Conference Abstracts

LEADING THE WAY: Nurses and midwives for a safe, healthy and peaceful world

The 4th Commonwealth Nurses and Midwives Conference

Royal College of Physicians, Regent’s Park, London, UK
Saturday 10 and Sunday 11 March 2018
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Day 1. Saturday 10 March 2018
Morning programme

08.00–09.00 | Registration

09.00–09.10 | Welcome: Ms Ramziah Binti Ahmad, President, Commonwealth Nurses

09.10–09.20 | Welcome: Ms Janet Davies, CEO and General Secretary, Royal College of Nursing UK

09.20–09.30 | Dr Catherine Hannaway: ‘Nursing Now’ Global Nursing Campaign

09.30–10.00 | Keynote Address and Conference Opening: The Rt Hon Patricia Scotland, QC, Secretary General of the Commonwealth

10.00–10.30 | Dr Franklin Shaffer (USA): Nursing workforce migration: regulation to ensure patient safety across borders

10.30–11.00 | Refreshment break and poster presentations

11.00–11.30 | LEADING THE WAY 1
Wolfson Theatre
Chair: Professor Kathleen McCourt
73: Dr Elizabeth Bernthal (UK)
A sense of belonging and identity to enhance a nurses’ resilience
75: Ms Melita Walker and Mrs Kathryn Grant (UK)
A national initiative to strengthen health professional practice in perinatal mental health
102: Professor Mavis Mulaudzi and Dr Roinah Ngunyulu (South Africa)
Toward affordable nutrition for women and children: innovative sustainable Indigenous Knowledge Systems
61: Ms Christine Cummins (Australia)
The challenges of caring: ethical dilemmas in mental health nursing
67: Ms Emma Kwego-Aful (Ghana)
Lifting and pregnancy outcomes: feasibility of a randomised controlled trial in Ghana

11.30–12.00 | LEADING THE WAY 2
Council Chambers
Chair: Ms Ramziah Binti Ahmad
51: Mrs Maria Dimitriadou (Cyprus)
The prevalence and patterns of rationing nursing care in an acute care setting
105: Mrs Veronica Fransman-Hendricks (South Africa)
Health professionals united in pursuing a positive practice environment for health facilities
52: Mrs Angela Leonard (South Africa)
Designing and conducting an observational study of children’s nursing practice
97: Ms Lora Pullicino (Malta)
Guaranteeing asylum seekers’ right to care: the role of midwives and nurses
78: Dr Sabina David (Namibia)
An educational support program for adolescent mothers in Oshana Region Namibia

12.00–12.30 | LEADING THE WAY 3
Linacre Room
Chair: Ms Annie Butler
72: Ms Hossinatu Mary Kanu (Sierra Leone)
Nurse led emergency triage, assessment and treatment for children in Sierra Leone
79: Mrs Ester Mulenga (Zimbabwe)
Improving mental health and inequalities in minority groups in London
56: Mr Dieudonne Kayiranga (Rwanda)
Perceptions of adolescent parenting among high school students in Rwanda

12.30–13.00 | LEADING THE WAY 4
Sloane Room
Chair: Mr George Saliba
91: Associate Professor Adella Campbell (Jamaica)
Removal of charges for health services in the Jamaican public health system
103: Ms Minnesha Yasmine (Australia)
Contributing to the reduction of maternal mortality in Africa
79: Mrs Ester Mulenga (Namibia)
Empowering mothers and caregivers on feeding practices for children under five
95: Dr Heather Moore (Australia)
The shifting dynamics of nurse safety
25: Dr Sonia Sunny (India)
Management of menopausal problems in a primary health care setting

13.00–14.00 | Lunch and poster presentations
### Day 1. Saturday 10 March 2018
#### Afternoon programme

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<td>14.30–15.00</td>
<td>49: Professor Charlotte McArdle (UK): Enabling professionalism in nursing and midwifery – a UK approach</td>
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<td>15.00–15.30</td>
<td>50: Mr Chris Carter (UK): The use of simulation to develop military undergraduate student nurses</td>
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<td>15.30–16.00</td>
<td>Refreshment break and poster presentations</td>
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<td>16.00–16.30</td>
<td>63: Dr Adelaide Ansah Ofei (Ghana): Stress and coping strategies among nurse managers at three hospitals, Eastern Region, Ghana</td>
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<td>90: Ms Michaela Nuttal and Ms Patricia Hughes (UK): The Healthy Nursing Collaborative Workshop: Leading the way to healthier lives</td>
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<td>2: Mrs Marie-Claire Pellegrini (Malta): Ethical issues surrounding the removal of a percutaneous endoscopic gastrostomy tube</td>
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<td>100: Professor Kathleen McCourt (UK): Reforming mental health legislation across the Commonwealth</td>
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<td>68: Mrs Matilda Tshabalala (South Africa): Experiences of newly employed nurse educators at a nursing college in Gauteng</td>
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<td>16.30–17.00</td>
<td>34: Ms Yuko Leong (USA): BREATH – Learn from word game Nightingale invented for a safe environment</td>
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<td>88: Dr Nishan Silva (Sri Lanka): Perceptions of the health ethics concept of autonomy in Sri Lanka</td>
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<td>5: Mr Francis Nii Lanteye Acquah on behalf of Miss Patience Agyare (Ghana): Understanding the effects of stigma of mental illness on patients and nurses</td>
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<td>46: Mrs Margaret Rowe and Ms Kirsty Marshall (UK): The nurse educator’s role within the HSC agenda in Greater Manchester</td>
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<td>87: Mrs Ruth Wooldridge (UK): The Palliative Care Toolkit – the importance of resources for community based care</td>
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<td>10: Mr Azharuddin bin Haji Ahmad (Brunei Darussalam): Implementing ‘Melayu Islam Beraja’ to improve neurosurgical and oral maxillofacial nursing care</td>
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<td>47: Dr Arlene Kent-Wilkinson (Canada): Destigmatising mental illness and addictions: the responsibility of nurses and nursing education</td>
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<td>60: Mrs Ranjani Nettasinghe (Sri Lanka): Psychosocial learning environments from nursing students’ perspective</td>
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<td>17.30–19.30</td>
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### Morning programme

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<td>64: Mr Zurab Elzarov (Sudan): Healing the wounds of war: reducing maternal mortality in Darfur</td>
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### LEADING THE WAY

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<td>Professor Kathleen McCourt</td>
<td>LEADING THE WAY 1: Mr Ahmed Abdul-Majeed (Ghana) A systematic review of the scope, and reporting the quality, of qualitative research in discrete choice experiments</td>
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<td>Mrs Angela Neuhaus</td>
<td>LEADING THE WAY 2: Ms Joselyn Mukantwari (Rwanda) Indwelling urinary catheters use among patients undergoing surgery at one Rwandan referral hospital</td>
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<td>Mr George Saliba</td>
<td>LEADING THE WAY 3: Ms Sofia Ktisti (Cyprus) Examining the association between social support and self-care confidence</td>
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<td>Sloane Room</td>
<td>Ms Annie Butler</td>
<td>LEADING THE WAY 4: Ms Annette Garvey (UK) Walking the path to change</td>
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<td>Willan Room</td>
<td>Mrs Rosemarie Josey</td>
<td>LEADING THE WAY 5: Dr Ndapeua Shifiona (Namibia) Experiences of individuals living with chronic mental illness in Northern Namibia</td>
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<td>83: Mrs Judith Mewburn (UK) Empowering operating theatre staff to deliver safe patient care</td>
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<td>19: Ms Sofia Ktisti (Cyprus) Examining the association between social support and self-care confidence</td>
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<td>55: Professor Carina Elgan on behalf of Mrs Muditha Muthucumarana (Sri Lanka) Family caregivers’ experience of providing informal care for stroke survivors</td>
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<td>27: Mr Chris Carter (UK) An evaluation of student nurses completing an international elective in Zambia</td>
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<td>39: Dr Arlene Kent-Wilkinson (Canada) Mental health and addiction education in undergraduate nursing curricula: a global necessity</td>
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<td>104: Mrs Veronica Fransman-Hendricks (South Africa) South African nurses contribute to a safe environment: Marilyn Lahana Caring Award</td>
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<td>84: Ms Tabitha Mallampati (Guyana) Lifestyle assessment of people with type 2 diabetes in Guyana and India</td>
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<td>101: Professor Mavis Mulaudzi and Dr Roinah Ngunyulu (South Africa) Female condom marketing strategies for health care workers in Tshwane District South Africa</td>
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<td>21: Dr Marie Dietrich Leurer (Canada) Reflections and recommendations of previous study abroad by undergraduate nursing students</td>
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<td>14: Mr Francis Nii Lanteye Acquah (Ghana) Providing sustainable mental health care in Ghana: The Mental Health and Well-being Foundation of Ghana</td>
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<td>9: Datin Paduka Hajah Suraya Binti Abdullah (Brunei Darussalam) Nursing and midwifery challenges and aspirations in Brunei Darussalam</td>
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<td>86: Mr Joseph Nkwain (Cameroon) Disaster management</td>
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<td>32: Ms Hossinatu Mary Kanu on behalf of Mrs Finda Elizabeth Pessina (Sierra Leone) Scale up of Option B+ for PMTCT: the Sierra Leone experience</td>
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<td>58: Mrs Atswei Adzo Kwashie (Ghana) Supporting student nurses in the clinical learning environment</td>
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<td>70: Mrs Catherine Smith (UK) Burnout in mental health workers associated with age and length of service</td>
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#### Afternoon programme

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Chair: Ms Ramziah Binti Ahmad | LEADING THE WAY 3 | **Linacre Room**  
Chair: Mr Paul Magesa |
| 13.30–14.00| 62: Dr Adelaide Ansah Ofei (Ghana)  
Perception of staffing practices of nurse managers at the unit level  
71: Mr Geoffrey Axiak (Malta)  
Good nutrition for persons suffering from dementia  
15: Mr Prashanth Nayak (India)  
Review of National Health Policy for the elderly: an alternative model of care |
| 14.00–14.30| 44: Dr Shirley Sudath Warnakula Suriya (Sri Lanka)  
Factors affecting occupational low back pain among nurses in four hospitals in Colombo  
76: Miss Lyndsey Rickman (UK)  
Using multisensory therapy to promote wellbeing for people with dementia in hospital  
66: Ms Willamae Stuart (Bahamas)  
Who will care for me? Providing care in ‘my home’ for older people |
| 14.30–15.00| 80: Ms Tabitha Mallampati (Guyana)  
Nurses’ perceptions of the challenges and strategies of nursing education and practice  
96: Mrs Therese Saliba (Malta)  
Attitudes of health care professionals concerning the spirituality of patients suffering from dementia  
98: Mr Ekezie Ralueke Oluchukwu (Nigeria)  
Home care nursing – leading health care innovation in Nigeria |
<p>| 15.00–15.30| 42: Dr Lynn McDonald (Canada): Nurses after Nightingale – the next generation of nurses facing war and epidemics |
| 15.30–16.00| 59: Dr Deva-Marie Beck (Canada): In Nightingale’s footsteps: we are achievers of the UN Sustainable Development Goals |
| 16.00–16.30| Closing ceremony and refreshments                           |</p>
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Understanding the effects of stigma of mental illness on patients and nurses |
| 14: Mr Francis Nii Lanteye Acquah (Ghana/Australia)  
Providing sustainable mental health care in Ghana: the Mental Health and Well-being Foundation of Ghana |
| 21: Dr Marie Dietrich Leurer (Canada) 2nd author Arlene Kent-Wilkinson  
Reflections and recommendations of previous study abroad by undergraduate nursing students |
| 32: Mrs Finda Elizabeth Pessina (Sierra Leone)  
Scale up of Option B+ for PMTCT: the Sierra Leone experience |
| 103: Mr Francis Nii Lanteye Acquah (Ghana/Australia)  
People in public places exhibiting “at risk behaviour” in Ningo Prampram District of Ghana |
Ms Ramziah Binti AHMAD
Ms Ramziah Ahmad was elected to the position of President of the Commonwealth Nurses and Midwives Federation in 2014. Prior to that she was the CNMF Board Member for the new Asia Region transferring from her position of CNMF Board Member for the Pacific Region, the first person from Asia to hold this position. Ms Amhad was previously President of the Malaysian Nurses Association.

Ms Jill ILIFFE
Ms Jill Iliffe has been the Executive Secretary of the Commonwealth Nurses Federation since April 2008. Under Ms Iliffe’s leadership, the CNMF has undergone transformational change in providing leadership and support to national nursing and midwifery associations in Commonwealth countries. Prior to taking up her position with the CNMF, Ms Iliffe was National Secretary of the Australian Nursing Federation for nine years.

Ms Janet DAVIES
Ms Janet Davies was appointed to the position of Chief Executive and General Secretary of the Royal College of Nursing UK in July 2015. Prior to her appointment, Ms Davies was Director of Nursing and Service Deliver at the RCN for nine years and prior to that, Chief Executive of the Mersey Regional Ambulance Service.

Dr Catherine HANNAWAY
Dr Catherine Hannaway is a Global Health Consultant who has worked in leadership development and quality improvement for the past twenty years. Dr Hannaway has been appointed Project Manager for the ‘Nursing Now’ global health campaign. She is also Senior Fellow and National Program Director (Leading Systems Transformation) at Durham University.

The Rt Honourable Patricia SCOTLAND QC
The Rt Hon Patricia Scotland QC became the 6th Secretary General in 2016, the first woman to hold the position. Born in Dominica and brought up in the UK, she became, in 1991, the first black women and the youngest woman ever in the UK to be appointed a Queen’s Counsel. She was also the first black women to be appointed a Deputy High Court Judge. As Baroness Scotland of Asthal, she joined the House of Lords in 1997, serving as a minister in the Foreign Office, Home Office, and Lord Chancellor’s Department where she undertook major reform of the criminal justice system, including the introduction of the Domestic Violence Crime and Victims Act. She was appointed Attorney General in 2007, the first woman to hold the post since it was created in 1315.
The provision of primary mental health care to young people in an adult maximum security prison

In November 2016, young people being held at a Melbourne Youth Justice Centre rioted. About 40 young people destroyed property including 60 beds, making the centre inoperationable. Within 48 hours, a decision was made by the state government to transfer the young people to a maximum security prison. I was appointed to provide consultancy mental health care for the young people being transferred. No young person had been housed in this maximum security setting prior to this incident. The challenges of turning an adult prison into a youth-friendly environment began. The situation was chaotic as construction work commenced including changing all the bathroom and toilet facilities from ceramic to stainless steel for safety reasons. Working out of a cell for an office, the medical team had no access to phones or computers. It was like travelling back in time as we endeavoured to assess the mental health of the young people, undertaking risk and medical assessments as required. Within the first week, I was dealing with self-harm, slashed wrists, and a split lip from fighting. An initial challenge was the lack of policy regarding calling an ambulance to the prison. On one occasion an ambulance arrived 13 hours after the incident. This presentation will outline the extraordinary work that mental health nurses undertook in order to overcome the obstacles and challenges in providing mental health and primary health care to the young people. The presentation highlights the creative solutions employed that went beyond regular nursing practice in order to meet the needs of those detained in this maximum security environment.

Leading ‘down under’ for a safe, healthy, and peaceful world

Since its inception in 1924, the Australian Nursing and Midwifery Federation (ANMF) has been a staunch advocate for nurses and midwives in Australia, and for the people for whom our professions provide care. As the professional and industrial organisation for almost 270,000 nurses, midwives and assistants in nursing, we take a leadership role in petitioning governments and service providers to create and maintain safer health and aged care work settings. Our members, employed in the public and private health and aged care sectors, and across all urban, rural and remote locations, positively impact the health of our nation. We use the strength of our organisation to influence: funding levels which support competent and safe staffing numbers; physical surroundings conducive to a safe practice environment; improved access and equity of services; and, to push for a safer, healthier and more harmonious community for our culturally diverse population. Through an outline of the professional and industrial breadth of the ANMF’s advocacy activities with our government, this paper will demonstrate how our organisation is leading the way in promoting a safer, healthier and more peaceful world for our nurses and midwives, for all people living in our country, and for our near neighbours. Examples will come from our professional and industrial policy and advocacy work on:
- appropriate numbers of staff with the qualifications and skills required for the complexity of care,
- climate change and sustainable workplace environments,
- aged care staffing profiles to mitigate neglect and elder abuse,
- safety and security in delivering health to remote areas,
- socio-economically disadvantaged people,
- reconciliation with Australia’s First Peoples – Aboriginal and Torres Strait Islander peoples, and,
- collaboration with nursing and midwifery colleagues across the South Pacific region.
42. CANADA
Dr Lynn McDONALD
Professor Emerita University of Guelph, Ontario Canada. Former member of the Canadian House of Commons. Editor of the 16 volume Collected Works of Florence Nightingale.
lynnmcd@uoguelph.ca

Nurses after Nightingale: the next generation of nurses facing war and epidemics
While Florence Nightingale is a powerful example of a nurse taking on the challenges of disease and death in war hospitals, the focus of this paper is on later nurses, influenced by Nightingale, who led the development of nursing at the end of the 19th century and into the 20th century. Of the five examples given, Nightingale mentored the first three, and benefited from the information they gave her. The last two lived too late to have had direct contact. Two of the nurses were St Thomas’ trained military nurses: Margaret A Fellowes (1846–1931) and Dorothy F Solly (c1848–93), who nursed in war hospitals in the Transvaal and Egypt, and reported on the poor conditions. Georgina Franklin (c1865–7), also St Thomas’ trained, nursed in plague hospitals in India and Hong Kong. Plague was a great killer, but the bacteriologist who pioneered inoculation for it, Dr Haffkine, was then in India. Franklin reported back on the successful results. Mary Eugenie Hibbard (1856-1946) was a Canadian-born American nurse, who helped found professional nursing in Cuba after the Spanish-American War, when the nun/nurses returned to Spain. She later nursed on a hospital ship during the Boer War, and was awarded the Royal Red Cross. Kofoworola Abeni Pratt (c1910–93), trained at St Thomas’, then in midwifery, supported by the Royal College of Nursing. She was a nurse at St Thomas’ when the National Health Service was inaugurated, hence was the first, or one of the first, black nurses in the NHS. Back in Nigeria, she led in the introduction of professional nursing by Nigerians, previously run by British expatriates. The contributions of all these nurse leaders deserve to be better known. Several published, so that we have their own insights.

49. UNITED KINGDOM
Professor Charlotte MCARDLE
Chief Nursing Officer Northern Ireland
Co-author: Mrs Angela Reed, Senior Professional Officer, Northern Ireland Practice and Education Council for Nursing and Midwifery, angela.reed@nipec.hscni.net

Enabling professionalism in nursing and midwifery – a UK approach
Enabling Professionalism was produced under the commission of the four UK Chief Nursing Officers (CNOs) working collaboratively with the regulatory body for nursing and midwifery, the UK Nursing and Midwifery Council (NMC). Under the chairmanship of Professor Charlotte McArdle CNO for Northern Ireland, nursing and midwifery leaders at policy level, service and education providers, service users, independent and voluntary sector representatives, staff, and professional organisations, participated, working from their experience and knowledge of nursing and midwifery professionalism. The intention was to take forward a nationwide initiative to define what professionalism meant in practice, underpinned by the NMC Code, taking into account the impact of autonomous, competent, accountable practitioners and the difference they make to peoples’ health and wellbeing. Putting the public first is what nurses and midwives seek to do every day of their working lives. Delivering safe and effective practice, combined with a desire and commitment to continue to learn, and being an inspiring role model are key elements of a number of components that make up professionalism. Ultimately, professionalism unites practice and behaviour. Working forward from the considerable evidence on the subject and significant regional work across the four UK countries, a broad framework was developed and then tested with care and service environments. The framework was launched May 2017 with 500 responses to the NMC ’call to action’ for comment in the first 48 hours post launch. Professionalism means something to everyone – often recognised in that nurse or midwife that everyone looks up to in the toughest of circumstances – that person who develops and maintains resilience with a passion for providing excellent care, all of the time. The Enabling Professionalism Framework encourages nurses and midwives to celebrate good practice, support improving practice and challenge poor practice, to uphold the standards of the professions for the good of the public.
50. UNITED KINGDOM

Mr Chris CARTER
Nurse Lecturer, Birmingham City University
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The use of simulation to develop military undergraduate student nurses

Working in a conflict or disaster environment is unique. Although simulation is used extensively in undergraduate nurse education programmes and military pre-deployment training, there is a paucity of evidence on the specific use of simulation in preparing military student nurses for their future roles. The Defence School of Healthcare Education, Department of Healthcare Education (DHE) is tasked with supporting uniformed undergraduate nurse and Allied Health Professional (AHP) education. In early 2014, DHE introduced military exercises for student nurses and AHPS; with a focus on developing leadership skills, and to introduce students to the deployed clinical environment. The high-fidelity training centre at the Army Medical Services Training Centre (AMSTC) in York, includes a simulation field hospital which adapts to the changing needs of UK operations and threats. Using these facilities DHE students have undertaken a variety of scenarios ranging from humanitarian to conflicts situations to introduce them to the deployed medical environment. This presentation explores the use of simulation specifically in military undergraduate health care education, an overview of scenarios used and feedback from students. This presentation will be relevant to those with an interest in simulation, student nurse education, and preparing nurses to work in unique and austere environments.

59. CANADA

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In Nightingale’s footsteps: we are achievers of UN Sustainable Development Goals

As we prepare to celebrate the global bicentenary of Florence Nightingale’s birth in the year 2020, her work and farsightedness still have fresh relevance to our vision for promoting a healthy world community – through ‘we the peoples of the United Nations’ — specifically toward achieving the 17 United Nations Sustainable Development Goals (SDGs). Famous as the Crimean War’s ‘lady with the lamp’ who nursed wounded and dying soldiers, and founded modern secular nursing – Nightingale’s legacy also encompasses a much wider impact. In fact, she anticipated the UN SDGs, all as components for recovering, determining and sustaining health. As examples, she was:

- Inter-disciplinary in her work, understanding that health is determined by many factors: including education, clean water and sanitation, nutrition, decent employment, housing and healthy environments, justice, global cooperation, human rights (including the rights of women and children) – the same issues encompassed by the UN SDGs of our time.
- A champion for the equality of women and girls, understanding their essential contributions to a healthy society.
- A leading (anonymous) author contributing to the texts that became the First Geneva Convention to define international law for the protection of victims of armed conflicts.
- An ardent advocate who used her voice to raise public concern and influence political will. Of these, Nightingale said, “Health is not only to be well, but to use well every power we have.”

In Nightingale’s footsteps, nurses and midwives are in a unique position to be role models, leading the way to achieve a safe, healthy and peaceful world. The years leading to 2020 are milestone opportunities for us to engage in Nightingale legacy – as achievers of 17 UN SDGs – with pro-active advocacy to promote health and wellbeing, alleviate illness and disease, promote social harmony and cohesion, and contribute to a safe environment for all humanity.
SUDAN

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Healing the wounds of war: reducing maternal mortality in Darfur

Sudan remains one of the largest countries in Africa and one of the most densely populated countries with more than 30 million inhabitants. The increasingly large number of population, as well as armed conflicts and inter-communal hostilities affecting the country over the past 15 years, have considerably weakened Sudan’s health care system. The country has a long way to go to revitalize its health care practices and to establish a proper and effective health service delivery system that benefits every citizen of the country. In Darfur, reducing maternal mortality remains one of the major challenges to the health care system. The situation in the region is aggravated by the on-going conflict and displacement of large numbers of people, poor transportation networks, destruction of primary health care facilities and the lack of mechanisms to train village midwives. In these circumstances, the United Nations – African Union Mission in Darfur (UNAMID) continues to invest in reducing the maternal and child mortality rates in Darfur, by mobilizing the existing resources and advocating for availability of all services that are directed toward improving the maternal health in the region. This presentation describes the implementation and impact of successful initiatives carried out UNAMID for reducing the insufficiency of maternal health services across remote and isolated communities; empowering people ‘at-risk’, especially pregnant women and other vulnerable community members; and reducing maternal and child mortality in the identified communities. Following the successful pilot project implemented in North Darfur state and presented at the 3rd Commonwealth Nurses and Midwives Conference in London in March 2016, similar projects were implemented in West and Central Darfur states. The paper highlights the positive changes and significant impact that these interventions have had on reducing the maternal mortality rates in Darfur and saving the lives of women and children.

UNITED STATES OF AMERICA

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Nursing workforce migration: regulation to ensure patient safety across borders

Nurses have sought employment across borders for personal, economic, and political reasons, often moving from developing to developed countries. Such migration patterns have created challenges not only for the migrating nurse, but also for the source and the destination countries. How nurse migration interfaces with ongoing demographic shifts internationally frames different debates. The nexus of migration and globalization are dynamic realities, globally. As the movement of people across borders surge searching for employment, residence or refuge, the international movement of technology, labour markets, and products, challenge patient safety and regulation. The presentation will cover issues confronting global nursing, presented through a disclosure on the politics of nurse regulatory and licensure services as well as provide an overview of migration, globalization, and retrogression; recent trends in global migration, global nurse migration, and refugee populations; nursing workforce migration in the United States of America; how to ensure patient safety; and use the regulation of migrant nurses in the USA as a case study. An opportunity for an action plan to enable the mobility of nurses in various roles, including research and education, to reconcile the regulatory and licensure issues for all nurses is also proposed.
2. MALTA

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Ethical Issues surrounding the removal of a Percutaneous Endoscopic Gastrostomy tube
There are times when life-sustaining treatments can be legitimately withheld or withdrawn. The bioethical challenge lies in maintaining human dignity in a world where technological methods are constantly improving. One of these methods is tube feeding, however when is aggressive treatment too aggressive? Does a belief in the intrinsic value of human life commit a care giver to indefinitely preserving human life regardless of other factors? Can the concept of ordinary and extraordinary treatment, apply when it comes to feeding tubes? The aim of this study was to investigate when it is ethically possible to remove a Percutaneous Endoscopic Gastrostomy tube and to examine cases in order to take a morally sound decision. The study looked at the removal of a feeding tube in two situations. When the patient is in a persistent cognitively impaired state, and may not have the capacity to get up and get food for themselves, open their mouths and swallow it, but their digestive system works well and they are not dying, the feeding tube is sustaining their lives and the removal of the tube in these cases results in dehydration and a slow, painful death. The other situation involves not forcing food and water on patients who have stopped eating and drinking as part of the natural dying process. This typically occurs, for example, at the end stages of cancer when patients often refuse nourishment because the disease has distorted their senses of hunger and thirst. Being deprived of unwanted food and water when the body is already shutting down does not cause a painful death. In summary, there are situations when a feeding tube may be removed, however these must be carefully reviewed in order to comply with ethical principles, especially that of non-maleficence. The conclusion of the study was that unless the body is rejecting the nutrition administered, it is difficult to assume that a feeding tube is extraordinary treatment.

5. GHANA

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Understanding the effects of stigma of mental illness on patients and nurses
Mental illness is often associated with stigma and leads to a number of unfavourable consequences impacting on the quality of life of persons diagnosed with mental illness. Research on stigma in relation to mental illness is mostly carried out in developed countries. As a result, there is a deficit of research in sub-Saharan Africa, particularly in Ghana, regarding the effects of stigma on patients and nurses. This research work was aimed at understanding the effects stigma has on persons with mental illness and mental health nurses at Accra Psychiatric Hospital and to identify practical ways of reducing the effects of stigma. A total of 304 participants comprising 200 nurses and 104 patients were randomly sampled to complete a self-structured questionnaire. Data collected was analysed using the Statistical Package for Social Science (version 22). Ninety three per cent (93%) of nurses stated their understanding of stigma to mean being discriminated against. Friends, colleagues and the general public were identified as the main source of stigmatization. Sixty six per cent (66.3%) of patients attributed the cause of their mental illness to be spiritual or a curse with 43.3% of patients stating family members hide persons with mental illness. The majority of patients’ (64.4%) lost friendships due to their mental illness, whilst 31.5% of mental health nurses sometimes felt a sense of rejection from the patients and other category of nurses. Public education and legislation against stigmatizing persons with mental illness were identified as ways to reduce stigma of mental illness. Solutions should also include effective public education through mass media and other social media platforms, revision and modification of mental health educational programmes to include service users shared experiences.
9. BRUNEI DARUSSALAM

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Nursing and midwifery challenges and aspirations in Brunei Darussalam

The nursing and midwifery profession has seen many changes around the globe. In Brunei Darussalam meeting the country’s health goal has been one of the top priorities of the Brunei Government through the Ministry of Health and associated agencies. Nursing as the largest group of health care personnel form the very backbone of any health system. Changes in the socio-economic, political and cultural factors have had an impact on the way nurses function. Public scrutiny and the continuous evaluation of society demand a highly skilled, competent and knowledgeable nursing and midwifery workforce which is culturally orientated toward the Brunei culture as well as the state philosophy of Malay Islamic Monarchy. Midwifery has made a significant contribution in improving the maternal and child health sector, thus providing the basis for a healthy nation. New findings in medical sciences and technology demanded different approaches to care delivery and nurses and midwives have to obtain the relevant knowledge and skills required. The different approach to providing care has to ensure that service provision is viable, safe, and delivered competently. As the country ventures into upgrading and building new units within the health service, workforce becomes an issue in trying to meet service requirements. Some of these challenges will be discussed and aspirations to enhance the profile of the nursing profession in Brunei Darussalam will be emphasised.

10. BRUNEI DARUSSALAM

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Implementing ‘Melayu Islam Beraja’ to improve neurosurgical and oral maxillofacial nursing care

The concept of ‘Melayu Islam Beraja’ is the National Philosophy of Brunei Darussalam. The values of the concept have been applied in daily nursing practice and aspects of patient care. This presentation will provide an account of the implementation of the concept of ‘Melayu Islam Beraja’ at the neurosurgical and oral maxillofacial ward. The presentation will also demonstrate the appreciation of the values of the philosophy in the care of patients through actual scenarios and day to day events. The application of the concept is broad and is not limited only to patient care but also influences the work organization. The concept of ‘Melayu Islam Beraja’ is now widely imbedded into the various programs that are being offered to prepare nurses especially in areas where the concept is developed as an added value in the practice of nursing in Brunei Darussalam.

14. AUSTRALIA / GHANA

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Providing sustainable mental health care in Ghana: the Mental Health and Well-being Foundation of Ghana

The Mental Health and Well-being Foundation of Ghana is comprised of mental health professionals and allied health academics mainly based in the diaspora. It was formed four years ago as registered charity to contribute to government, community and private efforts to promote mental health and reduce the stigmatisation of mental illnesses in Ghana. This presentation outlines the activities and achievements of the Foundation to date and areas of possible collaboration with like-minded stakeholder organisations. The Mental Health and Well-being Foundation (MHWF) is a not for profit organisation based in Ghana and Australia. It was founded in January 2013 by concerned individuals from Australia, UK and Ghana as a result of a 2012 Human Rights Watch Report ‘Like a Death Sentence: Abuses against Persons with Mental Disabilities in Ghana’ (available from http://www.hrw.org/reports/2012/10/02/death-sentence-0. In its short existence, MHFGH has made significant achievements at the international, national and community level through, for example conference and durbar (community forum) activities, mental health outreach programs, engagement of national and community leaders in mental health promotion, and collaborating with like-minded NGOs. The flagship of our activities is the annual Mental Health and Well-being Conference in Ghana and ongoing mental health outreach programs in the Ningo-Prampram District, a rural area I the Dangme West region of Ghana.
15. INDIA

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Review of National Health Policy for the elderly: an alternative model of care

The Ministry of Health and Family Welfare, Government of India, introduced the National Policy for Health Care of the Elderly in 2010-2011. Its main objectives focused on the cure of disease rather than a holistic approach to wellness. It adopted a technocratic approach to solve the ‘so called’ social problems of the elderly and merged this programme with a non-communicable disease control programme. The present review paper argues for a culturally sensitive, affordable and accessible self-care model using systematic review method. Our objectives were to explore the social, cultural, economic and political determinants of elderly health in India and propose a culturally sensitive community health care model for the elderly population. In India, family as a strong basic agency of society used to respect and care for the elderly in their household. Globalization, liberalization and urbanization intensified the disintegration of the family structure, exacerbated by the shift of rural population to urban areas and the involvement of the market in the health sector. The Government of India in 2011 reported that by 2026, 12.7% of the Indian population will be elderly with diverse urban and rural differentials; two-thirds of whom live in villages with nearly half of poor socioeconomic status. Half of the Indian elderly are dependents, often due to widowhood, divorce, or separation with a majority being women (70%). Female sex, low education, being a widow, widower or divorcee, medical co-morbidities, poor socio-economic status and disability are all well-established factors playing significant roles in illnesses among the elderly. These social and cultural changes with the demographic, epidemiological and health transitions make elderly care a major challenge for the nation. We propose a self-care model to provide holistic care to the elderly within their locality and at affordable cost.

19. CYPRUS

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Examining the association between social support and self-care confidence

The objective of this study was to examine and synthesize recent literature regarding the relationship between social support and self-care confidence in individuals with heart failure (HF). Previous studies have found that HF self-care management was affected by self-care confidence. Social support may be associated with HF self-care; however, the mechanisms are not well understood. Self-care types differ in experience, confidence, attitudes, and skill. This review aimed to synthesize the current knowledge related to the influence of social support on HF self-care confidence. Using a systematic review method, current empirical literature was conducted utilizing CINAHL Plus, MEDLINE Complete, and Science Direct computerized databases for the period of January 2000 to June 2017. Inclusion and exclusion criteria were used. Methodological Quality Appraisal Tool was used for quality assessment of included studies. Nine studies were identified that met the inclusion criteria for review and examine for aspects of social support and HF self-confidence. Perceived social support was found to be positively associated with self-confidence while other types of social support, for example social network and peer support were negatively associated. Self-care confidence mediates the association between social support and self-care behavior. The study concluded that social support is positively associated with self-care confidence. Effective interventions focusing on social support may improve self-care confidence in patients with HF and self-management as well.
Reflections and recommendations of previous study abroad by undergraduate nursing students

Globalization has led to increased internationalization of nursing education with many schools offering study abroad opportunities. For 18 years, the College of Nursing, University of Saskatchewan, has offered study abroad clinical placements in both developed and emerging countries for a select number of students, often focused on work with marginalized populations. The literature highlights many benefits from study abroad including increased cross-cultural sensitivity, personal growth, enhanced communication skills, and exposure to diverse nursing practice and health care systems. To gather experiential insights and recommendations on study abroad, in 2016 we conducted 13 individual interviews with practicing registered nurses who had participated in undergraduate clinical placements in Australia, Finland, Korea, Philippines or Tanzania in the previous eight years. Participants reaffirmed the beneficial aspects of study abroad as identified in the literature, and in particular, the opportunity to develop cross-cultural skills as part of an international health care experience, build relationships with people in another country and peers, and learn about diverse nursing practices and health care systems. They identified key content for pre-study abroad student preparation included destination-specific nursing practice knowledge, group dynamics and team building with peer conflict resolution processes, destination-specific safety and travel logistics, strategies for cultural adjustment, and establishment of realistic expectations. Participants recommended that there is an early and transparent student selection process, a good fit between the curriculum and course learning objectives and the study abroad learning experience, home faculty presence at the international placement site, provision of a thorough post-experience debrief, and longer study abroad placements. Finally, participants felt their study abroad had been a very valuable experience that had positively impacted their subsequent nursing practice by improving their cultural competence, broadening their worldview, and increasing their sense of global citizenship and understanding of health inequities. The findings of this study have important implications for optimizing study abroad clinical experiences for nursing students.
25. INDIA

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Management of menopausal problems in a primary health care setting

In the present era with increase in life expectancy, women are likely to face long years in the post-menopausal phase. Women in middle age often have a lack of knowledge regarding the general concepts, symptoms, and management of the menopause. A wider gap of knowledge is documented through research, irrespective of socio-biographic background. The aim of this study was to investigate the effect of a nurse led health education program (NLEP) with regard to knowledge and reported practice in managing menopausal problems. This quasi-experimental study, based on Ernestine Wiedenbach’s ‘Helping Art of Clinical Nursing Theory’, adapted a pre-test / post-test only design. The study was conducted in a primary health care setting in the south Indian State of Karnataka. A total of 414 women, aged 45-55 years were selected through a multi-stage cluster sampling technique. Intervention in the form of NLEP was delivered on prefixed dates in small groups. It included sessions on lifestyle and dietary modifications, four specific Yoga postures, and relaxation and deep breathing techniques to manage menopausal problems. Each woman was given a Home Practice Log Sheet (HPLS). Two weeks after the first session, a ‘booster’ NLEP was delivered. Knowledge and reported practice were assessed using a structured interview schedule at baseline and at four weeks. The outcome was measured in terms of improvement in knowledge and reported practice as marked on the HPLS. Comparison of pre and post-intervention scores of knowledge and reported practice was performed using Wilcoxon Signed Rank test, indicating significant difference at p<0.001 levels. Spearman’s rank correlation coefficient reflected a positive correlation between knowledge and reported practice. Chi Square (χ²) revealed no significant association between nine selected baseline variables and scores of knowledge and reported practice. This indicates that the NLEP was effective irrespective of baseline variables. The study concluded that the intervention was very effective and has nursing implications.

27. UNITED KINGDOM

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An evaluation of student nurses completing an international elective in Zambia

The benefits and impact of undertaking an international scholarship has been identified as being long lasting far beyond the period of actual stay overseas, and has been widely acknowledged as having a positive impact on practice when individuals return to their home country. In 2017, a collaborative project was established between the Lusaka College of Nursing in Zambia and Birmingham City University in the UK to establish an international elective for undergraduate student nurses. This project stems from a long-standing capacity building project between the two organisations to develop critical care nursing in Zambia. Through this partnership an opportunity arose to provide undergraduate student nurses with an elective to The University Teaching Hospital in Zambia. As part of the elective students worked on various wards as well as in critical care to experience the provision of services in a resource constrained environment and conditions not normally seen in the UK. This presentation will outline the activities undertaken as part of this collaborative project and explore the impact of undertaking an international travel scholarship as an undergraduate student nurse, and the potential opportunities for sharing knowledge and building international partnerships.
A systematic review of the scope and reporting quality of qualitative research in discrete choice experiments

Discrete choice experiments (DCEs) are a quantitative approach aimed at eliciting an individuals’ preferences for goods and services to support the design and implementation of policy interventions. The validity of such experiments depends on the appropriateness of the methods employed to specify attributes and set attribute-levels. This study reports on a systematic review of the use of qualitative methods to select attributes and levels for discrete choice experiments in health care. The objective of the review was to assess the reporting quality of qualitative research in DCEs using the minimum criteria for reporting attributes outlined by Coast et al. A systematic review of literature published between 2013 and 2016 was conducted using four bibliographic databases including Medline, Embase, PsychInfo and EconLit. A two-stage process was used to categorise papers for inclusion or exclusion in the study. The search strategy retrieved 1,386 hits: 504 were duplicates and removed; 826 papers were excluded at stage I of the categorisation process; other papers were excluded in stage II; with 19 papers meeting the inclusion criteria for review, i.e. they employed mainly qualitative methods to generate attributes and set attribute levels. Only seven papers employed solely qualitative methods to generate attributes. Twelve papers employed either literature review or a combination of qualitative methods with either literature review or expert opinion to generate attributes. All 11 papers reporting information on attribute-levels employed solely qualitative methods. This review is the first to focus on the reporting quality of studies employing qualitative methods to generate attributes and set attribute-levels. The review concludes that there is presently low reporting quality and level of DCE studies employing qualitative methods to inform attribute development. This finding has implications for health care policy implementation. The review recommends that researchers should employ qualitative methods to specify attributes and report such methods using the criteria set out in Coast et al.

Scale up of Option B+ for PMTCT: the Sierra Leone experience

With growing evidence of its clinical and programmatic benefits, the WHO recommends ‘Option B+’, lifelong anti-retroviral treatment (ART) for HIV positive pregnant women, for the prevention of mother to child transmission of HIV (PMTCT). Adopted by the Sierra Leone National AIDS Control Program (NACP) in 2014, roll out of the intervention was hindered by limited funding and a dearth of health care worker skills in quality PMTCT Option B+ care. The prolonged Ebola outbreak the same year further stalled implementation. The country prevalence of syphilis among pregnant women, a risk factor for HIV transmission, is largely unknown. The NACP introduced a revised national HIV testing algorithm for pregnant women to include the SD Bioline HIV/Syphilis Duo © test in 2016. The NACP led concerted efforts to translate these significant policy changes into practice galvanizing in-country partners and leveraging resources available for a phased approach and sustained scale up of the potentially lifesaving interventions. Key activities included building the capacity of health workers through classroom trainings, on-site mentoring, development and dissemination of necessary job tools, and ensuring the availability of essential commodities. As a result, the national PMTCT coverage increased from 41% in 2014 to 83.4% by end of 2016. Out of 8,901 tests concordant with the new national algorithm for HIV/syphilis diagnosis in pregnant women, 250 (2.5%) cases were found positive for HIV while 18 (0.2%) were positive for syphilis and started on appropriate treatment. The process has provided valuable lessons for Sierra Leone’s plans to implement the ‘test and treat’ strategy for all people living with HIV. The NACP, working with its partners has now prioritized the scale up of the revised testing algorithm for pregnant women, follow up of HIV-exposed infants, and the continued consolidation of the gains made from Option B+ scale up to eliminate mother to child transmission of HIV.
34. UNITED STATES OF AMERICA

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BREATHE: Learn from word game Nightingale invented for a safe environment

To contribute to a safe environment, we need to pause and consciously take a breath to check our own ‘pulse’ and reach out to others in a non-judgmental manner. When working across different languages, cultures and values, the disjoint between our expectations and reality can easily lead to misunderstanding and unnecessary conflict. We are surrounded by emotionally disturbing news from all over the world. The March 11th 2011 earthquake in Japan, and following Fukushima nuclear power plant disaster is one such example. What happened and how? How are issues of contamination monitored and addressed to keep a safe environment for future generations beyond Japan? From the other side of Pacific Ocean in California, how can I, as a public health nurse with family back in Japan, contribute to a safe environment? As a means to reflect on these questions, I have been developing the idea of Florence Nightingale’s Word Game: B.R.E.A.T.H., which she invented as a childhood game to play with her sister, Parthenope. For this presentation, I will share that the simple awareness of breathing can be the first step to reach out to others. Then, I will demonstrate how I’ve been playing the B.R.E.A.T.H. game, and creating short narratives of inter-generational trauma in the mind. For the people of Fukushima, my choice of words for the story are Bird, River, Earth, Aizu (Wakamatsu, Fukushima), Tree, and Home. Nightingale (Bird) Home and Training School opened along The Themes River in July 1860, and Japan was still closed to the world (Earth). In 1869, the civil war forced defeated Aizu samurai to become first immigrants to the USA, led by Prussian merchant, John Henry Schnell, dreaming of new opportunity in the USA. He brought tea and mulberry trees to plant along the American River in California, crossing the Pacific Ocean, with Home so far away.

35. UNITED KINGDOM

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Promoting parental-foetal attachment for expectant parents who have had assisted conception

Evidence suggests that the outcomes for both children and adults are strongly influenced by factors that operate during pregnancy and the first few years of life. The critical time has been called ‘The 1001 Critical Days’. Public health policy also recognises this period as crucial for children and their parents, recommending support for parents to ease their transition to parenthood. A particular emphasis is placed on the importance of support programmes that promote attachment and attuned parenting, and that these start in pregnancy and continue in the first few years of life. The focus of my Masters dissertation was on the role of the midwife/health visitor in promoting parental-foetal attachment in expectant parents. This critiqued the use of various scales that have been developed to measure the quality of parent-foetus attachment. Qualitative research also highlighted the unique process each parent uses to form an attachment to their unborn baby. The findings of the research and the gap in service provision, led me to create a service for women (and their partners) who have had assisted conception or have had recurrent miscarriages. The Pregnancy Without Fear programme commences at the end of the first trimester, and runs through to the end of pregnancy with the option for new parents to extend the programme to first three months of the postnatal period. Individual and group support is offered depending on the needs of the clients. Monthly therapeutic sessions are offered to equip expectant parents with the strategies to manage their stress, promote parental mental health and the neurological development of the foetus. The objective of the programme is for expectant parents to enjoy their pregnancy without fear, promote parental-foetal attachment, in order for the baby to be born bonded. The programme has been positively evaluated.
Six strategies to improve efficiency and effectiveness in a practice improvement project

The provision of high quality and safe patient care is, in part, dependent on nursing practice being aligned to the most recent evidence base. This necessitates continual review of recently published literature alongside examination of current practice norms, and then where appropriate, the implementation of a practice improvement project. In reality, however, the process of planning, implementing and sustaining a change in practice is challenging. People commonly resist change, or at least they want the change to happen but do not want to be, or feel they cannot be, the person to action it. The Institute of Healthcare Improvement (IHI) Strategic Improvement Initiative, describes how in order to effect a change, the people involved need to have a will to change, the ideas for how something could be different and the ability to execute them. Key strategies for how to achieve this were identified following reflection on a recent action research study conducted in the Paediatric Intensive Care Unit (Cape Town) examining the practice of shift handover. The following six strategies emerged and will be shared and discussed as below:

1. Make the existing practice is visible.
2. Get everyone who will be involved in any change involved in the process, from the start.
3. Appoint someone to guide the project.
4. Use a cyclical methodology.
5. Implement, test and evaluate small changes.
6. Identify champions to steer the implementation.

Whilst purely personal reflections (supported by literature and research experiences), it is hoped that by sharing such strategies, others can learn, and anticipate and avoid challenges before they arrive – thus ensuring successful clinical practice improvement projects.

Mental health and addiction education in undergraduate nursing curricula: a global necessity

One in four people globally live with mental illness and addiction, around 450 million people. Mental health and addiction conditions persist in 2018 as serious health concerns that are complex, concurrent, co-morbid, and common! The complexity of concurrent disorders supports the need for entry-level undergraduate nursing education to prepare all newly graduated registered nurses to identify, and care for individuals living with mental health and addiction conditions. More than 50% of people with an addiction have a mental illness, and 15% to 20% of people with a mental health disorder also have an addiction. The importance of mental health and addiction content in the curricula of all undergraduate nursing programs, will be emphasized in this presentation by exploring the background, definitions, and prevalence of mental health conditions, addiction, and related issues; reviewing several major mental health reports, policies, and strategies; examining recent research on mental health and addiction content in undergraduate nursing curricula; reviewing the need for research on nursing education; and, addressing the need for entry-to-practice competencies in mental health and addiction. An environmental scan in 2015 demonstrated that 22 percent of Canada’s 46 undergraduate nursing programs lacked a designated mental health theory course in their curriculum, and 28 percent of the nursing programs did not offer a clinical placement in mental health. Schools of Nursing have an ethical responsibility to graduate student nurses with knowledge about caring for people with mental health and addiction conditions, who represent at least 20 percent of the population in Canada, with similar rates globally! Furthermore, nurse educators may perpetuate societal stigma if their programs never expose students to persons and families experiencing mental health conditions. Education (theoretical knowledge, psychomotor and psychosocial clinical skills) in mental health and addiction for all undergraduate nursing students is essential.
44. SRI LANKA

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Factors affecting occupational low back pain among nurses in four urban hospitals in Colombo

Low back pain (LBP) predominantly affects health care workers, especially nurses. The aetiology of LBP among nurses is usually considered a multifactorial phenomenon because the job demands in nursing are a mixture of physically and mentally demanding tasks. There is no research of risk factors for LBP among nurses in different health care settings in Sri Lanka. The aim of this study was to determine prevalence and factors associated with occupational LBP among nurses in different care settings in four selected urban hospitals Colombo Sri Lanka. A randomly selected sample of 862 female nurses was drawn from four urban hospitals in Colombo and were interviewed using pretested self-administered questionnaire to obtain data on low back pain during the past 12 months. Data were analysed using the SPSS (version 16.0). Descriptive statistics and chi-square tests were performed to determine the prevalence, association, and odds ratio with 95% confidence intervals. Logistic regression analysis was performed to assess the impacts of personal and work characteristics related to occurrence of LBP. The response rate was 71% and the prevalence of LBP during the past 12 months was 38% (40% prevalence in teaching hospitals and 31% prevalence in base hospitals). Among the patient care units or wards, nurses in ICU, medical, surgical and other units such as out-patient departments and clinics had around 44% prevalence. The lowest prevalence (27%) was reported in an orthopaedic setting. Factors significantly associated with LBP were BMI, followed by repositioning patients very often, perception of poor general health, job dissatisfaction, time pressure to complete tasks, family history of LBP, history of bone disease, and taking treatment for gastritis. The study concluded that the prevalence of LBP among nurses was considerably high and modifiable determinants of LBP need to be taken into consideration at all levels of care setting in order to minimize the risk factors.

45. SOUTH AFRICA

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Reducing child mortality through a tailored Postgraduate Diploma in Nursing

Children constitute 30-55% of the population in the Sub-Saharan African region and child mortality is high. Primary causes of illness, and access to medical care, differ with age and between countries. In South Africa, only one third of deaths occur in hospital; 35% of children die within 24 hours of admission to hospital, and a third of all deaths are avoidable. Care provided to the sickest of children needs to improve and nurses are ideally positioned to make a beneficial difference. A scarcity of skilled nurses is a considerable obstacle. Qualified Critical Care (Child) specialised nurses are rare. Training within the region only started in 2007 at the University of Cape Town. Being the first course of its type, extensive work was, and is still, required, to ensure responsiveness to the regions specific clinical paediatric context. Intentional participative review of the programmes curriculum design, content and delivery methods, is performed by educators annually. The current Postgraduate Diploma in Critical Care (Child) Nursing course is the outcome. It is complex in its design, yet simple in its focus on improving child survival within the region. Consideration is also given to meeting the professional and academic needs of the region’s nurses.

Salient aspects of the course include:
- A ‘fundamentals of child nursing’ component.
- A focus on main caregiver involvement in care.
- Content built sequentially and focused on the six major health challenges of the regions critically ill children.
- Inclusion of national service delivery programmes.
- Diverse clinical placements across the critical care continuum.
- Use of innovative teaching and assessment methods.

Fifteen to twenty specialist critical care (child) nurses graduate each year with additional skills and knowledge to contribute to the region’s child critical care nursing services and to impact on child survival.
46. UNITED KINGDOM
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The nurse educator’s role within the HSC agenda in Greater Manchester
Greater Manchester has the fastest growing economy in England, yet its population still die younger. The prevalence of long term conditions such as cardiovascular disease and diabetes, result in people requiring support from health care services at a much younger age and for much greater periods of time. In April 2016, a £6 million health and social care budget was devolved to the Greater Manchester Combined Authority with the ambition to radically improve the health outcomes of the population by an upscaling of prevention, early intervention, and self-care. Critical to the delivery of this new model is an acknowledgement that across the region people are still treated in hospital when their needs may be better met elsewhere. Care is not integrated and there remains artificial divides between health provision and support for the wider determinates of health that impact and influence health outcomes, including jobs, environment, and housing. Devolution is an opportunity for nurse educators to be leaders in the transformation of nursing care as they can drive an agenda that focuses on the prevention of illness, supports a reduction in the burden of illness caused by lifestyle choices, and enables the development of individual and community resilience. The University of Salford aims to be a leader in the field of integration and views the nurse educator as having a pivotal role in the development of the workforce. The university is developing new educational models that recognise the importance of nurse graduates having subject-specific technical knowledge but also an ability to lead within integrated health and social care environments.

47. CANADA
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Destigmatising mental illness and addictions: the responsibility of registered nurses and nursing education
Societal stigma toward persons with mental health conditions and/or addictions remains an overwhelming barrier to safe, comprehensive mental health assessment and care. In 2018, stigma still occurs around the world, unconfined by demographics or national boundaries. Despite the high prevalence of one in four persons in Canada and globally, mental illness and addiction continues to be met with widespread stigma in hospitals, workplaces, and schools, and in both rural and urban communities. Negative beliefs and attitudes still exist among health care providers (including nurses) toward persons with mental health challenges and mental illnesses. Tragically, persons who seek help for mental health conditions report that they often experience some of the most deeply felt stigma from front-line health care personnel. For this reason, health care providers remain one of the target groups for anti-stigma initiatives. Nursing professionals constitute a strong and influential stakeholder group that can change both mental health care and social attitudes. There is a clear need in health care for more mental health promotion, including mental health and addiction assessment, yet a chasm between need and practice remains; undergraduate nursing education provides an obvious start-point for addressing the gaps and stigmas. An increase of mental health and addiction education in undergraduate nursing curricula is critical to destigmatisation, and would benefit nurses, and communities in which they practice. Reducing stigma in society requires a change in behaviour and attitudes so that people living with mental illnesses can be assured of acceptance, respect, and equitable treatment.
51. CYPRUS

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The prevalence and patterns of rationing of nursing care in acute care settings

When resources are insufficient, nurses are forced to ration their attention between care activities with the potential consequence of withholding or failing to carry out certain nursing activities. As a result fundamental patient needs may not be fulfilled leading to adverse patient outcomes (e.g., falls, and nosocomial infections). Evidence suggests that individual nurse and patient related characteristics as well as environmental factors can initiate rationing. The aim of the study was to describe and compare the frequency of implicit rationing of nursing care in different clinical settings in Cyprus and identify any relevant environmental factors. Three descriptive, correlational cross-sectional studies were involved. Data were collected using the BERCNA questionnaire from 393 nurses working in medical and surgical units. One hundred and fifty seven nurses working in oncology units responded to a ‘Missed Care’ questionnaire, and data were also collected from 540 nurses in 14 general medical and surgical wards across five public hospitals, who responded to the question task undone (TU-13) as part of the RN4CAST-cy project. The response rate of all the studies was >60% of the samples. Despite the the use of three different instrumentations, there were similar patterns of implicit rationing. Findings reveal that activities described as frequently or always left undone were: mouth care (61.1%); Comfort/talk with patients (58.3%), educating patient or families (54.0 %); emotional and psychological support (32.5%); and reviewing patient documentation (31%). Environmental dimensions, such as ‘teamwork communication about patients’ were associated with a decreased level of rationing. Nursing care left is a significant problem in acute care hospitals. Rationing of care creates two problems. Firstly it leaves patients vulnerable to unmet educational, emotional, and psychological needs. Secondly, it leaves nurses vulnerable to unmet received knowledge as they lack sufficient information about the patient situation and this may lead to false decisions in prioritising care.

52. SOUTH AFRICA

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Designing and conducting an observational study of children’s nursing practice

In South Africa, the country with the highest health worker density on the African continent, it is estimated that less than 2% of registered nurses are paediatric trained. The high burden of childhood diseases and high child population rates, provides the context and opportunity to observe and develop a model of care. The Child Nurse Practice Development Initiative designed a multi-site research study to observe children’s nursing practice and how parents are involved in the care of their children. The study titled: ‘What does care through family in African health care settings look like? A qualitative observational study’ aimed to explore and describe the clinical practice models of health care providers who work with families to care for children in four health care settings in South Africa. An appreciative inquiry formed the research framework and the researchers worked by site invitation. Data on collaborative care through investigating family involvement during care pathways were collected using participatory qualitative methods of case study interviews, focus groups, sociograms, photographic interviews, and participant observations. The iterative approach evident throughout the fieldwork continuously invited comment from participants. Using the pathway of care and graphic facilitation enhanced group participation and strengthened the voice of appreciative inquiry. Data analysis yielded six themes and suggested distinctive elements in the practice of children’s nurses in South Africa when compared to practices in higher resourced health care settings: nurses collaborated with mothers to care for hospitalised children and accepted the mothers’ presence as a cultural norm and logical necessity. Participatory and visual research methods generated a rich data set from mothers, nurses and doctors as they recognised, described and reflected on aspects of their practice. Initial outcomes assisted in making implicit practices explicit, generating contextualised and culturally appropriate evidence that could support future quality improvement interventions in local settings.
54. UNITED KINGDOM

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The contribution of procurement to a safe care environment

The purchase or procurement of consumables and supplies used to deliver patient care is influenced by decisions based on cost, availability, manufacturer’s claims, and need. Historically clinical staff who use consumables and supplies have not had a central role in decision making regarding choice of products, as financial pressures have resulted in a focus on cost rather than need. The Royal College of Nursing recognises the unique professional and financial value nurses bring to procurement decisions. As the largest part of the health care workforce, and providers of care on a 24 hour basis, nursing knowledge and insight into products at all stages of the procurement decision is unique, emphasising the importance of usability, safety, quality and patient comfort. The RCN Small Changes Big Differences campaign’s success in raising the importance of nurse engagement and the impact of this directly links to patient safety. Using the simple analogy of making ‘small changes’ to everyday decisions and actions on how we select and use consumables to make big differences to patient care, the campaign addresses the role of nurses at all levels including Directors of Nursing, clinical procurement specialist nurses and nurses working directly with patients, to share experiences and innovative ways of working to improve the quality and cost of products procured at a local, regional and local level. This presentation will share the learning and impact of this campaign from the professional, clinical and patient perspective. It will showcase:
- The unique value of engaging Directors of Nursing and their contribution at the Executive Board level.
- The value and impact of employing specialist procurement nurses.
- The impact of this work at the national level and impact in shaping the national procurement strategy moving forward.
- The growth of this work as a community of practice.

55. SRI LANKA

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Family caregivers’ experience of providing informal care for stroke survivors

Increasing survival rates for people with stroke, along with advanced health care, leaves many stroke survivors with disabilities to be looked after by informal family caregivers after discharge from acute care hospitals. In Sri Lanka, due to the unavailability of a family support system at the community level, family caregivers are left to adjust to the new caregiving role on their own. This study aimed to explore family caregivers’ experience of providing informal care for dependent stroke survivors. A qualitative descriptive study was conducted with the participation of 10 informal family caregivers of stroke survivors treated at the stroke unit of the National Hospital Sri Lanka. Data were collected through in-depth interviews and analysed with qualitative content analysis method. The overriding theme ‘Caring with love, against all odds’ demonstrated that family caregivers were providing compassionate care for their stroke survivors bearing up despite all the difficulties faced. The four main categories emerged explicated the caring experience of family caregivers including their life alterations due to increased workload, restricted social life, physical problems and becoming dependent; lack of resources available for them, mainly knowledge and financial costs or loss of earnings; their unconditional dedication for loving care, having the responsibility for the stroke survivor and lastly, how they were coping with numerous difficulties with a strong mind and with supportive social networks. Family caregivers were making their best efforts to take care of their stroke survivors even when lacking the necessary knowledge and facilities and ignoring their own health. The study gives recommendations for nurses to empower family caregivers with knowledge, and for policy makers to integrate hospital and community care through the establishment of community health nursing.
Perceptions of adolescent parenting among high school students in Rwanda

Globally, adolescent pregnancy is a public health concern. Early childbearing has been found to be associated with increased risk of maternal and neonatal morbidity and mortality and violates the rights of girls worldwide. In Rwanda, adolescent pregnancy has increased from 4.1% in 2005 to 7.3% in 2015. The aim of this study was to determine the perceptions of adolescents 15-19 years on how their lives would change if they experienced a teenage birth. The study used a non-experimental, cross-sectional study and a proportionate stratified random sampling technique to select study respondents. Data was collected from 245 adolescents aged 15 to 19 years attending two selected secondary schools in Rwanda. The analysis was done in bivariate models and then in logistic regression models for the variables which were associated with perceptions of adolescent parenting. The analysis of the findings revealed positive perceptions of adolescent parenting among high school students from the selected schools, both rural and urban. The bivariate analysis showed a statistical association between gender, attendance to church, and pregnant status with the perceptions of the adolescent. The majority of females have negative perceptions while the majority of males have positive perceptions regarding adolescent parenting while adolescents that do not attend any spiritual or religious groups at least once per month had more positive perceptions compared to those that attended. The perceptions of all pregnant adolescents toward teenage parenting were positive and the positive perceptions of adolescent parenting among adolescent students was associated with having engaged in sexual intercourse. The findings suggest there is a need for education sessions in secondary schools to raise adolescents’ awareness of sexual and reproductive health for their health and well-being. Health facilities should facilitate easy access and affordability for adolescents to contraceptive methods as part of health services delivered.

Supporting student nurses in the clinical learning environment

Clinical nursing is an integral part of nursing education and forms the practice component of nursing education. The clinical learning environment (CLE) includes all the structures and processes which support the acquisition of the requisite skills needed for professional nursing practice. The clinical environment therefore encompasses all that surrounds the student nurse, including the clinical setting itself, the equipment, the staff, the patients, the nurse mentor, and the nurse teacher. Student nurses undergoing clinical practice enter the CLE with little or no nursing skills and gradually progress to become competent in nursing practice. During this period of placement, the student nurses feel vulnerable and need support to interact with the structures and processes within the CLE. It is imperative that the environment in which their clinical learning takes place is conducive for effective learning. A qualitative study carried out among undergraduate student nurses in a university-based nursing programme identified the challenges students experience with both nursing staff in the CLE as well as with their clinical supervisors (nurse teachers). Focus group interviews were conducted with the undergraduate nursing students to allow for free expression of views among peers. Using the Learning Environment, Learning Process and Learning Outcomes Framework (LEPO) as the theoretical basis for the study, thematic content analysis was undertaken from the Clinical Learning Environment, Supervision and Teacher Scale (CLES+T). Two major themes were analysed. Findings identified the role of the nurse managers and the relationship with clinical supervisors as being key challenges that need to be addressed to enhance clinical learning by student nurses. Student nurses have indicated they need a lot of support from the nurse managers and their nurse teachers in order for them to acquire the requisite skills for future practice as professional nurses.
60. SRI LANKA
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Psychosocial learning environments from nursing students’ perspective
The aim of this study was to explore the experience of student nurses with their psychosocial learning environment. The quality of the learning environment is vital for the delivery of quality training as there is a demonstrated connection between the environment and the outcome of students’ achievements, satisfaction, and success. Although there is evidence globally evaluating nursing and other health care professionals’ learning environments and psychosocial experiences there is no such evidence within the Sri Lankan nursing field. The study had a qualitative descriptive design. Data were collected through focus group discussions (FGDs) and individual semi-structured interviews from final year nursing students in two Schools of Nursing in Western and Southern provinces in Sri Lanka. Manifest and latent content analysis method was used in analysing the data. Findings of the study showed that supportive supervisors, students’ cohesion and social activities influenced students’ motivation, satisfaction and confidence, thus empowering them in their preparation for their nursing profession. In contrast, theory practice gap, non-supportive supervisors, and lack of facilities discouraged and disempowered nursing students making them feel insecure and frustrated resulting in demotivation and them being disillusioned with their nursing education. An empowering learning environment which strengthens the nurse students’ self-confidence and motivation to learn is therefore a necessity in order to facilitate nurses who can deliver professional nursing care.

61. AUSTRALIA
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The challenges of caring: ethical dilemmas in mental health nursing
The author is an Australian mental health nurse who spent five years working as a torture and trauma counsellor with people seeking asylum detained within an immigration detention centre. Following a brief overview of the policy of mandatory detention, the conditions of detainment and the delivery of health care within Australian immigration detention centres, the author will describe the impact of working in an environment protected by secrecy and fear and how these factors have an immensely negative impact on the delivery of quality nursing care. This presentation will explore the impact on nursing practice when confronted with ethical dilemmas within the workplace. The author will identify the key bioethical principles tested and discuss the implications for nursing practice when the delivery of quality care is inhibited. The author describes how nurses can be effective change makers when focussed on providing care in line with professional values and ethics. When organisations, governments or individuals create a system that oppose those values and ethics the author describes a professional obligation to advocate, ensuring bioethical principles are met. The presentation offers a brief case study with the story of Jamila who presented with severe symptoms of Post-Traumatic Stress Disorder impacted by forced detainment, cultural isolation, family separation, physical health problems and sustained distress. The author describes how Jamila was one of the many people she advocated for when her professional ethics were challenged, explaining that it is both personally and professionally difficult to advocate strongly for vulnerable and voiceless people when nurses are impeded by workplace restrictions. The presentation highlights how empowering nurses to deliver ethically bound care is vital when promoting, enhancing and strengthening the nursing profession.
Perception of staffing practices of nurse managers at the unit level

Staffing hospitals with nurses is an intricate issue provoking administrative ingenuity to enable delivery of quality 24-hour health services. The intricacies emerge in the form of competition, new technology and the need for new skills, increased workload, shortage of qualified personnel, and decreased resources. This study explored the perception of nurses on nurse managers’ efforts to ensure adequate numbers and mix of nurses in the unit to enable client and staff satisfaction. A qualitative driven mixed-method approach with quantitative and observation concurrent components was used to explore the perceived and preferred staffing behaviour of nurse managers at the unit level. Fifteen nurse managers were recruited for an in-depth interviews, 47 nurses were also recruited for five focus group discussions whilst 552 nurses were selected randomly for the study. The perception of staffing practices in the hospitals were slightly above average (3.46) with nurses preferring improvement of these practices (4.25). Managerial variables such as training in management and additional qualifications and experience were found to enhance staffing practices. At least six years work experience enable better staffing practices. Requisition of staff is arbitrary, peripheral facilities have inadequate staff, with the situation being compounded by pregnancy as many of the nurses are females. Quality of staff is a challenge especially at the periphery whereas in urban facilities many staff were not as productive being older, close to retirement, or with health challenges. In preparing the duty roster, issues nurse managers normally consider are size of the unit, patients’ census, acuity levels, staff mix, competency and confidence of nurses, preference for day offs, and general attitude of staff. Time is a very important factor in nursing and can be used as a form of motivation. Nurse managers must be empowered to logically determine the numbers and mix of nurses to ensure effective and efficient management of the nursing unit.

Stress and coping strategies among nurse managers at three hospitals, Eastern Region, Ghana

Nurse managers experience higher levels of stress due to their complex and multifaceted roles and responsibilities. A descriptive cross-sectional approach was used to explore nurse managers’ stress experience and strategies used to reduce stress. Three selected hospitals in the East Akim Municipality in the Eastern Region of Ghana were used to select 45 nurse managers for a quantitative study. Inferential and descriptive statistics were used to determine the causal factors of stress. The study revealed the main causes of stress among nurse managers to be lack of a break period during shifts; staff shortages; inadequate support from management; poor working conditions; and inadequate resources. The major predictor of stress among nurse managers is the type of unit. Fatigue, headache, backache and weight loss or gain are the major physical stress experienced by nurse managers. Frustration, over reaction, and anger are the key emotional stress experienced by nurse managers and the major psychological stress is lack of concentration. The coping strategies used are expressing feelings instead of bottling them up; accepting the things that cannot be changed; and time management; whereas ‘eating excessively’ is the least used mechanism to cope with stress. It is recommended that nurse managers should take intermittent breaks during shifts, hospitals should ensure proper staffing practices, provide positive working conditions, and make adequate resources available for work.
**65. NAMIBIA**

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**Experiences of individuals living with chronic mental illness in Northern Namibia**

In Namibia, living with chronic mental illness often means a permanent fight against stigma and a daily struggle to make ends meet. The impact of the illness produces enormous subjective sufferings to the individual and untold psychological and financial burden to many families. To date, there are no community-based mental health care facilities for these individuals. The aim of this study was to explore and describe the lived experiences of individuals living with chronic mental illness, and the experience of those caring for individuals living with chronic mental illness. A qualitative, explorative, descriptive, contextual and theory generative research design was used. The setting was the Northwest Health Directorate, Northern Namibia. Data were collected from four (4) multiple case studies from twenty-four (24) participants. The methods used were in-depth phenomenological interviews with individuals living with chronic mental illness; one focus group interview with each of the family and community group and one focus group interview with health care workers. Interviews and focus group interviews were tape-recorded and transcribed verbatim. Data were analysed by means of Tesch’s open coding method. Three (3) main themes were identified: (a) experience of ineffective individual coping related to living with chronic mental illness, (b) experience of alteration in family processes related to the presence of long term mental illness, and (c) experience of individuals’ impaired social interaction related to substance abuse and dysfunctional system evidenced by verbalized discomfort in social situations. The study concluded that an understanding of patients experience will enable mental health nurse practitioners to involve the family, community members as well as health care workers in providing quality care to people with a mental illness. A model was developed to facilitate the development of constructive interaction between individuals living with chronic mental illness and caregivers. Guidelines to operationalize the model were described.

**66. BAHAMAS**

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**Who will care for me? Providing care in ‘my home’ for older people**

By 2050, the proportion of the world’s population over 60 years will nearly double from 12% to 22%. In The Commonwealth of the Bahamas, life expectancy at birth is 73 years for males and 79 years for females (2015). A longer life brings opportunities for the individual, family and community if the persons enter this age in good health. Biological ageing result from the impact of the accumulation of a wide variety of molecular and cellular damage over time, causing mild to moderate disability. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease, and ultimately death. However, these changes are neither linear nor consistent. Some 70 year-olds enjoy extremely good health and functioning; other 70 year-olds are frail and require significant help. Additionally, changes are also associated with life transitions: retirement, relocation to appropriate housing, and the death of friends and partners. Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia. As people age, they are more likely to experience several conditions at the same time including: complex conditions called ‘geriatric syndromes’. Care is provided and monitored in both the public and private sectors, in residential and nursing homes. Qualified assistance from family members in the home of the older person is increasing. Providing care to an ageing population must include strategies to reduce the impact of loss associated with older age, reinforce recovery, enhance adaptation and support psychosocial growth. This presentation seeks to share the experience of setting up a service aimed at keeping selected older people in their homes among their family and loved ones. The service is offered under the supervision of the registered nurse using qualified patient care assistants and health care technicians.
67. GHANA

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Lifting and pregnancy outcomes: feasibility of a randomized controlled trial in Ghana

The highest incidence of preterm birth, 18.1%, occurs in Africa but the causes are largely unknown. Some studies have reported the deleterious effects of maternal physical stress on birth outcomes. A randomized controlled trial was proposed to determine the effectiveness of an intervention reducing lifting and carrying in pregnant women in order to reduce preterm birth and low birthweight.

The aim of the study was to test the feasibility and acceptability of the proposed lift-less intervention for a randomized controlled trial. Seven pregnant women and six midwives were recruited from three ante-natal clinics within the Greater Accra Region of Ghana. The midwives were trained to administer the intervention during a 5-week trial. Four intervention trial sessions were organised at weekly intervals. After piloting, a reduction in participants’ self-reported daily exposure to heavy lifting and carrying was observed. The daily average frequency of lifting by a participant within the first seven days of the study was 3.5 times (SD 1.7) with an estimated mean total weight of 41.1 kg (SD 13.3 kg). This had decreased to 2.3 times and to a mean total weight of 13.4 kg (SD 10.9 kg) within the last seven days of piloting. The findings provide insight about the daily physical exertion experience by pregnant women in Ghana. The lift-less intervention trial is feasible with modification and has the potential to reduce excessive physical exertion among pregnant women in Ghana in order to improve birth outcomes.

68. SOUTH AFRICA

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Experiences of newly employed nurse educators at a nursing college in Gauteng

The newly employed nurse educator needs to be welcomed, supported, and acknowledged in the new workplace to gain a sense of belonging and to function effectively. New nurse educators experience anxiety, frustration, role ambiguity, and role complexity due to uncertainties in a new environment where there are high expectations. Therefore they need to be guided regarding teaching, learning, and assessment of students. The purpose this study was to describe the experiences of newly employed nurse educators in order to generate recommendations to assist them to function effectively. A phenomenological, qualitative, explorative, descriptive, and contextual in nature design was used. Data were collected through individual, semi-structured interviews and data saturation was reached at the 20th newly employed nurse educator. Data analysis method included a non-probability purposive sampling method and a qualitative, open-coding. Two main themes and sub-themes emerged as follows: ineffective management practices demonstrated by poor orientation, poor mentoring, insufficient human resources and materials, poor communication skills, and a lack of team work; and inappropriate professional behaviour as seen by negative attitudes, values, and workplace bullying. The themes and sub-themes were conceptualised within the relevant literature, and recommendations were made. To ensure trustworthiness the researcher used Lincoln and Guba’s four criteria: credibility, transferability, dependability, and confirmability. Ethical considerations were adhered to in accordance with Burns and Grove.
Burnout in mental health workers associated with age and length of service

One aspect of mental health well-being is a stress related psychological syndrome called 'burnout'. Burnout is perceived to occur in response to the chronic emotional strain of dealing extensively with troubled human beings. It is commonly broken into three components namely; emotional exhaustion (EE), cynical attitudes which are also described as depersonalisation (DP), and a lack of personal accomplishment (PA). One variable for burnout and the NHS workforce is the type of clinical speciality. Prosser et al (1999) conducted a longitudinal study examining job satisfaction and burnout in a sample of mental health workers in three adult mental health facilities in the inner City of London, over a three year period (1994-1996). The authors found a relatively high level of emotional exhaustion (EE) and depersonalisation (DP). A further variable is generational research. A study into burnout conducted by Leiter et al 2009, contrasted burnout and turnover intention, between 'Baby Boomers' and 'Generation X'. The results indicated that older nurses (Baby Boomers) are more inclined to regard their employment more favourably than younger nurses (Generation X), with lower levels of workplace burnout. A later study carried out in Serbia by Stanetić K et al (2013) however, posed a different conclusion. This study focusing on medical staff concluded that age and length of service have important influences on the level of stress and burnout, the older the physician the higher the length of service and the higher level of stress and potential for burnout. Over the next ten to twenty years, the workforce will become, on average, older and it is likely that people will retire later.There will therefore, be a need to understand the impact on a workforce working longer in terms of burnout whilst recognising the speciality and generational cohort typologies as the workforce matures.

Good nutrition for persons suffering from dementia

Dementia is a major issue today in several countries, especially those that like Malta, have an ageing population. Nutrition is another issue that is being given greater importance in relation to health care for older people and persons residing or being treated in all kinds of health institutions. This presentation will focus on the nutritional-related problems of older people suffering from dementia; ways to deal with these problems; and how certain problems can be dealt with on a daily basis by nursing and supporting staff caring for older people with dementia. This presentation will, above all, provide practical tips as to how health care professionals working with persons suffering from dementia can deal with them to provide an appropriate diet made up of sufficient calories in an environment that is conducive to their health and safety.
Nurse led emergency triage, assessment and treatment for children in Sierra Leone

The aim of this study was to train nursing staff, rather than medical staff, to deliver high-quality triage, assessment and emergency treatment to sick children presenting to Sierra Leonean referral hospitals, and to assess the impact of this task-shift and change in process. In 2017, the Sierra Leone Ministry of Health and Sanitation implemented a national programme to introduce guidelines for emergency paediatric care in government referral hospitals. The programme incorporated a process of quality improvement and process change, and was based on a 3-month process of teaching and training. All staff working with children were invited to attend the training: doctors; community health officers, nurses, and nursing aides. All staff who passed a written and practical assessment at the end of the course were permitted to undertake the initial assessment of sick children and prescribe the first dose of emergency medication. Data were continuously collected on the emergency management and the outcome of every paediatric patient and reviewed from the first three months of the programme in the regional referral hospitals of Sierra Leone. In each hospital, triage, emergency assessment and treatment of sick children was being undertaken by nursing teams. The paediatric (post-neonatal) mortality rate across the three hospitals was 15% in month 1, 12% in month 2, and 11% in month 3. In month 1, accuracy of antibiotic prescribing was 30%, in month 2, 70%, and in month 3, 83%. The number of inappropriate blood transfusions prescribed went from 48% to 10% to 8%. Sierra Leone’s programme of emergency hospital care for sick children gives nurses the responsibility to assess and stabilise the sick child. The data from the first three months of the programme suggest that the effect of this programme has been to improve the quality of care for sick children, and to reduce the in-hospital mortality rate.

A sense of belonging and identity to enhance a nurses’ resilience

A nurses’ own psychological resilience is an essential element to enable them to give optimum care. Nurses take on multiple identities, such as patient and staff carer, leader, educator and mentor; feeling empowered is a vital element to assist successful transition from one identity to another. Identifying successful coping strategies, and enhancing a sense of belonging and identity to their team and organisation could enhance the development of resilience by promoting well-being and reducing the level of psychological distress, particularly in times of change. Team cohesiveness is important to prepare nurses to be resilient to deploy in austere environments. Resilient individuals possess numerous attributes which include adaptability, taking initiative, being a team player, and possessing a sense of self-worth. An awareness of the factors to enhance resilience and the strategies to build it can assist the recruitment and retention of nurses as well as improve work satisfaction and standards of patient care. A sense of belonging, identity and ‘fitting in’ are key predictors of nurses’ psychological well-being. Therefore it is vital that all is done by both nurses as individuals and their employing organisation to enhance the resilience and psychological well-being of the nursing workforce. This presentation explores the concepts of belonging and identity to demonstrate how they contribute to nurses’ psychological resilience and benefit both patients and their organisation. It gives preliminary findings from a study exploring the coping strategies that registered nurses use to develop their resilience to meet the demands of a changing environment. Promoting resilience in nurses has a positive impact on patient outcomes, work satisfaction, recruitment and retention.
74. UNITED KINGDOM
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A recipe for writing

The Briggs Report, published in 1972, began challenging nurses to make clinical decisions based on best evidence. It is clear from the literature that in the intervening four decades attempts by nurses to influence a change in practice was still being reported as a challenge. However, of those who are instrumental in generating innovative ideas to enhance patient care, only a few venture down the path of publication to disseminate this work. Others therefore are deprived of sharing these advances in care, which often leads to a duplication of effort and a waste of valuable resources. Pressure is growing for all nurses to be reflective in their practice and actively demonstrate its evidence base, which has become more necessary in the UK since the 2016 introduction of revalidation by the UK Nursing and Midwifery Council. To assist this process it is important for the most current thinking within each specialist field to be easily accessible, which renders the nursing profession ever more reliant upon a willingness and competence to publish its findings. This paper will present a process of writing for publication to appeal to the novice author by using the analogy of following a recipe so it becomes a far less daunting prospect. The aim is to encourage nurses to more readily disseminate their work by following a simple phased approach as they would if they were baking a cake.

75. UNITED KINGDOM
Ms Melita WALKER
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Co-presenter: Mrs Kathryn Grant sharing her lived experience during the perinatal period

A national initiative to strengthen health professional practice in perinatal mental health

Perinatal mental illness is a leading cause of maternal death with nearly a quarter of maternal perinatal deaths caused by mental illness. Between 10-20% of women will develop a mental illness during the perinatal period. The range of conditions, including; anxiety, depression and psychosis not only affect mothers, partners and the wider family but also foetal development, infant mental health, and the mental health of the child across the life-course, in turn laying down a blue print for future mental health. For all these reasons perinatal mental health is now high on the policy agenda in the UK. UK health visitors visit every family with a baby and, as such, are in a unique position to detect mental illness early and ensure the mother and/or father have the help they need. Since 2013 the Institute of Health Visiting has been refining its programmes of national training for health visitors and others. Most popular are the ‘Champions’ programmes, where trainees learn how to cascade the training to colleagues, thereby saving on costs and ensuring some level of national standard setting. The training reaches many professional groups including perinatal psychiatrists, midwives, mental health nurses, and obstetricians. Further developments include the addition of follow up action learning sets to embed the training, regional forums to ensure its sustainability, and involvement of citizens to share their ‘real life experience’. The Institute has also developed a raft of resources for professionals and parents. In the past year the training has been subject to a range of evaluations and national benchmarking. This presentation will outline the content of the training and share feedback from the evaluations demonstrating the critical success factors for taking such a model forward at a national level. In keeping with the training, the presentation will be facilitated in partnership with a woman with lived experience.
It is widely reported that compared to those of the same age without dementia, people with dementia receive suboptimal care in hospital and experience increased negative outcomes including; an increased length of stay and readmission, a decline in function and a higher chance of mortality. Therefore improving the provision of care in acute hospitals is a high priority. Multisensory therapy is recommended by clinical guidelines for reducing behavioural and psychological symptoms of dementia. The therapy consists of visual, auditory, tactile, and olfactory stimulation by using a variety of lights, music, aromas and tactile objects. The intervention is used as a ‘toolbox’ for therapeutic engagement, with different sensory equipment to meet different sensory needs. The use of the intervention in hospitals has the potential benefits of improving communication, function, promoting wellbeing, and relaxation. However, without investigating implementation and impact, hospitals cannot implement effectively or maximise the therapy’s clinical potential. The objective of this research is to (1) determine the feasibility of acute care nursing staff using multisensory therapy for people with dementia; (2) identify barriers and facilitators to staff use; (3) pilot an implementation package of multisensory on an acute medical ward; and (4) pilot the use of the observational tool, Dementia Care Mapping (DCM) to measure patient wellbeing for a future evaluation of multisensory intervention. This mixed methods study will:

(a) Conduct non-participation structured observations using the DCM tool. The researcher will observe mood and engagement levels, behaviours, and staff interactions from the patients’ perspective.

(b) Interview staff (including key decision makers) about barriers, facilitators, knowledge, and attitude toward patient wellbeing and the use of the intervention.

(c) Interview staff from other hospitals who may, directly or indirectly, be involved in creating, implementing or using a multisensory intervention.

(d) Using normalisation process theory, develop and pilot an implementation package of multisensory therapy on an acute ward.
79. NAMIBIA

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Empowering mothers and caregivers on feeding practices for children under five

Even though, health facilities in Namibia do provide mothers with information regarding feeding practices for children under the age of five years, it seems that the impact of such information is minimal, because poor feeding practices remain a problem in Namibia. Only 49% of Namibian children are exclusively breastfed and only 28% were breastfed till two years of age. About 32% received a variety of foods however only 16% were given an acceptable diet. Poor feeding practices contribute to undernutrition in children under the age of five. Among fourteen regions in Namibia, Oshikoto is among the top five regions with children affected by undernutrition. It is ranked as number one in the mortality rate of children under five due to undernutrition. A qualitative, exploratory, descriptive and contextual study was carried out to explore and describe the experiences of mothers, and caregivers, on feeding practices of children under the age of five. The purpose of the study was to develop an educational programme to empower mothers and caregivers on feeding practices for children under the age of five in the Oshikoto region. The study revealed that mothers and caregivers use suboptimal feeding practices; they lack nutritional and feeding practices information, and they encountered limited resources which influenced feeding practices of children under the age of five. Therefore an educational programme was developed and implemented to empower mothers and caregivers on feeding practices for children under the age of five. The programme was implemented in the form of a workshop and a training manual was developed for this purpose. Mothers and caregivers who participated in the workshop indicated that it was useful and supportive and recommended it be extended to other regions in the country.

80. INDIA AND GUYANA

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Nurses’ perceptions of the challenges and strategies of nursing education and practice

Professional nurses of today are required to be equipped with the knowledge and skills to meet the dynamic needs of patient care and changing health care modalities. This study aimed to explore the perceptions of final year professional nursing students, registered nurses, and nurse educators regarding the challenges and strategies of nursing education and practice of the 21st century in Guyana and India. The study used a mixed approach, both quantitative and qualitative methods. The study used 299 participants (231 from Guyana and 68 from India) for the quantitative study. Also, 15 in-depth (8 from Guyana and 7 from India) interviews were conducted. The data were analysed using descriptive statistical analysis as well as grounded theory analysis by an inductive thematic analysis. The findings indicated most respondents perceived current trends as essential concepts for fostering quality patient care services. The study identified various existing challenges limiting nurses from offering quality care. The core challenges of nursing education identified were shortages of adequate and qualified faculty; a lack of a conducive environment for learning; ineffective teaching strategies; a lack of teaching and learning resources; and a lack of faculty development opportunities. The focal challenges of nursing practice reported were lack of equipment and supplies, shortage of staff, poor salaries, lack of professionalism, and lack of effective leadership roles. Qualitative study data identified unique challenges limiting quality nursing education and practice in both Guyana and India. The study findings support the contention that quality nursing education is critical for generating quality nursing workforce and patient care practices. The study emphasised the urgency to provide human and material resources while maintaining professional standards through consistent, sustainable, innovative and collaborative approaches.
81. RWANDA
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Indwelling urinary catheter use among patients undergoing surgery at one Rwandan referral hospital

Catheter-associated urinary tract infections (CAUTIs) are one of the most challenging health care-associated infections (HCAIs). Urinary catheters contribute 40% to HCAIs, contributing 80% to urinary tract infection morbidity among hospitalized patients; 48% to antibiotic resistance and sources of epidemics of resistant bacteria in acute care facilities. Up to 86% of operated patients were candidates for routine indwelling urinary catheters (IUC) and CAUTIs are the 3rd most common post-operative infections. Very little was known about CAUTIs and IUC use in Rwandan hospitals. This aim of this study was to assess the use of indwelling urinary catheters among patients undergoing surgery at Rwandan referral hospital. A cross-sectional study was conducted in the operating theatre (OT) of one Rwandan teaching hospital. An observation checklist was used. Two hundred and seven patients admitted to the OT for surgery were recruited. Data were analyzed by using descriptive and inferential statistics. All ethical principles were respected.

The prevalence of IUC use was 56.5% and was significantly associated with female sex, age 26-35 years, procedure such as obstetrics and gynecology, laparotomy, urology and neurosurgery, emergency surgery, spinal anesthesia, and presence of physician order. The IUC were placed for appropriate indications (95.7%) but only one IUC (0.9%) was removed before the patient left the post anaesthesia care unit and 56.5% of participants with IUC in place did not have documented removal instructions, especially in cases of laparotomy (73.3%), orthopedic surgery (100%), neurologic surgery (100%) and general surgery (100%). The study concluded that IUC was routinely used for some procedures and the absence of post-operative IUC removal instruction may lead to inappropriate duration of IUC. The study recommended that the hospital conduct a periodic audit of IUC use and CAUTI among surgical patients for surveillance and further research on the duration of postoperative IUC retention and associated factors among patients undergoing surgery.

82. UNITED KINGDOM
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Walking the path to change

Globalization continues to influence the midwifery landscape, requiring cultural sensitivity within clinical practice. It is imperative that future midwives develop the knowledge and skills necessary to provide culturally sensitive care. Internationalization experiences embedded into undergraduate midwifery education, can prepare students with the skills to practice sensitively within diverse multicultural and global healthcare settings. To address this, an international elective placement for pre-registration midwives in their final year of study was initiated. The aim of the study was to explore, examine and evaluate the impact of an international pre-registration student midwife placement in Kampala, Uganda. The aim was to increase knowledge, challenge perceptions, and develop skills and attitudes strengthened by a responsiveness and appreciation of diversity within a divergent cultural setting from one’s own. Six midwifery students experienced a two-week placement working in Mulago National Referral Hospital Kampala and were involved with several community engagement activities. The accompanying lecturer in midwifery worked with and supported the students in practice. Structured meetings and informal conversations occurred daily, with the international elective evaluated by a survey at the end of the experience. The student insight into maternity health care in Uganda was distinct to anything students had previously experienced. The experience was both poignant and transformative for the midwifery students involved. The student experiences gained in this international placement were hugely beneficial both for the midwifery student and for colleagues in the host country. Reciprocal exchange of knowledge and clinical skills proved mutually beneficial. Nurturing opportunities for midwives to broaden their appreciation of global midwifery practices should actively be promoted in undergraduate midwifery programs.
83. UNITED KINGDOM
Mrs Judith Joy MEWBURN
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Empowering operating theatre staff to deliver safer patient care
I have been fortunate in being able to travel to Africa with the Tropical Health and Education Trust and the Association of Surgeons of Great Britain and Ireland (ASGBI) for the last eighteen years and also to Bangladesh with Impact Foundation. For eight years I taught theatre personnel in the northern region of Ghana: Tamale, Bolgatanga, Wa and all the surrounding villages. I travelled with a surgeon and an anaesthetist. We taught together, providing a multidisciplinary approach to the difficulties the nurses, doctors and anaesthetists encountered, such as a lack of knowledge, equipment, resources, training and trained staff. It was wonderful to see how their treatment of the patient became much more holistic and the hierarchy of the doctor being the most important person in the theatre changed … just a little, but it changed! With the ASGBI I have travelled to East and West Africa, teaching in the WACS and COSECSA areas, where our Basic Surgical Skills course is now mandatory. Whilst the surgeons taught the trainees and medical officers, I taught the theatre, surgical ward, intensive care, and accident and emergency nurses: theatre technique, patient centred care, infection control, suturing, basic and advanced, CPR, tracheostomy, and care of the diabetic patient. During our latest course, the Anastomosis Workshop, doctors learned to anastomose gut ureters and arteries, and I taught the nurses to be first assistants to the surgeons. This broke down many of the barriers between the nurses and the surgeons and made for better planning for surgery and better outcomes for the patients. I have written a manual on training for staff working in theatres in under resourced countries which I am able to share with any nurse thinking of working abroad. It is being used in over forty different locations. I look forward to showing you how joyful and life enhancing this work is.

84. INDIA AND GUYANA
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Lifestyle assessment of people with type 2 diabetes in Guyana and South India
The emerging burden of non-communicable diseases, such as type 2 diabetes, is increasingly alarming globally. A stealthy pandemic affects many people today at an enormous economic cost, but is preventable by simple lifestyle modifications. Developing countries such as Guyana and India are at high risk for increased prevalence of the disease due to the commonality of risk factors. The aim of the study was to assess the lifestyle practices of type 2 diabetic patients in Georgetown, Guyana and in South India. A quantitative, correlational and descriptive design was used. The age group included participants 30 years and older. A convenient sample of 100 participants with type 2 diabetes was selected from communities and primary health centres in South India and Guyana. The sample consisted of subjects from rural and urban areas of both countries to minimise bias. A modified and pre-tested questionnaire was administered to type 2 diabetic patients who were willing to take part in the survey. The survey was conducted during May to August 2012. The responses were anonymous. The results showed: (a) there was a significant relationship between the country of respondents and their present usage of cigarettes and alcohol; (b) most of the diabetic patients were also suffering from other chronic diseases such as high blood pressure, high cholesterol, other heart diseases, stroke and arthritis; (c) a majority felt their diabetes had interfered with their household chores, recreational activities, social activities and shopping; and (d) most participants showed little knowledge about diabetic diet, physical activity and early signs of the complications of diabetes. The conclusions of the study were that there was an urgent need for a holistic approach and effective remedial measures to increase adherence to disease management and to educate patients, families and health care personnel regarding achieving disease control.
Disaster management

The objective of this presentation is to provide an overview of disaster management with special emphasis on the role of hospitals and nurses and midwives. Disaster management essentially deals with the management of resources and information as far as a disastrous event is concerned and also how effectively and seamlessly these resources are coordinated. Disaster management, at the individual and organizational level, deals with issues of planning, coordinating, communication and risk management. Disasters are crisis situations that far exceeds the capabilities. They are not totally discrete elements because the possibilities of occurrence, time, place and severity can be reasonably and some cases accurately predicted by technological and scientific advances. It has been established there is a definite pattern to their occurrence, hence we can to some extent reduce the impact of damage, though we cannot reduce the extent of the damage. Cameroon has had its share of disasters due to fault and shear zones which are responsible for the active volcanic and seismic activity in the country. Other hazards include landslides, flash floods, and others due to climate change. The presentation discusses disaster management particularly looking at mitigation, preparedness, response and recovery and the management of risk.

The Palliative Care Toolkit: the importance of resources for community based care

Palliative care remains a component in health care that requires a huge input into training and development of services. 18 million people die annually in pain and with associated distress due to lack of palliative care. Developing community-based palliative care is economically and socially important for health services, patients and their families, and is essential in working toward Universal Health Coverage. Until treatments are universally available for people suffering from a wide range of non-communicable diseases including cancer, respiratory and heart diseases, diabetes, and many other chronic or life threatening illnesses, palliative care remains the only option. While more usual to find palliative care in non-communicable settings, the need for knowledge and training in palliative care was evident during the Ebola crisis in West Africa. The Palliative Care Toolkit for resource-limited health settings, introduced in 2008, is a manual for health professionals as well as carers and family members. The Toolkit has been translated into nine languages including Swahili, French, Spanish, Portuguese and Bengali. The ‘tools’ include assessment forms, essential palliative care lists for adult and paediatric drugs, drug charts and forms for data collection. It was fully revised and updated in 2016. The Toolkit is an introduction to palliative care for nurses with no experience and knowledge in this specialty and it empowers them to deliver skilled care reducing much of the suffering that currently exists due to lack of training and knowledge in this area of health care. A training manual accompanies and compliments the Toolkit for training at all levels. This presentation will focus on sharing the presenter’s experience of introducing the Toolkit and developing palliative care services in countries including India, Rwanda, Kenya, Tanzania, Ghana and Ethiopia.
Perceptions of the health ethics concept of autonomy in Sri Lanka

Autonomy is associated with allowing or enabling patients to make their own decisions about which health care interventions they will or will not receive. The interpretation of ‘autonomy’ is not well understood in a South Asian country like Sri Lanka when compared with ‘western’ countries. The objectives of this study were to explore the perception of autonomy in the Sri Lankan context; and to understand the factors that influence the autonomy of a health care seeker. A descriptive cross sectional quantitative study using a self-administered questionnaire was conducted with a convenience sample of 220 males and females aged 18 years and above in the Gampaha District of Sri Lanka. Among 206 eligible responses, the majority (148) were female with 122 respondents being married. With regard to decision making for a minor treatment procedure, 68% expressed a ‘desirable’ autonomous response. Most participants (61.1%) needed specialist medical advice before they made a decision on a major procedure. 73% gave an ‘undesirable’ responses regarding giving consent for research activities. Only 21 participants were comfortable with sharing their medication history with a nurse or another doctor. A score was given for the ‘desirable’ autonomous answers given. Only one respondent scored 9 out of 9; 15 respondents scored zero; while the majority of 38 scored 6 out of 9. The study concluded that although autonomy is a common concept of ethics in the world, the interpretation of autonomy is not well developed in Sri Lanka probably influenced by a range of cultural factors.
The Health Nursing Collaborative Workshop: leading the way to healthier lives

There is significant interest in the challenges posed by the increasing prevalence of non-communicable disease across the world and the vital necessity of ensuring a healthy and sustainable nursing workforce. Nurses and midwives have a unique role to play in prevention, both in terms of their own health and wellbeing and that of their families as well as in their professional roles with patients and communities. C3 Collaborating for Health is playing a leading role in highlighting and addressing these issues, including through the establishment of the Healthy Nursing Collaborative, a global network focused on enabling nurses to lead healthier lives and incorporate prevention into professional practice. This workshop provides an opportunity for nursing and midwifery leaders from across the Commonwealth to share ideas, information and experiences and shape and inform future actions. The objectives of the workshop are:

• To share information and evidence about nurses’ own health,
• To analyse barriers and share solutions to enable nurses to lead healthier lives,
• To explore opportunities that nurses and midwives use to incorporate prevention into professional practice,
• To help shape the further development of the Healthy Nursing Collaborative.

The workshop will involve presentations, group work and discussions. The presentations will include:

• The Healthy Nursing Collaborative – the story so far, including a report of a survey of national nurses associations.
• Nurses’ Health and its impact on patient outcomes and professional practice.

Representatives from selected NNAs will be invited to give a ‘Lightening Talk’, that is a 5 minute presentation about one or more of the following to share information and stimulate discussion:

• The health of their nursing workforce.
• Barriers and solutions to nurses leading healthy lives.
• Their work in supporting nurses to lead healthier lives.
• Incorporating prevention into professional practice.

Participants will be invited to work together in groups to address one or more questions arising from the presentations and to make recommendations that participants can action. The workshop will close with a discussion about the ongoing development of the Healthy Nursing Collaborative.
91. JAMAICA

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Removal of charges for health services in the Jamaican public health system

The user fees policy in Jamaica has important political, financial and health implications. This 2016 study examined the impact of the 2008 removal of charges for health services on health practitioners before, during, and after the introduction of the policy. Using a mixed methods evaluation design the study found that the main health practitioners – nurses, doctors and pharmacists – (52.1%) were not satisfied with the policy change. When compared to before (77.8%) removal of charges, less practitioners (68.2%) felt performance on the job was 'good'. Health practitioners alluded to increased workloads (93.9%); negative effects on their physical and emotional status (82.0%); and dissatisfaction with their work environment (54.9%). Other problems encountered by health practitioners included unavailability of resources (49.0%); shortages of staff (86.3%); lack of equipment (76.6%); and lack of administrative support (35.3%). The lesson learned for policymakers is that the critical problems identified will eventually outweigh the substantial health gains if adequate resources (financial and human), administrative support, as well as improved service management, are not soon injected into the public health system.

92. CANADA

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Assessing oncology patient education needs on a medical and radiation oncology unit

Oncology patients are given a wealth of information when they encounter the health care system. Some of this information is useful for decision making, dealing with the side effects of treatment, and coping with the disease, among other things. A recently developed patient education committee on the Inpatient Oncology unit identified the need to provide additional information for patients and their families. However there is a lack of clear understanding of the type, relevance, and delivery method of information from the patient’s perspective. As a result, a survey was used to identify what patients determine as their own educational needs. The purpose of the study was to understand what oncology patients are saying about their educational needs, and how health care professionals can work collaboratively towards meeting these needs. The results of the study helped to identify the specific information, tools, strategies, methods of delivery, and relevance for cancer patients. The literature was also examined, to better understand what others are saying about oncology patient educational needs and how best to support and meet these needs. A brief review of the literature revealed that most information and strategies are from the perspective of health care professionals, rather than the perspective of the patient, and the focus is mainly on disease and treatment. Overall this study highlighted the importance of providing information for patients throughout their hospital stay, and emphasizes how patients think this information should be delivered. The next steps are: to share the results with the team and present the findings at our Medical Radiation operations meeting; provide information on treatment and their side effects in the form of pamphlets; increase patient education awareness on the unit; and provide written information on finance.
93. UNITED KINGDOM

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Addressing hidden vulnerability in society: national approaches supporting local action

The Institute of Health Visiting, a charity, was established five years ago to strengthen the services that UK health visitors can deliver to families, and to reduce health inequalities. IHV have worked on a number of national projects designed to support the most vulnerable in society, and much of this work is open access, or accessible for a small fee, and is disseminated using social media to reach the practitioners who can benefit from it as quickly as possible. It has value well beyond the UK and we would like to introduce delegates to these resources. This project will describe some of our Good Practice Points and Parent Tips that can inform parents, or strengthen practice by ensuring that practitioners are equipped with key messages. For example, those written to support the survivors of the Grenfell Tower inferno in London when many lost their lives, but survivors were severely traumatised and required skilled support. These key messages would equally have value for supporting victims of war and natural disasters. We will also highlight our freely available e-learning on a range of pertinent subjects and other training for any public health practitioners.

95. AUSTRALIA

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The shifting dynamics of nurse safety

The environment in which nurses live and work: their homes, clinical spaces and local community provide the direction for this paper. A nurse’s safety is central to their practice and may be viewed as an intervention or an evolving body of knowledge. It is also responsive to the current health care climate with its emphasis on patient safety and health outcomes. This paper will explore the experiences and subsequent safety issues for nurses working in remote Australian communities and the systems and resources in place to achieve a safe environment in which remote nurses can live and work. Induction and orientation have been the traditional and accepted ways of introducing a new employee into both an organisation and the health and safety measures that enable the safe delivery of health care to the community. Historically induction and orientation has provided an opportunity for mandatory training needs to be ‘ticked off’ and clinical aspects of nurses’ work to be discussed. There is also the social aspect of induction as the new employee starts to make sense of the requirements of a new work environment. Following a catastrophic event early in 2016 the question was asked of those employing remote area nurses ‘is this sufficient to keep our nurses safe?’ As a consequence the focus is now shifting to include the environmental hazards facing nurses and the relationship that nurses have with the local community. The reality of remoteness will always persist as a significant challenge in the planning of responsive yet sustainable safety measures to facilitate the delivery of health services. The stories of several nurses will be discussed and the way in which they manage the situation they find themselves in. Common characteristics and qualities explicated from their narratives provide an overview of safety that goes beyond the merely technical or passing on of information.
96. MALTA

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Attitudes of health care professionals concerning the spirituality of patients suffering from dementia

This descriptive research study was used to obtain information about ‘The attitudes of health care professionals and their concern about spirituality in persons suffering from dementia’. The study also explored the health care professionals’ perception of spiritual care and what the terms ‘spirituality and spiritual care’ meant to them. The researcher used a descriptive non-experimental design where qualitative and quantitative data were obtained through a self-administered questionnaire. The sample was a convenience one of sixty health care professionals from the local mental health institution and the state home for the elderly, with a response rate of 90%. The study gave further indication that spirituality and spiritual care are still greatly associated with religiosity. This assumption is recurrent in previous studies carried out in predominant Judeo-Christian societies. The findings of the study indicate that the nursing sample showed more awareness about spiritual care, than other health care professionals in the study, namely medical officers, physiotherapists, and occupational therapists, who showed a lack of knowledge of the subject. The majority of health care professionals appear to have a positive attitude toward the delivery of spiritual care in patients suffering from dementia as they are willing to participate in this care and feel that spirituality should be included in their course curriculum. Whilst acknowledging the limitations of the study, such as the use of a convenience sample and the lack of more qualitative data, the findings of this study tentatively suggest the need to incorporate educational sessions in course curriculum on spiritual care. This is particularly relevant for professionals, other than nurses, who in some cases have received no preparation whatsoever on the subject of the spiritual needs of elderly patients with dementia. Further research is suggested to answer the research question generated by this study.

97. MALTA

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Guaranteeing asylum seekers’ right to care: the role of midwives and nurses

Refugees and asylum seekers arrive in Europe after a grueling journey, often risking their own lives and losing loved ones in their search for protection. Their arrival on Europe’s shores is often the start of another journey, as they must navigate complex legal procedures, the outcome of which is unknown, and struggle to rebuild their lives with very little support. Their experiences and the loss and the trauma they suffer in their country of origin, on their journey to a place of safety, and in the country of refuge change their lives irrevocably and often have a profound and lasting effect on their physical and psychological health. Yet asylum seekers often face obstacles to accessing the health care they so desperately need. The obstacles include: restrictive rules on entitlement to health care; unreasonable bureaucratic documentary requirements; negative attitudes on the part of health care professionals; and language barriers. These obstacles undermine asylum seekers’ trust in the system for healthcare provision and could, in extreme circumstances, lead to loss of life or a significant degeneration on the individual’s condition. This presentation will focus on the role of nurses and midwives in ensuring that patients are able to access good quality, culturally-sensitive, holistic care, not only through the direct provision of tailored nursing services to the asylum seeker population but also by advocating actively on their behalf where their access to medical care is not guaranteed or is otherwise obstructed. Based on the author’s experience working with JRS Malta for 10 years facilitating asylum seekers’ access to medical care, the presentation will identify good practices and highlight the importance of innovative and multidisciplinary approaches in the provision of health care to this vulnerable population.
98. (299) NIGERIA

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Home care nursing: leading health care innovation in Nigeria

Home care nursing in Nigerian is a new and innovative means of caring for elderly, chronically ill patients and people with non-communicable diseases. Since 2012, Blue Torch Home Care has been the focal point and leader in the establishment of this type of care, its administrative structure, developmental strategies and delivery models. This abstract discusses the development of home nursing in Nigeria, the mode of funding, models of care, costing, home care evolution, ethical issues, data collecting and storage, and its impact on the health care sector. Home care has so far contributed positively to the reduction of relapses after discharge, reduced length of patients’ admission, reduced burden in Government health facilities, improved patients and family health outcomes, and a new source of human resource development in the nursing profession in terms of entrepreneurship in nursing. With no universal health insurance in the country, with increasing numbers of elderly persons, chronic illnesses, and non-communicable diseases, our social enterprise model ensures affordability of care. A community home based care model, can provide universal coverage to about 80% of potential recipients of home care especially in South Eastern Nigeria with formal and informal care being delivered to clients at the comfort of their own home. Home care can reduce mortality rate caused by non-communicable diseases such as hypertension and diabetes, and reduce burden of elderly and chronic illnesses. Availability of these services is ensured through qualified and unqualified home nursing, (live in services or regular home visits 24/7). Ethical issues are controlled by policy development, regulation of practice, and continuous evaluation process to ensure quality assurance. Community based home care is a cost effective, flexible package and a reliable care delivery system, working closely with hospital providers in referral partnerships, contributing to a universal and accessible home health care delivery system.

99. ZIMBABWE / UNITED KINGDOM

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Improving mental health and inequalities in minority groups in London

Despite the notable public health improvements across the globe and in particular, in developed countries, there are still significant challenges in improving health outcomes in minority groups in the UK. In recent years the demographics of the UK population has drastically changed and continues to do so. The health status of migrant communities in the UK continues to be of concern, with many struggling with Post Traumatic Stress Disorder, depression, anxiety, HIV, and the added complication of cardiovascular diseases such as cancer and chronic respiratory disease. In addition, suicide rates are particularly high in men from migrant communities, and conduct disorders such as youth violence and substance misuse are particularly high in adolescents from minority backgrounds. These outcomes are particularly high in communities affected by forced migration. This presentation will focus on the ground breaking work that the researcher has taken in drawing culturally adjusted interventions from a low income country (Zimbabwe) into a high income country (UK) to improve mental health outcomes in adolescents affected by gang violence in London; and to improve outcomes with children, adolescents and families. The researcher, recipient of a Mary Seacole Leadership Award, will draw on the development of a Mary Seacole framework for managing adolescents and families affected by gang culture, and discuss its applicability and feasibility for health care and multi-agency professionals in managing cases that present with cultural complexities. The presentation will draw on the researcher’s work in global mental health with a focus on the development of the Friendship Bench model in Zimbabwe; community based substance misuse for marginalised groups (women and children) in Tanzania and Zanzibar; and lessons from South Asian countries that sub-Saharan African countries can benefit from to reduce poverty and risk in vulnerable groups; strengthen health care systems in Africa; reduce aid dependency; and appraise the role of nursing.
100. UNITED KINGDOM

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Reforming mental health legislation across the Commonwealth

In 2014, the Commonwealth Nurses and Midwives Federation (CNMF) was awarded a grant by the Commonwealth Foundation to work with two Commonwealth countries to assess their mental health legislation, provide recommendations for any amendments required, and work with the countries to implement the recommendations. The two countries who partnered with the CNMF were Botswana and the Seychelles. The WHO argues that mental health legislation when formulated according to human rights principles, provides a legal framework to address important mental health issues such as access to care, rehabilitation, integration into the community, the prevention of discrimination, protect people with mental disorders against human rights violations; and the promote mental health. Reform of mental health legislation is urgent and essential because of the unique vulnerabilities of people with mental disorders who face stigma, discrimination, and marginalization which inhibit them from seeking care. Policy and practice needs to be based on a sound legal framework to protect people in need of care and the practitioners who provide that care. The proposed project methodology was to serve as a template for working with other countries in the future. The key elements of the methodology were:

- A commitment by government.
- The establishment of an in-country project advisory committee.
- Assessment of the country’s mental health and related legislation against the ‘gold standard’ for mental health legislation, the UN Convention on the Rights of Persons with Disability.
- Development of recommendations arising from the assessment.
- Development of a communication strategy about mental health and mental health legislation and policy targeting government, service providers, mental health service users and their families, the public, and the media.

This presentation will outline the achievements of the project, highlight those aspects of the methodology which support replication elsewhere, and discuss the challenges and how, or if, they were overcome.

101. SOUTH AFRICA

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Female condom marketing strategies for health care workers in Tshwane District South Africa

Marketing strategies for female condoms two (FC2) play an important role in health care. Media, health education and campaigns have a role to play in reaching vulnerable populations who need to receive information about the use of FC2. The objective of this study was to explore and describe FC2 marketing strategies for health care workers in the Tshwane District, South Africa. A qualitative exploratory and descriptive case study method was applied. The population included health care workers, who were purposively selected. Data collection was done through in-depth individual interviews with participants in order to reach saturation. Participants included operational managers (n=3), an administrator (n=1), lay counsellors (n=6) and professional nurses (n=20). Tesch’s method of data analysis was used where one theme and six subcategories are identified and described. An FC2 marketing strategy for health care workers to use in informing vulnerable groups emerged as a category. The six subcategories identified from the category included: maximising media coverage; extensive education of benefits to users; collaboration with other health promotion programs to promote FC2; expanding programs to school; educating males about female condom use; and training and workshops for health care workers regarding health campaigns to individual families. The results emphasise the role of the media, health education and health campaigns in reaching vulnerable women, men and school children who need to receive information about the use of FC2.
102. SOUTH AFRICA

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Toward affordable nutrition for women and children: innovative sustainable Indigenous Knowledge Systems (IKS)

The World Health Organization (WHO) recognises climate change as a threat to human health. Changing climates are associated with changes in the severity and frequencies of droughts, storms, hurricanes and other extreme weather events. Changing climates can also affect air and water pollution which may impact on food security and sustainability. The nutritional status of women and children in developing countries may decline due to subsequent scarcity and lack of indigenous food resources. The protection and promotion of sustainable indigenous methods for addressing climate change might improve the nutritional status of women and children in rural communities. Using IKS methods to promote food availability is in line with the sustainable development goal (SDG) 2 which emphasises the end of hunger, achieving food security, improving nutrition, and promoting sustainable agricultural methods by 2030. We conducted an integrated literature review. The keywords used were climate change, nutrition, food security, indigenous women, under-five, malnutrition and sub-Saharan Africa. Within the search results we identified articles that addressed public health, women and children and indigenous knowledge as central themes. Collaboration among stakeholders, increased efforts to protect women and children’s health, promotion of participatory sustainable agriculture methods, incorporation of indigenous methods, and raising awareness on the effects of climate change to public health, are all needed. Multidisciplinary research that focuses on IKS must be intensified to ensure evidence based policies and practices that will assist in reducing the negative effects of climate change on mother and child health.

103. AUSTRALIA

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Contributing to the reduction of maternal mortality in Africa

The Commonwealth Nurses and Midwives Federation (CNMF) contributes to improving health by fostering access to nursing and midwifery education. In partnership with national nursing associations and Ministries of Health, the CNMF conducts grant funded education and training for nurses and midwives on a range of issues, including maternal and infant health. Despite the progress made during the Millennium Development Goals target period, global maternal mortality rates remain unacceptably high. As focus turns toward the global health vision for 2030 and beyond, the CNMF ‘Making Pregnancy Safer’ education and training complement the Sustainable Development Goals agenda, by providing evidence-based updates so that nurses and midwives are better equipped to provide safe care in a range of maternity settings. The training is an intensive five day program covering global health care initiatives, antenatal care, normal labour and birth, complications of pregnancy and childbirth, postnatal care, care of the neonate, family planning, and caring for women with special needs. Each training session welcomes approximately thirty to forty participants, and the learning methods include a mix of short videos, formal presentations, group work, self-reflection, group activities, practical exercises and pre and post education questionnaires. Exposure to resources available to improve and enhance nursing and midwifery practice is an important component of the training, and key resources are made available to promote the sharing of information within workplace teams. Evaluation takes place daily throughout the training using structured participant feedback. ‘Making Pregnancy Safer’ education and training has most recently been conducted in Tanzania, Malawi and Sierra Leone with a further two training sessions planned for the rural areas of Sierra Leone in 2018. This presentation shares the methodology and evaluation results of the education and training. The Burdett Trust for Nursing has provided grant funding for this initiative.
A dedicated nurse Marilyn Lahana, was the first person to contract and die of Ebola fever in South Africa in 1996. Lahana contracted the viral fever while helping to treat Dr Clement Mambana from Gabon who unwittingly brought the Ebola virus into South Africa. The Ebola was only discovered after he was identified as a contact of Lahana, and Ebola antibodies found in his blood. In commemorating Marilyn Lahana’s life, The Marilyn Lahana Trust Caring Award was set up to honour nurses who show a special quality of caring for other people. The aim of the Trust is to:

- profile quality nursing care delivered by individual nurses;
- acknowledge excellent nursing practice; and
- promote community – care and participation in nursing.

The Marilyn Lahana Trust Caring Award has been made annually to recognise outstanding members of the nursing and midwifery professions who show a special quality of caring in relation to their patients, colleagues and employers. Nominees have to submit evidence of proof of their activities, not older than two years, in their contribution to the image of nursing and its impact; professional advancement of the person; contribution toward the community and employer and the short and long term effects of these contributions. Among winning candidate are nurses who have started shelters for patients with various problems, starting road emergency services, and working with community committees to deliver best services. Candidates for the award are nominated by their colleagues and a panel appointed by DENOSA selects the winning candidates from the provincial finalists. The impact these contributions have made is enormous, as one nurse indicated, that if her contributions were not recognised, nor would her principals be aware of her capabilities.

The link between the working environment and quality care provided to patients cannot be overemphasized. The working environment, whether positive or negative, has a direct effect on the quality of care provided to patients. Satisfied health workers lead to improved patient outcomes and a number of studies have shown this, whilst unhealthy working conditions can lead to negative patient outcomes. Negative incidents, particularly in public health facilities and reported in the media, led to a call for an effective intervention by all stakeholders involved in the health system to address these challenges. Nurses and doctors came together to offer themselves as seekers of solutions to these challenges and started a campaign to work with the Department of Health and government to raise awareness to all involved in the health care system about Positive Practice Environments; influence applicable policies; profile the health profession; and education and demonstrate willingness to work with the government. In seeking solutions, emphasis was placed on the eight core pillars of a positive practice environment, namely: safety, equipment, supplies, resources, education, support, respect, and payment. A positive practice environment is key to quality health care provision and the benefit is positive health indicators for government and the country. Unless working conditions, through positive practice environments are improved, there will always be migration and attrition of health human resources which will result in negative patient outcomes and demotivated health care professionals. The success of this campaign depended on the dedication and cooperation of each stakeholder involved towards achieving a common goal to ensure that a safer and healthier working environment is achieved.
107. GHANA

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People in public places exhibiting ‘at risk behaviour’ in the Ningo-Prampram District of Ghana

This paper will present the findings and recommendations of a point prevalence study of people in public places exhibiting at risk behaviour due to mental health issues and associated conditions across five geographical locations within the Municipality of the Ningo-Prampram District of Ghana, West Africa. A point prevalence mental health and behavioural observation tool was developed and tested using diagnostic criteria from the Diagnostic and Statistical Manual of Mental Health Disorders 5th edition. Twenty-two health students from the University of Health and Allied Sciences attended a MHWFG facilitated pre-study workshop to gain proficiency and inter-rater reliability testing with the point prevalence observation tool. The study demonstrated a high incidence of people in public places exhibiting at risk behaviour due to untreated mental health disorders and associated behaviour. Many of the people observed appeared to be homeless and surviving through begging or garbage rummaging. The majority were unkempt with poor hygiene and at risk for systemic infections due to their poor physical state, skin integrity and open wounds. The observers noted an alarming incidence of public endorsement of prejudice demonstrated through threatening and stigmatising behaviour, direct ridiculing, and social distancing.
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