

Reason

Research at the School of Nursing

July 2016 | Issue 11



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Palliative care goes to the movies

- A/P Robyn Dixon retires
- New \$1.2 million HRC grant

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Saluting innovation and experience

by Professor Merryyn Gott, Director of Research

Kia ora tatou

Welcome to this edition of REASON in which we focus on how we are developing innovative ways of working within the School of Nursing.

We congratulate Associate Professor Andrew Jull on his recent HRC grant, which will involve a world-first trial of a new treatment for venous leg ulcers. The prevalence of this type of ulcer is predicted to almost double in the next 15 years. Identifying novel treatments that improve patient outcomes is a priority.



Dr Tess Moeke-Maxwell records waiata for Farewell (Haere atu ra), the film that showcases in storytelling form results from a School of Nursing HRC-funded project.

We also tell you about the ways we are using filmmaking to translate findings from our current Health Research Council New Zealand (HRC) funded project, Te Pākeketanga: Living and Dying in Advanced Age. We have collaborated with our colleagues from the Faculty of Arts, Associate Professor Shuchi Kothari and Dr Sarina Pearson to explore through storytelling the end of life circumstances of Māori and non-Māori in advanced age.

We believe this sort of innovation is needed to ensure research findings are disseminated to the diverse audiences of policy makers, practitioners, researchers, and the general public who need to hear them.

Finally, we welcome Ofa Dewes to the School, whose expertise in Pacific health research is likely to lead to innovative solutions to some of the challenges faced by Pacific people in later life.

The other key focus of this edition is to celebrate the huge contribution Robyn Dixon has made to the School of Nursing.



Whaea Whio Hansen and Merryyn practice a waiata to be sung at the Future Landscapes in Palliative Care conference.

Robyn has been with the School since its earliest days and is described by colleagues as 'a rock', 'a role model' and a 'friend'.

We tell you a little bit about Robyn's early life (including her role in New Zealand's first prescription drug robbery!). I know all the School are so grateful to Robyn for the huge contribution she has made over the years.

We'll miss you Robyn.

– Merryyn

Latest

START helps older people spend less time in hospital

Preliminary results point to shorter hospital stays for older people involved with Supported Discharge Teams (START). START consists of a team of trained health care assistants working under the direction of registered nurses and are part of a wider inter-disciplinary team consisting of physiotherapists, occupational therapists and geriatricians. START delivers targeted programmes of community-based rehabilitation for up to six weeks.

Project lead Professor Matthew Parsons asserted the report is intended to provide preliminary information only and analysis is

ongoing. "Yet conclusions so far indicate that the results align with the original HRC randomised controlled trial evaluation," Matthew said.

Older clients (65+), when randomised to the START service, spent around two days less time in hospital when compared to the usual care group. "Clients were more satisfied when they received START in comparison to usual care, Matthew said, "and it is likely that on conclusion of the study, analysis may indicate that the START intervention will prove a cost-neutral alternative for ACC.



Professor Matthew Parsons

Ashlea Williams: Highly Commended scholar



Dr Ofa Dewes joins SoN researchers

Ofa is a co-researcher on the National Science Challenge Ageing Well study led by Professor Merryn Gott to explore social connection, isolation and loneliness among Pacific older people. She is also working with Dr Lisa Williams, Stella Black and Dr Tess Moeke-Maxwell on a participatory action research project to create resources for whānau and family caring for relatives with a life-limiting illness.

Previously from the School of Population Health, Ofa is a member of the Science Leadership Team for the Healthier Lives Challenge and also works with Maurice Wilkins Centre research scientists on the genetics of Type 2 diabetes study.

In 2012, Ofa was awarded a Health Research Council partnership grant to implement the NZ Weight Management Guidelines in Pacific churches. Ofa serves on government health advisory panels and is a member of the Pacific Medical Association, Gerontological Society of America a South Auckland Women's Refuge Board, and the *Journal of Primary Health Care* Editorial Board.

She is Fiji-born of Rotuman/Tongan/Tuvaluan ethnicity with affiliation to Ngati Porou.



Ashlea Williams (right) with her supervisor Dr Terryann Clark and Terryann's children, Te Atawhai and Matana Riwaka, at the Wallath Prize awards.

Summer student Ashlea Williams earned Highly Commended honours in the Faculty of Medical and Health Sciences Wallath Prize competition. The award means her report on her summer project titled, *Māori cultural identity and the relationship to mental health outcomes for Taitamariki Māori* (Māori Youth) ranked in the top three of all summer student reports received in the Public

Health Category. Dr Terryann Clark was her supervisor.

Ashlea and the other winners were recognized at a prize-giving ceremony in May. Each year, the Wallath Trust awards a cash prize to the student who pens the top-ranked research report in the categories of Biomedical, Clinical and Public Health. Runners-up receive certificates.

Dr Michelle Honey selected for international invitation-only workshop



Michelle was one of only 30 people from around the world invited to the three-day workshop in Geneva about informatics competencies for nurses from a global perspective. Outcomes from the workshop will be published in a special volume in *Studies in Health Technology and Informatics*.

The workshop followed the 13th International Congress in Nursing Informatics. Theme of the conference was "eHealth for all: collaboration at every level from project to realization".

At the conference Michelle presented a paper written with co-authors Susan Waterworth and 2014-2105 summer student Htein Aung. Titled, *Older consumers' readiness for e-Health in New Zealand*, it sought to understand how older people access health information. She also presented a paper co-authored with Lucy Westbrooke titled, *Evolving national strategy driving nursing informatics in NZ* that drew upon the updated NZ Health Strategy and considered the implications for nursing informatics.

Palliative care goes to the movies

Collaboration with Media, Film and Television filmmakers in the Faculty of Arts translates research findings into short film

Add the film *Farewell (Haere atu ra)* to the mix of methods the Te Pākeketanga research team will be using to spread the word about results from their Health Research Council (HRC) grant. "It's not enough any more to share results only with other academics and maybe practitioners and policymakers. The HRC and other funders understand the need to inform the public," said project coordinator, Dr Lisa Williams.

The three-year, \$2.1 million, Te Pākeketanga study involved in-depth interviews with Māori and non-Māori about the end of life experience of their older relatives (80 and over) who had died recently. The interviews shed light on the care they received from formal health services as well as on the whānau/family members' grief and bereavement.

Details have been changed but the film's eight vignettes are accurate accounts given by the interviewees. In turns moving, humorous, sad, shocking, and heartwarming, they offer a poignant account of the last days and weeks of older New Zealanders.

"Stories are powerful," Lisa said. "Māori have known this forever and, being great oral storytellers, understand the ability of stories to speak truth. Part of our purpose in creating the film is to connect to Māori in a culturally significant way."

"*Farewell* builds on last year's successful Māori digital stories collaboration," Lisa said. "We are working again with Associate Professor Shuchi Kothari and Dr Sarina Pearson from Media, Film and Television in the Faculty of Arts. They led our digital storytelling workshop with eight Māori and their whānau including Te Pākeketanga team members, Dr Tess Moeke-Maxwell and Stella Black."

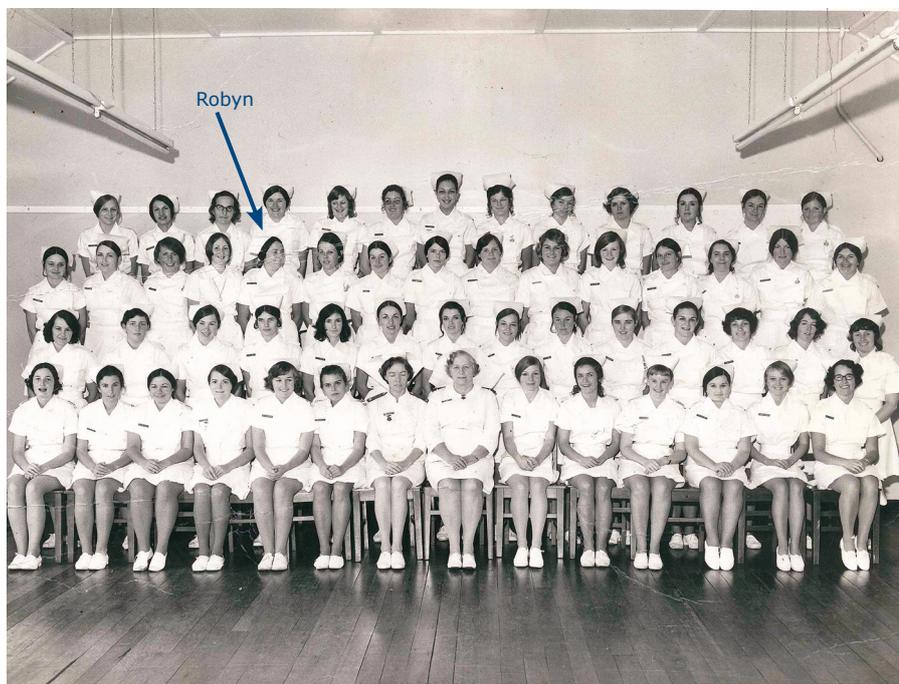
Farewell (Haere atu ra) premiered at the *Future Landscapes* palliative care conference at the University's Tamaki Campus. It will be made available as a teaching and training tool and distributed on social media. Enquiries can be directed to Lisa at la.williams@auckland.ac.nz



Clockwise from top: Actors Martin Booker and Lara Macgregor perform in front of the green screen. Their vignette tells the story of "Jarrod" and "Joan" who are looking out for an older friend in an aged care facility. Dr Sarina Pearson watches the actors live and on twin monitors. Associate Professor Shuchi Kothari shows actor Aroha Armstrong the direction from which "Koro" will deliver his line. Joe Naden (Koro) waits for his cue to roll in. Koro, is a care facility resident where his niece, played by Aroha, works.

Shuchi and Sarina co-wrote, co-produced and co-directed the film.

“She’s a lovely girl but don’t expect too much from her” A/P Robyn Dixon retires after 25 years



Robyn’s nursing school class, 1972

Robyn Dixon’s winding road to associate professor in the School of Nursing started in an unlikely place, on the wrong side of the tracks. Born in Whangarei, she moved with her family to Auckland at age five. From her parents – she was the oldest of four children born within five years – she learned first-hand about family violence, a topic that became one of her enduring research interests. Nor was she a stranger to poverty. “Dad finally shot through when I was 13.”

In the days before the DPB, his desertion left the family destitute. Robyn caught on quickly about how to handle money: “Mum would give me 10 shillings and send me up to the supermarket to buy food. If I got it wrong, there was no more money for the week.”

Though bright at school, she ran up against class prejudice meant to ensure she didn’t get ideas above her station. After her primary school principal awarded her top honours, her teacher patted her on the head and advised her proud mother, “She’s a lovely girl but don’t expect

too much from her.” Yet despite her challenging childhood, Robyn appreciated what it taught her about hard work and perseverance. “I’m not bitter because I would never be here if not for where I come from.”

The accidental nurse

Going to University “wasn’t on the radar” when Robyn left school at 17. No one in her family ever had, and her mother needed help supporting the other three

A “young man in a duffle coat” pulled the phone off the wall, produced a sawn-off shotgun from underneath his coat and demanded all the drugs in the drug cupboard.

children. Robyn would have loved a job as a scientist, “but what kind of science job could you get as a school leaver?” Instead, she worked for the Department of Health in Central Auckland’s Bledisloe House.

Every month she and her co-workers received stacks of

prescriptions for medications from all over New Zealand. Their job was to price the medicines so the prescribing chemists could get reimbursed. “I learned to read some very bad doctors’ handwriting,” she said.

The “mind-numbingly boring job” gave way to nursing school, an unplanned development in Robyn’s career. One lunchtime, a co-worker asked her to go along when she went to apply for nursing training “at the Hospital Board office up in Wellesley Street by the Art Gallery.”

Robyn only planned to wait for her outside but ended up being persuaded to apply too. On the spur of the moment she opted for maternity nurse training, “because that was only 18 months,” but that day was the very last intake before maternity nursing was incorporated with general training, and so it was three years or nothing. “I loved it from the very first,” Robyn said.

The work was exciting and challenging on many fronts. During her last year, only 20, she was in charge of a general medical ward with 30 beds on the night shift. “People wouldn’t believe this today. I had only a 16 year-old nurse aide with me.”

And, on this particular night, an armed robber. In probably New Zealand’s first prescription drugs-related robbery, a “young man in a duffle coat” pulled the phone off the wall, produced a sawn-off shotgun from underneath his coat and demanded all the drugs in the drug cupboard.

Robyn did as he asked and both she and the nurse aide escaped unharmed. The police caught up with the thief in Tauranga three months later. “A very sad case,” Robyn said.

A new start

In 1972 Robyn married her husband Ken, an act that

Comments from Robyn's colleagues

A/P Janet Fanslow, Head of Department, Social & Community Health

Robyn has contributed so much knowledge to her students, her colleagues, and the world, through the truly impressive breadth and depth of research projects that she has shepherded to successful conclusions. She has contributed so much heart to working in ways that support people to function with humanity and dignity, inside and outside of the university.

A/P Christa Fouche, Head of School, Counseling, Human Services & Social Work

Robyn has the ability to cut to the core of a problem, find pragmatic solutions and resolve conflicts that others tend to avoid. She has an amazing work ethic, solid and trustworthy interpersonal relationship skills and a real interest in people.

A/P Judy Kilpatrick, Head of School, School of Nursing

Robyn has been like a rock here. When our school was brand new she came with all this knowledge about the University and a fabulous academic background. Very quickly she cemented herself as our 'go-to' woman. She began as a mentor for our staff and turned into a friend of all.

Lesley Doughty, Management Director Postgraduate Taught Programme, School of Nursing

Robyn has been a role model and a friend to me, and I have a huge amount of respect for her. We have worked together in many capacities from undertaking student supervision, managing the postgraduate programme and now, coming full circle, Robyn is my doctoral supervisor. She will be greatly missed around the School of Nursing, but I am able to smile as I know our relationship does not end here because I will still have the opportunity to continue my learning under her wisdom.

threatened to blot her copybook. "I got called before the matron and asked what I thought I was doing getting married while still a student nurse." Six months later she graduated and moved to Christchurch to be with Ken who was an officer in the Air Force. Later he left the service and worked for IBM.

She and Ken had two children, Melanie and Murray, and then in 1980 after the family had moved back to Auckland, Robyn took on a new challenge. She enrolled in the newly created New Start programme designed for adults who didn't have the right credits to attend university. Successful in the programme, she "took the plunge and enrolled in university."

Like many mothers, she fit her studies around her children's schedules. "It was a funny mishmash because I could only do courses when I had childcare."

"You don't get any more women like me coming through. When I was studying as an undergraduate, there were a lot of single mums who were given that leg up . . . Society is missing out on a valuable resource."

A master's followed and then her PhD for which she was offered a Vice Chancellor's scholarship, the first New Start student to earn one. However, she turned it down in favour of an assistant lecturer's position that meant she could "get a foot on the bottom rung of the academic ladder" and instead completed her PhD part-time. Her topic concerned predictors of good outcomes for infants and single mothers in the first six months of life. She graduated in 1995, 15 years after her tertiary education journey started.

The day Robyn finished her PhD she began her job in the School of Education as co-director with Vivienne Adair of the Centre for Child and Family Policy Research "We got a centre with a name



Robyn Dixon (right) with colleague Lesley Doughty at May graduation.

and that's all. We built it up from nothing." Their first research, worth \$30,000 was to develop a research agenda linked to the Children, Young Persons and their Families Act 1995. "And I now know we did \$300,000 worth of work!" but the project was

what kick-started the Centre and Robyn's research career.

When she stepped down 15 years later in 2013, Robyn had been responsible for generating almost \$20 million worth of research funding, both contract and public good. "One of the things I think I'm good at is bringing people together to achieve a goal, and I think that was just as critical to the success of the Centre as my skills as a researcher."

2004 marked the year Robyn shifted from the School of Education to the School of Nursing. Over the years she had developed significant links to the school and the wider faculty. "It was like coming home,

story continued on p. 13

Does long-term care affect hospitalisation rates for older New Zealanders?

Study compares hospitalisation rate for people before and after entry into long-term care facilities.

There's a population boom happening, and it has nothing to do with babies (though baby boomers will one day join its ranks). It's the 'oldest old' – those 85 and over – who belong to the fastest growing segment of Western society. Declining fertility and increasing life expectancies are the causes and the effects are dramatically accelerating demands on health and social services.

To cope, many governments, including New Zealand, have adopted policies to promote 'ageing in place', which means helping people stay in their own homes and communities living safely, independently and comfortably for as long as possible. As a result, older people can delay their entry into long-term care (LTC) facilities or never go at all.

The assumption behind this strategy is that community-based care will be more cost-effective than institutional care. In other words, everybody wins: older people get to stay at home and governments can keep their healthcare costs down. Yet the research tells a more nuanced story.

Systematic reviews comparing clinical outcomes and cost savings between community care and LTC seldom focus on changes in hospitalisation across the two settings. Research timeframes are often a year or less, and only a few studies have compared hospitalisation rates before and after people became LTC residents.

To understand more clearly what's happening, Dr Michal Boyd and her research team adopted a new approach. They looked at hospitalisation rates for 2244 New Zealanders for a full 12 months before and after people entered Auckland LTC facilities.

They divided the 24-month period into four, six-month intervals: two before entry and two after. The first six months served as

the baseline for the other three segments of time.

Their results showed that individuals' hospitalisation rates rose dramatically during the six-month period immediately prior to going into care and decreased dramatically after entering care. Michal regarded the drop in hospitalisations as encouraging. "The reduction may have occurred as a result of having a clearer understanding of the resident's chronic conditions and better monitoring of their health status."

Michal did note, however, that hospitalisation levels dropped less for people living in low-level 'rest home' care with 24-hour care assistants compared to those in high-level 'private hospital' care staffed with 24-hour registered nursing care. "The difference may be related to the higher

Hospitalisation rates rose dramatically during the six-month period immediately prior to going into care . . .

number of registered nurses employed in higher level care. It may also reflect a more palliative management approach for some residents in higher level care," she said.

People who transferred to an LTC facility from an acute care hospital experienced more hospitalisations in the six months prior to their admittance than those who came to LTC facilities from other places, such as their own homes. However, by the last six-month period measured in the study, hospitalisation rates had evened out between the two groups.

Even so, hospitalisations dropped less for the high-level group (those in private hospitals) than the low-level one (those in rest homes).



Dr Michal Boyd

The results from this study are consistent with the few others that compare hospitalisation rates before and after LTC entry. A European longitudinal cohort study demonstrated a six-fold higher rate of hospitalisations in the three months before LTC entry compared with the three months after entry.

During the last several decades many studies have attempted to decrease hospitalisations and delay or prevent LTC entry for high needs older people, Michal noted. "Yet the cost/benefit of these programmes is still not clear," she said. "Although 'ageing in place' is the desired goal for those with high levels of disability and frailty, it can be difficult to know when risk of harm – increased hospitalisations – outweighs the benefits of 'ageing in place'."

Michal and her team recommend the development of improved methods for identifying older people at risk and more intensive intervention in the community if New Zealand wants to decrease hospitalisations for those on the verge of requiring 24-hour long term care.

You can find the full article here: [Boyd M, Broad J, Zhang T, Kerse N, Gott M. Hospitalisation of older people before and after long-term care entry in Auckland, New Zealand. Age and Ageing 2016; doi: 10.1093/ageing/afw051.](#)

Is it possible to decrease the rates of hospital-acquired pressure injuries?

Three-year project measures rates of injuries and rolls out improvement programme



A/P Andrew Jull

Pressure injuries, or bedsores, hamper hospitalised patients' quality of life. They increase pain, decrease comfort, restrict basic everyday activities and come with a hefty price tag. The societal cost for pressure injuries is \$694 million a year in New Zealand.

All these factors combine to make them a sore point for hospitals and monitoring them for improvement a priority. Yet doing so effectively is problematic.

To tackle the issue, Associate Professor Andrew Jull worked with Auckland District Health Board (ADHB) to develop a monthly pressure injury surveillance programme. The programme's purpose was three-fold: to establish an accurate baseline useful for the improvement initiatives the team planned. Second, to monitor the performance of the improvement initiatives. Finally, they wanted to estimate the annual prevalence of hospital-acquired pressure injuries and also be able to describe the injuries themselves.

To achieve their goals they randomly sampled eligible patients from qualifying clinical units at Auckland City Hospital on the first Wednesday of each month from March 2012 to February 2015. In total, they audited 8274 patients. They found that the most frequent location for pressure injuries was the sacrum or heel.

They used a standardised audit tool that collected information on risk assessment, the presence or absence of pressure injuries and their location and grade as well as details about the patient's age, sex and ethnicity.

During the project, they undertook phased roll outs of improvement initiatives. Also, recognising that not all adult patients required a risk assessment, the team incorporated a quick risk assessment to prompt full assessment only when the patient was older, not independently mobile or had an existing pressure injury.

Within the audit they collected information on risk assessment and care planning for each patient and were able to provide monthly feedback to the clinical units taking part in the project on their performance.

During the course of the project, they also instituted a policy covering the most serious (grades 3 and 4) hospital-acquired pressure injuries. These were to be considered serious 'harm events' requiring root cause analysis, case presentation to an Adverse Event Review Committee, recommendations addressing systems issues, and reporting in the DHB's annual serious and sentinel event report to the Health Quality and Safety Commission.

Their results showed that their improvements made a significant difference. The average prevalence of pressure injuries dropped after July 2013 from an average prevalence of 7.9% to 4.8%. This work is helping to inform a national project.

To read the full article, see: Jull A, McCall E, Chappell M, Tobin S. [Measuring hospital-acquired pressure injuries: a surveillance programme for monitoring performance improvement and estimating annual prevalence.](#) *International Journal of Nursing Studies* 2016; 58 71-9.

Major HRC grant for innovative leg ulcer study

The Health Research Council of New Zealand (HRC) has awarded Andrew Jull a \$1.2 million grant to determine the effectiveness of a wool-derived keratin dressing (Keramatrix) for treating Venous Leg Ulcers (VLU). The study marks the first definitive trial and builds on a decade of VLU research. It also draws on the existing research infrastructure of a current HRC-funded trial testing the effectiveness of aspirin in helping to heal VLU.

"The prevalence of VLU will almost double by 2031," Andrew said.

"If Keramatrix is effective, more people with leg ulcers could heal sooner than with compression alone." Improved quality of life could result as well, "especially in older people for whom VLUs

are more common."

Cost savings are another possibility. Reducing the average time it takes to heal decreases



the demand on district nursing services and frees resources for other health needs.

The single-blind randomised controlled trial will include patients 18 and over of district nursing services in Auckland, the Waikato, Christchurch and Dunedin. Participants will receive either a keratin dressing or usual, standard care dressing until healing or until the trial's end, whichever occurs first.

Andrew will be the principal investigator and the project's co-researchers are Professor Chris Bullen, School of Population Health and Director, National Institute for Health Innovation (NIHI); Varsha Parag, lead biostatistician at NIHI and Dr Jill Waters, consultant geriatrician at Auckland District Health Board.

Haematological Cancer and psychosocial distress

Little research exists about haematological cancer survivors post-treatment psychosocial distress experiences

Debbie Raphael's background in psychology as well as her experiences witnessing friends' stress after the end of their treatment for cancer prompted her to focus her PhD research on haematological cancers and psychosocial stress.

Haematological cancers, the fourth most common type of cancer in the developed world, are on the rise, especially those associated with increasing age such as myeloma, non-Hodgkins lymphoma and most chronic leukaemias. Fortunately, survival rates are increasing in many countries due to improved treatment and early detection.

Research shows that all cancer patients do experience some level of distress after treatment finishes.

However, cancer survivors are often left with residual physical, psychological and social issues.

Research shows that all cancer patients do experience some level of distress after treatment finishes. It ranges from common feelings of vulnerability, sadness and fears to problems that become disabling, such as depression, anxiety, panic, social isolation and existential and spiritual crises.

'Re-entering' normal life may be a particularly challenging time. The transition from cancer patient to survivor can be a difficult, with survivors often suffering negative psychological consequences and frequently lacking the support services they require.

Studies on lung cancer, colorectal cancer and lymphoma survivors indicate that psychological

symptoms persist for 16 months following treatment. Though while information about other cancers might prove useful, it cannot compensate for knowledge about and targeted to haematological cancer survivors. Yet little is known about their experience.

Debbie's PhD research aims to address this gap. Her three-phase project involves researching the size of the problem in relationship to psychosocial distress for survivors, gathering their perspectives on how they're coping with it and identifying support available to them as well as gaps in such support.

Phase 1: Interviewing

Debbie has conducted twenty-two qualitative, in-person or telephone interviews with haematological cancer survivors. They had completed their primary treatment within the previous four years. "Four years is appropriate because it's within this period that cancer survivors of most types are more likely to be affected by psychological and social problems," Debbie said. "This is also known as the period where the fear of cancer reoccurrence may dominate a survivor's thoughts."

Her preliminary results show that psychosocial issues are infrequently addressed within the health system. "For some, addressing these issues would have been helpful both during treatment and after," she said. "Another theme involves the role of family in providing psychological support. Strong family support may lessen the need for psychosocial support services."

Phase 2: Calculating psychosocial distress

Her findings from phase 1 will inform the quantitative survey she develops to calculate the prevalence of survivors' psychosocial distress post-



Debbie Raphael

treatment. The survey will be administered three times: at baseline, six months and twelve months.

Debbie chose a longitudinal design because "fluctuations in psychosocial distress have important implications for the nature and timing of services required to support cancer survivors."

Phase 3: Gaps in support

In phase three, Debbie will use results from Phases 1 and 2 to inform interviews with health professionals. She anticipates that incorporating their perspectives will inform the development of recommendations to improve service delivery to haematological cancer survivors who are struggling after treatment ends. Outcomes from the research will also identify just how significant psychosocial distress is for this group of people.

Debbie is a research assistant in the School of Nursing. Professor Merryn Gott and Dr Rosemary Frey are her supervisors.

Pain and pain management: Surgery patients' experience at home



Denyse Lloyd is a clinical nurse specialist, pain management at Auckland Hospital.

Denyse's master's research concerned patients' experience of pain once they leave hospital after an acute surgical admission. Inadequately controlled pain contributes to poor patient satisfaction and the development of chronic pain.

Yet, as she found while completing her thesis, little literature exists describing people's experience of pain and pain management after discharge from an acute admission to a surgical ward – an oversight for hospitals keen to gauge and improve patient outcomes. This is an especially important goal, Denyse emphasised, since DHBs are shortening the length of hospital stays due to advances in technological, pharmaceutical and surgical techniques as well as in order to save money.

Existing evidence suggests patients are being discharged earlier, sicker and with a greater complexity of healthcare needs. On the other hand, evidence also suggests they are benefitting from shortened stays: reduced waiting time to go home, a faster return to their usual activities and individualised care from family and friends. Either way, not enough is known about the pain they are experiencing and how they are handling it.

To fill this critical gap in knowledge, Denyse adopted a two-pronged

research strategy. She examined the electronic discharge summaries of 25 people and also conducted telephone interviews with them on their third day after discharge.

The time they spent in hospital ranged from 1 to 21 days, with the average being 7 days. Among the data Denyse gathered from the discharge summaries was that 96% were prescribed analgesia at discharge. Twenty-one filled the prescriptions, and the four who didn't stated they already had a supply of the medications at home. All the prescriptions included

Participants resilience allowed them to continue their recovery at home as well as cope, adapt and manage their healthcare.

Paracetamol and 71.4% (15) included opioids.

From the interview data, Denyse identified three themes central to an understanding of the participants' experience of pain and pain management. They were: resilience, discontent and patient experience of discharge.

Resilience

Denyse reported that resilience kept reappearing in a variety of forms throughout the transcripts. Participants' resilience allowed them to continue their recovery at home as well as cope, adapt and manage their healthcare.

Good communication was an enabler of resilience because it meant participants were able to gather information that was relevant to them concerning pain management. The information gathering occurred, for some, during their hospital stay while for others they accessed relevant knowledge immediately prior to discharge.

Resilience was also indicative in participants' self-reliance; they

figured out by themselves aspects of their pain management. They did so by reading the instructions on the analgesic medication boxes and by making judgement calls on when to start reducing analgesia in the absence of verbal or written information. They positively adapted to their changing needs during recovery by seeing a reduction of analgesia as a positive step in their recovery.

Discontent

Less prevalent was participants' discontent with aspects surrounding their pain and pain management. Uncontrolled pain, side effects, perception of an unclear diagnosis and unclear communication cropped up as aspects of discontent. It was particularly expressed in anxiety, perception of an unclear diagnosis and medication side effects.

Patient experience of discharge

Anxiety surfaced again in relationship to discharge as did issues around medications, prescriptions, the pharmacy itself, analgesia education, confusion over multiple and significant prescriptions, length of time taken to discharge and quantity of analgesia.

Regarding anxiety in particular, Denyse found that it surfaced for participants as 'concerns prior to discharge'. Such concerns included pain and the ability to control pain at home, lack of confidence in managing analgesics, side effects of analgesia (such as a lack of mental clarity and ability to cope in the home environment).

The title of Denyse's thesis is *What is the patient experience of pain and pain management in the first three days after discharge from an acute surgical admission?*

Her supervisor was Dr Julia Slark.

May 2015-May 2016

Master's graduates

Here is our latest list of students who have completed the requirements for the master's degree. They may choose from several pathways: dissertation, research portfolio, thesis, clinical master's (nurse practitioner pathway) or a clinical master's programme.

Dissertation

Amanda Homewood

Supervisor: Sandy Oster

How do we care? Identifying Registered Nurse behaviours that convey compassion and caring in the general hospital inpatient setting

Andrea Jane Bond

Supervisors: Merryn Gott, Lisa Williams

The role of the nurse specialist in advance care planning for patients with chronic obstructive pulmonary disease and heart failure. An integrative literature review and secondary analysis of vignette based interviews

Asa Evans

Supervisor: Jo Agnew

What is Best Practice for Dealing with Women Who Miscarry Prior to 20 Weeks of Pregnancy? An Integrated Literature Review

Bridget Maley

Supervisors: Robyn Dixon, Gemma Aburn

Subcutaneous and intravenous drug administration in breast cancer: A review of patient experiences and clinical resource use

Bridget Rosa O'Brien

Supervisor: John Parsons

Pelvic floor exercises post radical retropubic prostatectomy: A regime to achieve urinary continence

Christina Edmonds

Supervisor: Nicolette Sheridan

The Role of a Head and Neck Cancer Clinical Nurse Specialist in Northland

Cortilda Kanda

Supervisor: Lesley Doughty

Factors that influence the transition and retention of new graduate nurses in the operating theatre

Cynthia Jean Seamark

Supervisor: Rosemary Frey

Are Personal Bereavement Experiences of Palliative Care

Health Professionals Documented in Health Literature as an Additional Stressor

Deborah Rose Shepherd

Supervisor: Cathleen Aspinall

Do Nurse Prescribers Practice Concordance in their consultations to engage clients in medication self-management. To promote medical adherence and improved health outcomes? An integrative review

Dianne Lynnette Mulders

Supervisor: Rosemary Frey

To measure resilience in health care professionals what scales exist? An integrative literature review

Dzikamayi Princess Marufu

Supervisor: Rosemary Frey

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Elisabeth Henriette De Vries

Supervisor: Anthony O'Brien

Smoking cessation and schizophrenia

Elsbeth Witton

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Ian Joyce Yadao Ramos

Supervisor: Michael Boyd

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Jacqueline Stone

Supervisor: Cathleen Aspinall

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Janene Elizabeth Waye

Supervisor: Anthony O'Brien

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Karen Nixey

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Lauren Mary Porten

Supervisor: Louise Carrucan-Wood

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Linda Anne Taylor

Supervisor: Karen Scott

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Lorraine Jean Morley

Supervisor: Joanne Agnew

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Malveena Kumar

Supervisor: John Parsons

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Mi You

Supervisor: Reena Patel

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Rachel Teulon

Supervisor: Cathleen Aspinall

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Rebecca Porton-Whitworth

Supervisor: Lesley Doughty

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Rekha Devi

Supervisor: Kathy Peri

Does a Caregiver's burden of Care Lessen Following the Permanent Placement of a Family Member with Dementia in a Dementia Unit

Robyn Sharp

Supervisor: Katey Thom

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Ronitha Ramdas Reddy

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Supervisor: John Parsons

*Acute Care for Elders***Wendy Dragt**

Supervisor: Karyn Scott

*The Use of Wound Assessment and Diagnostic Tools in Improving Chronic Wound Healing Outcomes: An Integrative Review***Research portfolio****Anne Goddard**

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*Safe practice in medication administration***Denise Hislop**

Supervisor: Robyn Dixon

*A Pilot of the National Shared Care Plan Programme***Fiona Sayer**

Supervisor: Rosemary Frey

*Psychosocial Distress in Rural Oncology Patients: The Perceptions and Experiences***Gaye Liversedge**

Supervisor: Dianne Marshall

*The Utilisation of Physical Assessment Skills by Nurses***Helen Waldron**

Supervisor: Lesley Doughty

*PATRONUS: Predicting Early Extubation After Routine Cardiac Surgery***Megan Connolly**

Supervisor: Stephen Jacobs

*Clinical leadership of registered nurses working in an Emergency Department***Ray Jauney**

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*How do nurses in Aged Residential Care facilities assess and manage patients experiencing delirium?***Sheree East**

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*Changing the way nurses document care: Implementing the Omaha System in a New Zealand Community Nursing Organisation***Sirinya Ruchiravanish**

Supervisors: Andrew Jull, Julia Stark

*Exploring the experience of patients receiving treatment in**Oncology Outpatient: Information Provision, Organisation and Care Correspondence and Confidence in Care***Zoe Williamson**

Supervisor: Michelle Honey

*The barriers to participating in simulation training for undergraduate nursing students in a New Zealand setting***Thesis****Janine Rouse**

Supervisor: Stephen Jacobs

*Improving patient flow from the Department of Critical Care Medicine at Auckland City Hospital to general medical and surgical wards***Jennifer Goddard**

Supervisor: Robyn Dixon

*Sources and levels of stress in students at an urban multi-ethnic secondary school***Miranda McDonald-Brown**

Supervisor: Barbara Daly

*Steroid induced hyperglycaemia***Monina Gesmundo**

Supervisor: Lisa Stewart

*Impact of Catheter-associated Urinary Tract Infection (CAUTI) Education Package on Nurses' Knowledge and Practices***Natasha Smith**

Supervisor: Kate Prebble

*The Right to Grieve: Lesbian women's experience of grief and loss from the death of an intimate partner in New Zealand***Olivia Marti**

Supervisor: Deborah Somerville

*The Management of the Febrile Under Six Week old Baby in New Zealand Emergency Departments***Pauline Faka Iata**

Supervisor: Robyn Dixon

*An exploration of health literacy attitudes to contraceptive use in Tongan women***Romana Raby**

Supervisor: Stephen Jacobs

*Factors impacting on the clinical leadership behaviours of staff nurses at the point of care***Clinical Master's (Nurse Practitioner Pathway)****Ashleigh Battaerd**

Supervisor: Sandra Oster

Bronwyn Perry

Supervisor: Sandra Oster

Carmel Hassan

Supervisor: Sandra Oster

Caroline Vanstone

Supervisor: Sandra Oster

Christina Austin

Supervisor: Michal Boyd

Eileen Gibbons

Supervisor: Michal Boyd

Fakaola Otuafi

Supervisor: Michal Boyd

Felicity Drumm

Supervisor: Jackie Robinson

Gaylene Hinton

Supervisor: Sandra Oster

Jennifer Hansen

Supervisor: Sandra Oster

Julie Scott

Supervisor: Karen Hoare

Kate Chitar

Supervisor: Karen Hoare

Michelle de Graaf

Supervisor: Sandra Oster

Monique Pearce

Supervisor: Karen Hoare

Nicola Anderson

Supervisor: Sandra Oster

Rosalind Rowarth

Supervisor: Sandra Oster

Rosemary Fifield

Supervisor: Sandra Oster

Rubashnee Naidoo

Supervisor: Karen Hoare

Sacha Cowell

Supervisor: Jackie Robinson

Stephanie Thomson

Supervisor: Sandra Oster

Susan Stebbings

Supervisor: Michal Boyd

Clinical Master's**Ashwani Arora****Beedwantee Pudaruth****Beverley Carney****Dorothy, Larsen****Grant Chandler****Jillian Jansen****Katherine Megchelse****Maryanne Offner****Meenakshi Hayden****Stacey Limmer****Suzanne Berry**

'Honours Corner'

Report on the Bachelor of Nursing (Honours) programme

Honours student Kathryn der Maas has been selected by the University of Auckland to attend the U21 Undergraduate Research Conference in Monterrey, Mexico. She will share her research at the July conference whose theme is *A Global Perspective on an Ageing Population*.

"The conference will allow me to engage with like-minded research students from a variety of different professions, backgrounds and countries, all pertaining to population aging," Kathryn said. (SoN research assistant and History honours student Tessa Morgan will also attend, making the School well-represented, as only three students from the University have been chosen.

Kathryn is one of 18 students currently enrolled in the Nursing Honours programme. It "targets high-achieving nursing undergraduates," said Dr Stephen Jacobs, "who show the potential to become nurses who will support and lead quality health service delivery and innovation."

Stephen also reported that the programme offers mentoring and support to nurture innovation and leadership potential. "Our aim is to ensure capable nurses stay in New Zealand and later take on senior leadership roles." There is also opportunity to 'fast-track' to doctoral studies."

Students in the programme receive leadership education and mentoring in addition to their research supervision. They undertake research projects over an 18-month time period and are chosen by the DHB where they work. "This ensures nurses are contributing to real health service improvement," Stephen said. "In turn, the DHBs receive quality improvement gains."

So far, Waikato, Counties-Manukau, Auckland and Bay of Plenty District Health Boards are involved. Of the 14 nurses who have completed the programme, Six are now engaged in PhD study.

Testing the waters

School of Nursing summer students dive into research under the guidance of staff



Back row L to R: Dr Rosemary Frey; Prof. Merryn Gott; Angela Moanu, Ashlea Williams; Ciara Rhodes; Catherine Tian; Macy Cheng, Dr Kate Prebble; Dr Lisa Williams. Front row: Tessa Morgan, How-Shin Tsao, visiting scholar, Dr Tony Ryan, Marianne Grbin and Dr Barbara Daly. Not pictured, Clarissa Wong, Dr Karen Hoare.

For summer 2015-2016, the School of Nursing welcomed eight summer scholars. They completed projects ranging from managing diabetes risk factors to evaluating peer support and breastfeeding.

The purpose of the programme is to offer promising undergraduates an opportunity to engage in health research thereby perhaps sparking

their interest in completing a post-graduate research degree.

Students received a \$5000 stipend for their 10-week studentship. Their work often formed the basis for academic publications that listed them as a named author. In total, the Faculty of Medical and Health Sciences (FMHS) hosted 172 summer students.

CPAP-users' partners as partners-in-care. Findings from a grounded theory study.

Kim Ward, Karen Hoare, Merryn Gott
School of Nursing, The University of Auckland, New Zealand

Sleep ... "chief nourisher in life's feast..." (Michelin, p.181)

Introduction

This poster describes the considerable impact of partners and other family members on success using CPAP[®] by establishing and maintaining a team for good-sleep. Many things disrupt sleep and sleep medicine highlights OSA[®] as a common cause.^{1,2} CPAP is a recognised, clinically effective and cost-effective treatment for OSA.^{3,4} Yet scholars argue that patients underuse this therapy.⁵ Most studies focus on resolving difficulties using CPAP.⁶ In contrast, our grounded theory⁷ (GT) study focused on experiences of adults living with CPAP.

Study design

We generated data via 17 semi-structured individual interviews over the phone.⁸ Data were analysed according to GT convention, reaching theoretical saturation. GT uses accounts of personal experiences to construct an explanatory theory about participants' actions.⁷ Therefore, the coding framework was inductively derived from the data. We sampled purposively and theoretically from a respiratory clinic in a main city of New Zealand.

Overall, the study led to the construction of the theory, **bargaining and balancing life with CPAP**, using three main categories:

becoming a team for good-sleep, making choices about CPAP & becoming used to CPAP

M.57 M.58 M.59 M.60 M.61 M.62 M.63 M.64 M.65 M.66 M.67 M.68 M.69 M.70 M.71 M.72 M.73 M.74 M.75 M.76 M.77 M.78 M.79 M.80 M.81 M.82 M.83 M.84 M.85 M.86 M.87 M.88 M.89 M.90 M.91 M.92 M.93 M.94 M.95 M.96 M.97 M.98 M.99 M.100

Findings

We present the first main category of our study showing how those in close relationship with the CPAP-user act as partners-in-care during the process of using CPAP.

"I think it was good [my husband] came to the appointment. It's probably quite important that you're both hearing the same information at the same time." (F.44)



"Becoming a team" began with partners, family and friends bearing witness to OSA symptoms, that had led to poor sleep for all involved. Witnesses bargained and shared their experiences with snorers to help them become aware of having OSA. Through negotiating and joint decision-making snorer and partner became a team who shared the goal of good sleep. Teamwork between partner and CPAP-user was sustained throughout the process of becoming used to CPAP that finally led to mastery of the device.

"Continuous positive airway pressure" "obstructive sleep apnoea"

Discussion

Participants' reports have illustrated enactment of a 'team' concept, defined as two or more people "committed to a common purpose."^{9(p.186)} Moreover, participants demonstrated the value of social support as a characteristic of effective interpersonal relationships.^{10,11} This study highlights the impact of OSA on other people closely associated with the sleep apnoic and supports previous literature.¹² A growing body of international literature in adult and paediatric care provides evidence for families as partners-in-care.¹³ Given the commonly dyadic nature of sleep, we argue that by involving the 'partner', as described by the patient, in the healthcare process providers validate the collaborative role of close others and enable allies for quality and safety.¹⁴ This is especially important for female CPAP-users.¹⁵

Conclusion

Our data indicate partners have a stake in CPAP use, and are key to supporting the user. Formally including designated partners-in-care during consults optimises the teamwork of a close relationship, by enabling joint problem-solving and decision-making from a position of shared knowledge. This aligns with patient- and family-centred care and should become the norm to improve clinical outcomes for OSA sufferers. Further research should corroborate this study and explore transferability of findings to other long-term conditions.



Kim Ward | k.ward@auckland.ac.nz

Kim Ward presented results from her PhD thesis at the CARE Respiratory Conference held at Warwick University, Coventry, in June. In April, she passed her oral exam and will be awarded her PhD at Spring Graduation in September.

Robyn Dixon continued

and I have never regretted the decision."

She can't remember a day in the last nearly 12 years that she truly didn't want to come to work. She has loved every aspect of her job – the challenge and thrills associated with research, teaching, supervision, inspiring and supporting students and the leadership opportunities, which have included mentorship of a goodly number of her colleagues, and of course the collegiality. "It is the people that make me

want to come to work as much as anything else."

Looking back, looking forward

Robyn acknowledges that for her, academia has been about more than just earning her degrees, teaching, supervising students (of which there were more than 200) or conducting research. "It's been an interesting journey," she said, "the university opened my eyes to all sorts of gender and equity issues. I found feminism and got politicized."

She was very active in the Women's Electoral Lobby that was instrumental in putting women on local councils and into parliament and still remains close to the women she worked with then. "Six of us meet every six weeks for breakfast. Now we talk about grandchildren and what hurts rather than changing the world," Robyn said and laughed.

She was also a member of the original Women's Health Action group formed after the Cartwright inquiry into the treatment of women with cervical cancer at National Women's Hospital.

If she has one regret, it is not for herself but for the demise of second-chance tertiary education like the New Start programme. "You don't get any more women like me coming through. When I was studying as an undergraduate, there were a lot of single mums who were given that leg up and who have then gone on and achieved. Society is missing out on a valuable resource."

Robyn will keep her hand in at the School of Nursing with special projects and with the supervision of her PhD and master's students. She also plans to travel with Ken, continue scoring men's and women's cricket matches and spend more time with her three grandchildren.

"I'm looking forward to being a bit more available to my grandchildren and my family. I couldn't have gotten where I am without their support."

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Inquiries and RSVP to Tessa Morgan: t.morgan@auckland.ac.nz

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