

Reason

Research at the School of Nursing



**School of Nursing
National Science Challenge Scholars**

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School of Nursing,
Faculty of Medical
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The University of Auckland
Private Bag 92019 Auckland
New Zealand 1142
tel +64 9 923 6768

Website

<https://www.fmhs.auckland.ac.nz/en/son.html>

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Reason editor:

Lisa Williams

Reason team for Issue 10:

Merryn Gott, Tessa Morgan,
Gabiella Trussardi, Tony O'Brien,
John Parsons, Kate Prebble, Louise
Carrucan-Wood

Send comments or enquiries
to Lisa Williams:

la.williams@auckland.ac.nz

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Working hard, playing hard

by Merryn Gott
Director of Research

As I write this, it is hard to believe there are only five weeks left to the year. Fortunately for us downunder, this means the summer is fast approaching. We can just about see sun, swimming and BBQs on the horizon.

Yet it is also a good time for looking back at what we've achieved this year. Our success with the Ministry of Business, Innovation and Employment's (MBIE) National Science Challenges reflects our commitment to collaborative research that will lead to practical health benefits. As a School we have always prioritised the academic and real world impact of our research. These new projects have the potential to lead to both.

Key to ensuring the impact of research is maximised is the approach taken to dissemination. In this edition we showcase examples of ways our staff are doing this. Dr Tess Moeke Maxwell and Stella Black attended the 'Grief Conference' at Whitiara Marae in Te Tii, Bay of Plenty, with members of the Te Ārai kaumātua group. Tess presented the digital storytelling project undertaken in collaboration with other

colleagues, and the team was congratulated by key note speaker, Sir Mason Durie, for 'fantastic work', an accolade indeed.

The Centre for Mental Health Research also always work hard to connect to their research end users, this year co-hosting a conference with the University of Auckland, Faculty of Law.

Reason Editor, Dr Lisa Williams, in putting together two fantastic copies of *Reason* this year, as well as introducing us to new ways of disseminating our research.

Two of our research groups now have Facebook pages ([Te Ārai](#) and [Mental Health & Social Justice in Aotearoa](#)) and Lisa even persuaded me to join Twitter! You

As a School we have always prioritised the academic and real world impact of our research. These new NSC projects have the potential to lead to both.

Our postgraduate research students have, as usual, been doing great work, and it is always good to hear more about the research of our fantastic Masters students. In this edition, Jane Wright and Fiona Sawyer tell us a little bit about their research journeys. Both have undertaken projects linked closely to their clinical roles that have significant implications for the New Zealand context, exploring as they do themes of rural health care and the need for new models of care, potentially involving new technology.

Finally, I'd like to acknowledge the significant work undertaken by our

can follow me at [@merryngott](#), but I won't be posting much over the next month. Rather I'm looking forward to enjoying the delights of a New Zealand summer and a digital detox!

Until next time, Merryn



Latest

PBRF grants awarded

The School has funded five new projects for 2016: *Giving voice to madness and recovery*, Dr Jacquie Kidd; *Supportive Hospice Aged Residential Exchange (SHARE): The Impact for Residents and Families*, Dr Rosemary Frey; *Student nurses use of information and communication technology*, Dr Michelle Honey; *Helping NZ family and whānau caregivers who provide end of life care*, Dr Lisa Williams; and *Factors influencing patient activity in stroke rehabilitation*, Dr Julia Slark.

From left: Rosemary Frey, Jacquie Kidd, Lisa Williams, Michelle Honey and Julia Slark

Rising to the challenge

Through the National Science Challenges, the Ministry of Business, Innovation and Employment will fund three School of Nursing researchers. The Challenges are divided into 11 areas and Professor Merryn Gott and Dr Michal Boyd will be funded through the 'Ageing Well' category while Associate Professor Andrew Jull will be funded through the 'Healthier Lives' stream.

Ageing Well research explores how to sustain health and wellbeing into old age. The purpose of Healthier Lives research is to find ways to reduce the burden of major New Zealand health problems.

Social connection, isolation and loneliness amongst older people

2 years, \$418,000

In collaboration with Age Concern NZ, Professor Merryn Gott and her co-researchers will shortly launch a two-year study exploring social connection, isolation and loneliness among Māori, Pacific, NZ European and Asian older people. The goal is two-fold: to address a gap in knowledge, especially about how indigenous and minority cultural groups understand and experience loneliness and isolation, and to identify the extent to which Age Concern's Accredited Visiting Service (AVS) makes a difference.

The intent of Age Concern's volunteer-delivered service is to provide companionship and reduce loneliness amongst socially isolated older people.



Professor Merryn Gott

"We developed the project in direct response to the National Science Challenge Ageing Well mission," Merryn said. "It fits with the Challenge's call to help older New Zealanders and to examine the particular issues faced by Māori and Pacific peoples. Working with Age Concern will help ensure the quick translation of findings into practice."

Merryn believes the research will make a significant contribution at an international level as well. "It will help us develop a more nuanced understanding of the meaning and experience of older people's social isolation and loneliness across different cultural groups."

Currently little research exists gauging the effectiveness of volunteer visiting and befriending services. However, there is some indication they provide physical and mental health benefits that lead to lower usage of hospital services and delayed entry into aged residential care.

"Given our increasingly constrained health and social care budgets, establishing the economic effects of visiting services will be crucial for sustaining them long-term," Merryn said. "If proven to be cost effective, there will be a strong argument for integrating

Working with Age Concern will help ensure the quick translation of findings into practice.

them into DHB and council service provision." Merryn said areas, including dementia care and family violence prevention, have indicated that such community level interventions can have a significant economic impact.

Age Concern's own evidence, derived from client satisfaction surveys, indicates a high level of satisfaction with AVS. By adding to their evidence base through this research, the organization will gain important insight in how to further develop their service or devise additional ones tailored for NZ's multi-cultural population of older people.

The research will be divided into two studies. The first study will consist of forty in-depth qualitative interviews with users and non-users of Age Concern's AVS gauging loneliness and social isolation.

They will be conducted in three locations around New Zealand chosen for their diversity and because they all have established

Age Concern AVS services. The second study will be subdivided into two phases that look at the impact of Age Concern's AVS and its economic cost-effectiveness.

Palliative care needs of residents in Aged Residential Care

4 years, \$255,000

The Palliative Care Council NZ asserts almost half of those who die in Aged Residential Care (ARC) would benefit from specialist palliative care. Since approximately 45% of New Zealand's population over 65 live in an ARC facility at the time of death, this is a significant number requiring such care.

In addition, 70% of all deaths for those over 65 result from neurological conditions, including dementia and stroke. Most will require ARC 24-hour care before death. A requirement that will continue to increase as deaths for those over 85 will quadruple in the next 40 years, with a large proportion occurring in ARC.

Dr Michal Boyd's NSC research will tackle these issues by addressing different aspects of the palliative care needs of people dying with neurodegenerative conditions in ARC. "Our approach aligns with

the NSC mission to 'add life to years' for older New Zealanders," Michal said. "Although it comes at the end of life, palliative care is important for maintaining 'wellness', even in the face of dying."

The project will also have significance for Māori. Although Māori have higher rates of risk factors for dementia such as cardiovascular risk, depression, head trauma and substance use, very little is known about their end of life experience in ARC.

Michal's project will be carried out in three phases, with the first one focusing on determining the quality of deaths for ARC residents with neurodegenerative diseases. Explored from the perspective of ARC care staff, the study will look at residents perceived health status, quality of dying and advanced care planning prior to death. "Because it's replicating similar studies overseas, we'll be able to compare our results with international data, which means we'll have evidence critical for developing integrated models of palliative care," Michal said.

\$207,000 in co-funding for this phase has come from the Perpetual Guardian Ted and Molly Carr Trust. Earlier this year the trust provided the funding to undertake a smaller project that

can now be expanded with the additional NSC funds.

The new NSC funding also means that phase 2, which explores family experiences of palliative care for ARC residents can be rolled out more quickly.

Phase 3 will build on the results of phase 2, asking the question, 'What is needed to translate the evidence into palliative care guides to improve ARC?'

Research teams:

Social connection, isolation and loneliness

PI: Professor Merryn Gott¹; AIs: Louise Rees², Dr Judith Davey³, Dr Tess Moeke-Maxwell⁴, Dr Janine Wiles¹, Dr Richard Edlin¹, A/P Robyn Dixon¹, Dr Ofa Dewes¹, Dr Hong-Jae Park¹, Dr Lisa Williams¹, Dr Juliana Mansvelt⁴, Tessa Morgan¹, Dr Hamish Jamieson⁵ and Dr Clare Gardiner.⁶

Palliative care needs

PI Dr Michal Boyd¹; AIs: Professor Merryn Gott¹, Professor Martin Connolly¹, Dr Rosemary Frey¹, Dr Julia Slark¹, Jackie Robinson¹, Susan Foster¹, Dr Tess Moeke-Maxwell⁴, Professor Heather McLeod⁵, Dr Dale Bramley⁷

Supporting healthy lifestyles

Co-PIs: Prof Cliona Ni Mhurchu¹, Dr Lisa Te Morenga⁵, Dr Ridvan Firestone⁴; AIs: A/P Andrew Jull¹, Dr Robyn Whittaker¹; Advisors: Maiu Hudson⁸, Matire Hawood¹.

- 1 University of Auckland
- 2 Age Concern New Zealand
- 3 Institute for Governance & Policy Studies, Wellington
- 4 Massey University
- 5 University of Otago
- 6 University of Sheffield
- 7 Waitemata DHB
- 8 University of Waikato



Dr Michal Boyd

Michal has plans for a fourth phase, for which she will pursue further funding. Phase four will consist of a Random Controlled Trial (RCT) intervention investigating whether individualised best practice interventions improve end of life care for those with neurodegenerative diseases in ARC facilities.

“Ultimately, we believe this project will have significant benefit for older New Zealanders, especially as the ARC sector plays such an important role in helping people at the end of their lives,” Michal said.

Supporting healthy lifestyles: A Māori and Pasifika mHealth approach

4 years, \$2,062,000.

Almost a third of Kiwis are obese, a statistic that, like many, has links to health inequalities: Māori and Pasifika experience obesity rates 1.8 and 2.5 times higher than those of non-Māori and non-Pacific adults.

New Zealanders living in the most deprived areas are twice as likely to be obese as those living in the least deprived ones. By 2016 obesity will overtake tobacco as the leading risk factor for ill health.

The scale of the problem indicates an urgent need for well-crafted interventions. Indeed, in 2014 the government funded ‘Healthy Families New Zealand,’ an outreach to 900,000 New Zealanders in ten communities with higher-than-average risk factors for preventable, non-communicable diseases and high levels of deprivation.

Yet more needs to be achieved to make a difference, and the NSC project Andrew Jull is working with is seeking to provide that difference. *Supporting healthy lifestyles: A Māori and Pasifika mHealth approach* will take



advantage of mobile and wireless technologies to develop and evaluate a culturally tailored, personalized mHealth healthy lifestyle and weight management programme for Māori and Pasifika. Mobile health (mHealth) programmes use mobile phones and the Internet to deliver health information and behaviour change support to participants.

With 92% of NZ households having access to a mobile or smartphone, and 80% with access to the Internet, using an mHealth approach makes sense. Research supports mHealth’s usefulness. Landmark NZ studies demonstrated that a text messaging intervention programme doubled smoking cessation rates and was as effective for Māori as non-Māori. That research formed the basis for the national text messaging support programme now available through Quitline.

Māori and Pacific leaders and communities will co-design the programme with the research team, one of the project’s unique features. Co-design is relatively new within healthcare and has typically been used to develop service improvements with patients.

Māori and Pacific leaders and communities will co-design the programme with the research team, one of the project’s unique features.

Māori and Pasifika community workers with strong links to existing community organisations such as Toi Tangata, Pacific Heartbeat and Māori and Pasifika primary healthcare organisations (PHOs) will lead the co-design phase.

Another innovative aspect of Supporting healthy lifestyles includes the use of an adaptive (SMART) trial design. Such a design adapts to the specific needs and evolving status of individuals. The project will also harness ‘Big Data’ collected via smartphone Apps and biosensor tools to provide individual feedback in real time to programme participants.

NZ's unique perspective on therapeutic jurisprudence

by Dr Tony O'Brien



AOTEAROA CONFERENCE ON THERAPEUTIC JURISPRUDENCE

Weaving Strands : Ngā Whenu Rāranga

University of Auckland, 3-4th September 2015

150 lawyers, researchers, academics and health professionals from New Zealand, Australia, Sweden, Japan, Canada and the United States attended the 4th International Conference on Therapeutic Jurisprudence.

Co-hosted by the Centre for Mental Health Research and the University of Auckland Law School, the conference reflected a particularly New Zealand theme. *Weaving Strands: Raranga nga whenu* signified the unique interlacing of cultural, legal, psychological and social practice and philosophy in Aotearoa New Zealand with the international concept of therapeutic jurisprudence.

The theme also reflected the organisers' efforts to provide a conference inclusive of disciplines, cultures and the diverse experiences of people presenting to the criminal justice system.

Conference keynote addresses, such as Judge Lisa Tremewen

and tikanga advisor Rawiri Pene's, extended the bi-cultural emphasis. Their presentation underscored the vital place of therapeutic jurisprudence in the rehabilitation of offenders. Professor David Wexler, who pioneered the concept of therapeutic jurisprudence, also presented a keynote on the future of the field.

From the School of Nursing, Dr Katey Thom and Stella Black presented research into New Zealand's specialist courts. Dr Kate Prebble presented an historical analysis of service provision for mentally ill criminal offenders in Auckland from 1972-1988, and Dr Tony O'Brien presented a paper on therapeutic jurisprudence in the mental health nursing role of duly authorized officer. Master's student William Leasi presented findings from his recently completed thesis on Samoan perceptions of community treatment orders.

Book launch

The conference marked the launch of the book *Therapeutic Jurisprudence: New Zealand Perspectives*. Edited by University of Auckland Law Professor Warren Brookbanks, it examines the theory and practice of therapeutic jurisprudence in the NZ judicial system. Dr Katey Thom contributed a chapter titled, *New Zealand's solution focused movement: Development, current practices and future possibilities*.



Te Ārai kaumātua Devi-Ann Hall (left) and Manaaki Poto (right) with Tess Moeke-Maxwell. Not pictured Te Ārai kaumātua who attended are Walter Thompson, Whio Hansen, Kiripai Kaka and Eliza Smith.

Grief hui

Dr Tess Moeke-Maxwell and Stella Black attended the 'Grief Conference' at Whitiara Marae in Te Tii, north of Kerikeri, with 160 community health and education leaders. Tess was one of three invited speakers; she opened the presentations with the Māori caregiving digital stories produced by the Te Ārai: Palliative Care and End of Life Research Group.

In the afternoon's plenary session Tess spoke about her HRC-funded Pae Herenga pilot that explored traditional Māori end of life caregiving customs. Sir Mason Durie, the hui's keynote speaker, congratulated Tess on Te Ārai's "fantastic work." Tess said "his enthusiasm was infectious and we all felt greatly encouraged by his support."

iCoach hits data collection halfway mark

School of Nursing researchers met with their Canadian counterparts in San Francisco to plan the next phase of iCoach. The goal of the five-year project is to understand how to scale-up successful models of Community Based Primary Health Care (CBPHC) for older people with complex levels of need.

The meeting was critical for planning data analysis and interpretation as the study moves into the next phase of informing service delivery. A/P Nicolette Sheridan, Dr John Parsons, Dr Ann McKillop, Dr Michal Boyd and doctoral candidates Cecilia Wong-Cornell and Andrew Lynch attended as well as fellow University of Auckland investigators A/P Tim Kenealy and Dr Tim Tenbensal.

John Parsons explained the significance of iCoach, stating that "it will help decision makers in the health system understand what they can do to foster innovation that results in better care, improved population health, and cost management. Clinicians need more collaborative models of care delivery that help with patient-centred care, particularly for older people with complex needs."

iCoach is jointly funded by the Canadian Institute for Health Research and the New Zealand Health Research Council.



Professional Teaching Fellow Michelle Adams presenting her research at the Showcase.

Showcase in the spotlight

On 29 October the School of Nursing Teaching, Innovation and Excellence, Professional Teaching Fellow Group held the School's inaugural 'Celebrating Education, Innovation & Initiatives Showcase.' Staff members presented research and evaluation on topics including teaching practices, student use of information technology, student experience of learning and programme evaluations and effective assessment practices.

The showcase was both a collegial and celebratory event that featured staff examples of innovative practice, such as the use of script writing as an assessment tool to enhance students clinical reasoning skills, intergenerational learning activities, student peer review, exploration of Nurse Educators learning from simulation, and evaluation of a post graduate programme. This was a successful occasion that the PTF group has initiated to support the sharing of innovation in education practice.

The PTF group wish to thank everyone who supported this event and look forward to having another Showcase in 2016.

Louise Carrucan-Wood
Chairperson Teaching, Innovation and
Excellence Professional Teaching Fellow Group
School of Nursing

Putting autonomy into practice

In her two public lectures as visiting scholar at James Cook University, Queensland, Dr Karen Hoare presented on topics that at first glance seem to have little in common. Yet scratch the surface and a central theme emerges: autonomy, a concept Karen learned on the ground in West Africa.

Her first lecture, requested because of the University's specialisation in tropical health and medicine, documented her life-changing experience working with her paediatrician husband in the Gambia in 1989. He was employed to run a Medical Research Council field nutrition station 150 kms up country from Banjul, the capitol.

Recognising the need to relieve him of some of the burden of young patients presenting with conditions such as malaria, meningitis and pneumonia, Karen established clinics for infants and children. The job compelled her to learn advanced assessment, diagnosis and treatment skills, and launched her on her research career.

She saw how the community's lack of evidence-based knowledge around infant and child health led to poor health and wellbeing and responded by devising a health promotion process to address health literacy around infant and child care.

In her second lecture, she spoke more broadly about autonomy focusing on changes in nursing. She noted that Australian nurses are taking greater responsibility and working more often in settings like general practice. As a result, they need to be confident sourcing and using contemporary information if they are to succeed at providing nurse-led services.

Enter [reciprocal role modelling](#), Karen's grounded theory developed to address the thorny issue of inserting evidence into general practice. The theory describes the support, learning and relationships between new and experienced nurses in multi-disciplinary environments, a process that helps both experienced and inexperienced nurses grow as professionals.

How it works: new graduate nurses and experienced practice nurses establish a working relationship. Once they feel confident with their mentors, the new graduates deploy their



Karen conducting an examination in a bush clinic she set up on the edge of the Masai Mara, Kenya in 2012.

unconscious expertise at sourcing information. Experienced practice nurses then realise potential in them and a mutual reciprocal arrangement ensues.

The new graduate nurses learn clinical and communication skills and knowledge of the community while the experienced practice nurses discover Internet sources of best-practice information, which they embed into their practice.

Karen is a Senior Lecturer in the School of Nursing and the Department of General Practice and Primary Health Care. She is also a partner in the Greenstone Family Clinic, Auckland.



Freemason's scholar

Freemasons NZ awarded SoN research assistant Tessa Morgan a \$6000 Freemasons University Scholarship to undertake her Honours degree in History.

Gender and Family Caregiving at End-of-Life, the systematic review she completed as a summer student in 2014-15 has been accepted for publication in *Palliative Medicine*, the field's top academic journal.

Editor's Choice

Palliative Medicine selected Jackie Robinson's article on [the benefits of hospital admissions](#) from patients' perspectives as 'Editor's Choice' for its September edition. She is also featured on the European Association of Palliative Care's [online blog](#). Watch her [here](#) discussing her research.

Jackie is a Palliative Care Nurse Practitioner at Auckland City Hospital, as well as a Professional Teaching Fellow and PhD Candidate in the School of Nursing.

Best Poster

In August, Andrew Jull's team took best poster honours at the 11th Annual Meeting of the NZ Association of Clinical Research. The poster was titled: *Low dose aspirin as an adjuvant treatment for venous leg ulceration (VLU) in New Zealand: design and set up of the Aspirin4VLU trial in a District Nursing setting.*

Population health in New Zealand 2000-2013

Re-defined from determinants of health to a narrow focus on targets

Since 2000, the New Zealand health system has drifted away from its mandate to prioritise population health. At the time, major health policies emphasised reducing health inequalities, promoting community engagement and cementing collaboration among relevant sectors.

However, by 2013 the reality looked quite different. Associate Professor Nicolette Sheridan and her co-researchers documented the shift by interviewing 18 managers, clinicians, policy advisors and academics with expertise on the subject and by analysing relevant government health policies.

At the turn of the 21st century a population health approach played a fundamental role in government policy and subsequent health system restructuring that included the establishment of DHBs and PHOs. The mandate for these organisations was to address local needs and populations, find local solutions and form community partnerships. PHOs represented a way to manage budgets more flexibly and offer a broader range of services than

traditional general practices. In addition, a series of Ministry of Health policies produced at that time signalled a more comprehensive approach to health.

Yet by 2007/2008 the health system was heading in a different direction. Neo-liberal economics and politics stressed the need to contain healthcare spending and the role of individual responsibility.

Health targets – counting a limited number of health service goals – became the priority. Rather than focussing on the wider social environment, DHBs' now measured population health by the sum of the health of individuals, and targets address individuals. The authors noted that "aspirations for a broader population health approach were lost."

Concerns about funding surfaced in the interviews. Medical services had "swallowed up" resources earmarked for population health. The \$2 the Ministry annually paid PHOs per enrolled patient for population health activities could be diverted for general practice-based exercise and nutrition programmes or for the bottom line. "Participants clearly thought that population health funding needed to be ring-fenced."

Policy review

In their review of major government health policies from 2009 to 2013, the researchers found that though the term 'population health' was missing some documents contained notions of population health, especially those that dealt with Māori and Pasifika health.

The Ministry of Health's annual reports tended not to mention the term, with the 2011 report being the only one that briefly referred to a broad role and the "important contribution that a central government department can make to population health." By contrast, the Ministry's annual reports in other years regarded individuals counted collectively as a reflection of population health. For example, the 2012 report labelled life expectancy, infant mortality and



the prevalence of disability as indicators of the health status of the population as a whole.

The shift to emphasising measurement, targets and contracting showed up as early as 2007 in the *Better, Sooner, More Convenient* discussion paper and in the first list of health targets. Since then, the Ministry has reported annually on DHB and PHO scores on targets such as increased immunisation, improved access to elective

adapted quality and safety programmes with a quantitative measurement at their core.

In this environment, government policies sidelined notions of population health as 'greater than the sum of individuals' in favour of a functional shift to "narrowly defined targets measured and managed by contracts." The authors expressed concern that "the ability of targets to focus provider attention is so powerful that it appears to eclipse attention to anything else."

Rather than focussing on the wider social environment, DHBs now measured population health by the sum of the health of individuals, and targets address individuals.

surgery and shorter waiting times for cancer treatment.

Preceding targets, and then developing in parallel, New Zealand responded to international concerns about safety, quality and variation in health service provision. The government established the Quality Improvement Committee, which later became The Health Quality and Safety Commission. DHBs adopted a range of quality improvement strategies and imported or

They also noted a recent UK public enquiry which "found a culture obsessively focussed on targets, and financial balance led to the 'appalling suffering of many patients'."

The authors are clear that quantitative measurement is not inherently opposed to a population health approach. "Monitoring trends over time was clearly important and participants credited Health Needs Assessments with producing new information on disparities,

especially for Māori, leading to real policy and practice changes."

Nevertheless, incomplete reporting across DHBs impeded recognition of disparities. Quantitative measures typically meant Health Needs Assessments "took a bio-medical view of health with limited input from consumers and communities about their needs".

The authors concluded that by embracing a broader notion of population health "we can reduce the risk of higher disease burden, greater medical spending and widening disparities. We must find ways to sensitise and inform government in order to forge health policies that go beyond targets, quality improvement and restructuring health systems."



Associate Professor Nicolette Sheridan

To read the full article, see: [Sheridan NF, Kenealy T, Schmidt-Busby JI, Rea HH. Population health in New Zealand 2000-2013: from determinants of health to targets. SAGE Open Medicine 2015; doi: 10.1177/2050312115573654](#)

Supporting rural patients during cancer care

During her 19 years working as a registered nurse in oncology and chemotherapy, Fiona Sayer had “become increasingly interested” in learning how patients having oncology and haematology care “cope with living far away from a treatment centre.” This interest informed her master’s research portfolio. She completed three distinct pieces of research concerning psychosocial distress in rural oncology patients. A literature review, case study and interviews comprised the body of her work.

Reported here are findings from her interviews with 11 patients who reflected on their perceptions and experiences of psychosocial distress while having chemotherapy in a rural treatment centre. Fiona divided her results into three major themes: ‘trigger points’, ‘support’ and ‘travel’.

Trigger points

Referred to as ‘trigger points’, distress in cancer patients tends to occur at five specific transitions through the stages of the delivery of cancer treatment and care for patients. These stages are: prevention, screening and detection; diagnosis; treatment; survivorship; and end-of-life.

Fiona found those she interviewed regarded ‘diagnosis’, the ‘time between diagnosis and treatment’ and the ‘first treatment’ as significant trigger points. For example, the lag time between an education session about chemotherapy and the start of the treatment could generate a feeling of fear of the unknown.

Support

Fiona divided the theme of support into three areas: hospital, home and community. Within the hospital, doctors, nurse specialists and chemotherapy nurses played important roles in providing support. Some participants described information support



Fiona Sayer is Nurse Co-ordinator, Oncology and Haematology Outpatients Department, Thames hospital

in the form of a pre-chemo education session as an especially urgent requirement. In terms of staff support, the chemotherapy nurse team as well as specialist nurses, such as the breast cancer nurse, were focal points for hospital-based support.

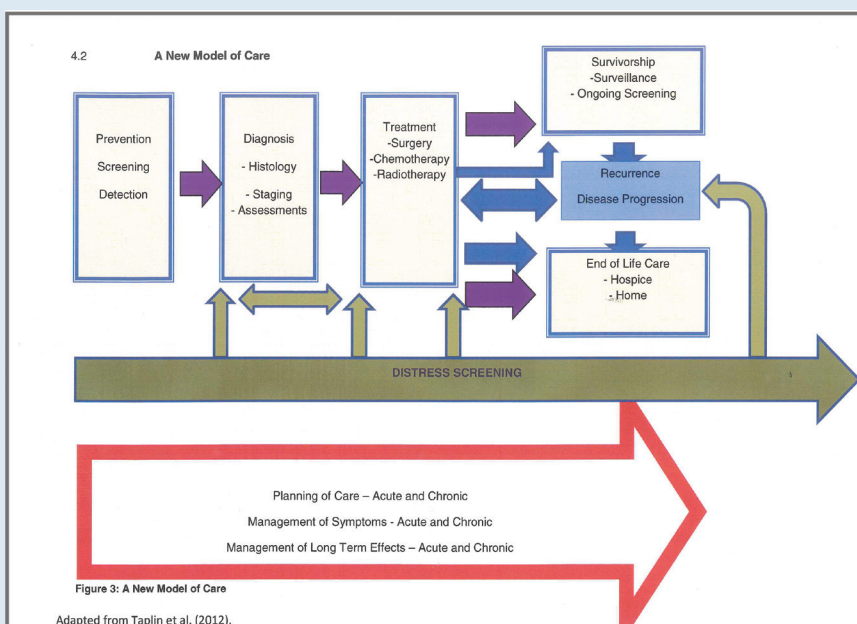
Primary home support came from partners/spouses as well as family. Home supporters could themselves exhibit distress such as fear or emotional withdrawal. For participants without family, the lack of home support could be a difficulty.

Community-based support originated in the form of health professionals and community support groups. Participants regarded community-based nurses as available for a limited time. The reaction to support groups was mixed, with travel distance being one factor limiting participants’ involvement.

Travel

Because of their rural setting, some participants found travel to be distressing, especially when required to travel to the main hospital a distance away. The debilitating effects of chemotherapy affected their ability both physically and mentally to make the trip.

Dr Rosemary Frey was Fiona’s supervisor



Based on her research, Fiona developed a new model of care that reflects what she found to be cancer patients’ actual journey through the cancer care continuum. Her model incorporates the trigger points of distress, distress screening and an overall plan of care. “Progression is not always linear and this model attempts to capture the integrations, transitions and the complexity that exists within the patient’s journey through cancer treatment.”

Nurses bringing care close to patients far away

Jane Wright knows firsthand about the provision of healthcare from a distance. She works as an oncology/IV clinical nurse specialist in a small hospital with an outreach oncology service. The service provides day-patient chemotherapy and monthly outpatient clinics with a visiting oncologist. Nurses provide patient care supplemented by local physician support and, by remote access, specialist oncologists in a tertiary hospital.

For her master's thesis she interviewed nine New Zealand registered nurses involved in caring for patients with complex needs. They either practiced teleconsultation because they were isolated from a tertiary centre or, if at a tertiary centre, the specialty service was not

Teleconsultation created a strong sense of connection with healthcare team members.

available locally in their area. All used the phone, computers and video-conferencing as tools to communicate and consult remotely.

Their telephone consultations consisted of conversations with other healthcare professionals and with patients. Most had indicated they used texting as a communication tool to give or receive information and had the use of a mobile phone. They also frequently used email to seek, receive or issue advice.

Telephone and email consultation occurred for most on a daily basis, while video conferencing was more variable – from a few times per month to 10-15 hours per week. Videoconference



Photo by Michelle Honey

Christchurch conference presentation

Jane presented her Master's research at the National Nursing Informatics Conference 'Collaborate: Share, Solve, Achieve and Measure' held in Christchurch in October. She also presented a poster titled, "Nurses providing teleconsultation and caring at a distance".

facilities ranged from mobile carts to fixed units and the age of the units used by the participants varied from 2-5 years.

Jane found that for the nurses she interviewed teleconsultation created a strong sense of connection with their healthcare team members. Having more frequent contact helped them build increased rapport and trust as well as gain a sense of belonging through more involvement in the planning of patient care. As a result, they felt more empowered, which helped boost their confidence and competence levels to provide complex care to patients at a distance.

Having closer-to-home healthcare teleconsultation meant greater convenience for patients and opportunities to offer them more timely care.

As one nurse indicated, "It makes [healthcare] more accessible to the patient, that's for sure. So I think in the context of chronic illness it's very important we try and have an adaptable and flexible service that's going to try and meet the needs of the patient."

Teleconsultation also allowed the nurses to have increased and more convenient access to education, which decreased their feelings of professional isolation. While their levels of responsibility varied regarding the co-ordination of teleconsultation, all acknowledged their role as patient advocate and supporter during teleconsultation as crucial for ensuring positive outcomes for patients.

Their recommendations for ensuring a smooth transition from face-to-face to distance consultation centred on having adequate infrastructure and the facilities to provide quality services. Major hindrances to providing a good service included aging equipment, inadequate rooms for consultations and delayed progress in the electronic sharing of health information.

Dr Michelle Honey was Jane's supervisor.

Publications list 2015

From 'Cardiovascular' to 'Youth and Adolescence', here is our annual list of journal articles, book chapters, books and reports published during 2015.

Cardiovascular

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Diabetes

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