

## ABSTRACTS

### **Anthropometric assessment of nutritional status of school children (aged 5-15) in primary public schools in Gombe Metropolis, Gombe State (Nigeria)**

Mela Danjin, Saidu Adamu, Stephen Bitrus, Florence Lekke, Abubakar Usman, Danladi Adamu

This study was conducted to assess the nutritional status of children aged 5-15 in selected Public Primary Schools. The methodology used was cross-sectional survey involving 556 children from six randomly selected primary schools. Anthropometric measurements assessed include weight, height and mid upper arm circumference (MUAC). All comparisons were based on the 1977 WHO/National Centre for Health Statistics (NCHS) reference standard Height for Age (HFA), Weight for Height (WFH) and Weight for Age (WFA) Z-scores as indicators of degrees of stunting, wasting and under-weight among the children respectively. Two hundred and sixty-six boys and 290 girls were assessed. Data analysis revealed prevalence of underweight was 26.6%; prevalence of stunting, 18.4%; and prevalence of wasting, 17.7%. Other findings include prevalence rates of obesity and marasmus, 0.6% and 1.8% respectively. These results revealed a worrying state of under-nutrition among the pupils, who by these findings are liable to poor health outcomes and compromised cognitive abilities.

**Key words:** Nutritional status, Anthropometric assessment, stunting, prevalence underweight, wasting.

## **Pelvic Organ Prolapse in Older Women – What are the Options?**

*Dr. Gerti Heider & Dr. Joyce Hyatt Rutgers, The State University of New Jersey*

### **Aims/Objectives of the Study**

**Aims:** An overview of the epidemiology, risk factors, clinical manifestations, and management of pelvic organ prolapsed in older women

**Objectives:**

- 1) Discuss the different types of prolapse, the causes, diagnosis, and treatment options.
- 2) Describe the complications from transvaginal and bladder surgery.
- 3) Explain the impact prolapse has on a woman's sexual life
- 4) Provide information on approaches for clinicians to discuss pelvic organ prolapse with patients.

**Methods:** Systematic Review

**Results:** Studies assessing sexual function after surgery repair are conflicting.

- Older women who are sexually active and have pelvic floor symptom distress have decreased sexual functioning.
- Sexual function was unchanged after vaginal surgery for prolapse and urinary incontinence.
- Postoperative dyspareunia
- Unrealistic expectations of surgery outcome are common
- Full recovery may take weeks or months
- Results may not last

**Conclusion:**

- Pessary treatment should be considered as first choice regardless of grade of prolapse
- Research suggests that open dialogue can improve sexual health.
- Only 14% of people aged 40 or older have been asked about sexual difficulties, within the past 3 years by their healthcare providers.

**Key words:** Pelvic organ prolapse, transvaginal and bladder surgery, sexuality of women with prolapse, pessaries.

## **Cost of Care of Chronic Non-Communicable Diseases in Jamaican Patients: Obesity's Contribution to this Cost**

*Dr. Christine M. Fray-Aiken, Dr. Rainford J. Wilks, Dr. Abdullahi O. Abdulkadri, Prof. Affette M. McCaw-Binns*

### **Objective**

Estimate the economic cost of Chronic Non-Communicable Diseases (CNCDs) and the proportion attributable to obesity, among Jamaican patients.

### **Method**

The cost of care for type 2 diabetes mellitus, hypertension, coronary heart disease, stroke, gallbladder disease, breast cancer, colon cancer, osteoarthritis, and high cholesterol was estimated using the cost-of-illness (COI) approach. Cost and service utilization data were collected from hospital records. Patients included in the study were between 15 and 74 years of age and excluded females, who were pregnant during the study year. Costs were direct (prescription drugs, consultation visits, hospitalizations, allied health services, diagnostic and treatment procedures) and indirect (premature mortality, disability, and absenteeism). Indirect costs were discounted by 3%.

### **Results**

The sample consisted of 554 patients (40% males (60% females). The economic burden of the nine diseases was estimated at US\$5,672,618 (males 37%; females 63%) and the portion attributable to obesity amounted to US\$1,157,173 (males 23%; females 77%). Direct cost was estimated at US\$3,740,377 with female patients accounting for 69.9% of this cost. The greater cost among females was not statistically significant. Indirect cost was estimated at US\$1,932,241 with female patients accounting for 50.6% of this cost despite being 60% of the sample. Overall, on a per capita basis, males and females accrued similar costs-of-illness (US\$9,451.75 vs. US\$10,758.18).

### **Conclusion**

In Jamaica with a per capita GDP of less than US\$5,300, a per capita annual COI of US\$10,239 for CNCDs is an excessive demand on resources with negative developmental implications.

### **Keywords**

Chronic non-communicable diseases; Obesity; Cost-of-illness

# **The Removal of Charges for Health Services in the Jamaican Public Health System: Impact on Health Services Utilisation**

*Dr. Adella Campbell, Prof. Fitzroy Henry, Dr. Vanesa Tenant  
University of Technology, Jamaica*

## **Objective**

To determine the key factors related to the trends in health service utilization eight years after the removal of charges for health care services.

## **Methods**

The study used a multilayered mixed methods evaluation design. Quantitative and qualitative approaches were utilised to determine utilisation of the health care services. A non-probability systematic sampling approach was utilised to survey 100 people and who used the public health system between February and July 2016. Focus groups were also held with users at selected health facilities.

## **Results**

People from the lower socioeconomic group are using the Jamaican public health system more since the abolition of user fees. Users identified the public health centre as their preferred place to seek health care before (44.8%), immediately after (54%) the removal of charges for health services and currently (46.3). Of note, is that the use of public hospital is on the increase (25%) while use of private doctors is showing a decline (8%). Fewer users (27.2%) rated their health as good now, in comparison to before the removal of charges (33.0%). Users generally rated access to health care as being good (50.0%) and the quality of care received as good (60.2%).

## **Conclusion**

The removal of charges for health care services in the Jamaican public health system has improved access to health care services however, waiting time and limited resources remain a problem.

**Key Words** – Charges for health services, public health system, health services utilisation

# **The Impact of Pharmacist Intervention on Diabetes Outcomes in Diabetic Patients Receiving Care at a University Medical Centre**

*Dr. Andrea Wilkins Daly, Dr. Eugenie Brown-Myrie & Dr. Ernestine Watson  
University of Technology, Jamaica.*

**Objective:** This study investigated the impact of clinical pharmacist intervention on the knowledge, understanding, attitude and behavior towards their condition and the overall therapeutic outcome of diabetes patients. Patients were enrolled in a Diabetes Educators programme at the Medical Center, University of Technology (UTech), Jamaica.

**Methods:** The study utilized a quantitative, cross-sectional design method. It had two (2) arms: (i) Retrospective Record Review, investigating differences between baseline primary variables (A1c and Blood Glucose [BG]) values and post intervention values. (ii) A 34 point Questionnaire administered to participants investigating the impact on the patient's knowledge, understanding and attitude towards diabetes, as well as improvements in the monitoring of A1c and BG readings. The Statistical Package for the Social Sciences (SPSS) software program version 21.0 was used for data entry and analysis.

**Results:** For the Retrospective Record Review, the Mann-Whitney nonparametric test, showed a significant mean reduction in A1c after intervention ( $p$  value = 0.001). The changes in blood glucose were not significant.

Participants reported improved knowledge as a result of the Pharmacists' intervention, with 75% of respondents rating the impact as very good. The attitude and understanding of participants towards their condition were also impacted positively. Respondents reported greater awareness better control, feeling more comfortable, or less scared about the condition.

**Conclusions:** Clinical pharmacists' intervention through diabetes education resulted in improvement in patients' knowledge and self-care monitoring. There was a significant reduction in mean A1c after intervention. These results promote the effectiveness of Diabetes Education in improving therapeutic outcomes.

**Key Words:** Diabetes Education, clinical pharmacists, intervention, A1c, blood glucose, self-care monitoring

# **How Might Research Managers Assist Health Researchers in Conquering New Frontiers in Health Care Delivery?**

*Paul W. Ivey, PhD*

*School of Graduate Studies, Research Entrepreneurship  
University of Technology, Jamaica*

## **Abstract**

The research environment in which higher education institutions (HEIs) and their researchers operate has become increasingly complex. This has resulted in the emergence of the profession of research management (RM) and the related duties performed by research managers (RMs). According to the Association of Commonwealth Universities (ACU), research management is “any activity instigated at the level of the institution which seeks to add value to the research activity of staff, without being part of the research process itself.” But, exactly what is it that research managers do? And how might such managers assist health care practitioners to conquer new frontiers in health care delivery through research? Using an integrative scholarship approach, this presentation aims to show the pivotal value-adding functions carried out by research managers, who can provide tremendous support to health researchers.

**Keywords:** Research management, research managers, value-adding, HEIs, integrative scholarship

## **A Descriptive Correlational Study of Workplace Stress among Nursing Faculty in Jamaica**

*Joyette Aiken Lecturer, The UWI School of Nursing, Mona,  
Pauline Dawkins, Former Lecturer, The UWI School of Nursing, Mona  
& Binol Rajesh Balachandar Program Leader, CSON, Papine Campus.*

Nursing faculty worldwide faces a wide range of workplace stress and is well documented. However, there is no local or regional evidence to guide practice in Jamaica. Understanding the workplace stress and burnout among nursing faculty in Jamaica is needed to ameliorate the situation.

**Objectives:** - To determine levels of workplace stress and to explore factors that influence workplace stress experienced among nursing faculty in two universities and three community colleges in Jamaica

**Population :-** All full - time nursing faculty working in two university schools of nursing and three community colleges in Jamaica (N=72).

**Methods:** A cross-sectional descriptive correlational survey design using the Perceived Stress Scale, the Maslach Burnout Inventory Educator's Survey, the Healthy Work Environment tool (adapted) and a socio-demographic survey were self-administered by participants. Data were analyzed using SPSS® version 17 for Windows®. Qualitative data were coded and grouped; analyzed mainly using t-tests, measures of correlation, and analysis of variance. For the qualitative question asked, content analysis identified the prominent theme(s).

### **Results**

The response rate was 64% (n=46) and 65.9% educated at the Masters level.

The majority of the respondents reported moderate emotional exhaustion (58.7%). All respondents reported high levels of personal accomplishment (100%) and low levels of depersonalization (71.7%). Faculty affiliated with universities reported higher mean workload scores (25.1) than those in community colleges (19.4).

**Conclusion:** - Faculty members in nursing schools across Jamaica experience moderate levels of emotional exhaustion which may indicate burnout. However, reported high levels of personal accomplishment and low depersonalization scores suggest effective coping strategies.

### **Keywords**

Workplace stress; nursing faculty; workload; burnout; healthy work environment

## **Tips to Completing the Doctoral Journey**

*Dr Calvin Moorley, Dr Rosetta West, and Professor Warren Turner*

The doctoral journey can sometimes be lonely and candidates can lose trust in themselves, and feel disconnected from their networks.

The aim of this workshop is to offer an insight into the doctoral journey to candidates or those wishing to undertake a doctorate.

The workshop will use the experience of successful doctoral candidates and look at the strategies they used to overcome the difficult parts of their journey. The workshop facilitators will draw on their experience as doctoral supervisors. The workshop will look at how candidates move from an initial idea and conceptualising it into a research project that produces a doctorate.

The workshop facilitators would explore the key milestones in the doctoral journey from registration to viva voce and offer some techniques candidates can use during their doctoral studies. Using an interactive approach attendees would be encouraged to develop their own strategies to succeed in the doctoral journey.

It is hope that by attending this workshop attendees would gain knowledge of the doctoral process, the journey and how to successfully submit and defend a thesis. Additionally it is hoped that those attendees who are not currently studying at doctoral level would be encouraged to pursue a doctorate with a clear idea of the process.



## **Teaching Practical “*Choices*” for African-American Adolescent Males to Adopt in Overcoming Health Disparities Identified in "The Social Determinants of Health" (SDOH).**

*Rev. Dr. Velva Burley- Flowers; Dr. Cynthia Archer-Gift; Dr. Feleta Wilson Wayne State University, Detroit, Michigan*

The presenters will discuss “*Choices*” as a strategic tool for African American Male Adolescents to adopt in overcoming health disparities identified in the Social Determinants of Health (SDOH). This qualitative study utilized face to face interviews in which the participants interviewed. Adult African American males (AAAM), Case Study Guides with real life experiences and writing workshops for AAAM. The AAAM ( N=15) were able to document life experiences including a book chapter that was published , following interviews of selected adult African American males which resulted in a preventative educational curriculum that support their development and ability to assess and identify critical life choices. Nurses can use “*Choices*” as an initial evidence-based resource or tool to identify individual high-risk behaviors in adolescents and develop strategies based on an SDOH approach. Thereby contributing to the advancement of their professional skills and scientific knowledge in working with adolescents presenting high risk- behaviors.

### **Key Words:**

African-American adolescent males; *choices*; social determinants of health, high-risk behaviors

## Using Qualitative Research to Examine Cultural contributions to health and illness

*Speakers: Dr Calvin Moorley<sup>1</sup> & Ms Nova Corcoran<sup>2</sup>  
London South Bank University<sup>1</sup>  
University of South Wales<sup>2</sup>*

**Background:** Culture is the practices, beliefs, traditions and markings that identify and govern a group (Helman 2001). These contribute to how individuals from different groupings view their health and their health preserving actions to deal with illness as an interruption on their biography (Moorley, Goodfellow and Corcoran, 2013).

**Method:** This presentation examines the following works: Moorley et al. 2014<sup>1&2</sup>; 2015<sup>1&2</sup>; 2016 and 2017<sup>1&2</sup> (in press). The thesis is based on how we can use qualitative methodologies to understand culture and its impact on health.

**Results:** Using qualitative research our work has shown the impact of culture on Black African women's access to health services regarding breast cancer. It has also explored African Caribbean women's belief on causes and risks of stroke. We examined the role of culture in caring for stroke survivors among Black and Ethnic Minority groups. Using semi-structured in-depth interviews we unraveled the complexity of culture and identified way of delivering culturally competent care.

**Conclusion:** Qualitative research is a useful method in exploring and examining culture in health of minority groups. Its flexibility and explorative nature allowed the unearthing of cultural practices that are not always visible but ingrained into the fabric of the group. Understanding the role of culture in health and illness can contribute to health practitioners offering culturally congruent and competent care.

# **Nurse Educators' Understanding of Education for Sustainable Development: A Phenomenographic Study**

*Dr Calvin Moorely & Dr Rosetta West  
London South Bank University*

**Background:** Education for Sustainable Development (ESD) conceptualises that individual or collective human use of resources directly affects and contributes to climate change, which impacts health and wellbeing. There is a lack of explicit reference to ESD in the nursing literature.

**Aim/ Objective:** To develop an ESD nurse education framework, based on nurse educators' understanding of ESD.

**Method:** A qualitative design using Phenomenography (Ornek 2008) to analyse the data.

**Results:** Outcome space comprised a referential aspect of relevance and structural aspects of responsibility, globalisation and professional leadership emerged, demonstrating these components as integral to ESD in relational to nursing.

**Discussion:** An ESD informed curriculum can contribute real world nurse education aims and objectives, improve and guide institutional culture shift and departmental strategic needs and plans. There are implications for policy, discussion, action and the need for explicit reference to ESD to address the need for sustainability within nursing education and care provision.

**Conclusion:** Education for sustainable development needs to be implemented by nurse educators in practice and university settings and advocated by professional nursing bodies.

**Key words:** *ESD, Phenomenography, Qualitative Outcome space, Nurse educators*

## **Multiple Presentations to the Emergency Department**

*Dr. Katherine Nelson & Dr. Cheryle Moss, Victoria University of Wellington, New Zealand*

### **Aims/Objectives of the study:**

To obtain frequent presenters accounts of when and why they went to the emergency department (ED); events that occurred in ED and how going to the ED fitted with their lives and with other health services.

**Methods** – A descriptive qualitative study using semi-structured interviews and thematic analysis. 34 frequent presenters were recruited from three New Zealand EDs. Inclusion criteria were having  $\geq 6$  over 12 months, and the last presentation had to involve chronic respiratory or mental health issues.

**Results** – Frequent presenters attended the ED because of health and life events; a number of factors influenced the decision to attend the ED on any one occasion; the need to present to ED was often beyond the frequent presenters' control. .

**Conclusions** – Three trajectories of likely ED usage in the immediate and longer term were identified. These were: sustained use because of on-going health needs; increased use because of health deterioration and on-going health needs; and reduced use because of improving or deteriorating health. Addressing what drives these trajectories should assist with reducing the need for frequent presenters to present at the ED.

### **Keywords:**

Emergency department, primary health care, life events, frequent presentations, chronic illness

# Students' Perceptions of Communication and Interpersonal Competence Skills Needed in Nursing at the University of Technology, Jamaica

*Dr. Cynthia Onyefulu*

*Joan Black*

*Dr. Andrea Pusey-Murray*

*University of Technology, Jamaica*

## Abstract

**Aims:** The main purpose of this study was to measure students' perceptions of communication and interpersonal competence skills needed in Nursing at the University of Technology, Jamaica. The study is also aimed at determining if students in the different levels of their nursing training have different views on communication and interpersonal communication skills.

**Method:** A cross-sectional research design was used to provide answers to four research questions. Stratified random sampling was used to select the nursing students ( $n=145$ ). A communication questionnaire with two parts was used to collect data. Part A contained the Communication Skills Attitude Scale (CSAS), with a reliability coefficient of 0.819, while Part B contained the Interpersonal Communication Competence Scale (ICCS), with a reliability coefficient of 0.711. Descriptive statistics and Analysis of Variance were used to analyze the data collected.

**Results:** The results showed that a majority of the nursing students agreed that nursing students need to have good communication skills. There was no difference in the nursing students' perceptions of communication skills and their views on interpersonal communication competence. However, there was a statistical significant difference between the views expressed by third and fourth year nursing students on learning communication skills,  $F(2, 142) = 4.964, p = .008$ , and a statistical significant difference between second and third, and fourth year nursing students on the difficulty level of learning communication skills,  $F(2, 142) = 3.203, p = .044$ .

**Conclusion:** Overall, the nursing students' perceptions of communication skills and interpersonal communication competence were about the same (mostly in agreement) for all items except two. The observed significant values for the two items were less than .05, and the differences were confirmed by using the Games-Howell post hoc test to identify the groups with the significant mean values.

**Keywords:** communication skills, interpersonal skills, competence, nursing students

## **Changing the Culture of Nursing Care: Increasing Utilization of SBIRT among Registered Nurses**

*Dr. Feleta Wilson, Dr. Umeika Stephens, Dr. Cyntnera McNeill, Wayne State University, Detroit, Michigan*

**Background:** Substance use disorders (alcohol and illicit drug use) are among the top conditions that cause disability and carry a high cost to families, employers, communities and publicly funded health systems. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a practice model disseminated by the Substance Abuse and Mental Health Services Administration (SAMSHA) to train clinicians to identify, reduce and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

**Purpose:** As part of a HRSA grant, faculty from Wayne State University (WSU) College of Nursing (CON) have trained 34 registered nurses (RNs) in the ADN to BSN completion program to incorporate SBIRT into their clinical practice and use reflective journaling to document the nurses' experience using SBIRT.

**Methods:** SBIRT training was provided to 34 RNs enrolled in the ADN to BSN completion program. The RNs incorporated 2 appropriate screening tool(s) from SBIRT, (i.e. Audit, CAGE, DAST) into their clinical practices and utilized journaling to document their experience.

**Results:** RNs completed journals discussing their ability to incorporate SBIRT with patients. Themes identified included 1) ease of using SBIRT in clinical practice and 2) SBIRT being a viable tool to enhance assessment skills

**Conclusion:** SBIRT provides practical skills that RNs can use to screen patients for substance abuse

**Key Words:** Substance Abuse Screening, Nursing Assessment, Reflective journal, Substance abuse

# **The Impact of a First Year of Practice Programme on Nurses' Clinical Practice**

*Dr. Katherine Nelson*

## **Aims/Objectives of the study:**

- i. To summarise the experiences of graduate nurses regarding the impact of the Nurse Entry to Practice (NETP) programme on their clinical practice;
- ii. To establish from graduate nurses what they consider went well with the programme and what could be enhanced to support nurses' clinical practice;

**Methods:** Telephone survey of 70 nurses who had completed a first year of practice programme. Interviews focused on who supported them, types of preceptorship, medication and other errors, and education they received.

**Results:** Support from multiple personnel (Nurse Managers, nurse educators, preceptors and nursing colleagues) is pivotal in supporting nurses in their first year of practice. Learning to manage work, life and study was stressful. Just under 50% of nurses self-reported making a medication error in their first year.

**Conclusion:** The whole nursing team has a role in supporting first year of practice nurses. Education programmes in clinical settings and my education providers need enhancement to reduce medication errors by nurses. Improved ways are needed to measure confidence and safe practice in first year of practice nurses.

## **Keywords:**

Graduate nurses; New Zealand; clinical practice; preceptorship; medication errors