

AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING

E-BULLETIN

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FROM THE EDITORS DESK

A belated second edition for 2015, due to sick leave, work and personal commitments.

The other day a colleague stated “I don’t know how you do everything you do”. Professionally and personally we lead a full life. I work full-time and hold membership at national executive office bearer position(s) on (3) nursing associations [a challenge at times]. Within each association it is the input from both members and the committee as a group effort is what keeps our professional associations moving forward. On a personal level, welcome to the expanded ANTS National Executive committee for 2015-2017.

I am pleased to advise that we have our FIRST peer-review published article in this volume. To members whom have submitted articles previously, David and myself encourage resubmission within the peer reviewed section with the feedback provided or submit as an article within the newsletter.

Karen Simonov

e-Bulletin Editor

ANTS MEMBERSHIP

ORDINARY MEMBERS | Healthcare professionals engaged in nurse/midwifery education

- Category One : RN/RM primarily engaged in the education/teaching of nurses/midwives
- Category Two : RN/RM engaged in education/teaching of nurses/midwives as part of their role, but generally it is not their primary role
- Category Three: Healthcare professionals primarily engaged in the education/teaching of nurses/midwives

MEMBERSHIP BENEFITS | Membership entitles you to the following benefits:

- Discounted registration at conferences and education sessions
- Open access to the ANTS website at www.ants.org.au
- Networking with other clinical and academic health professionals with an interest in, and knowledge of nursing/midwifery education
- Research seeding grants AND / OR annual scholarships to attend conference/seminars

PRESIDENTS REPORT

Hello all and welcome to this edition.

Firstly I would like to thank those who were able to participate at the 2015 AGM - either in Sydney or via the webinar. As a first time event I thought it was a success - many thanks to Stuart Taylor for ensuring that we were able to connect in this manner.

We have been able to secure some new additions to the National Executive committee - which is fantastic from Queensland , Julie Shaw and Susan Owen and from South Australia Mandy Gallacher and Ann McPhedran, thank you all for being willing to support the work at National level, this support is essential to what we need as an organisation to be able to continue to reach members and grow.

Recently I posted a follow regarding a change of name that has been on the table for several months. The final votes indicated an overwhelming yes (96%) to including Midwives in our name. The name choice that received the highest vote is: ANMES - with members requesting to change Australian to Australasian ...

'Australasian Nursing and Midwifery Educators Society'

The next steps to the official change will include some follow up with the office for fair trading - and this is progressing as the bulleting goes to print.

Upcoming conferences - in November the Australasian Nurse Education Conference will take place in New Zealand and links to site are posted on our website. This will be held in Auckland if you are able to attend it would be great to see a review or two for the first 2016 bulletin

Further to this, NETNEP 2016 will be held in Brisbane. The last NETNEP international education conference held in Australia was in 2010 and as anyone who attended will remember was an excellent event. I hope to see a number of our members able to attend this and we are trying to time our AGM for 2016 with the conference. Abstract submissions are now open and I strongly encourage members to submit presentations or posters.

I would also like to thank the members that responded to my post regarding demographics in your education networks and if you haven't been able to yet I'm still seeking as much information as I can gather.

Until next time stay well and keep safe.....

Regards Michelle

ANEC Australasian Nurse Educator Conference

11-13 November | Auckland, NZ



'Co-Creating the Future - Being, Knowing, Caring'

Welcome. Tena Koutou katoa

Being: refers not only to the attitude required of the nurse, but the mix of attributes which are essential components in the embodiment of a nurse. These attributes combine to form the very essence of being a nurse and may include: leadership, cultural, spiritual, philosophical, ideological, ethical, motivational and inspirational.

Knowing: acknowledges the fundamental patterns of knowing. These include, knowing in regards to ethics, aesthetics, empirics and personal knowing (Carper, 1978). What kind of knowing is most valuable for the nurse? This knowing may include innovations in teaching and learning, researching, e-learning and learning by use of simulation.

Caring: involves the combination of knowledge and caring skills that the nurse must possess to provide excellent care. The careful choice of caring as opposed to 'skills' is to ensure the inclusion of empathy and compassion, without which, the attainment of practical nursing skills is meaningless. This theme may also include: the application of knowledge to practice, research which changes practice, new ideas and the practical 'hands on' approach of the nurse. In fact, everything nurses do.

Don't miss out on a spot - Registrations are Now Open



www.anec.ac.nz

NETNEP UPDATE

Dear Members,

The ANTS Executive have been collaborating with the organisers of NETNEP 2016 to bring you an exciting and innovative conference to be held in Brisbane 3-6 April 2016.

"Call for Abstracts" is now open and will close 15th September 2015

I recommend you consider submitting an abstract for any of the following: oral symposia, poster, poster with oral presentation, or a Masterclass presentation.

Please see the ANTS website for the link to the conference <http://www.ants.org.au/ants/> or the conference website for more details <http://www.netnep-conference.elsevier.com/>

The conference title is *"Transforming education practice through scholarship, development of academic leadership and evaluation research: committed to improving the lives of communities worldwide"*.

The themes are:

- Teaching, Assessment and Learning in University and Clinical Practice (TALCUP)
- Technology, simulation and education (TSE)
- Continuing Professional Development/Education (CPD)
- Education for Patient Safety (EPS)
- Curriculum Innovation, Academic Leadership and Evaluation Research for Nursing Education (CIANP)
- Midwifery Education in Practice (MEIP)

Dr Christine Taylor, National Treasurer, ANTS

SUPPORTING PUBLICATIONS

NURSE EDUCATION TODAY | NURSE EDUCATION IN PRACTICE

COLLABORATING INSTITUTIONS

Australian Nurse Teacher's Society | University of Wollongong | Curtin University
WA Study DAYGriffith University | University of New Castle

NETNEP 2016

6th International Nurse Education Conference



3-6 April 2016 | Brisbane, Australia

Transforming education practice through scholarship, development of academic leadership and evaluation research: committed to improving the lives of communities worldwide

Care of the patient is becoming increasingly complex, not only in relation to the outcome from new technologies and medicine, but also in relation to the needs of an increasingly ageing population, many with long term health and social care needs.

This complexity of care delivery requires practitioners who are able to respond with an equivalent complex skill set, underpinned by an advanced knowledge base as well as the core caring skills that are inherently nursing.

NETNEP 2016 encourages the sharing of research and practice of nursing, midwifery and health care education as it impacts on the learning experience of students and qualified practitioners, and the health and social care needs of individuals and communities worldwide.

For this conference we will be adding a new stream for the Midwifery Profession: Midwifery Education in Practice, where there is focus on collaborative education initiatives between women and midwives and delivery of education within the maternity services internationally.

NETNEP 2016 encourages the sharing of the research and practice of nursing and healthcare education as it exists in the classroom and in clinical practice and promotes networking opportunities for colleagues from around the world. The NETNEP series of conferences has attracted delegates from more than 40 countries worldwide which brings a richness of sharing with, and learning from, each other. This networking and collaboration is promoted throughout the conference.

New for 2016 - Poster with oral | In addition to the traditional poster presentation, an opportunity to submit an abstract for a poster with an accompanying 5 minute oral presentation

The conference experience is for anyone involved in the delivery, development and organisation of nursing and healthcare education, as well as those who actively engage in participating in educational programmes. The conference particularly welcomes contribution from faculty, nursing, midwifery and healthcare educationalists, academic administrators, senior education managers, practitioners, researchers and students.

MEETING DR CHRISTINE TAYLOR, NATIONAL TREASURER, ANTS

I have been a member of ANTS for a number of years and have been on the Executive several times fulfilling different roles. I first started in education as a clinical facilitator whilst completing my graduate Diploma in Health Science Education (that rolled into a Master's degree). I obtained employment as a lecturer in 1990. Since then I have had almost 20 years' experience as a nurse educator in the tertiary sector, with some breaks spent in the clinical arena. I am currently Senior lecturer in the School of Nursing and Midwifery in the University of Western Sydney.

During my time in education I have had a variety of roles and responsibilities, including program/course management, curriculum development, subject management, and senior governance roles. I have taught in both undergraduate and post-graduate education in a variety of fields, but mostly medical-surgical areas. I was on the team that developed the ANTS' Nurse Teacher Professional Standards, and have designed innovation interactive case studies for teaching and learning.

The first half of my clinical nursing career was spent caring for adults and the remaining years have been in paediatrics. I have worked in a variety of areas and in the United Kingdom and New Zealand. Areas have included aged care, surgical, NICU, and paediatric specialities.

On a personal note as well as working I have had the support of a husband and three children - now grown-up. I also have two grandchildren that also keep me busy.

During the past 5 years I have seen ANTS move forward rapidly into the modern teaching space, with us transferring to an on-line environment for all aspects of administration and management, such as correspondence and communication, bills and payments, and accounting. Importantly the move to a Moodle Learning Management System (LMS) gives members the opportunity to have their own course and learning space. Moodle allows members to interact, whereas most websites are static and do not have features that are available in an LMS such as Moodle.

My vision for ANTS is to have members embrace the Moodle and on-line environment so they can reach out to other educators and learners and share their expertise with others. We need to create greater engagement with educators and the profession. I am happy to chat to anyone or receive suggestions on ways this can be achieved.

I look forward to ANTS developing as an organisation and supporting members into the future.

the transition
from **Nurse**
to **Nurse Educator**

Anne Kimberley
Staff Development Educator
Centre of Nursing Education, SCGH

Thursday July 30th
Wembley Hotel,
344 Cambridge St

Nibbles from 6pm - Presentation 6:30 - 7:30pm

Australian Nurse Teachers Society Members Free
Non-Members \$20 on the night

CELEBRATING NURSING AT TQEH

Clinical Education Centre | The Queen Elizabeth Hospital | Central Adelaide Local Health Network

The Queen Elizabeth Hospital (TQEH) is a 311 bed, acute care teaching hospital in Adelaide's western suburbs and a campus of the Central Adelaide Local Health Network (CALHN).

Nurses Week allows for a celebration of nursing with the eagerly awaited Nurses BBQ, available to staff and public. The tradition is for the Educators and Nursing Directors to join as one, with available clinical staff to cook and serve the hungry hordes as they file through. In addition displays are located throughout the area for staff to reminisce on days gone by, healthcare information and participate in activities. Not to be forgotten, Night staff receive a 'Breakfast Bag' of fruit toast and condiments.

In 2013 the Nursing Grand Round (NGR) was re-vamped for which we thank Mr Kevin Webb (CSC, Neurology Ward) for his input into the content and being MC during this time. To celebrate the achievements of our nurses both professionally and personally we invite the coal-face staff to present during "Nurses Week" at the NGR on Tuesday followed by the traditional Nurses Day BBQ on Thursday. This year our nursing forum presenters with support from their colleagues and educators were once again outstanding ... bringing encouragement and laughter.

Colleen DURBRIDGE, EN Diploma | Move It |

Role of a Manual Task (Handling) Portfolio Nurse within the clinical area and encouraged others to 'join the ranks'

Bozena SAVELIEV, EN Advanced Diploma | Palliative Care and Me |

OMGA ... Refer to article page 10

Mary HODGSON, Diabetes Educator | Education Far Away |

With her school teacher husband is invited to provide support programs with an educational focus

Dianne HAMILTON, RN | Run, Run |

An insight into a first-timer running the New York Marathon

The TQEH Nursing Awards were also presented and we acknowledge the dual recipients.

Transition Nurse of the Year	Craig Swincer	Supported RN Program
	Nicole Rotman	Transition RN Program
Anne Crouch Post Graduate Award	Mark Millard	NP Palliative Care
	Kathy Resili	NP Older Person

PALLIATIVE CARE AND ME

Bozena Saveliev | North Ground A - Palliative Care Unit | The Queen Elizabeth Hospital - CALHN

E | bozena.saveliev@health.sa.gov.au

I would like to share how I became a Palliative Care Nurse. I came to Australia from Poland as a 21 year old girl. I completed Vet Nurse Degree in my country.

In Australia I wanted to work with people which are why I decided to study nursing.

Currently I am working in Palliative Care for 14 years as an Enrolled Nurse. Two years ago I completed my Advance Diploma. I did Palliative Care as a subject and grief and loss also. Grief and loss helped me to understand my patients and their needs and improves my communication skills. Also helps me to deal and cope with Palliative Care patients.

Palliative Care is my "passion". This is the area I would like to work and care for my patients and their families in this difficult time. I make them comfortable through their journey for end of life care.

- Communicate.
- Give them warm wards
- Give emotional support
- Be approachable

I had my personal experience with my own family. My Mum was in Palliative Care back in Poland. During that time my sister looked after her at home. I have experience and some knowledge as a Palliative Care Nurse and was able to help my sister by giving her advice and emotional support. I also lost my father. He died suddenly in my arms. A young 51 year old, who left behind his family. I am still grieving. I wanted to tell him I am okay.

I show my empathy for my patients. I let them cry on my shoulder, I listen to them and hold their hand to comfort them.

I try to respect any religious beliefs they may have. Every time when I enter a room I enter with a big smile, I leave my problems behind so my patients can rely on me, my help, and my care. I care for my patients like my own with respect and dignity.

To be a Palliative Nurse is very hard sometimes. It is hard see my patient's going through pain, and suffering. To see their families grieving who also need support and care in these difficult times especially when they are going to die.

I always respect my patient's needs and wishes. I spend a lot of time to give them everything they need. Sometimes my work is really, really hard. How many times have I asked myself

why is this happening. Why so many young people who have to go through life strong and healthy, suffer pain and dying instead.

My work is never individual; I am always part of a team. My work colleagues always help me, support me and comfort me. My mission without them will never be completed.

My Reflections:

This was my first time in Australia I did presentation to so many people. It was a good experience for me. To be in front of people made me so nervous, but gave me so much confidence. Session I presented in was called "Palliative Care and Me". My journey started in Australia in Palliative Care ward. I felt "this" is the area I can help my patients. Both my parents died in Poland. I can give my patients my care, my compassion and my respect - like my own.

The above "story" is the actual oral presentation verbatim (including a personal reflection) from the TQEH Nursing Grand Round. The audience became very quiet with a silent tear in the eye of many of the listeners.

Palliative Care Nurses Association

<http://www.pcna.org.au/>

Palliative Care Conference 2016

<http://www.pcna.org.au/conference>

Palliative Care Learning Resources

<http://www.palliativecareonline.com.au/>

<http://centreforpallcare.org/palliative-care-getting-started-online-learning/>

Palliative Care Websites

<http://www.aihw.gov.au/palliative-care/>

<http://www.pallcare.asn.au/>

<http://www.palliativecareensw.org.au/>

<http://palliativecareqld.org.au/>

<http://www.pallcarevic.asn.au/>

ANTS

SOUTH AUSTRALIAN BRANCH
The Australian Nurse Teachers' Society
Working Together for the Future of Nurse Education

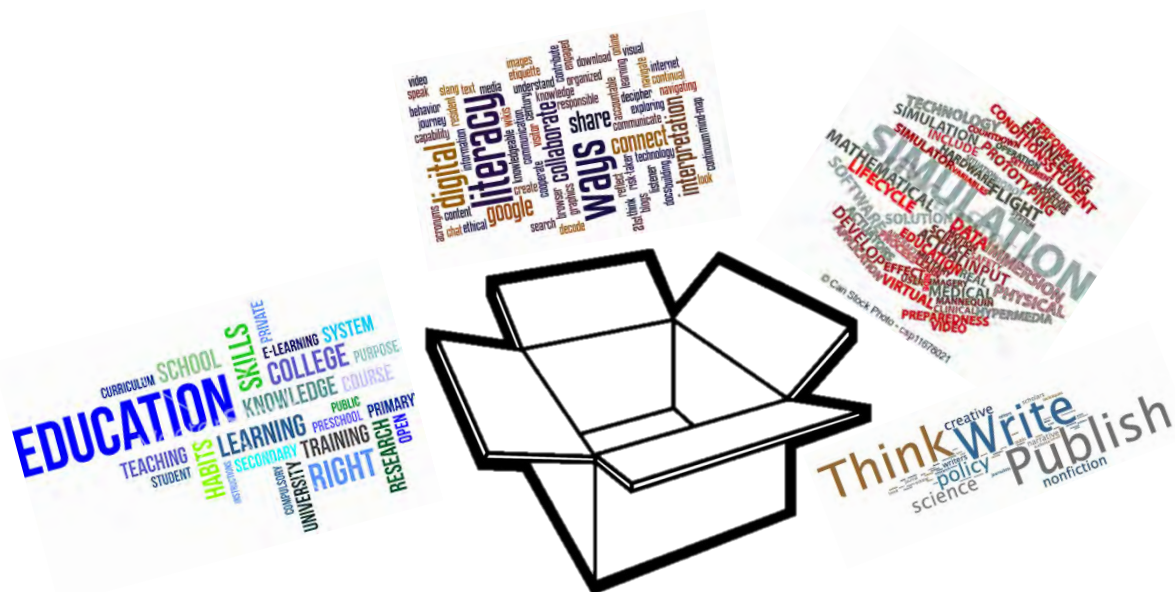
ANTS PROMOTES THE ADVANCEMENT OF ALL ASPECTS OF NURSE EDUCATION AND SEEKS TO ENCOURAGE THE FREE EXCHANGE OF EDUCATION AND PROFESSIONAL IDEAS

'South Australian Professional Development Day'

Friday 14 August 2015

Level 2 Main Lecture Theatre, Main Building
The Queen Elizabeth Hospital

TOOLS OF THE TRADE



Looking Outside Of The Box

Australian Nurse Teacher Society Members | \$60
Non-Members | \$100

CLOSING DATE FOR REGISTRATION | 11 AUGUST 2015

ENQUIRIES | KAREN SIMUNOV | KAREN.SIMUNOV@HEALTH.SA.GOV.AU

South Australian Professional Development Day | Friday 14 August 2015
Level 2 Main Lecture Theatre, Main Tower Building, TQEH | Event Code SA-06/15

TOOLS OF THE TRADE | Looking Outside The Box

0830 – 0900	Registration	
0900 - 0905	Welcome and Introduction	Michelle GIRDLER ANTS President
0910 - 1000	Dealing with Scope of Practice	Saleme FACOORY
1000 - 1030	Transition Programs – what’s new	Jayne HARTWIG
1030 - 1050	MORNING TEA	
1050 - 1130	Digital Information Literacy in Nursing: Risks and Rewards”	Didy BUTTON
1130 - 1200	A Beginner’s Guide to developing a simulation scenario – introducing the Sim Cycle	Ann McPHEDRAN and Sara PEACOCK
1200 - 1245	Scenario’s templates – writing the story, keep it real, practice trials	
1245 - 1325	<i>LUNCH</i>	
1325 - 1340	Developing your own Simulation scenario (audience participation required)	Ann McPHEDRAN and Sara PEACOCK
1340 - 1415	Demonstrate Scenario, Debrief and feedback techniques	Gloria MUNRO, Peter TEEKENS and Steve HANNAFORD
<i>ROTATIONAL WORKSHOPS</i>		
1415 - 1545	WORKSHOP (1) Making Something from Almost Nothing <i>Equipment for scenario teaching and Media Makeup</i>	Gloria MUNRO and Steve HANNAFORD
	Workshop (2) Conference Preparation <i>Abstract, Poster, Presentation and Chairing a session</i>	Peter TEEKENS and Karen SIMUNOV
1545	How to Write for Publication	Michelle GIRDLER
1625	Evaluation	Karen SIMUNOV
1600	Close of Day and Door Prizes	Karen SIMUNOV



ANTS PROMOTES THE ADVANCEMENT OF ALL ASPECTS OF NURSE EDUCATION AND SEEKS TO ENCOURAGE THE FREE EXCHANGE OF EDUCATION AND PROFESSIONAL IDEAS

Registration Form

South Australian Professional Development Day

TOOLS OF THE TRADE | Looking Outside The Box

Event Code | SA-06/15

VENUE | LECTURE THEATRE, TQEH, 28 WOODVILLE ROAD, WOODVILLE

DATE | FRIDAY 14 AUGUST 2015

If registered previously your Registrant to attend has been transferred across, unless advised otherwise.

Please note change to program topics and workshops.

COST | MEMBERS - \$60 NON-MEMBERS \$100

MORNING TEA AND LUNCH PROVIDED

ENQUIRIES | KAREN SIMUNOV [KAREN.SIMUNOV@HEALTH.SA.GOV.AU](mailto:karen.simunov@health.sa.gov.au)

REGISTRATION / PAYMENT ADVICE

M | Australian Nurse Teachers Society, PO Box 4647, NORTH ROCKS, NSW 2151

F | 02 82524712

E | office@ants.org.au

Name _____

Member No _____

Email _____

Address _____

PAYMENT OPTIONS

Westpac Secure Online | payment by credit card at <http://www.ants.org.au/payment>
(Preferred option - Quote Event Code - SA-06/15 and Last Name)

Direct Debit | BSB: 032-062 Account: 212398 Account Name: ANTS National

(Quote Event Code - SA-06/15 and Last Name. Advise payment to office@ants.org.au)

CoNNO REPORT

Full meeting papers available at <http://conno.org.au>.

Friday 1 May | Melbourne

Opening the meeting was the newly elected Chair Christopher Cliffe (Rural and Remote Nurses) with the largest contingent recorded for attendance. The meeting was one of sadness, opportunity and thought proving.

Sadness | Dr Rosemary Bryant AO has been the Chair of CoNNO between 2000-2008 and more recently the Commonwealth Chief Nurse and Midwifery Officer for two terms and will vacate the position in June 2015. Just before lunch a moving tribute was made to acknowledge the support and valuable contribution into Nursing and Midwifery from Rosemary over the years. Thank you Rosemary on behalf of ANTS Members.

Opportunity | Presentation on the International Council of Nurses (ICN) Leadership Programme by Jed Duff (Australian College of Operating Room Nurses). The aim of the programme aims to prepare nurses/health professionals for leadership roles in nursing/broader health sector. Food for thought for ANTS Members.

Thought Proving | An introduction to members of the 'Recognise' Program and Reconciliation Action Plan from Janine Mohammed (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives - CATSINaM) and Tamika Townsend identified the health inequities between Indigenous Australians and Non-indigenous Australians and to recruit and retain Aboriginal and Torres Strait Islander nurses and midwives including an awareness of cultural respect and safety to be included into clinical practice. Organisations can develop their own Reconciliation Action Plan (RAP). Further information at: <https://www.reconciliation.org.au/> and <http://www.recognise.org.au/>



Invitation to participate in a research study

Dear CoNNO member,

My name is Sybèle Christopher and I am a PhD candidate in the Sydney Nursing School at Sydney University. My supervisors are Professor Mary Chiarella and Professor Donna Waters. I am evaluating Australian Generation X nurses' responses to job satisfaction, which translate into an intent to remain in nursing.

The emphasis of this study is to identify factors influencing the retention of current, experienced nurses belonging to Generation X. If the study can establish a link between Generation X intent to remain in nursing and future career plans, projections may be made to determine where these nurses will be working by 2025, the year coinciding with the commencement of the transition of Generation X nurses to retirement.

Accordingly, I am interested in responses from nurses born between 1965-1980 currently employed and with a minimum of 5-year postgraduate experience.

Participation is voluntary and involves completing an anonymous online survey. This survey takes no longer than 40 minutes to complete.

The online survey is available from 1 June 2015 and you may complete the survey at any point during this time by clicking on the following link:

<https://www.surveymonkey.com/s/australiangenerationXnurses>

To proceed forward with the survey it is mandatory that the birth year be inputted to ensure that Generation X participants are taking the survey. Birth years 1964 and below and 1981 and above will be taken automatically to the end of the survey.

I would be most grateful if you could forward this email and its attachments to your members. The information members of your organisation provide will form the basis of recommendations for change in the nursing workforce.

If you and your members would like more information on this project please contact me at sybele.christopher@sydney.edu.au or on **0418243998**

Thank you for your consideration, time and contribution,

S. CHRISTOPHER

PhD Candidate Sydney Nursing School The University of Sydney

ABN 15 211 513 464

Professor Mary Chiarella

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Facsimile: +61 2 9036 0000
Email: mary.chiarella@sydney.edu.au
Web: <http://www.sydney.edu.au/>

Evaluation of Australian Generation X nurses' intent to remain in nursing

PARTICIPANT INFORMATION STATEMENT

(1) What is this study about?

You are invited to take part in a research study about current Generation X nurses' intent to remain in nursing and their future career plans. A number of multigenerational evaluations of the nursing workforce have been performed internationally. However, as far as we know, this is the first to study Australian generation X nurses exclusively.

This survey forms part of a PhD project designed to evaluate the work intentions of Generation X nurses who will transition into retirement by 2025. The project aims to provide valuable information to assist workforce planners to formulate a response to address the gaps left by retiring nurses who belong to the current generation of Baby Boomers. Participation in this survey is voluntary and will add significantly to the current body of knowledge on employed Australian Generation X nurses.

You have been invited to participate in this study because you are currently employed and belong to Generation X (born between 1965-1980). This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you do not understand or want to know more about.

Participation in this research study is voluntary.

By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to keep.

(2) Who is conducting this study?

The study is being carried out by the following researchers:
Professor Mary Chiarella, Sydney Nursing School University of Sydney (Supervisor)

Professor Donna Waters, Dean of Sydney Nursing School, University of Sydney (Supervisor).

Sybele Christopher, Lecturer, Sydney Nursing School, University of Sydney; PhD Candidate

Sybele Christopher is conducting this study as part of her degree of Doctor of Philosophy at The University of Sydney. This is taking place under the supervision of Professor Mary Chiarella and Professor Donna Waters.

(3) What will the study involve for me?

The study requires the completion of an electronic survey of xx questions. Completion of the online survey will take approximately 40 minutes. The survey includes a series of closed ended and one open ended question.

There are two parts to the survey: the first collects demographic details on you and the second collects information on your perception of job satisfaction, work environment, commitment to your organisation, empowerment and your intention to stay in nursing. All closed ended questions simply require you to choose an answer from a list of options and select the number that corresponds to your choice. Please rest assured your responses will remain anonymous and you will not be personally identifiable. We appreciate that some responses may not be easily recalled and, in such cases, we ask that you provide us with your best guess. There is one open ended question which encourages you to provide a verbal response in relation to your future career plans in nursing.

The survey will also invite you to further participate in focused groups at a later date. If you are interested you are asked to provide contact details on the third page of the survey.

If you consent to participate, your responses will be kept confidential. The information provided will be used solely for the purpose of this research project and only deidentified aggregated results will be reported. No persons other than my supervisors and I will have access to the detailed information you provide individually. Your participation is voluntary and you are free to withdraw consent at any time. Upon completion of the research, all questionnaires will be securely stored.

(4) How much of my time will the study take?

Completion of the survey will take no more than 40 minutes.

(5) Who can take part in the study?

The population of interest for this study are registered nurses born between 1965-1980 who are currently working in clinical practice in Australia.

(6) Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of Sydney.

If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by not completing the survey and you can withdraw your responses at any time before you have submitted the survey.

Submitting your completed questionnaire is an indication of your consent to participate in the study. You can withdraw your responses any time before you have submitted the questionnaire.

Once you have submitted the survey, your responses can only be withdrawn if you have provided your contact details. If your survey is anonymous, once you have submitted it, your responses cannot be withdrawn because they are anonymous and therefore we will not be able to tell which one is yours.

(7) Are there any risks or costs associated with being in the study?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

(8) Are there any benefits associated with being in the study?

We cannot guarantee or promise that you will receive any direct benefits from being in the study. An Australian perspective of Generation X nurses' intent to stay in nursing has not yet been evaluated, to our knowledge. Your participation in this study will allow for factors influencing job satisfaction and work environment characteristics to be analysed and documented. Such information will add to the body of knowledge of Generation X nurses in Australia and internationally.

(9) What will happen to information about me that is collected during the study?

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent. The demographic information questions included in the survey relate to gender, qualifications, area of nursing speciality and your clinical setting. All surveys are coded so that we can match your responses across the survey. We will store the survey results using the identification codes only and we will not be able to link these codes to any particular individual or to any specific work group.

Please also be assured that no one from your workplace will ever be allowed access to your completed surveys. Access to the survey data will be limited to the research team; no third parties will have access. Your information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. It is intended that de-identified data and study findings will be documented in a PhD thesis and will be published in peer-reviewed journals and shared at conferences but you will not be individually identifiable in these publications.

By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise.

The data collected may form the basis of further study in this area. We will keep the information we collect for this study, and we may use it in future projects. By providing your consent you are allowing us to use your information in future projects. We don't know at this stage what these other projects will involve. We will seek ethical approval before using the information in these future projects.

(10) Can I tell other people about the study?

Yes, you are welcome to tell other people about the study.

(11) What if I would like further information about the study?

When you have read this information, Sybele Christopher will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Sybele.

Email: sybele.christopher@sydney.edu.au

Office: +61 2 911 4188

Mobile: 0418 243 998

(12) Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by emailing Sybele Christopher. This feedback will be in the form of published article(s). You will receive this feedback after the study is finished.

(13) What if I have a complaint or any concerns about the study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney [Protocol number 2015/005]. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:

- **Telephone:** +61 2 8627 8176
- **Email:** ro.humanethics@sydney.edu.au
- **Fax:** +61 2 8627 8177 (Facsimile)

This information sheet is for you to keep

ANTS CLINICAL EDUCATOR OF THE YEAR AWARD

Recognising Excellence in Nursing and Midwifery Education in the Clinical Setting

This award recognises excellence of the clinical educator to encourage innovative teaching practices in the education of Nurses and Midwives in the clinical / workplace settings.

Open to all categories of members who contribute to nurse/midwifery education external to the academic setting and employed in the role of: clinical facilitator; nurse/midwifery educator; clinical nurse educator/specialist; staff development; education coordinators and/or education manager.

The nominee must demonstrate an enthusiasm for teaching and promote learning by demonstration of a significant contribution to education within the clinical setting, which encompasses acute care; primary health care and community centres.

The judging panel is formed by the National Executive or Branch Committee members of ANTS with full details of selection criteria and nomination forms are available for download on the ANTS web-site

SEEKING DEMOGRAPHIC DATA FOR INFORMATION PURPOSES

Michelle Girdler | Nursing Director Practice Development | PhD Candidate University of Adelaide

E | michelle.girdler@sa.gov.au

Hi all,

I am trying to chase some information about educators in Australia as baseline information (and not for publication but for personal use only) in regards to what does the Nurse Educator (or what you may be titled) population look like across Australia.

If anyone is willing and able to assist can you please let me know the following:

- State / Region / Health Service / or other field
- Number of educators in service (estimate will do)
- Titles of educators used across states / regions
- Private or Public service

Responses can be sent via the ants website ANTS Website Post 24 June 2015 or via email

BIOFILMS AND WOUNDS

Cheryl Dezotti | Co-Director and Educator | Nurses for Nurses Network

E | info@nursesfornurses.com.au

W | www.nursesfornurses.com.au

Wound care has always been a core function of Nursing and remains both challenging and rewarding.

A popular topic of late is Biofilm and the impact that Biofilm has upon wound healing.



The enclosed table provides pertinent information on

Biofilms. Nurses will find this information of interest, particularly when dealing with chronic wounds.

Biofilms are complex polymicrobial communities that develop on or near wound surfaces. Biofilms may not present with clinical signs of infection and are often found in chronic wounds[i].

Biofilms can consist of a single bacterial or fungal species or can be a combination of different microbes

Did you know that it is thought 60% of chronic wounds and 6% of acute wounds contain Biofilms[ii]

There is an extracellular polymeric substance (a matrix) that supports the structure of the Biofilm and allows microbes to exist in close proximity to one another

This matrix is impermeable to many antibiotics and is like a thick, slimy protective barrier and attaches the Biofilm to a living or non living surface

Biofilms can be distinguished from slough as wound slough is viscous, yellow and relatively opaque

Biofilms form quickly in 2 - 4 hours and evolve to a fully mature Biofilm in just 2 - 4 days. They can recover from mechanical disruption (e.g. debriding a wound) and can reform a mature Biofilm in 24 hours

Conditions that impair the immune system or reduce the effectiveness of antibiotics may predispose a wound to developing a Biofilm

When managing wound Biofilm - the aim is to reduce the Biofilm burden and then prevent the rebuilding of the Biofilm in a wound

Debridement or vigorous cleansing are the best methods for reducing Biofilm burden

Use of topical antimicrobials should only occur after cleansing and debridement has taken place

The reference sources for this article make mention of sustained release cadexomer iodine being more effective than silver in disrupting mixed Biofilms. Polyhexamethylene Biguanide (PHMB) is also identified as being effective in disrupting mixed Biofilms.

CONFERENCE DIARY | 2015

JULY/AUGUST

Te Ao Maramatanga College of Mental Health Nurses conference | 15-17 July | Wellington

Whanau Ora: New Growth From Old | <http://www.conference.co.nz/nzcmhn15>

New Zealand College of Primary Health Care | 31 Jul- 2 Aug | Wellington

Hanging Ten for Health | <http://www.phcnurseconference.org.nz/>

Health Informatics Conference | 3-5 August | Brisbane

Driving reform: Digital health is everyone's business | www.hisa.org.au/page/hic2015

Indigenous Nurses Aotearoa Conference | 8 August | Auckland

Our Health, Our Right Kia Rangatira te Tū |

http://www.nzno.org.nz/get_involved/events/evt/309/ev/438

Drug and Alcohol Nurses of Australasia's (DANA) conference 13-14 August | Sydney

Many Faces of Addiction Forum | www.danaconference.com.au

Te Ao Maramatanga College of Mental Health Nurses conference | 15-17 July | Wellington

Whanau Ora: New Growth From Old | <http://www.conference.co.nz/nzcmhn15>

New Zealand College of Primary Health Care | 31 Jul- 2 Aug | Wellington

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Drug and Alcohol Nurses of Australasia's (DANA) conference 13-14 August | Sydney

Many Faces of Addiction Forum | www.danaconference.com.au

63rd Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand

13-16 August | in conjunction with 39th Annual Scientific Meeting of the International Society for Heart Research | Melbourne | <http://www.csanz2015.com/>

12th International Family Nursing Conference | 18-21 August | Denmark

Improving Family Health Globally through Research, Education, and Practice

<http://internationalfamilynursing.org/2013/07/11/2015-conference/>

Scientific Meeting of Flight Nurses Australia & Aeromedical Society of Australasia | 19-21 August Darwin | www.flightnursesaustralia.com.au/conference

New Zealand Association of Clinical Research Conference | 20-21 August | Auckland

Ensuring research networks are optimally connected and highly skilled to meet future research challenges | <http://www.nzacres2015.org.nz/>

Continued next page

Conference Diary 2015 | Continued from previous page

Australia & New Zealand Society of Occupational Medicine Annual Scientific Meeting
23 August | Brisbane | *Here and Now - Contemporary issues in occupational medicine and workplace health* | http://www.nzno.org.nz/get_involved/events/evt/389/ev/628

New Zealand Association of Clinical Research Conference | 20-21 August | Auckland
Ensuring research networks are optimally connected and highly skilled to meet future research challenges | <http://www.nzacres2015.org.nz/>

Australia & New Zealand Society of Occupational Medicine Annual Scientific Meeting
23 August | Brisbane | *Here and Now - Contemporary issues in occupational medicine and workplace health* | http://www.nzno.org.nz/get_involved/events/evt/389/ev/628

25th Meeting of the International Society for Neurochemistry | 23-27 August | Cairns
www.neurochemistry.org/biennial-meeting.html

6th Annual Correctional Services Healthcare Summit | 24-25 August | Melbourne
Addressing the gaps, promoting multidisciplinary care and improving the continuum of care into the community
<http://www.informa.com.au/conferences/health-care-conference/correctional-services-healthcare-summit>

Endocrine Nurses Society of Australasia Symposium | 24 August | Adelaide
www.ensa.org.au/ensa-2015/

TheMHS Conference | 25-28 August | Canberra |
Translating Best Practice into Reality | www.themhs.org

Australian Diabetes Educators Association Annual Scientific Meeting | 26-28 August
Adelaide | <http://www.adea.com.au/>

3rd Annual National Forensic Nursing Forum | 26 August | Melbourne
Addressing the issues surrounding clinical forensic nursing and forensic mental health.
www.informa.com.au/conferences/health-care-conference/national-forensic-nursing-conference

4th Annual International Emergency Care Conference | 26-28 August | Melbourne
<http://alfredetc-professional-development.cvent.com/events/international-emergency-care-conference-2015/event-summary-dbde3298352b47ffac653eab18bad52e.aspx>

Hyperbaric Technicians and Nurses Association 23rd Annual Scientific Meeting
27-29 August | Melbourne | <http://htna.com.au/>

SEPTEMBER

13th Australian Palliative Care Conference | 1-4 September | Melbourne
Fit for the Future | www.palliativecare.org.au/australian-palliative-care-conference

European Pain Federation EFIC 9th Congress | 2-5 September | Vienna Austria
Translating Evidence into Practice | <http://efic.kenes.com/>

Continued next page

Conference Diary 2015 | Continued from previous page

32nd bi-annual Conference for the Infection Prevention and Control Nurses College (NZNO) | 2-4 September | Napier New Zealand | *Building Beyond*

<http://www.infectioncontrol.co.nz/education/ndicn-conference/>

5th International Conference on Health, Wellness and Society | 3-4 September | Spain

<http://healthandsociety.com/the-conference>

European Delirium Association and the British Geriatrics Society Special Interest Group on Dementia and related disorders | 3-4 September | London

<http://www.anzsgm.org/documents/02915EDADemshort.pdf>

6th Australian Emergency Nurse Practitioner Symposium | 6-8 September | Victoria

Celebrating the past and embracing the future | www.dconferences.com.au/acnp2015/

ACNP & ACNPracED Conference | 6-8 September & 9-10 September | Melbourne

Celebrating the past and embracing the future | www.dconferences.com.au/acnp2015/

Alzheimer's Australia | 8-9 September | Melbourne

Let's Talk About Sex: Relationships and Intimacy as We Age |

<http://letstalkaboutsexconference2015.com/>

Australian Disease Management Association 11th Annual Conference | 9-11 September

Brisbane | *Count me in: who cares about chronic care?* www.adma.org.au/

Australian College of Neonatal Nurses Inc 10th Annual Conference and Skin Care and Skin Injury Symposium | 10-12 September | Sydney |

www.acnn.org.au/news-and-events/acnn-national-conference/

New Zealand Faith Community Nurses Association Annual Conference | 12 September

Christchurch | *Dementia: Living in the fullness of life*

http://www.nzno.org.nz/get_involved/events/evt/353/ev/570

AFRM/NZRA Combined Rehabilitation Meeting 2015 | 13 September | Wellington

Building an Enabling Society | http://www.nzno.org.nz/get_involved/events/evt/388/ev/627

World STI & AIDS Congress | 13-16 September | Brisbane | www.worldsti2015.com

In conjunction with the International Union against STIs [IUSTI, www.iusti.org]

Australasian HIV&AIDS Conference | 16-18 September | Brisbane | www.hivaidsconference.com.au

CATSINaM - National Professional Development Forum | 22-24 September | Darwin

The only way is up | www.catsinam.org.au

NZNO Perioperative Nurses Conference & Exhibition | 24-26 September | Palmerston Nth

Reflection and Action | <http://www.periop2015.co.nz/>

World Gastroenterology Organisation (WGO) and the Gastroenterological Society of Australia (GESA) International Congress | 28 Sep-2 Oct | Brisbane | www.gastro2015.com/

Continued next page

Conference Diary 2015 | Continued from previous page

OCTOBER

40th National Conference of the Australian Association of Stomal Therapy Nurses | 5-7 October
Melbourne | *Proactive and Innovative Strategies in Stomal Therapy Nursing* |

www.stomalththerapy.com/conferences.php

Australian College of Midwives 19th Biennial Conference | 5-8 October | Gold Coast

Super midwives - making a difference | www.acm2015.com/

International Indigenous Women's Convention | 6-9 October | Sydney

Our families, our communities: nothing about us without us

<http://dreamtimepr.com/save-the-date-international-indigenous-womens-convention-sydney-october-2015/>

13th International Conference for Emergency Nursing | 7-9 October | Brisbane

Emergency Care: Accept the Challenge, Lead the Change | www.icen.com.au/2015/

ACMHN's 41st International Mental Health Nursing Conference | 7-9 October | Brisbane

Mental health nurses: shifting culture, leading change | www.acmhn2015.com

ACN National Nursing Forum | 14-16 October | Brisbane

Advancing nurse leadership | http://acn.edu.au/forum_2015

2nd Australian Nursing and Midwifery Conference | 15-16 October | Newcastle

Aspiration, inspiration and imagination: nursing and midwifery quality, research & education

www.nursingmidwiferyconference.com.au

CRANApplus 33rd Annual Conference | 15-17 October | Alice Springs

Telling tales - The power of the narrative | <https://crana.org.au/about/conference/2015-conference/>

Post Anaesthesia Nursing New Zealand (PANNZ) Conference | 15-17 October | Auckland

The Road to Recovery | <https://www.eiseverywhere.com/ehome/pannz15/249024/>

International Association of Gerontology and Geriatrics (IAGG) 10th Asia/Oceania Regional

Congress | 19-22 October | Chiang Mai, Thailand | <http://iaggchiangmai2015.com>

68th Annual General and Scientific Meeting of the New Zealand Society of Otolaryngology,

Head and Neck Surgery | 20-23 October | Nelson | *Enhancing Life* | <http://www.orl2015.org.nz/>

12th Biennial National Enrolled Nurse Association of Australia (ANMF SIG) Conference

21 October | Adelaide | www.nena.org.au/2015NENAConference.html

ARNA 25th Annual Conference | 22-23 October | Brisbane

Getting everyone on Board | www.arna.com.au

7th Australian Rural & Remote Mental Health Symposium | 26-28 October | Victoria

Closing the gap: Innovation and opportunity | <http://anzmh.asn.au/rrmh/index.html>

Continued next page

Conference Diary 2015 | Continued from previous page

Ancestral Society of New Zealand Symposium | 23 October | Queenstown

Looking Back, Moving Forward | http://www.nzno.org.nz/get_involved/events/evt/405/ev/657

40th ANZICS/ACCCN Intensive Care Annual Scientific Meeting | 29-31 October | Auckland

Intensive Care Under Pressure | <http://www.intensivecare.org.nz/>

NOVEMBER

Nurse Managers Conference & Flight Nurse Symposium | 5-6 November | Tauranga

http://www.nzno.org.nz/get_involved/events/evt/357/ev/578

Melanoma Summit 2015 | 6-7 November | Auckland

http://www.nzno.org.nz/get_involved/events/evt/363/ev/589

39th Annual Renal Society of Australasia, New Zealand Branch Conference | 6-7 November

Facing the Future | <http://www.renalsociety.org/education/2015-nz-annual-conference/>

ANEC Australasian Nurse Educator Conference | 11-13 November | Auckland, NZ

Co-Creating the Future - Being, Knowing, Caring | www.anec.ac.nz

Australian & New Zealand Orthopaedic Nurses Association (ANZONA) Conference

11-13 November | Sydney | *Climbing to the Summit: Bridging research and practice in orthopaedic nursing* | www.anzonaconference.net/

International Society of Geriatric Oncology (SIOG) 15th Annual Conference | 12-14 November

Prague, Czech Republic | *Geriatric Oncology & Supportive Care: A Global Approach to Advance the Science* | http://www.siog.org/index.php?option=com_content&view=article&id=329&Itemid=206

Australian and New Zealand Society for Vascular Nursing Conference | 13-14 November

Adelaide | *Working Together for an Integrated Vascular Approach* | www.anzsvn.org/

Australasian College for Infection Prevention and Control Conference | 23-25 November

Tasmania | www.acipconference.com.au/

24th National Conference on Incontinence | 25-28 November | Melbourne

<http://www.continence.org.au/pages/national-conference-on-incontinence.html>

Australian Injury Prevention Network 12th Australasian Injury Prevention and Safety Promotion

Conference | 25-27 November | Sydney | *Impact and Innovation: Preventing Injury in a Changing World* | <http://event.icebergevents.com.au/injuryprevention2015/>

Nursing & Midwifery Leadership Conference | 26-27 November | Perth

Nursing and midwives: Leading change, celebrating success | <http://nmlc2015.iceaustralia.com/>

International Diabetes Federation, World Diabetes Congress | 30 Nov-4 Dec | Canada

<http://www.idf.org/worlddiabetescongress>

The Australian and New Zealand Society for Magnetic Resonance | 28 Nov-3 Dec

Bay of Islands | *Guidelines 2016 - Evolving for Excellence* | <http://anzmag2015.co.nz/>

MEMBER [LOCAL] EDUCATION EVENTS

Are you interested in planning a forum / networking meeting / study day in your local area?

START PLANNING AN ACTIVITY SOON

Template(s) for event planning - time line, planning details and budget

www.ants.org.au/course/view.php?id=25

Assistance is available from Ants National via email

office@ants.org.au

HEALTH PROMOTION DATES | 2015

Promote educational activities and displays using the Health Promotion themes

DonateLife Week | 2-9 August | www.donatelife.gov.au/donatelife-week-2015

National Aboriginal and Torres Strait Islander Children's Day | 4 August
Theme: Little Kids, Big Futures. <http://aboriginalchildrensday.com.au/>

International Day of the World's Indigenous Peoples | 9 August |
<http://matsiti.edu.au/events/indigenous/>

Indigenous Literacy Day | 2 September | <http://matsiti.edu.au/events/indigenous/>

STEP UP! Homelessness Prevention Week | 3-9 August |
www.homelessnessaustralia.org.au/index.php/events/hpw/hpw-2015

United Nations Declaration on the Rights of Indigenous Peoples | 13 September
<http://matsiti.edu.au/events/indigenous/>

Anti Poverty Week | 11-17 October | www.antipovertyweek.org.au

Perioperative Nurses Week | 12-19 October
www.acorn.org.au/events/perioperative-nurses-week/

International Day of Rural Women | 15 October 2015
www.timeanddate.com/holidays/un/rural-women-day

Long Women's Lunch | 16 October | www.thelongwalk.com.au/

World AIDS Day | 1 December | <http://worldaidsdayworldwide.org/>

Human Rights Day | 10 December | www.un.org



APP REVIEW | SCANNING

1. GOOGLE DRIVE (Android/iOS)

- Organize snapshots or photos of documents then convert to PDF from another device
- Scans are saved both on your device and your Google Drive account

Price: free

2. CAMSCANNER (Android/iOS/Windows Phone)

- Easy to use, scans to PDF and performs OCR identify important details
- Multi-page or batch scanning is readily available
- Auto-crop and "enhance" scanned images, annotate with notes/highlighting
- Scan in color, grayscale, or black and white
- Save documents to the cloud to access on other devices

Price: free | premium \$5/month or \$50/year with password protection

3. GENIUS SCAN (Android/iOS/Windows Phone)

- Cross-platform document scanner for images or generating PDFs
- Automatically lines up, isolates, and enhances the final scan
- Basic editing tools of auto cropping and archiving

Price: free | \$7 upgrade to the premium version

4. SCANNABLE BY EVERNOTE (iOS)

- For die-hard Evernote user ... auto file/organize in your Evernote account
- Scan multi-page documents with ease
- Automatically cropped to remove backgrounds, enhance text as readable
- Scan business card, with contact information added to a contact card

Price: free

5. FINESCANNER (iOS)

- Single to multiple page, remove backgrounds
- Export files as image or other document types, to cloud storage services

Price: free | \$20 Pro/Premium Account

Adapted from <http://lifehacker.com/five-best-mobile-document-scanning-apps-1691417781>

Accessed 11/7/2015

SAVE THE DATE | 2016 CONFERENCES

3rd Commonwealth Nurses and Midwives Conference | 12-13 March 2016 | London UK

Toward 2020: Celebrating nursing and midwifery leadership

www.commonwealthnurses.org/conference2016/

Australian Pain Society 36th Annual Scientific Meeting | 13-16 March 2016 | Perth

Pain: Meeting the Challenge | www.dconferences.com.au/aps2016/

NETNEP 2016 | 6th International Nurse Education Conference | 3-6 April 2016 | Brisbane

Transforming education practice through scholarship, development of academic

leadership and evaluation research: committed to improving the lives of communities

worldwide <http://www.netnep-conference.elsevier.com/>

New Zealand Resuscitation Council | 7-9 April 2016 | Auckland | <http://www.nzrc2016.co.nz>

World Institute of Pain (WIP) 8th World Congress | 20-23 May 2016 | New York USA

<http://wip2016.kenes.com>

Australian College of Operating Room Nurses 17th National Conference | 24-28 May 2016

Hobart Tasmania | *A devil of a time* | www.acorn.org.au

Australian Association for Cognitive and Behaviour Therapy (AACBT) 8th World Congress of Behavioural and Cognitive Therapies | 22-25 June 2016 | Melbourne

<http://www.wcbct2016.com.au/>

18th International Conference on Nursing Informatics and Technology | 23-24 June 2016

London UK | www.waset.org/conference/2016/06/london/ICNIT

13th International Congress in Nursing Informatics | 25-29 June 2016 | Geneva Switzerland

eHealth for all - Every level collaboration - From project to realization <http://ni2016.org/>

9th World Congress on Active Ageing | 28 June-1 July 2016 | Melbourne | <http://wcaa2016.com.au/>

Australasian Delirium Association 3rd Biennial Conference | 14-15 July 2016 | Sydney

New Zealand Association of Gerontology & Age Concern | 16-18 September 2016 | Wellington

Polio Australia's 2016 Australasia-Pacific Post-Polio Conference | 20-22 September 2016

Sydney | Inaugural Polio Conference: *Polio: Life Stage Matters*

www.poliohealth.org.au/conference-sydney-2016

Australian & NZ Head and Neck Cancer Society | 27-29 October 2016 | Auckland | www.orl.nz

NZNO Perioperative Nurses Conference & Exhibition | 27-29 October 2016 | Dunedin

AUSTRALIAN NURSE TEACHERS SOCIETY

2015-2017 NATIONAL EXECUTIVE CONTACT DETAILS

President	Michelle GIRDLER	South Australia
Vice President	Vacant	
Secretary	Karen SIMUNOV	South Australia
Treasurer	Christine TAYLOR	New South Wales
Membership Officer	Stuart TAYLOR	New South Wales
e-Bulletin Editor	Karen SIMUNOV	South Australia
General Committee	Mandy GALLACHER	South Australia
	Lindsay HARRIS	South Australia
	Ann McPHEDRAN	South Australia
	Suzanne OWEN	Queensland
	Julie SHAW	Queensland

E-BULLETIN CONTRIBUTIONS

The official e-Bulletin of the Australian Nurse Teachers' Society Inc is published quarterly.

The opinions expressed by the contributors do not necessarily reflect the views of the executive or other members of the Australian Nurse Teachers' Society. The editor reserves the right to edit or delete submissions for length, content, or policy. All advertisements and items are taken in good faith but the Australian Nurse Teachers' Society Inc. cannot accept responsibility for misrepresentations by advertisers nor does inclusion of any item imply endorsement by the Australian Nurse Teachers' Society Inc. All rights reserved

SUBMISSION / ADVERTISING DEADLINES *(EXCEPTIONS BY ARRANGEMENT)*

Autumn Edition	5 th March	Winter Edition	5 th June
Spring Edition	5 th September	Summer Edition	5 th December

Submissions from members AND non-members are accepted

E | karen.simunov@health.sa.gov.au

IMAGES

Front Cover | courtesy of Danijel James

Page 2 | desk | www.flickr.com accessed 12/3/15

Page 25 | scanning icon | <http://faxplus.co.za/> accessed 13/7/15

AUSTRALIAN NURSE TEACHERS SOCIETY

WORKING TOGETHER FOR THE FUTURE OF NURSING



PEER REVIEW SECTION

ANTs e-Bulletin is accepted for indexing in the Cumulated Index to Nursing and Allied Health Literature (CINHAL) the world's premier nursing literature database

PEER REVIEW SUBMISSIONS

Submissions should include an **abstract** of up to 250 words maximum. The abstract should be informative and report on the key aspects of the publication and include the methodology and key findings of the paper. The abstract should not contain abbreviations or references. Up to five keywords can be provided.

The **acknowledgement** of colleagues who are not named as authors should appear just before the reference list. The source of any funding or any potential conflict of interest should also be declared. The author is responsible for providing accurate references.

Referencing must follow an Author-Date style, such as APA (American Psychological Association). The reference list must include details only of those works cited in the text, and all references cited in text must be listed.

All manuscripts, and related correspondence should be submitted via email to the Peer Review Section Editor at dstanley@csu.edu.au with feedback or a decision on the manuscript within 6 weeks of submission.

Previous submissions reviewed are welcomed for re-submission or as a stand-alone article.

Research matters: harvesting collective wisdom to find new ways of engaging in research.

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ABSTRACT

World cafe has been used internationally as a means of harvesting the collective wisdom of people. The paper discusses how a School of Nursing, Midwifery and Indigenous health used World Cafe as methodology across four regional campuses in New South Wales. The results were reported in three themes: Practical Application, Culture and Opportunities. A range of critical questions have been crafted from the findings to stimulate actions to enhance the research culture.

KEY WORDS: Nursing, research, Culture, World café

Introduction

The School of Nursing, Midwifery and Indigenous Health (SNMIH) in this study, is set in a vast expanse of rural Australia with four campuses set between one and a half hours and seven hours apart. Strategic plans for 2013 state that all academics in the School will engage in and promote research productivity. Set with this task, there was a feeling generally in the School of individuals being overwhelmed and unprepared which could well have resulted in inertia.

The aim of this study, was to harness the collective wisdom of the school members and generate innovative and imaginative ways of encouraging everyone to contribute to positive research outcomes.

The objectives of the study were to stimulate conversations across the campuses of the School, and collect and synthesise ideas that would be used to operationalize a concerted effort to improve research engagement by all academics of the school.

We claimed the research had the potential to benefit the School in two major ways; firstly through the process of the research, increase engagement across the campuses and the secondly as tangible outcomes that could be used to operationalize the strategic plan. Through the process of this study, academics had equal opportunities to be participants in a research study and contribute to School strategic planning, thereby, improving feelings of self-worth, teamwork and productivity regarding research. The outcomes are new ways of engaging in and increasing research productivity and a publication.

Literature Review

Global Perspectives

D'Auria (2000) attests to the importance of drawing a distinction between research and research capacity, with the former reflecting the production of research, and the latter the ability of individuals or groups to undertake research activities (Segrott, McIvor & Green, 2006, pp. 639 – 640). The literature suggests that there is a deficit in research capacity within nursing, with corresponding low levels of funding (Franck 2003; Rafferty, Traynor, Thompson, Illot & White 2003; Scott 2002 in Segrott et al 2006, p. 638). While many schools of nursing across the globe are striving to develop and identify research capacity to increase research outputs, there is still a need to focus on the advancement of high-quality research production (Mead & Moseley 2000; Wilson-Barnett 2001; Crookes & Bradshaw 2002; Franck 2003, in Segrott et al 2006, pp. 638 – 639).

The rationale for harnessing nursing research capacity is linked to two factors, the first the advancement of evidence-based practice to improve patient care and the second, the transfer of nursing education from hospital to university environments (Clare & Hawes 2001; Wilson-Barnett 2001 in Segrott et al 2006, p. 639). Stanley, Sitterding, Broome & McCaskey (2011) claim that the move to the university system '*... was crucial to develop additional knowledge and skills needed by nurses, to develop the science for nursing practice, and to position the profession and its leaders to join the leadership table in health systems ...*' (p. 480). These factors have resulted in nurses having increased responsibilities and the growing prominence of the areas they work in (e.g. primary care) demand that practice is effective and cost efficient (Rafferty et al., 2003; Thomas and While 2001, in Segrott et al 2006, p. 639). It would seem that the range of educational courses provided by universities at undergraduate and postgraduate levels shows a commitment to produce skilled and competent clinicians who have the capacity to think critically and produce scholarly work, designed to advance professional understanding.

Segrott et al (2006) claim the relatively recent shift of nurse education to the tertiary environment '*is a key driver for the development of research capacity within the discipline*' (p. 639). While a number of other professional groups have a long and distinguished history of university education, nursing is still adjusting to the change, despite the passage of some decades. Nevertheless, despite the difficulties of adaptation, '*University nursing departments and academics are now expected to undertake research as an integral part of their roles, whilst still maintaining existing clinical and teaching commitments* (Cooke & Green 2000; Gething & Leelarthaepin 2000; Newell 2002, in Segrott et al 2006, p. 639). Further, in the academic world nurses find that promotions and career development are linked to research productivity. This is the new reality for nurse educators and it must be embraced and celebrated if we are to be valued in the university sector.

Stanley et al (2011) maintain that '*... in many ways, creating a culture of inquiry at foundational level is similar to any new practice initiative ...*' (p. 487). Still, academic staff in many Schools of Nursing across the world have found it difficult to make this connection. Lewis and Simmons (2010) contend that the creation and consolidation of a university research culture '*must be addressed not just within their walls, but outside the wider society*' (p.342). *It is dependent on a stable political climate, democratic tradition and high tolerance of free speech* (Lewis & Simmons 2010, p. 342). It could be argued that Australia has all these features, but universities across the country continue to face the parallel challenges of establishing and supporting robust research cultures, designed to produce quality research outputs.

University culture and research

In the Australian context, Hemmings, Smith and Rushbrook (2004), identified three main influences on research publication namely; individual attributes, attitudes and work circumstances. Related to these factors are issues such as academic experience and writing skill and confidence, lack of motivation and work circumstances e.g. academic leadership, workloads and research culture. Other barriers and challenges that have contributed to a decline in research outputs in universities include lack of research skills, lack of funding, lack of mentoring, weak societal demands for research knowledge (Lewis & Simmons 2010; Lodhi 2012). Many academics, whether rationally or irrationally claim that high teaching loads prevent them from publishing. Some universities have tried to manage this tension by introducing a '*differentiated staffing approach, with some faculty assuming an essentially clinical posture, while other assume an essentially research posture*' (p. 342). However, the benefits of such a split should be closely scrutinised, for this approach has the potential to create a class differential within academia, with clinicians relegated to lower class status, despite their expert knowledge of research, theory and clinical practice relationships. Avins and Golberg (2007) assert that there is '*a clear value of honest inquiry in the form of clinical research*', with the potential to align and

reward all segments in society (p. 561). Nurse researchers are well placed to be leaders in this respect, if they have the opportunity to develop and grow their research capacity.

Creating a research culture

Hannis (2011) ascribes to a university research culture whereby academics undertake and present world class academic papers at local and international conferences, leading to publication in peer-reviewed academic journals. Universities cultivate research values and beliefs, evidenced by academics mentoring inexperienced researchers, supervising postgraduate research students and conducting research (Hannis, 2011; Segrott et al, 2006; Lodhi, 2012). Lodhi (2012) adds an important component in the development of this culture, suggesting that it is an activity that is driven by internal motivation; because it is the individuals themselves who initiate and conduct research. Mentorship by these motivated and well known academics and their interaction with colleagues may create research interest among mentees and result in a sustained research culture in a university (Lodhi, 2012).

Research Design

Methodology

The World Café, as a democratic process was developed by Juanita Brown and David Isaacs in the early 1990s (Aldred 2011; Jorgenson and Steier 2013; Farr 2013). The World Café was conceptualised as '*... an intentional way to create a living network of conversation around questions that matter ...*' (Brown 2002, p. 2). Further, '*... as the conversations connect together, collective knowledge grows and evolves [and] the wisdom of the group becomes more visible.*' (Brown 2002, p. 3). Farr (2013) claims that the World Café methods are '*... deemed a fairly rigid process by some ...*' (p. 1). However, conversations are designed to be extremely flexible, even when guided by the six overarching principles outlined by Brown (2002) and Brown and Isaacs (2005). These include, creating a hospitable space; exploring questions that matter; encouraging everyone's contribution; connecting diverse people and ideas; listening together for insights, patterns and deeper questions; and making collective knowledge visible (Brown 2002, p. 4). One of the key factors in the utilisation of World Café methods, is the creation of a 'safe' conversation space, where participants in the discussion have equal status, and '*... authority structures are temporarily suspended*' (Jorgenson & Steier 2013, p. 393). This can be empowering for participants, who are actively encouraged to express their views in an egalitarian environment.

Methods

Participants – all full, or part time, members of the academic staff. Information about the study was kept on the School's common drive in the form of a plain language statement, information was

presented at the School Meeting, written up in the School newsletter and the subject of emails to all eligible staff.

Data collection – Each participant undertook one to two, thirty-minute telephone or face to face conversations in the world café style. In each conversation they took either the role of host (made the invitation, hosted the session, engaged in focused conversation, acted as scribe and submitted data) or they were the invited guest (accepted an invitation, engaged in focused conversation and helped the host scribe).

The questions that the hosts were asked to pose for conversation were:

- What do you think our key stakeholders (under/post graduates, clinicians, service managers and other disciplines in the university) appreciate about research in the School of Nursing, Midwifery and Indigenous Health (SNMIH)?
- How can we all make a positive contribution to the Research culture of the School?

The participants (host and guest) were asked to have a conversation around these questions for twenty minutes. The host was then asked during the last five minutes to make at least three (more were welcome) points in writing that encapsulated the answers to the questions. The data was submitted in a word document, without names, to a third party for compilation.

Analysis – The investigators were sent the unidentifiable data on word files that were stored and password protected. Twice each member of the team read the data before theming took place during a research team day-long meeting. After the themes were set the data was re-read and data formally coded to themes and subthemes.

Findings – were reported under three themes and *sub-themes using quotations from the data. A discussion of the findings included reference to important literature.

Ethics

The submitted data had no identifying marks on it. Participants were free to take their ideas further and they were welcome to identify themselves at any stage of the project. Either the sending or accepting of an invitation was taken as consent to participate. An application was made to the Minimal Risk Human Research Ethics Committee of the School and given approval on 15 May 2013 (no. 409/2013/03). Information about the study was given at a School meeting. An information sheet was prepared and any of the Chief Investigators were available to answer further questions.

Findings

The purpose of this study was to identify, through the collection and synthesis of ideas, strategies that could be used to operationalize a concerted effort to encourage research engagement by all academics of the school. Thematic analysis of the data derived from the World Café exercise generated

three key themes which have been identified as Practical Application, Culture and Opportunities. These three themes encapsulate the core contributions and concerns of the participants.

Practical Application

This theme of Practical Application refers to the utility of the research. Participants suggest that '*... a research reputation enhances the School's standing with its stakeholders and wider community*' (10). It was considered that celebrating the School's research successes with its communities '*...would ensure it is viewed by the public...*' and this would assist the development of individual's research profiles (11). Two sub-themes emerged within this notion of Practical Application, these being Personal Utility and Professional Practice. There was a recurrent view that the perception of practical application is mediated by the level at which an individual is operating or practising; e.g. an undergraduate student would have a different understanding of the value of research to that of a post-graduate student who holds a senior professional appointment.

Professional Practice

Professional Practice refers to the application of research evidence to the practice of the discipline (i.e. Nursing, Midwifery, Pharmacy). There is a sense in the data that research is not considered important by students or clinicians. It was suggested that we need to articulate what we consider constitutes research to provide guidance to '*... students, teachers, academics and clinicians ...*'. There is also a perception that research means different things to different people. Undergraduate students, for example, were thought to be 'afraid of' and 'freaked out' by research. Thus, they may not realise how important it is '*...for those who facilitate knowledge assimilation to contribute to and critique the existing body of knowledge*'. If clinicians have not developed this understanding during their education, '*...they might not see the need or benefits of developing research skills ... unless this relates directly to their job description ...*' This it seems, is aggravated by an '*...emphasis on models, design and methodology, rather than findings, outcomes, impacts of research*' .

Key stakeholders are looking for relevance to practice so '*... closer links with industry will improve research collaboration and practice*'. One suggestion is the need to maintain an up-to-date webpage with current publications and research because both students and researchers access these. The multi-campus nature of the university makes meeting with colleagues more difficult. There is a perceived need for more face-to-face contact for staff to facilitate contact with more experienced researchers in the school such as its professoriate.

Personal Utility

This refers to the beneficial use of research for the particular individual. For instance, one participant noted that ‘...stakeholders do not really seem to think about research unless it is a means to an end’.

It also seems that different stakeholders would want different things from research ‘...e.g. undergrad/postgrad/clinicians would appreciate research contributing to a best practice framework, while service managers and other disciplines in the university would appreciate the ongoing professionalism and development that research offers’. Pursuing this subtheme of personal utility, a view was expressed that ‘typically students are only interested in research papers which inform their current assessment tasks’.

This notion of personal benefit extends to the prospective researchers too, as evidenced by the following comment in relation to academics:

‘If the School and other discipline groups perceive there will be benefits...of involvement in multidisciplinary projects, this could increase the likelihood of research engagement’.

Moreover, other disciplines value the access staff of the School offer to the world of nursing practice – which means they are a conduit to a rich source of data for research.

Culture

Participants in the World Café exercise were asked to consider how they could contribute positively to the research culture in the School. The responses revealed relevant values held by the participants. For example, there was an expressed desire ‘...to generate the joy of enquiry throughout the school...’ and ‘...develop a culture where discovery through research is desired rather than forced on staff...’. More concrete or practical responses placed more emphasis on the ways in which external stakeholders could assist the research culture. For instance, it was suggested that where an undergraduate student encounters a paper or text book authored by a staff member, ‘... this may lead to acknowledgement and appreciation of the research expertise within the School’. Also, ‘... staff sharing research in research subjects would establish rapport...’. Even this potential benefit was offset, though, by an expressed view that students may develop a negative view of research because of the research/teaching tension and a perception that academics favour research over teaching. This sub-theme continues with comments identifying a perceived ‘...big disconnect with research and stakeholders...’, a need for the School ‘...to engage more with our stakeholders...’ and suggestions for a forum where this could be achieved.

Dialogue with key stakeholders about the research being conducted in the School is perceived to be a mechanism for raising their awareness of that research. One explanation for the perceived divide relates to a perception of researching “on” rather than “with” which ‘...conflicts with industry world

view'. Celebrating research contributions with the community was one mechanism put forward for strengthening ties whilst raising research profiles of individuals and teams. This could be done through a monthly lunch and/or an annual research day. The establishment of links with clinicians is also considered important. It was suggested that 'humanistic' as well as academic qualifications for researchers should be taken into account.

Looking more inwardly, participants perceived a need for a culture of research trust and collaboration, e.g. '...share research ideas, share research skills and joint data and collaborate [with] joint publications'. There was a sense that such a '...culture could be promoted in the school by better understanding the interests of staff so as to choose who could be involved in projects...' and making research a part of the work schedule. Allied with this is a perceived need to create more publishing opportunities. Some considered that '...there is great research going on but it is not esteemed or valued by the department...' and others perceived a need for researchers to share their research more amongst colleagues and to '... align with others, especially larger projects at other campuses'.

Consistent with this perspective of sharing was a suggestion that experienced researchers could invite '...new academics and novice researchers to participate in their research teams', and increase teamwork and mentoring. There was a cautionary recommendation that the School '... should have a more focused process for recognising potential and grooming it towards achieving a more productive research culture...'. The School needs to be strategic in its approach to research and in addition, it needs to ensure that the '... strategies are well publicised/advertised to our stakeholders'. It needs to develop its '...own narrative...' about how its research contributes to the social good of communities (9).

Limited time is generally regarded by participants as a barrier to research, with teaching perceived to take precedence over research: '*...the urgent teaching requirements suffocates academic research endeavours*'. Workloads were considered to be 'high' to 'very high' by some participants. Others pointed to the need for the 30% research allocation to be quantified in terms of hours. Strategies suggested for overcoming the constraints of time included the encouragement of staff to nominate a 'research day' for research activity not limited to Higher Degree Researchers (HDRs) and the appointment of a research assistant or Fellow as a resource to service the research needs of all School staff. However, some considered that '*...higher degree research comes with a Uni job...*' and those aspiring to research '*...have to take advantage of opportunities*'. Staff need to exercise '*...self discipline to use research time for research and not for teaching activities...*' (13). They need to treat research as a hobby.

Opportunities

Participants were generally keen to increase the potential opportunities for participation in research in the School. The suggestions for increasing opportunities for participation in research predictably

span a wide variety of strategies that reflect to some extent the differing levels of research expertise of the participants and the dual need for capacity building and research outputs identified in the literature.

Table 1: Summarises suggestions and categorises them into capacity building and research outputs.

Capacity Building	
Research Training	Writing workshops for staff
	Publications that include novice publishers
	Better use of training opportunities offered through the research office.
	Critical thinking to be linked with research and to be included in assignments.
Research Administration	Academics included in more experienced teams and funding opportunities explored.
	Dedicated research time
	Pool of researchers to be increased by acknowledging other qualifications/experience besides traditional research training degrees
	Grooming high achieving undergraduate and postgraduate students for research.
Research Outputs	
Stakeholder Engagement	Strengthen the links with research in the undergraduate and post-graduate programs. Increase number of joint academic student publications
	Develop innovative presentations that suit different audiences.
	Invite stakeholders to presentations.
Research Practice	Research teams to include people needing research skills development
	Teams of researchers to rotate first authors on publications.
	Increase number of publications from HDR candidates.

More radical ideas are the acceptance of qualifications other than research training degrees. Typically the number of staff undertaking PhD adversely affects the research productivity of the School – without undermining the HDR trajectory it may be worth discussing equivalence. Innovative presentations is another radical idea – it could be argued that health service professionals are performers and alternatives to the traditional scientific paper may have a stronger message for stakeholders and increase uptake.

Most of the opportunities already exist and the next challenge is to ensure that the staff in the School feel motivated and empowered to make the most of the opportunities.

Discussion

Conversation summaries were varied and far ranging. The overall tone of the text was enthusiastic and positive. We looked for innovative and imaginative ideas for academics to employ in order to optimise the research activity and outcomes in the School. There is a sound practical view that the research needs to be useful – to researchers and stakeholders alike. As impact is a criterion of concern in university research assessment exercises this bodes well for nursing. In addition the honest assessment that other disciplines are keen to research with us because we provide an entry to the field is astute and worth pursuing in more collaborative research studies. More information about the

current collaborative endeavours should be disseminated and our attendance at cross university functions increase.

The data revealed a plethora of good ideas, some of which have already been tried in the School with varying degrees of success. Of particular note there were ideas that have been talked about before but not actioned or actioned but not generally known about. As a consequence they are not ingrained in the culture of the School. Generally people talked of planning but not of a concerted plan where contributions at all levels are not only expected but facilitated and acknowledged generally. This type of concerted planning is either taken for granted or considered to be the responsibility of someone else.

Using the work of D'Auria (2000) ideas from the conversations roughly divide into the realms of research capacity building (training and administration) and research outputs (stakeholder engagement and research). In order to evaluate the success of any of the ideas they first need to become a part of the everyday work of the School. Structures and processes need to be organised that facilitate optimum involvement by all academics in the School. Apart from a few comments about owning responsibility for research success there is a dominant view that academics expect support and guidance from 'management' in terms of opportunities and time for research. The latter being seen as the biggest barrier to research endeavours.

As this was the first time that the School has used 'world café' it is understandable that the participant rate was lower than optimal. Feedback from participants will be sought and improvements will be made in another round of conversations to minimise participant difficulties. However the ideas generated were excellent and there will be more opportunities to engage and influence the implementation of change. In the next round it is likely that the questions, while remaining positive, may be more challenging. The team considered the responses and decided to recommend a School discussion of the findings and the establishment of a leader board to work through all the ideas and decide which to prioritise.

Conclusion

The next stage is to pose the following questions to the School with regard to the ideas generated in the conversations:

- Which of these ideas are already working? How might successful implementations be improved? What can we learn from these successful implementations?
- Which ideas not in process should be adopted? Can these be prioritised?
- How do we help each other to engage in these research activities?

This stage will provide an opportunity for academics who did not join the conversations in the 'world café' to engage with the project. True to the methodology of Appreciative Inquiry the questions concentrate on the strengths of the School rather than problems.

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Uncovering unknown hypertension of adults (30+) in the community

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ABSTRACT

Introduction: Undiagnosed hypertension is known to be a risk factor for chronic diseases and major cardiovascular and cerebrovascular events and is a significant cost for both the individual with the impact on personal and professional abilities and costs of health care. This small community healthy heart awareness program aimed to provide free mini healthy heart checks and health promotion information to the general public.

Method: The university health Education vehicle was used as a base at community and university events to provide mini health checks focusing on hypertension. Volunteer participants disclosed their health history and last known blood pressure reading. All participants were provided with the mini health check and data recorded. The data from those participants under medical supervision for blood pressure were excluded from analysis. Blood pressure measures were recorded with abnormal readings checked. Participants with readings in the moderate high to high categories with more than one reading were advised to visit their General Practitioner for review. All participants were provided with educational material on hypertension.

Findings: There were 2380 participants of which 15% did not have hypertension; 55% were in the low hypertension category or the pre hypertension category; 27% were in the high hypertension category; and 3% were in the severe category

Conclusion: Despite national awareness campaigns hypertension continues to remain undiagnosed in the community. Community events provide the opportunity to educate members of the community on their cardiac health status and how to prevent and manage hypertension and the associated chronic diseases.

KEY WORDS | associated risks, hypertension, CVA, heart disease, mortality,

Introduction

Undiagnosed hypertension is prevalent in those people diagnosed with cardiovascular disease and other chronic diseases. Hypertension is a major risk factor of both cardiovascular and cerebrovascular events. These are costly events in monetary and personal terms for the person experiencing the event and costly for the state in terms of the cost of health care and the loss of income from the affected person. In Australia, 2011, coronary heart disease accounted for 15% of all deaths and stroke accounted for 8% of all deaths ([Australian Institute of Health & Wellbeing \[AIHW\], 2014](#)). Detecting and controlling hypertension in the adult population would assist in the prevention and control of both cardiovascular and cerebrovascular disease.

Internationally, many countries have national campaigns that address hypertension or the chronic diseases associated with hypertension. These campaigns are supported by government and non-government organisations. For example, in Australia the National Heart Foundation of Australia, Diabetes Australia (DA) and Kidney Health Australia (KHA) all have national campaigns that identify hypertension as a risk factor for the specific associated disease/s (NHFA, 2015; DA, 2015; KHA, 2015).

Most people with high blood pressure and/or chronic heart disease are unaware that they have the condition/s until they have a major event such as a heart attack or stroke. Sometimes the heart attack and hypertension are diagnosed retrospectively when the person visits their General Practitioner complaining of tiredness or shortness of breath. If you are unaware of a condition you are not informed to make decisions about your life style to address the condition for example, changing your dietary and exercise habits. In addressing this situation one of the authors (SO) initiated a community healthy heart awareness program to provide free mini healthy heart checks and health promotion information to the general public.

Method

Setting: The Griffith University health promotion van was used as the base for the health checks at a large number of community and university events such as, Science Week, Kidney Week and Heart Week.

Health Check Tools: The results were recorded by age group using the World Health Organisation's (WHO) Comparative Risk Assessment age groups (WHO, 2002). The National Heart Foundation of Australia (NHFA) Guide to Management of Hypertension 2008 was used to determine hypertension status [see Table 1] (NHFA, 2010). Calibrated digital sphygmomanometers [Welch Allen] were used to measure blood pressure using age and size appropriate cuffs. The blood pressure was measured on the left upper arm unless a health condition indicated that using the left arm for measurement may provide an inaccurate reading for example, removal of lymph glands, or stroke affecting left sided limbs. Weight was measured using a calibrated digital personal weight scale with a non-slip

platform with the capacity to measure up to 200kg. Height was measured using the Height Rod Model: TIWB3000P.

Table 1. Hypertensive Categories – National Heart Foundation of Australia

Diagnostic category*	Systolic (mmHg)	Diastolic (mmHg)
Normal	< 120	< 80
High-normal	120-139	80-89
Grade 1 (mild) hypertension	140-159	90-99
Grade 2 (moderate) hypertension	160-179	100-109
Grade 3 (severe) hypertension	≥ 180	≥ 110
Isolated systolic hypertension	≥ 140	< 90
Isolated systolic hypertension with widened pulse pressure	≥ 160	< 70

* When a patient's systolic and diastolic BP levels fall into different categories, the higher diagnostic category and recommended actions apply. NHFA 2010

Recruitment: Adults aged 30 years and over who volunteered to be assessed were the participants of this project. Participants consented formally to the assessment before proceeding to the health check.

Health Check: The mini health check was undertaken by volunteer health professionals who collected and recorded the following data from participants which included: age, general health history, previous blood pressure recording if known, weight, height, blood pressure measured with participant sitting down.

All participants were advised of their blood pressure reading without exception. Any participants with a blood pressure measurement outside of the acceptable range had their blood pressure reassessed after a further two minutes. If the abnormal recording was consistent the participant was advised to seek a medical consult. In some cases participants were urged to see their medical practitioner immediately.

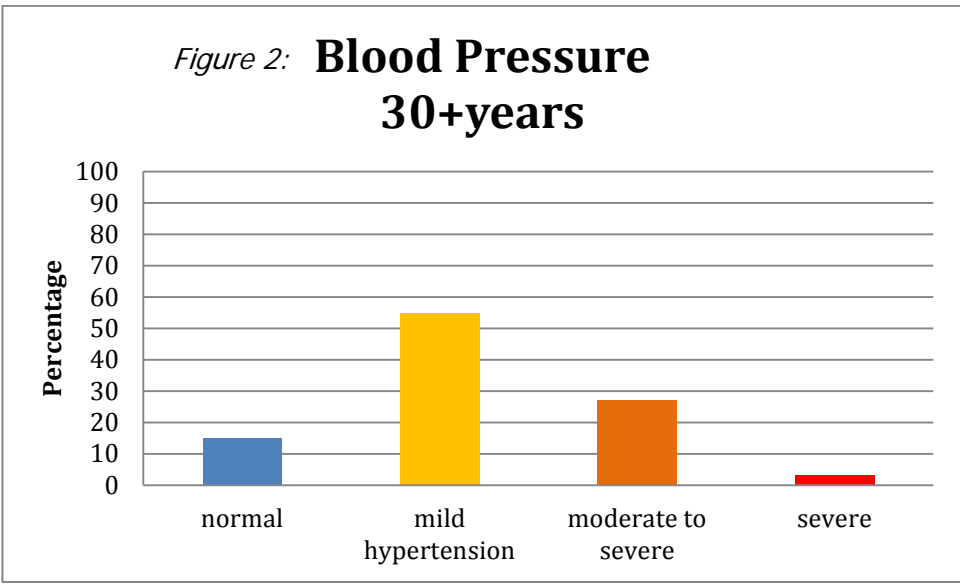
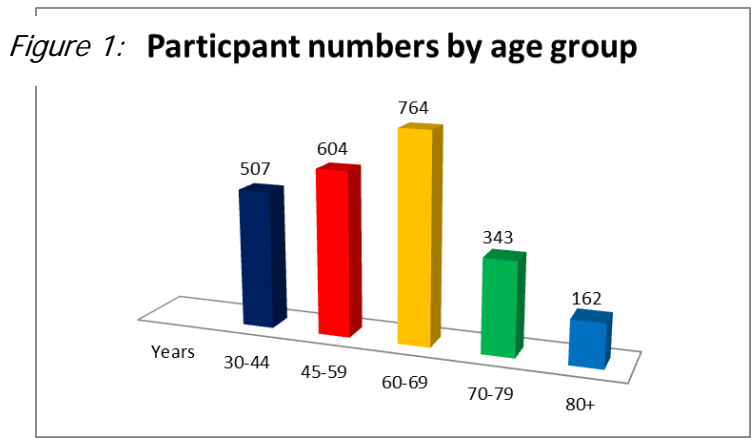
The University Human Research and Ethics Committee granted approval for the project prior to its commencement.

Findings

From the thirty two events attended a total of 2380 adults aged 30 years and over undertook the mini health checks. In the 30- 44 year age group there were 507 participants, 45-59, 604 participants, 60-69 years 764 participants, 70-79 years 343 participants and 80 plus age years 162 (see Figure 1).

Twenty seven percent of participants (642 /2380) had blood pressure recordings of undiagnosed hypertension in the high hypertension category. Fifteen percent of participants (357/2380) did not have hypertension. Fifty five percent (1309/2380) were in the low hypertension category or the pre hypertension category. Eighteen percent (115/642) of those considered to be in the high hypertension

category were increasing their risk of an adverse event by participating in strenuous exercise such as fun runs and marathons. Three percent of participants (72/2380) were in the severe category



Discussion

The level of undiagnosed hypertension in the community is concerning although it is in common with findings internationally (Janus et al 2008; Tu et al 2008; Public Health England, 2013; Wright, Wall & Hannan, 2014; Shukla, Madan, Thakkar, Parmar & Shah, 2015). Perhaps what is of most concern from the current study is that participants with undiagnosed hypertension were involved in activities such as marathons to keep fit when in fact they unknowingly increased the risk of either a cardiovascular or cerebrovascular event occurring.

Worth noting is the interest and willingness that people in the community showed to participate in the study and learn about their health in a free and safe, non-threatening, informal environment. That is, learn more about their current health status and how to go about improving and managing their cardiovascular health.

This project was an exploratory and informative one aiming to not only measure undiagnosed hypertension in the community but also educate community members on hypertension. The project is

not without limitations as it was not specifically designed to detect hypertension of sub groups other than those based on age, for example gender, ethnicity, or those involved in exercise. In the future, community projects such as this one may find it useful to include more demographic data including: gender as differences in male and female cardiovascular disease are well known; ethnicity as the Australian population is made up of a variety ethnic groups and this data would inform further opportunities for health promotion and research; and weekly exercise activity as this may inform hypertension findings. Undertaking the health checks at community events, such as marathons, may be considered as a limitation of the project as participants at these events may be considered to be the healthy fit with the potential to bias the findings. To a certain degree this was addressed by attending those events that were not associated with exercise activities for example, university open days. However, the findings highlighted the importance of providing the opportunity for the health checks for the healthy fit as those people with undiagnosed hypertension were unaware of their health status and were at greater risk of untoward cardiovascular and cerebrovascular events when participating in these activities.

Despite national awareness campaigns, many people within the community remain at risk of hypertension and related chronic disease including coronary heart disease, cerebrovascular disease, diabetes and renal disease. Community events provide opportunities for nurse educators to work with the community to provide access to free health promotion information and a simple mini health check that may result in identification of those with hypertension and the associated chronic diseases in particular, coronary heart disease.

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