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Rayan Jafnan Alharbi

Title - The effectiveness of trauma care systems at different stages of development in reducing mortality: a systematic review and meta-analysis protocol

Author/s - Alharbi R J; Lewis V; Shrestha S; Miller C - La Trobe University, School of Nursing & Midwifery

Background: The burden of traumatic injury has been reduced since the introduction of trauma systems in many developed regions worldwide, including North America, Europe, Asia, and Oceania. Trauma care systems represent a structured, multidisciplinary response to the injury and its prevention through the continuum of care that seeks to return those affected to their preinjury status. Establishing trauma centres is often the first stage of development of a trauma system. Once a trauma system has been established, it is generally acknowledged that it takes years for a system to be mature and an established aspect of the overall healthcare system, although there is no agreed definition of a mature trauma system. Thus, it is suggested that there are broadly three levels of trauma system development; establishment of a trauma centre, establishment of a trauma system, maturation of the trauma system.

Purpose/aims: The objective of this review is to systematically review recent research about trauma related mortality rates and the stages of system development from trauma centres, to formative and then mature trauma systems.

Methods: This review has been registered in the PROSPERO, registration number CRD42019142842. The proposed study will be reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) checklist for systematic reviews. Articles will be retrieved from MEDLINE (Ovid), EMBASE (Ovid), and CINAHL (EBSCOhost). Additional articles will be identified from other sources such as references of included articles and author lists. Two independent authors will assess the eligibility of studies, extract the data, as well as critically appraise and assess the methodological quality of all included studies.

Discussion and dissemination: This systematic review will aid understanding of the effectiveness of trauma care systems at different stages of development in

reducing mortality by addressing the question: Does trauma related mortality rates vary according to the different stage of trauma system development and maturation? The results may be of interest to governments, non-government agencies, healthcare providers, and trauma system policymakers. The results from this study will be submitted to a peer-review journal for publication and we will present our findings at national and international conferences.

Dean Carson

Title - Limits to local-led innovation in rural health systems: exploring the 'other side' of responses to covid19 in Australia, Sweden, Canada and the United States of America

Author/s - Carson D.B - Central Queensland University, Australia;

Petrie S - Carleton University, Canada.

Background: The covid19 pandemic coincided with a multi-national research project examining the potential for rural health and care services to lead innovation in service delivery. The project used Realist Evaluation (RE) to explain the conditions under which innovative responses to the pandemic emerged, using concepts of absorptive capacity and anti-fragile design. In many of our cases, however, responses to the pandemic demonstrated a lack of local leadership and a stifling of innovation.

Purpose/aims: The purpose of this paper is to examine the factors that led to 'poor' local responses to the pandemic, providing a counterpoint to the optimism inherent in Realist Evaluation.

Methods: The research employed a panel of community-based experts in health service delivery spread across 12 locations in Australia, Sweden, Canada and the USA. The experts used ethnographic and auto-ethnographic methods to describe service changes in their communities during the first pandemic period (March-October 2020).

Results/findings: While 'innovative' responses to the pandemic were driven by enthusiastic individuals willing to work around existing structures, the ability of many services to respond well was diminished by persistent challenges of rural health – workforce shortages, a dependence on minimally-qualified staff, and an over-reliance on external actors. Furthermore, it was found that innovations previously seen as benefiting rural service delivery (eHealth, service collaboration models) stifled innovation and 'de-localised' service delivery.

Conclusions: Absorptive capacity among many rural health services is likely to be quite low as a result of persistent service delivery challenges. Rather than stimulating enhanced community engagement, innovative responses to those

challenges may have contributed to poor responses to this crisis. Insights into avoiding poor outcomes in the future may come from further exploring the benefits of anti-fragile design approaches.

Shannon Dhollande

Title - “What now?: Exploring the emergency healthcare response to domestic violence” A Grounded Theory Study within Regional Queensland Hospitals

Author/s - Dr. Shannon Dhollande & Professor Annabel Taylor - Central Queensland University, School of Nursing, Midwifery & Social Sciences

Associate Professor Silke Meyers - Monash University, Gender and Family Violence Prevention Centre

Dr. Mark Scot - Queensland Health, Metro North HHS, Caboolture Emergency Department

BACKGROUND: Intimate Partner Violence is a form of gendered violence which has a profound impact on the health of women. Emergency clinicians are uniquely placed to respond to this trauma yet, they report barriers to appropriate care provision.

METHODS: The purpose of this study was to explore emergency clinicians responses to patients experiencing IPV in the regional Queensland hospitals of Australia. Clinician’s engaged in audio-recorded semi-structured interviews which were analysed utilising Straussian Grounded Theory.

RESULTS: ED clinicians reported a lack of education and training and a lack of clinical guidance to inform their treatment decisions. Referral options and pathways were not clearly established or utilised and lacked appropriate service availability.

CONCLUSIONS: The identified gaps compromise the health, safety and wellbeing of women and increase the women’s risk of morbidity and mortality. Further research should focus on the development and implementation of processes and increased service availability.

Sabitra Kaphle

Title - In or Out: Conducting cross-disciplinary research in three countries during COVID-19

Author/s - Kaphle, S & Preston, R - Central Queensland University, School of Health, Medical and Applied Sciences

Background

Global outbound opportunities enhance the learning and career outcomes of students. However, whether these programs make similar impacts for the host communities has not been systematically assessed. Instead of relying on anecdotal feedback from students and/or academics, we need evidence from communities to validate the effectiveness of outbound programs.

Aim

This project aims to enhance the social impact of CQUniversity global outbound programs by analysing the perspectives and experiences of in country organisations and participating communities.

Methods

This study is supported by a CQU LTRD grant and will be conducted at three program sites in Cambodia, Nepal, and Thailand. This qualitative descriptive study is underpinned by social justice principles and draws on critical and constructionist theories. Local capacity building and two-way learning is embedded as the central principle of this research methodology. Virtual and face-to-face semi-structured interviews and focus group discussions (FGDs) will be held with community members, organisational representatives, key stakeholders, and community leaders. Iterative thematic analysis will be undertaken with input from participants to verify findings.

Results/Findings

Data collection will occur from April 2021. To date, our research team including academics from public health, paramedicine, social innovation, representatives from CQU Global and Challenges Abroad have collaboratively finalised the methodology, field work and ethical approval processes. We conducted consultative meetings with partner organisations and cultural experts to validate the research process and methods. Drawing on different perspectives

across our disciplines and organisations; we have developed various tools relevant to the culture and context of the research countries.

Conclusion Conducting cross-disciplinary research in multiple countries during COVID-19 is both challenging and rewarding experience. Balancing the expectations of various organisations and negotiating different perspectives to enhance the credibility of research outcomes while finalising the research process is not an easy task. However, the opportunities to discuss the differences has been instrumental to develop culturally safe and socially appropriate research strategies. This has not only contributed to ensure the validity of methods and the tools, the whole process of coming together for constant dialogue enabled to take context specific approaches to research. The outcomes of this research will provide foundations to develop adaptable guidelines with the focus on creating both academic and social impacts of the program.

Vijay Rawat

Title - From problem gambling to gambling problems: The assessment and measurement of gambling related harm.

Author/s - Rawat V; Browne M - Central Queensland University, School of Health, Medical and Applied Sciences

Background

The measurement of gambling related harm has traditionally relied on examining the prevalence of problem gambling. However, it has been widely acknowledged that harm may also be occurring to those who don't necessarily meet the criteria for a clinical diagnosis. A public health approach focuses on measuring the impact of negative consequences to health and wellbeing across the entire severity spectrum, and can be useful to inform harm minimisation strategies and interventions.

Aims

The current study aimed to implement a public health approach and (i) quantify the amount of gambling harm occurring in Victoria, Australia, and (ii) assess the relative impact of gambling harm compared to other health conditions.

Methods

To calculate the burden of gambling harm, prevalence figures and disability weights were sourced for gambling problems and a range of other health conditions. A formula was then applied: [Victorian Population x Prevalence for Health State (%) x Disability Weight].

Results

Almost half the total gambling related harm was attributable to low-risk gamblers (50.2%), followed by moderate-risk gamblers (34.5%), and then problem gamblers (15.2%). At a national level gambling caused more harm than other health conditions such as osteoarthritis, diabetes mellitus, and chronic obstructive pulmonary disease, and less harm than major depressive disorder and alcohol use / dependence.

Conclusions

At a population level the majority of harm is accruing to those who are not problem gamblers. The findings support a public health / early intervention and

prevention approach to minimising gambling related harm. The results suggest it is insufficient to concentrate simply on reducing the incidence of problem gambling. Instead, the focus should be on minimising gambling related harm across the spectrum of problematic gambling behaviour.

Link to conference theme This research was commissioned by the Victorian Responsible Gambling Foundation. The proposed presentation will discuss the impacts of the research and how the research has since been taken up by government and other academics.

Birute Bartkeviciute

Title - The interpersonal and communication skills of care providers from the perspective of older patients' with diabetes: Lithuanian case

Author/s - Bartkeviciute B & Prof. Lesauskaite V - Lithuanian University of Health Sciences, Lithuania (LUHS), Faculty of Nursing, Clinical Department of Geriatrics. Prof. Riklikiene O - Lithuanian University of Health Sciences, Faculty of Nursing, Nursing and care department

According to the Lithuanian Department of Statistics, the number of older people has grown rapidly over the last 10 years and currently accounts for almost 20% of the Lithuanian population [1]. Changes in demographic trends: an aging population, improved life expectancy, people with chronic diseases (such as Diabetes Mellitus (DM), affect physical, psychological, and social well-being of the elderly people who need a higher extent of health and social care service [2, 3].

According to International Diabetes Federation (IDF), global diabetes estimates in people older than 65 years (995.2 million in 2030). There is a significant increase of DM in Lithuanian population as well [5, 6]. As a result, to ensure independent healthy aging and to reduce the negative impact on health for older people The Healthy Aging Assurance Programme 2014-2023 was implemented in Lithuania [7]. The Picert Institute (1993) brought Patient-centered care (PCC) to the forefront with its research that emphasized the need to respect patients' preferences and values, the importance of communication, to provide support and coordinated care that is inclusive of the patient and family [8]. Still much should be done to provide high-quality, safe, and continuous care for the elderly population. This service is facing a lack of resources, limited patient health literacy, holistic approach to care, and insufficient evidence on patients' care needs. The overall purpose of the study was to evaluate the implementation of a Patient-Centered Care model for older adults with diabetes in primary health care. In this presentation, we report on the assessment of the older patients' perceptions of physicians' and nurses' interpersonal and communication skills as one of the dimensions of PCC.

Methods: The study was conducted at three outpatient care units, and seven health care centers in Lithuania where care to persons with diabetes was provided. Participants were excluded if they had a mental impairment and limited cognitive ability to participate in the study. Data were collected during 14 months in 2019-2021. Sample size includes 145 patients: 1) with a diagnosis of type 1 or type 2 diabetes mellitus, 2) with more than 1 year of the disease duration and 3) age of 65 years old and over. For the survey, Communication Assessment Tool (CAT) was used to assess the interpersonal and communication skills of physicians-in-training and physicians-in-practice from the patients' perspective. The CAT consists of 14 items and uses a five-point Likert scale. Overall score presents an average of the 14 items and offers a general sense of how patients view interpersonal and communication skills of the care provider. Overall scale reliability proved to be high (Cronbach's $\alpha = 0.98$) in this sample. Permission to conduct the study was obtained from the Kaunas Regional Biomedical Research Ethics Committee 2019-03-13 Nr. BE-2-29.

Results: Demographic data of the respondents: age was categorized as 65–70 and > 71 years. The mean age of participants was 71.9 years (SD-6.2, M – 70.0) where the oldest patient was 92 years old and the youngest - 65 years. The average duration of diabetes was 15.8 years (SD-10.0) and the most common was type 2 diabetes (89.0%). In relation to the type of treatment, 51.0% of patients used oral medications and 37.9% received insulin therapy. The highest scores on communication among professionals and the patients related to the items „Greeted me in a way that made me feel comfortable“ (mean score 8.69) and „Treated me with respect“ (mean score – 8.97). Nurses and physicians received lowest patients' ratings on the communication items „Involved me in decisions as much as I wanted“ (mean score 5.83) and „Encouraged me to ask questions“ (mean score 6.3).

Conclusions: In patient-centred care approach patients are not passive observers of their care but they participate actively in care planning, implementation, and evaluation. Older adults with diabetes received respectful care although they are not usually involved in decision making and equal discussion with the care provider.

Patricia Channell

Title - What are the experiences of Registered Nurses working in Residential Aged Care Facilities

Author/s - Channell P & Harvey C - Central Queensland University, School of Nursing, Midwifery & Social Sciences

De Bellis A - Flinders University, Adelaide.

Australia is an ageing population, and the care needs of residents living in aged care facilities are increasing. Registered nurses working in residential aged care facilities are decreasing in favour of a reduced ratio of care workers to professional staff, due to organisational constraints placed upon them to deliver quality care. Constraints such as education, inappropriate skill mix, and increasing age negatively impact registered nurses delivering appropriate care. Additionally, care providers face challenges in recruiting staff into these areas because of the perception that aged care work is a low-status career choice. This study aims to explore the experiences of Registered Nurses working in aged care facilities. A narrative inquiry will be used to capture the experiences and semi-structured interviews will be the source of data collection. The analysis will explore the experiences expressed by Registered Nurses working in Residential Aged Care Facilities bringing awareness of those barriers and enablers that influence how they practice.

Study findings will provide recommendations that may support strategies that support the recruitment and retention of suitably prepared nursing professionals for aged care work. Maintaining valuable Registered Nurses that choose to continue to provide quality care is vital if care providers are to retain and support recruitment and retention within the residential aged care environment.

Linda Colley

Title - Understanding Aged Care Workforce arrangements - a research agenda.

Author/s - Colley, L, Amarakoon, U & Khan, S - Central Queensland University, School of Business and Law

COVID-19 brought the aged-care sector into sharp focus, with work across multiple locations adding to transmission of the contagion, and casual jobs with no sick leave leaving workers with few options but to keep working whether healthy or not. Yet, much of the public debate has been through a healthcare lens, defining the problem in terms of the workers' education, skills and career paths, and largely ignoring important systemic problems such as poor employment arrangements.

The 2019 Aged-Care Royal Commission identified that the aged-care sector generally offers insecure and low paid jobs. As in many feminised industries, the skills, complexity and emotional labour are not factored into the care-worker's wage structure, which makes it difficult to attract and retain workers, and leaves employers struggling with high turnover. The Royal Commission confirmed the difficulties in attracting staff and filling vacancies and the high turnover of staff (RCAQS 2019). Many staff see aged care as simply a stepping-stone or pathway to a career in other health fields and the high turnover is not surprising given the low pay, high workloads, and lack of career paths.

Further, the quality of care and nature of employment arrangements seem to differ across aged-care providers. Media reports suggest that for-profit facilities had poorer levels of staff to patient ratios, less protective equipment, and higher rates of COVID infections and deaths compared to public and not-for-profit facilities. There is a gap in knowledge of differences in employment arrangements across providers and across geographic locations.

Human resource management (HRM) theory suggests a relationship between employment arrangements and work outcomes, and that decent jobs (with fair working conditions, a social dialogue, and development and career opportunities) are more likely to lead to good quality outcomes for the employer (Khan et al., 2019) and clients/patients (Duffy et al., 2019; Ferraro et al., 2018). Limited available research and empirical evidence suggest that context specific HRM practices can assist effective workforce management (AIHW, 2016).

These challenges for aged care workforces inform our research questions: RQ1 How does the workforce profile vary across providers? RQ2 How do employment arrangements vary across providers? RQ3 How does the employee experience vary across providers?

Yangama Jokwiro

Title - Stress of conscience among nurses caring of older people with delirium in hospitals.

Author/s - Jokwiro, Y; Bish, M - Rural Department of Nursing and Midwifery, La Trobe Rural Health School, La Trobe University.

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Background: Nurses caring for older people with delirium in hospitals encounter moral challenges which could trouble their conscience, when they perceive limitations that prevent them from fulfilling their duties as expected. This exposes them to stress of conscience, that is stress induced by a troubled conscience. Stress of conscience is an emerging predictor of negative workplace outcomes such as job strain and burnout, yet little is known beyond the context of residential care.

Aim: To explore stress of conscience among nurses caring for older people with delirium in a hospital setting.

Method: An exploratory cross-sectional study was conducted. Paper-based questionnaires were handed to nurses at a tertiary hospital in Australia and a response rate of 63% was achieved. Nurses (n=223) voluntarily returned completed questionnaires.

Findings: The stress of conscience mean sample score, comparable to previous studies, was 63.6. Individual items of the scale with higher mean scores were lack of time to provide the care, dealing with incompatible demands and work affecting private their life. Younger age and more years of nursing experience were associated with higher stress of conscience ($p < 0.001$).

Discussion: The levels of stress of conscience (mean score of 63.6) in this study were comparable to studies of nurses caring for older people with cognitive impairment in residential care. Younger age and longer working experience correlated with higher levels of stress of conscience, consistent with previous research.

Conclusion: Higher levels of stress of conscience, provide a foundation to explore barriers and facilitators to support staff health and well-being. The variances in vulnerability to stress due to age and experience suggest that interventions could target these demographic differences. Further studies would be valuable to determine the factors associated with stress of conscience.

Ainslie Monson

Title - Giving families a voice: it's only after you visit them that you discover things are going wrong

Author/s - Monson, A, Harvey, C & Baldwin, A - CQUniversity, School of Nursing, Midwifery and Social Sciences

Aim: This presentation highlights the importance of narrative inquiry, demonstrated through a pilot study of an elderly lady who shared her journey of care and advocacy for her husband situated in a dementia care unit.

Background: The voices of family members are rarely heard in relation to their experiences about being included in or making decisions about their loved one's care. Shared decision making has been an important patient-centred approach to nursing care since the 1990s, yet it is becoming increasingly evident that it is still not the reality in aged care facilities fifty years on. The use of narrative inquiry is a way of finding out about the experiences of families in relation to shared decision making, by giving them an opportunity to tell their stories.

Methods: An interview was conducted with one elderly lady using the three-dimension space that is inspired by narrative theorists to analyse the narrative.

Findings: The pilot showed how Narrative Inquiry allows participants to tell their story in their own way and then for the researcher to retell their story with a particular focus in mind. In this pilot study three themes were found: communication between staff and family; staffing in the dementia care unit and loss of voice and shared decision making.

Conclusion: Quality improvement requires customer feedback. Often the reality of a situation in healthcare is not always heard or shared. Narrative Inquiry supports the telling of personal experiences around a problem, and then using that information to raise to awareness of those issues that are not always heard but which are essential for change in health care policy and practice.

Jennifer Mulvogue

Title - Research into the continued use of restraint in Residential Aged Care Facilities

Author/s - Mulvogue J - Central Queensland University, School of Nursing, Midwifery and Social Sciences

This piece of work presents the findings of a questionnaire, distributed as an online survey to people who are associated, or have worked for or provided care to aged care recipients (residents) of Residential Aged Care Facilities (RACFs). This research is part of a larger doctoral study that aims to explore why the practice of restraint perpetuates, despite evidence of the risks and harm associated with the practice, in Residential Aged Care Facilities. Most people go about their lives without the intention to harm others. Bandura (2002) writes that within the moral self, people adopt standards of right and wrong and these standards act as guides to deter them from misconduct. This self-regulatory process is self-monitored and regulated internally, against moral standards. A person's actions provide feelings of self-worth or satisfaction and they try not to behave in ways that violate their moral standards. Individuals, at times, deactivate self-sanctions and this is often influenced by social, cognitive, and affective influences. Using Bandura's Moral Disengagement Theory (Bandura, 1986), the survey analysis explored the text for evidence of cognitive restructuring and reshaping; where an individual may cognitively reconstruct their thinking to present restraint as less harmful and less unethical, as justified, or that it in some ways benefits the resident, shifts in responsibility to others, disregards or distorts the consequences of the restraint, and or reframes actions to diminish the aged care recipient's experiences. The analysis considers how mechanisms of cognitive restructuring, changed cognitive mechanisms and cognitive reframing may contribute to the perpetual use of restraint in Residential Aged Care Facilities.

Thanippuli Arachchige Anusha Nandani Perera

Title - Exploring the Impact of Employee Wellbeing on the Quality of Care Services in the Australian Aged Care Sector

Author/s - erera A - Central Queensland University, School of Business and Law, Management and Commerce

Khan S.I - Central Queensland University, School of Business and Law, Business and Management

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The aged care sector is a rapidly growing industry in the Australian economy due to an aging population and extended life expectations. One key challenge currently faced by the sector is to ensure the care workers' capacity to deliver high-quality care. Human resource management theories suggest that individual employee performance is contingent on employee wellbeing which seems threatened by the various disadvantages faced by the Australian aged care workers such as poor pay and work condition, lack of career pathways, and job satisfaction. The theory of intersectionality contends that stronger intersectional identities increase the potential for disadvantages which the current Australian aged care workers seem to be experiencing due to greater representation of first generation female migrant workers in casual roles. Several policy level initiatives over the years attempted to increase the competence level and attractiveness of aged care jobs while overlooking the wellbeing of the care workers which may have a more proximal relationship to their performance, long term commitment to the industry and the quality of the care services. Through a systematic literature review, this paper explores how employee wellbeing and quality of care services are conceptualised in the contemporary context of the Australian aged care sector. Our analysis explains how employee wellbeing and quality of care services in the Australian aged care sector are shaped by a complex intersection of gender, language and other diversity issues, and casualisation of the workforce among other factors. Our findings also explain how stronger intersectional identities and disadvantages can potentially increase the vulnerability and compromise the employee wellbeing and performance of the Australian aged care workers. Implications are drawn for the policy makers and HR professionals in the industry.

Johanna Irene Rhodes

Title - Healthcare educators assuming simulated patient roles in practice: A grounded theory study

Author/s - Rhodes J - Central Queensland University, School of Nursing, Midwifery and Social Sciences; Southern Institute of Technology, School of Nursing.

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Background and Aims. Evidence of physiological harm and personal mental health risks can occur for students and non-healthcare educators during simulation encounters when participating in, or assuming simulated patient roles in health care education practice. However, what influences healthcare educators who assume simulated patient roles for the purpose of learning and teaching, is not often considered.

This study asked 'What influences healthcare educators' experiences of assuming simulated patient roles? And aimed to: (1) provide an understanding of what influences healthcare educators experiences of assuming simulated patient roles for the purpose of learning and teaching, and (2) construct a substantive theory, using a grounded theory approach to explain the influences experienced by healthcare educators who assume simulated patient roles.

The impact of the results of this research presents an opportunity for the translation to healthcare education providers by guiding the development of simulation policies, simulation guidelines, and health professional curricula, fundamentally contributing to safer practice for healthcare educators.

Methods. This qualitative study guided by constructivist grounded theory methodology gathered data using intensive interviews from healthcare educators internationally who assume simulated patient roles. Simultaneous data generation and analysis led to the construction of a substantive theory.

Results. 'Relationship centred simulation experienced by healthcare educators assuming simulated patient roles' is the substantive theory constructed from this study. This provides evidence that healthcare educators' experiences of assuming simulated patient roles are undulatingly influenced by the relationships created by the educators, their assumed simulated patient, and students throughout the five processes that occur. (1) Students (getting it right), (2) Transference (educators moving between themselves and their simulated patient role), (3) Realism (by masking, moulage, clothing, voice changes and actions), (4) Immersion (split in two, while remaining as one), and (5) Vulnerability (experienced by educators, their simulated patient, and students).

Conclusion. This presentation offers impacting consideration of educator safety and the translation to practice when assuming simulated patient roles using simulation modalities. As emphasised; it is the healthcare educator who assumed and played the simulated patient role who experienced the suffering, not the patient they played!

Anthony Weber

Title - Assessing student paramedics measurements of fatigue and quality of CPR on a simulated cardiac arrest case: A pilot study

Author/s - Weber A - Central Queensland University, School of Business and Law

Delport S; Delport A - Central Queensland University, School of Health, Medical and Applied Sciences

Background: Ambulance services throughout the world respond to and deal with cardiac arrests on a daily basis. Most ambulance services rely on manual cardiopulmonary resuscitation (CPR) being performed by paramedics or suitable bystanders with the addition of airway adjuncts, defibrillation and pharmacological interventions. Recent advances in health-care technologies have introduced mechanical devices and biofeedback to individuals performing CPR with the aim to improve the quality of CPR.

Purpose/aims: The aims of the proposed study are two-fold: (1) to evaluate the influence of providing biofeedback using the Q-CPR system on the quality of compression in the hands of student paramedics; and (2) to evaluate the effects of maintaining effective CPR on indices of measured fatigue.

Methods: 40 student paramedics completed CPR on an instrumented manikin with and without audio-visual biofeedback (Q-CPR within the Phillips MRx defibrillator) in a balanced cross-over fashion. Manikin feedback system (SimMan 3G; Laerdal, Sweden) will be used to quantify the quality of CPR in terms of the percentage of applied compressions that meet the current ARC guidelines in terms of rate, depth, and recoil time.

Results/findings: In this study it was found that the rate, recoil time and depth was different between the two genders during normal manual CPR without any prompting. However, it was found that once the Q-CPR prompt was introduced, the depth and fatigue levels increased significantly. This highlights that there is a correlation between correct depth and increased fatigue.

Conclusion: Over a 7-year period, the Ambulance Services have recorded a decline from 26.2% of cardiac arrests surviving to discharge from hospital to 25.5%. This decline may be attributed to techniques relating to performer fatigue. However, to our knowledge no study has evaluated the influence of

performing effective CPR, in-line with the current ARC guidelines, on indices of physiological fatigue in Australian Paramedics trained to an advanced level. This pilot study provides Impact and translation to practice through a broader scale research project into pre-hospital CPR performance, especially reviewing physiological fatigue parameters.

Steve Whitfield

Title - The Efficacy of Near Peer Teaching in paramedicine education: A literature Review

Author/s - Steve Whitfield - Griffith University School of Medicine (paramedicine)

Background

The transition of paramedic practice to paramedicine benchmarked by higher education programs has identified practical skills acquisition difficulty. Pedagogical interventions for health-related education programs advocate for strategies such as near peer teaching as a viable solution to address these challenges. However, there remains a paucity of published literature on paramedicine specific near peer programs.

Aims

This systematic review aimed to identify research that described or documented paramedicine specific near peer teaching programs and categorize the outcomes to better understand the perceived benefit of NPT in paramedicine education.

Methods

This was a review of selected electronic databases that included Medline, EMBASE and ERIC to identify and examine literature that pertained to paramedicine specific NPT programs. Keywords used in this search were student paramedic, paramedic education, near peer, peer teaching, peer-to-peer teaching, peer assisted learning, PAL and NPT.

Findings There were only 10 articles identified for review and analysis. Of these 10 articles, 8 studies examined the satisfaction levels of NPT mentees and NPT mentors, and 2 articles examined the educational outcomes of students involved in NPT programs. Although findings of most studies found a positive association of student experiences engaged in paramedicine NPT, all included articles originated from Victoria Australia thus limiting the representation of NPT in paramedicine programs. This warrants further research into paramedicine specific NPT in Australia.

Erika Juskauskiene

Title - Spiritual quality of life and well-being of paediatric patients: is a holistic care a declaration or reality?

Author/s - Juskauskiene E & Riklikiene O - Lithuanian University of Health Sciences, Faculty of Nursing, Department of Nursing and Care

Background.

Similar to adults, children need to find meaning in life and illnesses, to transcendence beyond suffering, to feel a sense of connectedness with self, others, an environment and something significant, particularly during hospitalization. The experience of illness and hospitalization is traumatic event that causes fears and preconceptions about a family separation, isolation, and fear of death in children. This situation can promote spiritual crises. Despite such importance of spiritual component in care to overall quality of service, in clinical practice the holistic approach to care is more of a declaration than the reality. The spiritual care is rather missed as a component of paediatric care for different reasons.

The aim of the study was to assess spiritual quality of life and well-being in hospitalised children with cancer.

Material and Methods. Children with cancer (non-terminal stage) that were hospitalised at The department of paediatrics of tertiary level university hospital participated in the study. Inclusion criteria were: age (5-12 y.); diagnosis of oncologic disease for the first time; absence of other chronic diseases. Spiritual Quality of Life (L. Van Cleve, 2005) and WHO (Five) Well-being Index (1998) were the tools applied for data collection during the study. The study was approved by the Committee on Bioethics (permission No. BE-2-68). Data was collected and the semi-structured interviews conducted in Lithuania during summer-winter of 2020 and winter of 2021. In total, 22 paediatric patients participated in the study.

Findings.

The majority of children sought out God and a higher power by praying to feel better and to get out of hospital. Children treated themselves as guardians by protecting their parents while demonstrating a cheerful behaviour and acting

like they felt better. The prevalence of poor well-being among children with cancer was 30 %.

Conclusions.

Children diagnosed with a cancer have unique understanding of spirituality. The recognition and assessment of spiritual health and well-being of these children is the first step in addressing their spiritual concerns in care. The results of this study will support practical interventions to assure a holistic care for children with cancer in the face of limited healthcare resources.

Monica Lawrence

Title - Intercultural teaching, clinical practice and research experience in Australian Indigenous health. An Auto-ethnography.

Author/s - Monica Lawrence - Flinders University of South Australia

Intercultural teaching, clinical practice and research experience in Australian Indigenous health. An Auto-ethnography.

Background: I draw on my journal entries recorded over a 20-year period from 1999 to 2020 beginning with my nursing career as a cardiac nurse working at a major metropolitan teaching hospital caring for Aboriginal cardiac patients, my academic career teaching into the disciplines of nursing and medicine and my research experience in remote communities located in the Northern Territory and New South Wales to theorise cultural safety in the workplace for Aboriginal and Torres Strait Islander peoples.

Purpose /aims: Using autoethnography to reveal positive principles for cultural safety at the interface for health care professionals.

Methodology and methods: This paper presents my methodology and methods chapter proposed for my auto-ethnography. These are retrospective vignettes written either in the moment, soon after a particular situation or days after a particular situation occurred. Auto-ethnography enables a process of self-reflection drawing upon connections associated with complex cultural and political factors to be explored and expressed through writing stories. My auto-ethnographic journey will enable a process of self-reflection as a non-Aboriginal woman working at the interface of clinical, teaching and research settings. The methods I propose for this study are unique to my story, my experiences and my observations in the clinical, teaching and research settings.

Analysis: The distinctive features of my proposed analysis are: i) a review of the research evidence, 2) reflexive journal entries, 3) tutorial discussions of my analysis with supervisors, 4) consultation with an Aboriginal and Torres Strait Islander Advisory group and 5) synthesis of these four processes.

Results / findings: It is hoped the findings will translate into a guide for cultural safety for health professionals working in clinical, teaching and research at the interface

Conclusion: The practical outcomes of this PhD study will identify service gaps to make recommendations aligned with associated clinical, teaching and research accreditation standards.

Yumi Naito

Title - The cultural approach towards advanced care planning in Japan: Policy recommendation

Author/s - Yumi Naito - Flinders University, College of Nursing and Health Sciences

Background: Like other countries, Japan is rapidly ageing. However, the speed and extent of the ageing in Japanese society is unmatched anywhere in the world (National Institute of Population and Social Security Research, 2017). This increase in ageing relates to higher extent of end of life care and associated issues like high-quality dignified care, assurance of patients' rights and addressing their wishes and preferences, introduction of advance directives and care planning, and so on. Recently the Japanese government has introduced guidelines for end-of-life care which now includes the concept of advance care planning (ACP). Although Japan still does not have a legal framework to support ACP as it is a new concept and a controversial topic among health care professionals and the whole society.

Purpose: To develop Japanese culture specific guidelines implementing community nurses-lead advance care planning.

Methods: A descriptive qualitative study design was implemented. Braun & Clarke's (2006) 6-step framework of thematic analysis was applied. Study settings in Japan: the Metropolitan areas of Nagoya, Saitama and Tokyo. Eleven community registered nurses participated in the individual in-depth interviews.

Results: Five themes were identified: imbalance of family power; informed consent and discussion; cultural differences with a referral to make a decision individually; quality of life is not focus quality of life; struggling to find the documentation. The community registered nurses identified several barriers to use the ACP such as indirect communication manner and cultural traditions of care. Overall, all the themes were connected and overlapped with the legal, ethical, social, cultural and political aspects of life and care in Japan. These findings represent a different cultural approach towards ACP than the one usually exists in Western cultures and scientific literature.

Conclusion: The results from this study emphasised the need for the establishment of national policy and legislation supported with the education and training of health care professionals, patients and their relatives in the assertive communication at end of life care. Advance care planning is the key component to improve the quality of the end of life for Japanese people.

Dangyra Ruseckiene

Title - Association of spiritual well-being with the healthy behavior in pregnancy

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Background

For women pregnancy may be the opportunity to expand thinking or renew feelings about own spiritual beliefs, which might ultimately protect them from negative health outcomes (Saffari et al 2017). Spiritual essence of the unborn child as well as the spirituality of the mother and significant others affected the mother's experiences regarding spirituality, making her more responsible toward taking care of the spiritual being within her womb (Manookian et al 2019).

Purpose/aims

To determine the association between spiritual well-being and healthy behavior of woman during pregnancy.

Methods

The survey was carried out from November 2019 till September 2020. Inclusion criteria were: pregnant women of 18 y. and older; second trimester of the pregnancy. The data of 102 study participants was analyzed. A Spiritual wellbeing scale SHALOM (Fisher, 2010); questionnaire about healthy behavior habits change during pregnancy developed by the authors were applied.

Results/Findings

The age of respondents ranged from 22 to 41 years with the average of 30.3 ± 4.4 . The majority women have had their pregnancy planned (88.2%). Most of them (78.4%) considered themselves as religious persons. Spiritual wellbeing (SW). Pregnant women seek more Inner peace and Joy in life, wish stronger personal relationship with God and deeper praying. The results on all four domains of the SHALOM scale indicated limited spiritual dissonance in the Personal (19.6%), Communal and Transcendental (8.8%) domains. Assessment of subjective health positively correlated with SW at Personal lived and Communal ideal and lived experience domains. Healthy behavior. The highest scores in behavioral changes during pregnancy were related to women to eat

healthier food and the use vitamins (97%). Future plans were important for 90.1% of respondents and 97.1% never used drugs or psychotropic substances. In relation to the social life, 62.7% of women during pregnancy limited the entertainment. The social behavioral aspects correlated with the Communal domain of SW on ideal and lived experience dimensions. Healthy behavior habits correlated positively with Transcendental and Communal domains of SW.

Conclusions

Women at the second trimester of their pregnancy experience harmony of SW, they try to find inner piece, joy and proximity of transcendence. Women are taking care of their health and demonstrate positive changes in the behavior during pregnancy. Pregnant women behavior is associated with their SW status, mostly at Personal and Communal domain.

Amy-Louise Byrne

Title - Applying Critical Discourse Analysis to Nursing Research

Author/s - Amy-Louise Byrne - Central Queensland University, School of Nursing, Midwifery and Social Science

Background

Person-Centred Care (PCC) is a commonly known concept in healthcare, with nurses required to deliver this as part of the care they provide to individuals. PCC is considered essential in care planning and delivery for vulnerable populations, such as First Nations people, those with chronic conditions and frailty. However, delivering PCC is difficult for nurses to achieve when they are faced with system barriers. The time, space, and structure to deliver person-centred care must be considered in care planning and delivery.

Aims and Methods

This presentation discusses Critical Discourse Analysis (CDA) as a method used to uncover concealed ideologies within text and language. This is important, given that PCC is often considered by nurses to be rhetoric, rather than reality. CDA is a qualitative method of enquiry which investigates language, text, and action (known as discourse). Interrogating discourse from the government, from the health service and from nurses allows for comparison of information which presents opportunities to see what ideologies influence the gap between government directives and actual nursing practice.

The presentation will detail CDA as a methodology, providing examples of document and narrative analysis from my early data analysis, to demonstrate that nursing practice is influenced by complex power relationships and wider government influences.

Results

PCC has been identified as an important element of care, particular for those with chronic health conditions, yet nurses are stifled in their attempts to deliver it. This is due to several political, social and economical influences which have framed health around fiscal management. Nurses need the appropriate time, space, and structures to effectively deliver person-centred care.

Conclusion

This presentation will explore the interim results of the authors thesis and provide examples of how CDA is used in the context of nursing practice. CDA is presented as a valuable method of enquiry to investigate the influences that control nursing practice.

Bridget Ferguson

Title - Midwives and nurses use of early warning tools in hospital settings.

Author/s - Ferguson B – Central Queensland University

Introduction: Early warning tools (EWT) are used for detecting early deterioration and improving survival. Globally there has been an increase in the use of these tools and they have been adapted for use in various patient populations. Limited literature is available on the implementation, acceptance and, appropriateness of these tools across various patient contexts, for example, maternity services.

Aim: This presentation will disseminate the findings from a literature review that has been undertaken to explore the evidence on the use of EWTs, including Maternity Early Warning Tools and understand the issues pertaining to their use by both nurses and midwives. This presentation will present the findings of this review, identify a gap in knowledge and present the research plan to address this gap.

Methods: Various academic databases were searched. Phenomena of interest included EWTs within hospital settings used for adult patients and maternity patients, inclusive of admission and inpatient care across, emergency departments, intensive care, and maternity units.

Results: Internationally, there is increasing use of EWTs. However, there is no consensus on the precise parameters of maternal vital signs observations, with varying degrees of success in identifying and escalating deterioration, confusion regarding various terminologies and tools. There are also varying accounts of successful implementation. EWTs may also create professional tension between the use of the tool and clinical judgement.

Conclusion: Limited literature exists regarding the experiences of midwives use of early EWTs despite growing use. Implications for practice and research include the need for more rigorous design methodology coupled with robust validation and standardisation of the tools. The importance of human factors such as communication, patient advocacy, professional experience, and teamwork upon the success of EWTs remains under-examined.

Colleen McGoldrick

Title - Exploration of Experiences of Self-Management of a person living with Chronic Obstructive Pulmonary Disease: A Structured Literature Review

Author/s - McGoldrick C, Bradshaw J & Williamson M - Central Queensland University; Hendricks J

Background: Self-management may slow the progression of COPD. However, many people struggle with self-management of their disease. To date, we still do not know why some people choose to engage in self-management activities and others don't. The role of self and identity in relation to self-management of COPD may be a potential factor influencing why individuals self-manage. Understanding the experiences of self-management in a person living with COPD and the role of self and identity is crucial to building knowledge and improving care for these individuals.

Purpose/aims: The aim of this structured literature review was to explore the evidence in relation to the experiences of self-management in persons living with chronic obstructive pulmonary disease (COPD) and, the impact of self and identity.

Methods: Databases searched: Medline, CINAHL, PsycINFO, PsycARTICLES, Psychology Collection, PubMed A 12-step methodology described by Kable, Pich, and Maslin-Prothero (2012) was undertaken to structure the literature review along with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2009). Inclusion criteria: diagnosed with COPD, not in a hospital setting, has had experiences of self-management of COPD

Results/Findings: Twenty-seven articles were selected for the final review of which twenty-five used qualitative research methods and two used quantitative methods. Four themes emerged: understanding and acceptance of COPD, partnering with COPD individuals, advice and support from health professionals and, the impact of fear on self-management. Individuals living with COPD struggle to self-manage their condition because of physical, social, and emotional limitations. Individuals with COPD often perceive their self and identity because of experiences relating to their diseased body. Health professionals caring for those with COPD require an understanding of the individual's experience with self-management and how these issues relate to their ability to self-manage.

Conclusions Research on why persons living with COPD may not engage in self-management activities was evident from the literature review. There was a paucity of literature focusing on self and identity and how this impacted individuals experiencing self-management. Further research into this arena will assist healthcare professionals to understand the role self and identity play in individualise self-management and therefore improve health outcomes for these individuals.

Claire Verrall

Title - The influence of the move from fee-for-service payments to bundle payments on the role of the practice nurse.

Author/s - Claire Verrall - Flinders University of South Australia College of Nursing and Midwifery

Background

Traditional fee-for-service funding in general practice has dictated the way that practice nurses work. The federal governments Health Care Homes trial (2018-2021) provides a model of care for those with chronic conditions based on a bundle payment system, where a fixed amount of funds for each patient is allocated on the premise that these are used to enhance care and encourage the integration of this care between a number of health disciplines.

Aim/Objective

To explore the influence of the move from fee-for-service payments to bundle payments on the role of the practice nurse.

Methods

Three general practice sites participating in the Health Care Homes trial have been selected as case studies. Within each site, the researcher will conduct semi-structured interviews with practice nurses, general practitioners, the practice manager, allied health professionals, reception staff and patients. Information gleaned from the patients' electronic shared care plan, illustrates interaction between the interdisciplinary team and the practice nurse. These interactions are compared with interactions pre the trial such as nurse/patient interventions through the MBS fee for service system. Analyses Each case study will be analysed in order to describe, explore and explain the impact of the trial on the work of practice nurse using Robert Alford's critical theoretical framework of structural interests as the theoretical lens. The researcher will categorise and concentrate the data and elucidate and rationalise elements where the role of the nurse has been altered or changed. Ethical considerations Ethics has been approved by the Flinders University Social and Behavioural Ethics Committee.

Results

Preliminary results have been mixed with some nurses expressing an enhanced role (working more autonomously) while others stating that their role is

unchanged. Some general practitioners have embraced an expanded nurse role enabling them to relinquish some duties. Patients have illustrated increased liaison with the nurse and greater convenience/access to the nurse for simple issues such as script refills and general queries.

Conclusions

This research is still underway, however a move away from fee-for-service funding in general practice has potential to enhance and expand the role of the practice nurse.

Lisa Wright

Title - Planning for change: improving the use of sensory interventions in psychiatric units through knowledge translation models and frameworks

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P. Meredith - School of Health, Medical and Applied Sciences, Central Queensland University, Rockhampton, Australia

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BACKGROUND

Implementation and sustainability of the use of sensory approaches has been challenging in many Australian psychiatric units. Knowledge translation models and frameworks can assist in tailoring behaviour change interventions to the local contexts to overcome implementation challenges. The process of improving the implementation of evidence based practices can be guided by the Knowledge to Action (KTA) Framework. In addition, the COM-B Behaviour Change model can be used to understand how behaviour change can occur in the clinical setting; and the Theoretical Domain Framework (TDF) be utilised to establish the barriers and enablers of evidence based practice within the local context.

AIMS

To understand the use of, and factors influencing the use of, sensory modulation approaches in one mental health ward to inform the development of tailored multi-faceted implementation strategy for that ward.

METHODS

A mixed methods approach was used to inform the design of a multi-faceted implementation strategy. Semi-structured interviews (n=7) and a survey (n=38) were conducted with nursing, allied health and peers support staff within one mental health ward. Interview data used framework analysis using TDF to identify factors influencing the use of sensory interventions. Survey data was analysed using SPSS.

RESULTS

Most participants surveyed indicated using some form of sensory interventions but reported limited use of the weighted modalities, “calm down box”, and Personal Safety Plans. Barriers identified in the interviews included lack of knowledge and skills; lack of time; and the challenge of competing demands. The interviews identified the need for training; increased staffing; and improved resources and materials. The development of a multi-faceted implementation strategy utilising the results combined with KTA and the COM-B Behaviour Change Model will be discussed.

CONCLUSION

This research highlights the benefits of using knowledge translation frameworks and models to inform the development of an implementation strategy to improve the use of sensory modulation approaches.

Alan Zana

Title - Representation of acquired disabilities within disability employment research and policy: a literature review of models and their translation to service delivery practices.

Author/s - Alan Zana - Central Queensland University, School of Nursing, Midwifery and Social Sciences

Background: Emerging data shows that the prevalence of people who acquired a disability after birth is significantly higher than of those with congenital disabilities. Disability models have focused on the employment participation, social inclusion and normalisation of disabilities. However, little is known about the impact of acquired disabilities on employment outcomes to guide employers, disability service providers and policy makers.

Purpose: The aim of the presentation is to outline the gaps in literature regarding the impact of acquired disabilities on employment participation and to discuss the conflicting positions of disability models and their translation into practice.

Methods: A scoping review of literature on disability employment participation, outcomes and models was conducted between November and December, 2020. The review consisted of academic and grey literature published between 2010 and 2020 and analysed to measure the representation of acquired disabilities in research, disability models and employment policy.

Results: The common position in the literature is that people with acquired disabilities are likely to experience more discrimination in the workplace than other cohorts, and that they are unlikely to return to employment after receiving welfare payments. Assumptions have been made, with very little empirical evidence, about factors contributing to the discrimination and failure to return to the workforce. Acquired disabilities include chronic illness, injury, mental health and sensory disabilities including hearing and/or vision loss. However, it is not clear in the literature to what extent chronic illness or injury becomes a disability, and/or to what extent it is a disability, a medical condition, or a social factor.

Conclusions: There is a notable absence of research on the impact of acquired disabilities on employment outcomes. Understanding this impact will help to

address factors contributing to people with disabilities exiting, or failing to return into, employment after acquiring a disability. The results of this literature analysis suggest a disconnect between research and the actual disability employment problem on the ground.