth and is now a young person's health promotion nurse. This role covers teaching, running and staffing a health "drop in" based in a community centre. In this role, Sharon works with many other professionals and nurses, for Solent (primary care) trust. In the UK the government funded national health services is divided between acute care provided by hospitals and community care, GP, community nurses, health visitors etc and mental health provided by trusts.

56. Bransbury Park Young Persons' Drop in Centre, Portsmouth, UK

Women in the UK have rights their sisters in many countries literally die for. However although enshrined in law, the benefits are strongly linked to social class. Girls from the lowest class are ten times more likely to be a teenage mother than girls from the highest class, and 70% of young mothers are not in education, employment or training thus compounding their social and economic exclusion. Portsmouth has high levels of deprivation (302 out of 354 for child wellbeing) and (outside London) is the most densely populated area in the UK. The teenage pregnancy rate is in the highest ten when compared to other local authorities in the UK. Swann found that community based interventions and contraceptive services were effective in preventing unintended teenage pregnancy. The Bransbury Park drop in centre for young people located in a community centre is jointly run by the school nurse team and Respect. Sessions are also offered by specialist workers from the city council, Health Improvement Service and Sex Sense; the young people's contraception team. Respect is a nationally recognised social inclusion project, aimed at reducing antisocial behaviour. It offers health information on many topics including sexual health and contraception, smoking cessation and alcohol misuse. It is open from 4–6pm two days per week. In the last 12 months, the centre was used by 236 teenagers (60% female) this means many were males. However of sexually active teenagers only 76% females and 44% males seek advice and any work around teenage pregnancy must include boys as well as girls. In addition to the drop in centre, regular certificated PSHE courses are run during the afternoons for key stage 3 and 4 girls, nominated by their schools as being in a high risk category for risk taking behaviour and/or exclusion.



Mrs TRIXIE MCAREE (United Kingdom)

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Trixie is currently Consultant Midwife for Normal Birth at North West London Hospitals NHS Trust. She has had over 20 years' experience of midwifery practice both in this country and abroad, working in Angola and Kazakhstan in a public health context. Recent appointments include; Safeguarding lead midwife, research and audit lead, clinical risk manager, and Sure Start Midwife. She has a passion to empower midwives to empower women looking for interventions that make long term life changes.

69. Is Vitamin D deficiency in pregnancy still a public health issue?

In order to understand the extent of serum vitamin D deficiency we measured vitamin D levels in an unselected multi-ethnic population of pregnant women. We report the prevalence of insufficiency and deficiency, explore risk factors and discuss the public health implications. This report may be the first of its kind. Sample women with sufficient stored serum were randomly selected from among all women who had delivered in year 2008/09. Serum vitamin D levels were determined using liquid chromatography coupled to tandem mass spectrometry). Vitamin D levels were analysed with respect to ethnicity (as marker for skin tone), calendar quartile, body mass index trimester and parity. Deficiency was defined as < 25 nmol/L; insufficiency 25 – 75 nmol/L; and adequacy > 75 nmol/L. Three hundred and forty six women were included and represented the total population in terms of skin tone, quartile, BMI, gestation, and parity. Overall, 18% (95% CI: 15% to 23%) of sample women had adequate vitamin D levels; 36% were deficient; and 45% insufficient. Among women with dark skin, only 8% (95% CI: 5% to 12%) had adequate levels compared to 43% (95% CI: 33% to 53%) of those with light skin. Obese women were found have significantly lower Vitamin D levels than non-obese women. Vitamin D deficiency and insufficiency are prevalent year round among pregnant women in northwest London, especially those with darker skin. Existing supplementation guidelines should be supported, however other measures are required to improve status among all women.



Ms WILLAMAE THERESE HAMILTON-STUART (Bahamas)

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Willamae is Nursing Service Advisor to the Public Hospitals Authority (PHA) in Nassau, the Bahamas. Willamae is driven by her personal philosophy 'making life better for all'. In 2009, Willamae established a Nursing Research Institute in the PHA in Nassau. She also was selected to attend and completed the ICN First Global Nursing Leadership Institute Course. In 2010, Willamae presented a workshop at the ITC Regional Conference: 'Moving to the future – making yesterday tomorrow' in Atlanta, Georgia. Also in 2010, Willamae achieved accreditation with the Royal College of Nursing UK for the second specialist course for the PHA: Ophthalmic Nursing Training Programme for RNs. The same year, Willamae was elected to the Caribbean Nurses Organization Board as Treasurer and successfully established an agreement, approved by the Florida Board of Nursing, with International Health Care Institutions, Florida, for clinical nursing experiences for LPNs and RNs in The Bahamas

70. Innovations for excellence in nursing: the Bahamian experience

The vast complexity and vexing issues confronting health care delivery means by necessity that nursing in the Bahamas and the world will be dramatically different in 2020 compared to today. At the core of every discussion, political decision and strategic planning, for aligning health services to meet the challenging needs of the twenty first century, must be strategies with action plans to fully utilise, maximise and advance skills and knowledge of nursing and enabling nurses to become full partners in health care with physicians and other health care professionals. With approximately 1,500 nurses in a population of approximately 350,000 in a nation of 700 Islands and Cays, covering over 100,000 square miles, nursing's potential, skills and knowledge must be used to the fullest extent. As health reform accelerates in the Bahamas, nursing reform must keep pace with the dramatic, unpredicted changes. Rather than hang on for dear life as health care needs advances indiscriminately, nursing has taken, deliberate, strategic, focus actions to steer and maximise nursing's contribution to meet the targeted health care and service needs. Like the United States health care system, the Bahamas needs an injection of highly trained nurses to address rising health care costs and needs. Needed are nurses who have mastered skills essential to provide care in complex ever changing environments, manage clients with complex illness, lead teams of very different people, through becoming experts in their specialty. This requires nurses who possess a nursing and personal vision, an appreciation for research, critical thinking and in-depth, expert knowledge and skills as specialists. This presentation shares Innovations to meet the challenges confronting nursing: strong visionary nursing leadership, internationally accredited specialist training programmes for registered nurses; symbol for nursing excellence, documented approved in-house training for nursing support staff; nursing quality improvement initiatives, and clinical nursing experiences for nursing schools in South Florida.



Ms TZUU LING TAN (Singapore)

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Tzoo is a Nurse Manager at Tan Tock Seng Hospital (TTSH). Tan has worked at TTSH since 1998 when she graduated as a registered nurse. Since then, Tan has obtained a Bachelor of Health Science from the University of Sydney (2002) and an Advanced Diploma in Critical Care (2003). Tan has also received training in lean thinking and management and obtained both Basic and Advanced My Care Programme certificate of achievements. Currently, she oversees and facilitates the TTSH nursing department's continuous improvement efforts and quality projects.

72. Redesigning the nursing clinical handover process: bedside inter-shift handover

A cross-sectional baseline study, involving 37 nurses from a general medical ward, was conducted at change of shift for a week. The results showed great variation in the duration, location and method of handover. It is also indicated that the approaches of handing over lacks structure and content, which places patient safety at risk. The project aimed to achieve:

- 30% reduction in time taken for the nursing inter-shift handover process, from a baseline of 75 minutes;
- 30% reduction of inpatient adverse events (e.g. patient falls and peripheral vascular complications);
- Improvement of ward patient satisfaction levels to increase to 80% from a baseline of 72.8%;
- 100% accurate relay of patient information (treatment plans, functional status, and discharge plans) post-handover.

Main phases of project implementation included:

- redesigning the handover workflow by eliminating waste in the process;
- the streamlined process takes the form of a standard work;
- the validated version of standardise work was uploaded to the TTSH nursing portal website.

Post-implementation, the time required for the inter-shift handover reduced by 47% (down from 75minutes to 40 minutes). This releases approximately 5 hours of nursing time for patient care each day.

A survey on the nurses' perception of the redesigned handover process was conducted on the pilot ward (n= 23).The following three benefits were most highly ranked:

- time saved (89% agreement)
- improved patient safety (100% agreement)
- information provided is accurate and relevant to patient care (100% agreement)

Results of the pilot study were used to inform clinical practice. The standardised approach improves the effectiveness and coordination of communication among nurses at shift change. The next step of this project is to ensure consistency in practice of the redesigned process and sustain the gains.



Ms NORAINI BINTI SAHA'AT (Singapore)

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Moraini is a Senior Staff Nurse in Singapore General Hospital (SGH). Noraini graduated in 2002 from Nanyang Polytechnic with a Diploma in Nursing. She has working experience of 10 years in surgical orthopaedics. Her interest in orthopaedics has motivated her to obtain an Advanced Diploma in Nursing (Orthopaedics) and a Bachelor in Nursing from Curtin University, Australia.

75. Improving the time taken to orient patients to the orthopaedic ward environment

The orthopedic trauma unit admits survivors of serious road traffic accidents and industrial accidents. They often suffer from fractures of the lower limbs and might require amputation of a limb or more. Faced with a catastrophic illness, patients are usually in shock or denial and thus would not be keen to be orientated to the new hospital environment. With this in mind, the team analysed the situation and gathered feedback on ideas to improve the orientation process. The idea of a video orientation was conceived to complement the short oral orientation currently received by patients. The video is interactive and contains information on the ward environment and processes. A pilot run was done to gather feedback from patients and staff. With the feedback, the video was revised to better cater to patients' needs. With the implementation of the video, patients are able to receive the essential information required during their stay at their own pace. The new orientation process was widely welcomed by the staff and the patients. The time taken to orientate patients was reduced by 50%. The time saved, allowed nurses to spend more quality time with patients. The commitment is to meet patient's basic needs while attending to their acute condition. With the new tool, there was staff satisfaction, enhanced corporate image, and increased patient satisfaction levels. Patient's satisfaction has been improved by providing a seamless hassle free bedside video orientation.



EILEEN RICHARDSON (United Kingdom)

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Eileen has worked in nurse education for many years both as a teacher and educational manager. Her initial teaching preparation was at Edinburgh University. Eileen is a graduate of both the Open and Sussex Universities, obtaining a Master's Degree in Education at the latter. From 1993 to 2007, Eileen was a member of staff at the School of Health and Social Care at Bournemouth University where she held a number of posts. From October 2000 to 2007 Eileen was employed as International Project Officer for Nursing. This involved, amongst other things, managing two transatlantic projects one relating to multicultural workforces and the other 'health inequalities in rural communities'. Now retired Eileen continues to be involved in activities both locally and internationally. In 2007 on behalf of Bournemouth University she visited Kenya to ascertain the educational needs of the private nurse practitioners who cared for people in their local communities.

78. Meeting the educational needs of Kenya's private nurse practitioners

"More than 85% of Kenya's nurses are trained at certificate level and do not have the registered nurses Diploma leaving them inadequately qualified to treat major diseases such as HIV, TB and Malaria" (www.UK.amref.org). These are very often the care providers for the majority of the people living in remote rural areas where there is no access to other health care facilities. Using photographic evidence this presentation will describe the work of some of the private nurse practitioners who are stationed in the Nyeri District of Kenya. These nurses identify a number of learning needs amongst which are the management of addictions and domestic violence as well as the commoner disorders mentioned above. A visit to the area confirmed that this group is made up of 90% enrolled nurses. The Nursing Council of Kenya has ruled that these nurses should be upgraded to registered nurse level. To facilitate this, the Council has set up a public-private partnership with the African Medical Research Foundation, Accenture, the Ministry of Health, the Kenyan Medical Training Colleges and several private colleges to develop an e-learning programme. Learning centres have been set up around the country and AMREF have promised to provide a computer for every 5 nurses who will enrol on the programme. The Nyeri private nurses are seeking to access this but the cost of the programme and the availability of a centre are difficult. To meet this need the Burning Bush Foundation from the US have planned, built and equipped an Education Centre. This has had Nursing Council approval and they are now seeking collaboration with an out of country University to meet the Nursing Council's requirements for validation of their courses.



Mrs ZAMASOMI LUVUNO (South Africa)

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After obtaining her nursing degree, Zamasomi worked in medical and pharmaceutical sales and marketing for several years. She then moved to join the academic world in the University of Kwa Zulu Natal in the 20 000+ project. The aim of this project is to support the Kwa Zulu Natal Department of Health to reduce mother to child transmission of HIV to less than 5%. Zamasomi's responsibility in the project as Project Manager is to provide support to national, provincial and district Departments of Health on maternal and child health issues. Zamasomi has been working with this project for the past four years. She has obtained her Masters in Nursing (Community Health) and is now a PHD candidate at the University of Kwa Zulu Natal. Her special interests are in monitoring and evaluation in health care. She is also a Fogarty Implementation Science Fellow.

76. Fast tracking patients with multi-drug resistant TB to HAART initiation using QI methodology

An enhanced quality of care intervention was conducted to influence key drivers of survival for MDR and XDR TB inpatients. Components of the intervention focused on delivery of HIV therapy to co-infected patients. Before intervention base line data was collected by the project team, representing the period from January–March 2010. Routine information from inpatient registers was utilised for this exercise. This initial data revealed excellence in prompt initiation of empiric MDR therapy but massive delays in testing and starting HIV therapy and poor documentation of clinical activities on the registers, evidenced by multiple varied data collection tools. Staff in each ward measured their own efforts prospectively using a newly designed data register (one of the first changes implemented) and run-charts. Approximately 16.5% of patients have unknown HIV status on admission, so timely HAART initiation also hinges on prompt testing of these patients. Further areas for work include better recording of testing dates and notations on causes of delays. Follow-up data collection for the period from April–June 2010 was done in August, and again in January 2011, collecting data from July to December 2010. This data showed significant improvement. Time delays from time of admission to an HIV test an average of 15.3 days to 4.2 days and initiation of HIV therapy were reduced from a median of 30 days to 12.1 days, meeting the aim set by the teams. Furthermore, at the beginning of the intervention, 59% of eligible patients were on ART, a figure that rose to 92% by December 2010. Systems-based quality improvement methods and data driven approach to aid self-monitoring can improve the delivery of effective HIV treatments to patients suffering from drug resistant TB.

77. MCWH QI at scale: DASHBOARD in action in the Kwa Zulu Natal Province South Africa

20 000 + is a quality improvement organisation based in South Africa (SA) in the Kwa Zulu Natal Province (KZN). KZN has the highest rate of HIV-positive women attending antenatal clinics. Nationally 29.3% of pregnant women are HIV, while the KZN province the rate is 38.7%. Women with high viral load and low CD4 counts are most likely to transmit HIV to their unborn children. Further, they are at a higher risk of complication and mortality. Initiating eligible pregnant women on ART in pregnancy reduces the PMTCT rate and promotes maternal health thus reducing both maternal and child mortality. The aim is to reduce the rate of mother to child transmission of HIV (PMTCT) to below 5% by December 2011 in the Province of Kwa Zulu Natal. At the beginning of the project in June 2010, on average 1200 pregnant women were being initiated on ART monthly, while 18000 were eligible. Further all infants born to HIV positive women need to be tested for HIV (PCR) at six weeks. At the start of the project the PCR uptake was at about 66% with 8.8% of infants at 6 weeks testing HIV positive. Infants, who test positive at six weeks, need to be fast tracked for Paediatric ART. Data from the District Health Information system (DHIS) was utilised to assess the programme and collect baseline data. Additionally the facilities used source data to identify women and infants for care. The improvement was undertaken in the 11 Districts of the Kwa Zulu Natal Province. This involved all the PMTCT Child MCWH Managers. They were lead by the Provincial MCWH and PMTCT technical advisors, supported by the 20 000+ team. The Provincial MCWH and PMTCT coordinators were trained on quality improvement then assisted to implement the project. The Team created a Dashboard of key indicators to guide the improvement project.

Dashboard:

- ANC initiated on ART
- Baby PCR test around 6 weeks uptake
- Baby PCR test positivity around 6 weeks rate (PMTCT)



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Unice is a Midwifery Tutor at Chitungwiza Central Hospital. Unice is a registered nurse and midwife. She obtained her general nursing qualification at Harare Central Hospital School of Nursing in 1987 and her midwifery qualification at Harare Central Hospital School of Midwifery in 1991. She has a Bachelor's Degree in Nursing Sciences from Zimbabwe Open University 2005 and a Master's Degree in Nursing Sciences (Maternal Child Health) from the University of Zimbabwe 2009. Unice is currently enrolled in a DPhil in Advanced Nursing Education with Zimbabwe Open University. She has been an adult educator with the University of Zimbabwe since 2000.

79. Knowledge of pregnancy induced hypertension complications and health seeking behaviour

Pregnancy induced hypertension is a serious pregnancy complication associated with fatal complications for the mother and baby. The purpose of this descriptive correlational study was to describe and examine the relationship between knowledge of PIH complications and health seeking behaviour among pregnant women with PIH complications aged 18 to 28 years at Chitungwiza Central Hospital. A convenience sample of 80 pregnant women were interviewed, using an instrument comprising a demographic questionnaire. A Health Belief Model was used to guide the study. Data was analysed using descriptive statistics, Pearson's correlational, coefficient test and simple regression. Study findings indicated that 65 (81.3) subjects scored above 50% revealing good knowledge of PIH complications. Seventy-two (90%) scored 18–34 revealing poor health seeking behavior. Data analysis indicated that knowledge of PIH complications and health seeking behavior were positively correlated and significant ($r=0.319$, $p<0.01$); convulsions, headache, generalised oedema. Reduced urine output and blurred vision were attributed to bad airs/evil spirits, hence faith healers were consulted first before coming to hospital. Simple regression analysis $R^2=0.102$ ($F=8.844$, $p<0.01$). explained 10% variance in health seeking behavior. Major recommendations are that, there should be public awareness of uncontrolled bleeding of sudden onset, facial twitching, confusion and reduced urine output and education stressing the importance of reporting to hospital quickly on observing PIH complications. Use of Rosenstock Health Belief Model assisted in identifying the health seeking behaviors of pregnant women with PIH complications aged 18–28.



Mrs LALITHA MEEGODA (Sri Lanka)

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Lalitha has an MSc in Nursing, a Diploma in Teaching and Supervision and is currently reading for her PhD. Since 2007, Lalitha has been a Lecturer in the BSc in Nursing Programme, Department of Medical Education and Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura Sri Lanka. Lalitha worked as a nurse at the National Hospital of Sri Lanka from 1991 to 1999 and as a Nursing Tutor at the School of Nursing, Colombo from 1999 to 2007. Lalitha is a member of the Sri Lanka Nurses Association (SLNA), and served as a member of their education committee. She is a committee member of the Graduate Nurses Foundation and the Faculty of Medical Sciences Teachers Association and is a life member of the Organisation of Professional Associations (OPA) of Sri Lanka. Lalitha has presented at several national and international scientific conferences.

80. Palliative care needs of adult cancer patients at a national centre in Sri Lanka

A descriptive study of adult cancer patients ($n=124$) was conducted at the National Institute of Cancer Maharagama (NICM) which is the main referral center for cancer in Sri Lanka between January to July 2010 using a self-administered questionnaire. The level of satisfaction was identified using a rating scale and percentages were calculated. A voluntary sample was chosen on 10:1 ratio for in-depth interviewing. Interviews were transcribed and key themes were identified. Of the total ($n=124$) 40.3% were males and 43.5% were in 51–70 year group. Level of education was above grade 10 in 79.1%. Patients (86.3%) were satisfied with the welcome received on admission. Their needs were identified well (86.35%) and 88.7% were fully satisfied with needs being fulfilled in a timely manner. Interpersonal relationship was rated as very good by 59.7% and 70.2% were fully satisfied with the psychological support received. 90.3% were happy with the kindness experienced. Although 93.5% of the patients had a need for health education, only 72.6% received it. Three key themes were identified from in depth interviews. The first 'receiving holistic care', was divided into three categories: 'receiving individual attention', 'each aspect of care was covered' and 'experienced nurses' dedication'. The second theme 'seeking more information' has three sub categories; 'need well developed system to create awareness', 'seeking counselling' and 'received inadequate health education'. The third key theme 'seeking psychosocial support' emerged with four sub themes, 'belief in religious support', 'need homely environment', 'need emotional support' and 'experienced social support'. Palliative care needs of adult cancer patients at NICM were well identified by nurses. Their level of satisfaction on the palliative care received was high. Patients need more information and psychosocial support.



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Thelma is a registered nurse from Sri Lanka and Botswana. She did her nursing education at the College of Nursing, Kandana in Sri Lanka and worked for five years as a general nurse for the Government of Sri Lanka. She is currently working at the Pabelong Hospice, which is a Catholic Mission in Botswana. Thelma is looking forward to the Inaugural Commonwealth Nurses Conference and joining the family of Commonwealth nurses coming together as one in participation, contributing and sharing to be better professionals in our passion of nursing and caring.

81. Developing an integrated non-relational data management system

The lack of an appropriate, widely accepted, design procedure for use with non-relational database management systems has been a major, common problem in many efforts to develop an integrated hospital database. The availability of such a design procedure is particularly important today since the majority of the database management systems currently in use are non-relational. A database design procedure is proposed which should assist with the design of optimal non-relational hospital database systems. The proposed design procedure is separated into two distinct steps: the development of an appropriate intermediate relational database structure and the subsequent development of an equivalent non-relational one. A set of rules is given for the move from the proposed intermediate relational to the equivalent non-relational structure. An example application from the hospital environment is also included in order to better demonstrate the process. Hospital Management System is a complete package one needs for a hospital to deal with all the day to day operations. The programme can look after inpatients, OPD patients, records, database treatments, status illness, billings etc. It also maintains hospital information such as ward id, doctor in charge, department administering etc. it also looks after doctor and staff records including payments with advanced features like LAN connectivity, database, and Webcam support for first time patients.



Dr MARION HOWARD (Virgin Islands)

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Marion Howard is a nurse, an educator, author, researcher, consultant, mentor and an International Council of Nurses Certified Nurse Leader and Trainer. She has been a nurse and midwife for forty-two years, twenty one of which were spent in nursing education. Marion was educated and has practiced nursing in Barbados, West Indies; Scotland, UK; and Carson and Los Angeles, California. Marion is a Nurse Consultant, and the Executive Director of her company LHSP (Legal, Health and Social Policy) Consulting Services. Marion is a Clinical Nurse Specialist (CNS), and through her many and varied activities, attempts to meet the expectations of the Clinical Nurse Specialist role. Marion was President of the Barbados Registered Nurses Association (2001–2005); President of the Caribbean Nurses Organisation 2004–2008, and Board Member Commonwealth Nurses Federation (Atlantic Region) 2005– present. Marion was the first nurse on the Board of Directors, Queen Elizabeth Hospital Board 2001–2005, and the first nurse commissioner, National HIV and AIDS Commission, Barbados. She was Barbados' Nurse of the Year in the Caribbean Nurses Organisation Year of the Caribbean Nurse Celebration 2003–2004. She is currently holds the position of Associate Professor Nursing, University of the Virgin Islands, St. Thomas Campus, United States Virgin Islands.

82. Meeting the health MDGs: a Caribbean perspective

The adoption of the Declaration of the Millennium Development Goals, Targets and Indicators in 2000, has served as an important instrument for orienting development policy in the Caribbean region toward the achievement of a number of specific goals and targets. Several Caribbean countries have prepared reports over this time period indicating progress made at the national level toward the achievement of the various MDGs. Not all of the goals are directly relevant to the needs of the countries of the Caribbean generally. Selected goals have already been achieved or will be achieved by 2015. However the reports to date, serve to highlight the achievements, but also the gaps and deficits. This paper is intended to contribute to the ongoing discussions on the revision of the MDGs and to offer suggestions and strategies for nurses and midwives regarding actions to be taken in relation to policies and programmes for the achievement of the goals. Achieving the MDGs by 2015 may be possible if we all make a concerted effort to take action to implement all of the best evidence based-practice available. Major behavioural change is needed at the community level. Nurses can take a leadership role in population education geared toward changing behaviors, while at the same time, advocating for the people for much needed resources. Migration still continues to be an issue for some countries. Some countries lack adequate numbers of qualified trained nurses in both academia and service due to migration to developed countries, among other reasons. Consequently, there are gaps and deficits in the achievement of many of the health related goals (MDGs 4, 5, and 6).



Ms JOYCE KAMDONYO (Malawi)

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Joyce is a nurse and midwife who did her diploma in nursing and a university certificate in midwifery at the University of Malawi Kamuzu College of Nursing (KCN) in 1983 and 1984 respectively. In 1992, Joyce obtained a BSc in Nursing and Midwifery Education at KCN and in 1999, graduated with a Master's Degree in International Health at Queen Margaret University, Edinburgh, Scotland. Joyce's major field of work has been maternal and child health. She has worked at Queen Elizabeth Referral Hospital in labour ward, antenatal clinic, postnatal and intensive neonatal care wards and also as in-charge of the maternal child health department. After obtaining her Master's Degree, Joyce joined Malawi College of Health Science and served in various capacities such as a senior midwifery lecturer; academic dean of nursing and midwifery; and a campus director responsible for the management of the training institution. Joyce also worked as a Nutrition Advisor in an NGO (Concern World Wide). Joyce is currently employed by the Commonwealth Secretariat as Midwifery Training Coordinator for the East, Central and Southern Africa Health Community based in Arusha Tanzania. Joyce has extensive experience in maternal and child health issues, midwifery education, administration, management and project management. As a result of great exposure in the field of midwifery, Joyce has a great passion for mothers, neonates and children.

83. Enhancing midwifery capacity to reduce maternal and neonatal mortality in the ECSA region by scaling up midwifery educator training

Maternal and neonatal mortality ratios remain unacceptably high in the East, Central and Southern African region. UNFPA's State of World Midwifery Report 2011 estimates that 350,000 women die each year as result of pregnancy and childbirth. Almost all of these deaths (99 per cent) occur in developing countries, particularly Africa. The probability of a woman dying from a maternal cause is 1 in 31 in sub Saharan Africa compared with 1 in 4,300 in developed nations (WHO, UNICEF, UNFPA and World Bank 2010). With less than 4 years to 2015, there is still a lot countries are expected to do to be able to achieve the targets they had set of reducing maternal and neonatal mortality rates. Despite available evidence on the significance of skilled attendance in increasing the quality of maternal care and improving maternal outcomes, the ECSA region encounters critical shortages of midwives as well as midwifery educators who are to train the much needed midwives. Most countries are off track in their efforts to attain MDG 4 and 5. In response to the national and international need to need attain MDG 4 and 5 in the region, the East, Central and Southern Africa College of Nursing in collaboration with the Health Section of the Commonwealth Secretariat, the University of Central Lancashire, and a number of higher educational institutions (HEI's) in the region, developed a curriculum for the training of midwifery educators at Master's Degree level. The curriculum targets practicing midwives, service managers and supervisors involved in overseeing midwifery care. The goal of the programme is to improve midwifery practice within the ECSA region by making available a prototype curriculum compliant with regional and international standards for midwifery.

Strengthening capacity to reduce newborn mortality in the ECSA region

Nurses and midwives attending the East, Central and Southern Africa College of Nursing (ECSACON) 9th Scientific Conference in Zambia in August 2010, overwhelmingly expressed the need to update their nursing and midwifery skills in newborn resuscitation using the Helping Babies Breathe (HBB) training package. A two day Africa Regional Helping Babies Breathe (HBB) training of trainers took place in Ethiopia in February 2011. The training included 15 participants drawn from the ECSACON Secretariat and 12 ECSACON country chapters (Botswana, Kenya, Lesotho, Malawi, Mauritius, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe as well as from Southern Sudan and Rwanda). In order to increase the pool of available trainers who can transfer quality competency-based training skills in essential newborn care, including newborn resuscitation, to skilled birth attendants, in-country training of trainers is being conducted, starting from Zambia, Kenya and Uganda through the ECSACON country chapters. Additionally an assessment of pre-service training programmes is being conducted in Tanzania, Uganda and Malawi to identify and document the existing content and identify gaps in neonatal resuscitation, essential newborn care, and early postnatal care. The findings will be used to develop a prototype curricula or modules on essential newborn care including resuscitation for countries to discuss, adopt or adapt. The results from the pre-service curricula assessment will be shared and discussed during the 2012 ECSACON scientific conference to stakeholders from the ECSACON member states as well as other relevant stakeholders in African context and beyond. The collaborative initiative between ECSACON and partners is one of the strategies to accelerate attainment of Millennium Development Goal No: 4.