

Reason

Research at the School of Nursing

June 2014 | Issue 7

The background of the cover features a collage of torn, textured paper in shades of beige and cream. Overlaid on this are various hand-drawn shapes and patterns in teal, brown, and orange. These include several arrows pointing in different directions, a large teal rectangle with horizontal stripes, a brown rectangle with vertical stripes, and a large orange shape resembling a stylized 'M' or a pair of wings. The overall aesthetic is artistic and hand-crafted.

Discover



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discover:

v. to find unexpectedly or during a search.

v. to show the presence of (something hidden or difficult to see).

Usually the themes we choose for *Reason* decide the focus of its content, but this time it's the content driving the theme. As you read through these pages you'll discover, like we did, how the School is tackling issues important to healthcare from many different directions. Below is a brief report on Dr Michal Boyd's new research aimed at reducing rates of admission to hospitals from residential aged care. The research feature, *Just How Big is the Burden*, also concentrates on the end of life; Dr Clare Gardiner's systematic literature review discloses how families are increasingly shouldering the costs and burdens related to caring for older relatives.

Willoughby Moloney's PhD project outlines the stark issue of New Zealand's looming nursing shortage and how her research contributes to solving it. Master of Nursing student Alison Turner's thesis highlights the stresses family members face when interpreting for their non-English speaking relatives. *Reason's* annual feature on our summer students records

their contributions to staff projects in several different areas, such as historic Māori caregiving practices, compulsory assessment and treatment for adult mental health inpatients and the care of stroke survivors in long term facilities.

Our research news section documents the School's contributions to health research through the awarding of honours and grants. A/P Andrew Jull and Dr Deb Rowe were Auckland District Health Board Clinical Excellence award winners, and Dr Katey Thom followed up her Marsden Fund grant received earlier this year with an Early Career Research Excellence Award given by the University.

Master's student Julie Lucas won best paper honours at the NZ National Health Informatics conference, Dr Rachael Parke made the Dean's List for her PhD thesis and Michelle Adams won the 2014 EW Sharman award for curriculum development. The Oakley Foundation has once again funded Dr Kate Prebble to continue her history of Auckland's forensic psychiatric services.



Research Director, Professor Merryn Gott

We're also discovering new ways to tell our research story. We've added two new regular features; each issue we'll be profiling one of our researchers – Andrew Jull this time – and one of our alumni. David Drower, Nursing Services Manager at Braemar Hospital in Hamilton discusses his work and how his master's research addressed care delivery.

And finally, the cover image serves as a metaphor for how discovery in research is about more than scratching the surface. It's about digging deeper, asking hard questions and searching for good answers, which is always our goal.

Until next time

Mauri ora

Residential aged care research in press for prestigious Journal of the American Geriatrics Society

'Do Gerontology Nurse Specialists make a difference to hospitalization of long term care residents? Results of a randomised comparison trial.'

The paper reports on the impact of the Residential Aged Care Integration Program (RACIP) implemented by one of New Zealand's district health boards (Waitemata DHB). RACIP is a quality improvement intervention designed to lower the high hospitalisation rates of Residential Aged Care (RAC) residents by supporting residential aged care staff. It includes on-site

support, education, clinical coaching and care coordination provided by gerontology nurse specialists.

The impact of the outreach programme was evaluated through a randomized comparison of hospitalization one year before and after RACIP implementation.

Unexpectedly, acute hospitalization rate increased for both groups. However, the rate of increase was



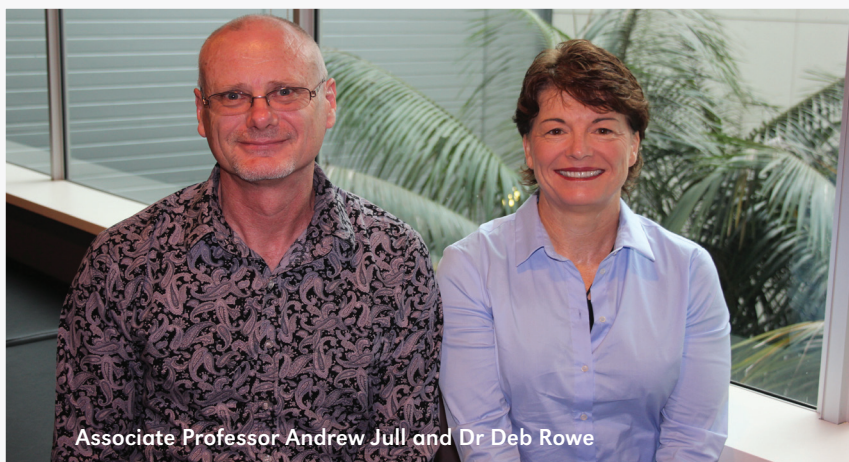
Principal Investigator
Dr Michal Boyd

significantly less for the RACIP facilities. The hospitalisation rate post-intervention increased 59% for the comparison group and 16% for the intervention group.

Staff recognised for research excellence by Auckland DHB

The ADHB Healthcare Excellence Awards, given out yearly, recognise those who are developing new and improved ways of delivering clinical and non-clinical services as well as those who are publishing cutting-edge healthcare research. The categories for the 2013 Healthcare Excellence Awards were Clinical Excellence, Education Excellence, Process and Systems Excellence, Research Excellence and the Chief Executive's award.

Photos Used with permission from ADHB



Associate Professor Andrew Jull and Dr Deb Rowe

finalists for the Process and Systems Excellence award. Their weekend discharge project resulted in more orthopaedic inpatients on Ward 75 and 77 at Auckland Hospital being discharged at the weekend. This meant shorter lengths of stay and improved patient experience.

Prior to 2010, only 12 per cent of orthopaedic in-patients from Ward 75 and 77 were being discharged on weekends, with a high number of patients having to wait to be discharged until Monday.

The team sought to improve the experience of orthopaedic patients and to gain efficiency in the discharge planning processes. Patients were invited to be interviewed by the project team so that their experiences could be better understood.

Throughout the project, there was zero increase in the number of patients readmitted within 31 days. There was a notable reduction in patients discharged on Monday who had been waiting for equipment, while data showed a 47 per cent increase in patients discharged on Saturdays and Sundays.

Clinical Excellence award winners

Associate Professor Andrew Jull and Dr Deb Rowe received the 2013 Clinical Excellence award for their Early Warning System (EWS) scoring. EWS scoring has been implemented at Auckland City Hospital (ACH) to assist early identification of deterioration.

Deteriorating patients require staff to recognise and act upon changes in vital signs. Adverse events suggested that recognition and escalation needed to be improved, but the methods of collecting vital signs did not assist staff in detecting deterioration. Further, some important vital signs were not always collected.

Andrew and Deb used a human factors approach to develop a new adult observation chart that combined a traffic light track-and-trigger approach to identify abnormal vital signs, EWS scoring and an escalation strategy based on the scores. The observation chart linked existing resources such as medical emergency criteria, iBleep, clinical nurse advisors and rapid response.

The scoring system means that nursing staff can now quickly identify deteriorating patients and use scores to communicate to medical staff if a

patient needs review, or call a code red when appropriate. The escalation strategy gives staff alternatives for getting patients reviewed if they believe the situation warrants it.

Process and Systems Excellence award finalists

Professional Teaching Fellow Louise Carrucan-Wood and her team were



Left to right: Robyn Telfer, Paul Birch, Louise Carrucan-Wood, Joyce Forsyth, Katie Moloney and Steven Stewart. Not pictured: Lalendra Chand, Donna Wilson, Manju Vijaya, Kathryn Reeves, Kim Coulter and Tivinia Ngauamo



Dr Terryann Clark, Hon Tariana Turia, Associate Minister of Health, and Stevie Davis-Tana, Youthline leader and MC of the hui during which the report was launched.

Youth'12 National Health and Wellbeing Survey launched at Tamaki Campus

Minister's remarks highlight positive results for Māori

Hon Tariana Turia, Associate Minister of Health, spoke at the launch of Te Ara Whakapiki Taitamariki (Results from the Youth 2012 Survey – Māori students) held at the University's Tamaki Campus.

The report provides detailed information given by 1700 Māori students, aged 12-19, collected during the Youth '12 National Health and Wellbeing Survey by the Adolescent Health Research Group. While there remain significant disparities for Māori youth compared to their NZ European peers, there are some important improvements in health and wellbeing.

In her speech the Minister stressed the good news contained in the report. News that all too often fails to show up in the media:

This is a fantastic day in the history of tangata whenua, indeed the history of Aotearoa. For today is the day that the breaking news will read: the majority of Māori students (91%) reported feeling ok, satisfied, or very happy with their lives; 92% of taitamariki Māori felt cared about a lot by their parents; and a massive 98.8% of taitamariki thought that it was important or very important to their parents that they attended school.

It is a day that the fuller picture will be known – a story that rarely sells newspapers but an important story nonetheless. For this report reveals that nearly 70% of taitamariki reported that they had fun with their whānau 'often' or 'a lot'."

I dare to suggest, however, that the lead story on the news tonight will NOT be

that our rangatahi are feeling ok, having fun with their whānau or are generally happy with life.

But you know what – WE will know it – the parents and schools that opened their doors for this study will know it – and most importantly of all the tamariki who entrusted their stories to the research team and everyone who reads this research will know it.

Dr Terryann Clark is the principal investigator for the Youth '12 survey, and Dr Sue Crengle, Adolescent Health Research Group member, was the lead author and data analyst for the report.

For a free copy of the Māori specific report (Te Ara Whakapiki Taitamariki) and to review related publications visit the website: www.youthresearch.auckland.ac.nz

Centre for Mental Health Research Update

Dr Katie Thom receives early career research excellence award from the University

In April Dr Katey Thom received a \$25,000 Early Career Research Excellence Award (ECREA). ECREAs are highly competitive, with only six being awarded each year. They were established to recognise and promote excellence and research leadership potential among emerging researchers. The aim of the award is to enable early career researchers to further their current research, establish stronger links with researchers in other parts of the world, or embark on new fields of research.

Katey will study the long-term health, psychological and social outcomes for court participants of the Te Kooti o Timatanga Hou (Homeless Court) in Auckland. Earlier this year she received \$300,000 from the Marsden Fund for her project titled *Touchy*



Dr Katie Thom

feely justice or veiled retribution? An ethnography of therapeutic jurisprudence in New Zealand problem-solving courts.

New grant for forensic psychiatric oral history

The Oakley Mental Health Research Foundation has awarded Dr Kate Prebble \$18,625 for her project: *Instigators of change: Oral histories of forensic psychiatric services in the Auckland region*. This is the second stage in a larger project on the history of Auckland's forensic psychiatric services. The first stage involved completing 20 interviews with key players in the history of Auckland's Mason Clinic. Many of these people, such as Judge Kenneth Mason, Dr David Chaplow, Dr Sandy Simpson and Winston Maniapoto, have been important instigators of change in mental health services nationally.



Dr Kate Prebble

The aim of the study is to undertake a systematic analysis of the Mason Clinic Oral History Collection contextualised within contemporary social, political and economic events. The analysis will be supported by reference to other relevant primary and secondary data. The published results will contribute to a greater understanding of why forensic services have assumed a significant place in New Zealand mental health since deinstitutionalisation.

Dr Jacquie Kidd learns from 'mad instructors' in Canada

I was supported by the School to visit Ryerson University in Toronto, Canada. I was particularly interested in visiting them because of their Director of Disability Studies, Dr Kathryn Church. Under her directorship, the School employs lecturers and researchers who self-identify as 'mad instructors' and who teach (among other courses) *Rethinking Disability*, *The Politics and Practice of Intervention* and *Mad People's History*.

Many of the courses are run mostly online, and have innovative assessment processes (such as a piece of artwork, which is then collated into an exhibition). Students enrolled in the School emerge with a Bachelor of Arts (Disability Studies) or a Minor in Disability Studies designed for students from other programmes.

The instructors in the School contribute strongly to Ryerson's equity strategy and support events such as Mad Pride Week. I was very taken by the development of a Mad Student's Association and the high visibility of posters and resources such as *I'm a Mad Student, Get Over It!*

As with our own Centre for Mental Health Research, the Ryerson School of Disability Studies focuses primarily on projects with a social justice orientation, and they maintain the strong involvement of service users in every stage of research. – Jacquie

Michelle Adams wins curriculum development award



Michelle Adams has been awarded the 2014 EW Sharman Staff Award for Curriculum Development. Her research project will explore the impact of a revised, blended and integrated approach to curriculum delivery. The revamped curriculum will focus on student reports of their confidence to transfer and build on existing knowledge, skills and attitudes. It will also examine their connections of theory to practise and how the altered exposure to clinical impacts on confidence and competency. The clinical tutors who provide clinical support will also be canvassed for their perspective.

The main purpose of the EW Sharman Award is to enable teaching staff to undertake research into curriculum development. The Scholarship was established in 2003 and is supported by the E W Sharman Memorial Fund.

Master's student Julie Lucas earns best paper prize at conference

Master's student Julie Lucas took home the prize for best student paper at the 11th NZ National Health Informatics Conference held in Rotorua. The title of her paper was *Clinicians' perceptions of telemedicine opportunities and barriers: Interim findings of a descriptive study*. Since the conference, she's completed her study and had another paper, *Telehealth in acute care*, accepted for the 4th Annual Meeting of the Australasian Telehealth Society Conference: Successes and Failures in Telehealth.

Links to Julie's publications: [Clinician's perceptions of telemedicine](#) and [Telehealth in acute care](#)



Julie Lucas displays her prize for best student paper with her supervisors: Dr Michelle Honey, School of Nursing (left) and Dr Karen Day, School of Population Health (right).

Performance Based Research Fund (PBRF) grants awarded for mental health and end of life issues, stroke, teaching and patient handover

"The purpose of the PBRF grants is to support small research projects that have the potential to generate external research income and result in high quality, peer reviewed research outputs."

– Professor Merryn Gott

Dr Jacquie Kidd is being funded for the first stage in a larger project to identify what currently works well and what could be improved to better address the housing needs of people with serious mental illnesses. Dr Katey Thom will be conducting a scoping exercise for an in-depth analysis of entry and exit trajectories for people referred to secondary mental health services. Louise Carrucan-Wood is researching preparing for teaching practice peer review. Dr Clare Gardiner's grant is to

fund a pilot study about New Zealanders preferences for place of death.

Dr Julia Slark will be looking into the ongoing needs and attitudes of stroke survivors in the Waikato region. Her study will inform the ongoing development and refinement of service provision. Dr Gigi Lim is examining inter-professional handover, which occurs when responsibility or information about a patient is transferred amongst healthcare professions.

Students explore issues critical to DHBs

Clinical education practicum student learning groups present their findings

Not just a number

The Canterbury and Counties Manukau District Health Board group's project centred on learning more about patients' experience in hospital. They interviewed both staff and patients to determine their views on patients' experience.

What they found was that while patients identified they did experience negative aspects of their care, overall they felt that it was "generally good". Staff identified miscommunication and a lack of understanding and patient waiting times as key issues.

The group's analysis identified the key theme that patients felt like they were "just a number." As a result, while in hospital they were not regarded in the context of their individual lives; their outside world was forgotten.

The group devised an education proposal that includes tools and templates for a patient-centered champion to utilise patient experiences to support change and to develop practice. It supports the centering of the patient/whānau as a key stakeholder and enables healthcare teams to promote a culture of patient-centeredness by drawing from the



Karen Coubray, Vanessa Wheeler, Danielle Naylor, Riana du Preez, Beth Beaver, Anne Hutley, Elizabeth Bryce and Premila Kumar

patient experience itself. Beverley McClelland served as the group's student mentor.

Coordinating the flow of healthcare

The poorly defined nature of the nursing coordinator's role prompted the second group's enquiry. In phase one of their

project they completed a literature review that identified a lack of definition, clarity, scope and the need for formalised education around the nurse coordinator role. Phase two involved analysing data from learning needs analyses completed by stakeholders from Waikato DHB, Northland DHB and Iris Healthcare Auckland. The group identified four themes that they listed as key learning needs: communication, clinical oversight, leadership/decision-making and management of resources. They also drew upon data from patient audits and complaints that confirmed the need for an education programme to enable and empower nurses undertaking a coordinator role.

Finally, they developed an education programme that focuses on safe patient outcomes and prepares nurse coordinators with tools to coordinate patients' care journeys. The programme went live in May at the Waikato District Health Board. Another outcome of the project was that student Leslie Kistan has decided to further develop the topic through a Master's degree at the School of Nursing. Ann McKillop was the student mentor for this project and Louise Carrucan-Wood was the Course Coordinator.



Rochelle Walker, Jo Faulkner, Catherine Morunga, Leslie Kisten, Shelley MacMahon, Fiona Sayer and Haley Scown

Local, regional and international collaboration mark researchers' work

Reducing the effect of stroke

Dr John Parsons and Sean Mathieson have been working closely in Waikato DHB with Dr Michael Kaplan (Rehabilitation Physician) on a study titled *Developing new ways to minimise disability after stroke, a randomised controlled trial of the effects of Functional Electrical Stimulation and Mirror Therapy on arm function*. The study explores the effect of treatments, called Functional Electrical Stimulation (FES) and/or Mirror therapy, that may reduce the effect of stroke. FES involves electrical stimulation whilst undertaking specific tasks, such as attempting to lift a cup. Mirror therapy takes advantage of visual stimuli to regain function through motor imagery.

The study has involved collaboration with Sarah Tyson (Professor of Rehabilitation at the Stroke & Vascular Research Centre at the University of Manchester) and Candy McCabe (Professor of Nursing and Pain Sciences, The University of the West of England). Sean, Michael and John's previous work in this area was presented in 2012 at the American Congress of Rehabilitation Medicine: Progress in Rehabilitation Research, Vancouver, Canada, and a critical review of the combined use of the two therapeutic techniques is currently in press in the journal, *Critical Reviews in Rehabilitation Medicine*.

Virtual reality exercise programmes

John and Sean have been collaborating with Dr Claire Davies in the School of Engineering since 2012. Their work involves

fostering an interdisciplinary approach that integrates the knowledge of engineers with clinicians, thereby enabling the development of a virtual reality home-based exercise programme for older people using off-the-shelf equipment. Specifically, this has involved the design and testing of Nintendo Wii and Microsoft Kinect based interventions for use in the rehabilitation of older people at risk of falling.

To date the project has incorporated the work of two fourth year BEng students, two summer studentships (in 2012-2013, supported by Faculty Research Development funding) and a Master of Engineering thesis. This has involved the testing of the Nintendo Wii based programme among more than 100 older people presenting to a falls clinic at Waikato DHB.

The results of the work has been presented at the International Conference on Multimedia and Human Computer Interaction in Toronto, Canada, in July 2013. In addition, two articles have been published: Davies, TC, Deacon, M, Singh, J, Holly, Z, Taylor, L, Mathieson, S, Parsons, J. Developing Wii balance games for older participants: A multi-disciplinary approach. *International Journal of Virtual Worlds and Human Computer Interaction* 2013; 1(1) and Davies, TC, Thomas, V, Taylor, L, Parsons, J. Let's Kinect to increase balance and coordination of Older People: Pilot testing of a balloon catching game. *International Journal of Virtual Worlds and Human Computer Interaction* 2014; 2(1).

NZ-Canada iCoach researchers meet for international collaboration

Canadian Institutes of Health Research – New Zealand Health Research Council joint project: CANNZ iCOACH (improving Care for Older Adults with Complex Health)

The purpose of the research is to develop and implement models of community based primary healthcare (CBPHC) that can 1) proactively identify and manage individual and population needs and 2) deliver an integrated continuum of health and social care for older adults with complex needs.

The PIs for the project are Professor Toni Ashton, School of Population Health and Associate Professor Walter Wodchis of the University of Toronto. The project has been funded for \$3.7 million by the NZ Health Research Council (HRC) and the Canadian Institutes of Health Research.



A/P Nicolette Sheridan, Dr Ann McKillop, Dr John Parsons and Dr Michal Boyd joined the CANNZ iCOACH multinational research group in Honolulu to discuss the project's research strategy and to plan the next steps in the collaboration.

JUST HOW BIG IS THE BURDEN?

Ageing populations and policy initiatives mean family caregivers are shouldering even more costs of end of life care

The systematic review reported on here informs a study led by Professor Merryn Gott titled 'Examining the financial costs of family/whanau care-giving within a palliative care context' that will feature in the next edition of Reason. Researchers for this review are: Dr Clare Gardiner, Dr Rosemary Frey and Professor Merryn Gott from the School of Nursing; Dr Laura Wilkinson-Meyers from the School of Population Health and Dr Louise Brereton from School of Health and Related Research at The University of Sheffield.

Family carers are either having to reduce their hours, give up work altogether or use annual and sick leave to cope with the demands of palliative or end of life caregiving, according to findings from a new study led by Dr Clare Gardiner. Published in *Palliative Medicine*, this systematic review indicates that ageing populations are driving up costs for family caregivers.

They are affecting both the financial costs of caregiving and the financial impact of caregiving. Family finances feel the pinch through direct outlays of money for expenses such as medical

“Initiatives to move the provision of palliative care from hospital to community settings will place further pressure on family caregivers...”

equipment, prescription and non-prescription drugs, nursing home stays, private home care, travel, and child care costs. The nature and extent of the costs vary significantly by country, depending on the funding system for palliative care. Studies from the United States, for example, report costs including the payment of insurance premiums as well as some physician and medication costs. Some studies describe carers forced to sell assets or take out loans to cope with the cost burden of providing care. In contrast, studies from countries with comprehensive public funding report less medication, physician and home care costs.

Time investment shows up as another significant component of caregiving and has an impact on family finances. It becomes more intense as a disease progresses, with people in the most advance stages requiring the most care.

In terms of financial impact, families report they are having to make life changes because of the cost of illness: moving house, delaying education or delaying medical care for other family members. Stress relating to finances can mean increased worry, difficulties coping, family conflict and caregiver strain. The burden of providing care can also have a negative impact on the patient/caregiver relationship.

Various factors mitigate the magnitude of the financial burden families experience. The end stages of a disease prompt the worst financial strain. Not surprisingly, financial burden is also related to the intensity of caregiving. Those whose needs are greatest require the most financial support from their carers.

Considerable inequity

The research findings also point to considerable inequity. The majority of studies exploring ethnicity found that ethnic minority groups are more affected than White Caucasian groups. “Carers from ethnic minority groups, those with low socio-economic status and those from particular age groups tend to be more vulnerable to financial burden,” Clare says.

Older patients, patients from ethnic minorities and patients from other minority groups are less likely to access palliative care services. “This may have a knock-on effect for family caregivers who may be required to provide greater intensity of care to these patients, with resultant financial burden,” Clare says. From a socio-economic perspective, those with the least amount of income are spending the largest proportion of their income on caring-related out of pocket expenses.

Caregiver age also impacts on financial burden. Older caregivers worry about losing the care recipient’s pension after they die and about nursing home costs. Younger caregivers concerns more likely have to do with losing out on work, increasing child care costs and difficulties juggling work and caregiving.

Policy adding to caregiver burden

In addition to the effect of ageing populations, policy is playing a role in increasing the caregiving burden. “Initiatives to move the provision of palliative care from hospital to community settings will place further pressure on family caregivers who already incur significant economic costs as a result of their caregiving role,” says Clare.

To ease the pressure on families, the researchers suggest comprehensive palliative care assessments should involve ongoing assessment of the financial impact of caregiving on families. Doing so could prevent carer breakdown through earlier intervention. Intervention could also take the form of financial planning as part of a palliative care package of services. Such support could aid family caregivers in planning and managing finances, and accessing sources of financial support.

For more information about the research see: Gardiner C, Brereton L, Frey R, Wilkinson-Meyers L, Gott M. Exploring the financial impact of caring for family members receiving palliative and end of life care: A systematic review of the literature. *Palliative Medicine* 2013; DOI: 10.1177/0269216313510588

"I'm driven to do research in a clinical setting that looks as much like the real world as possible."

– Andrew Jull



PRAGMATIC AND PRACTICAL CLINICAL RESEARCH

OR

THE WONDERFUL ELEGANCE OF RANDOM CONTROLLED TRIALS

In the early 2000s Associate Professor Andrew Jull shifted the focus of his career from nursing to healthcare research. Quite quickly he realised his passion for investigating ways to improve clinical practice – an approach that manifested itself recently in a 2013 Auckland District Health Board Clinical Excellence award he and Dr Deb Rowe collected at the ADHB Healthcare Excellence Awards. In this interview he discusses his perspective on research as well as how improvement science can affect health expenditure.

I'm interested in healthcare interventions and whether they work in clinical practice – study designs like Random Controlled Trials (RCTs) or reviews of RCTs. They're just such a reliable tool and wonderfully elegant when done properly.

Many of the studies I'm involved in look at a new intervention against standard or old ways of doing things. To me, that's the imperative. It's so transferable. You can start making decisions



in clinical practice almost straightaway once you know the outcome of the research. You're not confronted by issues of similarity and difference in the populations studied as compared to the current population in a specific clinical setting. The issue becomes instead, 'Is my research population so different that it can't be applied?' It's very pragmatic – the question is flipped from, 'Why should I use this intervention?' to 'Why shouldn't I use it?' An imperative for me has been to find things that have clinical utility and make a difference on patient populations from the outset rather than engaging in research that needs a lot of work to translate it into practice.

At Auckland Hospital I'm doing implementation work because clinical practice doesn't live in a kind of world where there's lots of perfect information. Clinical practice lives in a world where quick decisions have to be made on a regular basis, with lots of imperfect information informing those decisions. Implementation is quite pragmatic. You're always playing off the desire for more information against the fact you don't have sufficient information.

Research and the healthcare dollar

There's no such thing as savings in healthcare, only expenditure. The health dollar is a constrained dollar, and we have to operate within those constraints. So if we're being smart about our healthcare expenditures then we are choosing to do things with patients that the patients really want and we know are effective. This is where improvement science comes into play – bringing research into the improvement process.

But it's also about creating research as you go. The refrain in improvement science is, 'You must fail and fail a lot in order to succeed once.' This means you do lots of little experiments in order to get to a point of success.

Q. Then research must go hand-in-hand with clinical practice?

In my view, clinical research is an exercise in navel gazing unless it has clinical utility. That's why we try and prompt students from DHBs to engage in projects that their organisations will find useful. I don't have enough time in my life to engage in stuff that's not useful. That's why I do it. It can make a difference.

PHD RESEARCH: ENHANCING THE RETENTION OF REGISTERED NURSES

Within twenty years, New Zealand could be facing a severe nursing shortage. Although the current recession has meant more RNs are staying on the job, it is predicted that as the economy continues to recover these same RNs will reduce their hours or leave the profession because of their family's improved financial circumstances. This will occur at the same time that the ageing population is increasing demand for RNs and the ageing nursing workforce nears retirement. Australia's own expected nursing shortfall of 109,000 by 2025 will also play a part as New Zealand RNs are enticed across the Tasman for new job opportunities. These factors combined will result in the nursing workforce reaching critically low numbers.

Since RNs make up the largest professional group in healthcare, this is a serious issue. Nursing shortages have been shown to contribute to increased patient medical complications and mortality, as well as reduced nursing efficiency and safety.

To address the problem, Willoughby Moloney will provide comprehensive data on a large cohort of New Zealand RNs about their perspectives on work and plans for the future. An outcome of her research will be a new model of RN turnover. It will provide healthcare planners with information for policy development that helps ensure New Zealand is able to meet its need for a high functioning and stable nursing workforce.

Methods

Phase one of her two-phase project involved conducting 24 semi-structured interviews with RNs, nurse leaders and key stakeholders. Results from the thematic analysis she conducted uncovered three key themes that influence RN motivation to work:

- 1) Job demands include the variables of workload, job complexity, schedule, safety, and issues of returning to work:

I know for me and most of the nurses I've spoken to, having a heavy workload seems to be the biggest challenge. It can also be a stressful environment with some of the decision-making because of the type of issues we're dealing with. (RN, Community)

- 2) Job resources include supervisor support, colleague support, organisational support, professional development, autonomy, and reward fairness:

A lot of nurses are not getting the support and education and mentorship they need. (RN, Community)

- 3) Individual and contextual factors include demographics, value congruence, psychological capital, work-life balance, and economic climate:



Willoughby Moloney

I don't want to work weekends because I've got family and they're at school all week and if I'm away all weekend we don't have any quality family time. (RN, Hospital)

Willoughby is using these findings to inform phase two of the research which involves the development of a survey that will be sent to a randomised sample of 3,500 RNs across New Zealand.

Her interest in the topic stems from her commitment to nursing. "I'm incredibly passionate about the profession and very proud to be a part of it. In the coming years the nursing workforce will face severe challenges with the predicted shortages. I want to know more about what motivates nurses in New Zealand to work, what drives them and influences the choices they make in their working lives.

For Willoughby, retaining nurses is more than just about filling an empty job slot. It's about "making nursing exciting and rewarding for nurses of all ages." She wants the profession to be one "they are inspired to be involved with all of the time, despite their changing circumstances." She hopes her research will spur the development of progressive solutions because retaining nurses is "a critical topic that needs to be addressed now, right now."

Willoughby's supervisors are Professor Matthew Parsons, Professor Peter Boxall (Business School) and A/P Nicolette Sheridan.



Alison Turner

INTERPRETING IN PALLIATIVE CARE: STRESSED OUT FAMILIES NEED SUPPORT

Imagine your family has immigrated to New Zealand from a country that doesn't speak English as its first language. Your grandmother who came with you is now in hospice. Consider how difficult it will be for the staff to understand her wishes and the frustration they and your grandmother will feel.

Most likely, you or another family member will interpret when a professional interpreter is not available. A valuable service to provide and also, as Alison Turner master's dissertation points out, a stressful one as well. Her literature review looked at the gaps in knowledge about how to support carers and families who interpret for other family members. She discovered that while the stress of interpreting was documented, there was "very little about what to do to assist them."

An added problem was that despite policy and procedures that mandated the use of professional interpreters, they were not used "anything like as much as they should be, and this led to inequalities of care."

Based on her findings, Alison developed recommendations for practice and policy that she believes will reduce stress for family interpreters and improve the quality of care:

We need to use interpreters more in day-to-day care, not just for medical consultations.

We need to be aware of the stress placed on families and find some strategies to support them, building that into local policy.

We also need to be more aware of all means of communicating with those who have English as a second language and to keep up to date with technological advances. Better links with interpreting services to ensure feedback and support mechanisms are adequate are also necessary.

Her personal experiences motivated her to investigate interpreting. She worked for many years in what she described as "almost the mono-culture" of the west coast of Scotland. In contrast, she found the language barriers she ran up against in Auckland quite challenging. "Especially in palliative care where conversations and communication are key the barriers struck me as difficult for the patients and families and frustrating for my own practice."

Dr John Parsons was her supervisor.

Alison works three days a week at Mercy Hospice, Auckland as a clinical nurse educator and remains on the relief team covering an occasional shift in the inpatient unit.

DEAN'S LIST



Dr Rachael Parke

Dr Rachael Parke earned a citation in the School of Graduate Studies Dean's List in recognition of excellence achieved with her PhD thesis. The Dean's List is reserved for theses judged to be of exceptional quality in every respect including scholarship, research content, quality of expression and accuracy of presentation.

A prerequisite for qualification for the Dean's List is the passing of the thesis without any requirement for more than minor corrections, and these are awarded each year to just the top five percent of doctoral students. Rachael's thesis is titled *High Flow Nasal Oxygen Therapy in Patients After Cardiac Surgery*. A/P Andrew Jull and A/P Robyn Dixon were her supervisors.

Elder Maori culture
Meeting the needs of Chinese older adults
Caring for Indian residents
Introducing CALD (Cultural and language diversity training resources)
Because they are coming out of the closet - Caring for our rainbow residents
Meeting the needs of Korean residents and their families
Pacific Culture in Aged care

PERSON CENTERED CARE FOR DIVERSE POPULATIONS IN AGED RESIDENTIAL CARE
TUESDAY 1 JULY 2014

TAMAKI CAMPUS
UNIVERSITY OF AUCKLAND
Registration \$125 including lunch
FREE PARKING AVAILABLE

Earn CE points and PDP certificate

REGISTER HERE

This one-day event will focus on the rich cultural diversity of older adults living in residential aged care in New Zealand today and into the future. Together we will explore how we can deliver person centered care by connecting with our residents through gaining insight into the culture of each individual we come to know.

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FACULTY OF MEDICAL AND HEALTH SCIENCES
School of Nursing

LIST OF RECENTLY COMPLETED MASTER OF NURSING AND MASTER OF HEALTH SCIENCE STUDENTS, THEIR PROJECTS AND SUPERVISORS

ELIZABETH FRANCES ALLEN

Dissertation

Supervisor: Ann McKillop
The benefits of applying a practice development model of care to a diabetes young adult service

ELLEN ATKINSON

Research Portfolio

Supervisor: Lisa Stewart
Introduction of a care bundle and checklist for the prevention of Catheter-Associated Urinary Tract Infections (CAUTI) in medical and surgical wards at Whangarei Hospital

MELANIE BEATTIE

Research Portfolio

Supervisors: Karen Hoare, Terryann Clark
Where do adolescents with diabetes get their information on risk reduction education?

DHARMINDER BHARDWAJ

Thesis

Supervisors: Anthony O'Brien, Brian McKenna
Retrospective analysis of an intervention to reduce the use of seclusion

WENDY COLEMAN

Research Portfolio

Supervisor: Dianne Marshall
The health beliefs and experience of patients diagnosed with takotsubo cardiomyopathy in Northland

REKHA DEVI

Dissertation

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?

BARBARA DOCHERTY

Research Portfolio

Supervisors: Susan Waterworth, Nicolette Sheridan
Brief opportunistic interventions: A novel approach to behaviour change interactions

SAFAATO'A FERETI

Dissertation

Supervisor: Stephen Jacobs
The impact of Samoan cultural values on a mainstream senior nursing leadership role within a district health board: A Samoan nurse leader's perspective

MARGARET FREW

Research Portfolio

Supervisor: Anthony O'Brien
Review and audit of the use of seclusion in an adult mental health inpatient setting

BARBARA GARBUTT

Thesis

Supervisors: Stephen Jacobs, Matthew Parsons
Vision and strategy in healthcare; valuable tools or redundant phrases? A case-study in Waikato District Health Board around leadership in older person health

DALE GARTON

Research Portfolio

Supervisor: Deborah Rowe
The role of providing developmental care for babies born less than 30 weeks gestation in the Newborn Intensive Care Unit: A maternal and nursing perspective

DEIDRE GORDON

Research Portfolio

Supervisor: Ann McKillop
Factors that affect the development of expert nursing practice

JANE HANNAH

Thesis

Supervisors: Robyn Dixon, Stacey McLaughlan
The use of a Continuous Subcutaneous Infusion of Frusemide (CSI-F) in patients with decompensated heart failure. A feasibility study.

KIRSTEN HARRISON

Thesis

Supervisor: Brian McKenna
The effect that a compulsory tobacco ban has on a female prisoner's susceptibility to quit smoking

THERESA HAYES

Dissertation

Supervisor: Ann McKillop
The factors that influence the implementation and integration of the nurse practitioner into primary healthcare

KATIE HOLLOWAY

Thesis

Supervisor: Matthew Parsons
Changes in Health Assessment Tool (CHAT): Developing a process for actuating changes in healthcare

SELANI IOELU

Dissertation

Supervisor: Lesley Doughty
Barriers preventing minorities from accessing cardiac rehabilitation programmes in the community

SHEEJA KANIYAMPARAMBU

Dissertation

Supervisor: Deb Sommerville
Role of hygiene in the prevention of ventilator associated pneumonia in orally intubated mechanically ventilated adult critical care patients

MICHAEL BARRY KEANE

Thesis

Supervisor: Merryn Gott
General practice and specialist palliative care teams: An exploration of their working relationship from the perspective of clinical staff

KRITIKA LAL

Dissertation

Supervisor: Susan Waterworth
Why do bedside nurses need to be clinical leaders in an acute setting?

CATHERINE LAMBE

Research Portfolio

Supervisor: Karen Hoare
Skin infections in young people
(aged 14-18 years)

JOANNA LAWS

Dissertation

Supervisor: Susan Waterworth
Nurses clinical decision making in
palliative care hospice

MICHELE LOWE

Thesis

Supervisor: Robyn Dixon
Barriers to annual cervical screening for
women living with HIV infection in the
Auckland/Northland region

JULIE LUCAS

Thesis

Supervisor: Michelle Honey
Clinicians' perceptions of telemedicine:
Opportunities and barriers for
emergency medicine

ALAN MILLIKEN

Dissertation

Supervisor: Jacquie Kidd
Seclusion elimination in acute adult
mental health units in New Zealand:
What will it take? A literature review

HAYLEY MOYLE

Dissertation

Supervisor: Helen Malcolm
Ways of Working: nursing care delivery
in a district nursing service

MEENAKSHI NARANG

Dissertation

Supervisor: Sandy Oster
What influence parent-adolescent
communication has on sexual behaviour
and knowledge of adolescents?

SALLY NEWELL

Dissertation

Supervisor: Kathy Shaw
An exploration of the reasons for
non-adherence to asthma medication in
New Zealand adults

KAREN WENDY NIXEY

Dissertation

Supervisor: Kathy Shaw
Minimising pain at dressing changes
reduces the need for theatre time

DAYLE PEARMAN

Thesis

Supervisor: Andrew Jull
Medication safety: User-applied
labelling of syringes

ANN PIDGEON

Dissertation

Supervisor: Stephen Jacobs
Nurses as case managers for community
dwelling frail older people

SIBI ROY

Dissertation

Supervisor: John Parsons
The effect of early mobilization following
stroke on physical functional outcome
after one year and the nurses' role in early
mobilization post stroke

REKHA SING

Dissertation

Supervisor: John Parsons
What motivates Fiji Indians with Type 2
Diabetes when they are told to modify
their behaviour?

SHIVIKA SINGH

Research Portfolio

Supervisor: Helen Hamer
Attitudes and beliefs of mental health
nurses towards metabolic screening

JOANNA SMITH

Thesis

Supervisor: Kate Prebble
The impact of alternative education on
wellbeing and life course: Former
alternative education student perspectives

LOUISE SUE

Thesis

Supervisor: Robyn Dixon
The sexual health concerns and sexual
health education needs of adolescents
with cancer

OMANA THOMAS

Dissertation

Supervisor: Susan Waterworth
A review of the literature: What is the
clinical evidence for exercise in patients
with heart failure following discharge?

ALISON TURNER

Dissertation

Supervisor: John Parsons
Interpreting in palliative care: Do we
use family and official interpreters
appropriately in palliative care and what
support do they require?

HANNAH WALKER

Research Portfolio

Supervisor: Susan Waterworth
Spiritual care of the dying in the land of
the long white cloud

MELISSA ZOING

Research Portfolio

Supervisor: Lisa Stewart
The impact of fentanyl and other
contributing risk factors on the incidence
of PONV, and management of post-
operative complications in children
undergoing myringotomy

Errata: not reported in June 2013

Masters graduate list:

KAREN SCHIMANSKI

Thesis

Supervisor: Andrew Jull
Comparison of upper arm and forearm
blood pressures

SUMMER STUDENTS' RESEARCH: FROM MENTAL HEALTH ISSUES TO MĀORI CARE-GIVING PRACTICES

Undergraduates from the Faculty engaged in research that made a significant contribution to new and ongoing staff projects.

Here is a brief report on their findings.

Psychiatric inpatients and coercion

Lilly Hudson, Supervisor: Dr Kate Prebble, Study: *Experiences of people admitted voluntarily to acute mental health facilities*

Lilly's project involved a literature review that revealed many voluntary mental health service users do not endorse the need for hospitalisation. Some felt coerced to accept admission. Other issues included being forced to accept treatment, denial of leave from inpatient units and poor knowledge of rights, legal status and treatment options. Many also reported having no input into their treatment plans. Lilly's work has resulted in an article for publication co-authored with Dr Kate Prebble and Dr Katey Thom.

Interventions aimed at older people's isolation and loneliness

Gideon Geldenhuys, Supervisors: Dr Clare Gardiner and Professor Merryn Gott, Sponsor: Hope Foundation, Study: *How can loneliness and social isolation be reduced amongst older people: An integrative literature review*

The purpose of this project was to analyse empirical research that described interventions aimed at reducing social isolation and loneliness amongst older people. Interventions identified included: social facilitation interventions; therapy or education based activities; friendship based interventions; formal care based services; group based activities; non-human support; and solitary activities. Findings are being written up for submission to *Age & Ageing*. The research will inform a new study about volunteer-delivered companionship services for older people.

Complaint resolution in the health sector

Joy Guo, Supervisor: Dr Katey Thom, Study: *Advocacy for people with mental health problems: The role of the health and disability commissioner*

This study concerned how the New Zealand medicolegal system resolves complaints about adverse events in the health sector. Among the findings was that the current health complaints system is eclectic and involves a myriad of interlinking agencies. The volume of complaints proceeding to disciplinary or civil proceedings does not reflect the increasing tide of complaints made by patients. The study raises important questions for future research, such as the extent to which the current complaints system achieves patient satisfaction, especially for vulnerable patients, and how best practice may be informed.

Māori care-giving practices

Jaimee Dudley, Supervisor: Dr Tess Moeke-Maxwell, Study: *Traditional Māori caregiving practices - A systematic annotated literature review*

The purpose of this research was to develop an annotated bibliography to support the HRC funded Te Pākeketanga research project. Jaimee retrieved literature on traditional caregiving practices of ill and dying Māori. Her focus was on articles that identified cultural practices associated with carers, carer roles, care customs as well as more contemporary cultural customs, caregiving behaviours, whānau and preferences throughout illness and death.

Three discourses emerged: colonial discourse published between 1800 and the early 1900s, Māori views and patterns from the early to the mid 1900's, and a more contemporary understanding by both Māori and non-Māori scholars.

How does UN convention impact disabilities legislation and practice?

Anshita Thakkar, Supervisor: Dr Katey Thom, Study: *Assessing the impact of the United Nations Convention on the Rights of Persons with Disabilities: An integrative literature review*

This project aimed to assess the impact of the 2006 United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) on shaping legislation and "on the ground" practices in the advancement of rights for persons with disabilities. Analyses of thematic trends in literature referencing the UNCPRD indicated that the convention has only been paradigm-shifting in knowledge and expressing disability rights, but that there remains several barriers to making positive changes in practice.

Efficacy of community treatment orders

Erin Ward, Supervisor: Tony O'Brien, Study: *Service users' experiences of community treatment orders: An integrative review*

Community treatment orders (CTOs) provide for people with mental illness living in the community to be treated without consent. According to data published by the Ministry of Health, the rate of CTO use in New Zealand is high by international standards and has risen markedly over the past five years. The integrative review undertaken for this project centred on service users under CTOs. It found that they reported diverse experiences, with many reporting both positive and negative aspects to CTOs. The majority of the retrieved studies were of low quality, however, and the review highlighted that more high-quality robust research needs to be undertaken on the topic.

Compulsory assessment and treatment for adult mental health inpatients

Laurian Wheeler, Supervisor: Tony O'Brien, Study: *One day census of NZ adult acute mental health inpatient units*

The aim of this study was to determine the proportion of adult mental health inpatients subject to compulsory assessment and treatment in New Zealand's acute mental health units. Data provided by the Ministry of Health was used to determine the proportion of service users under the Mental Health Act 1992 and to identify any regional differences.



2014 Summer students: (Back row from left) Gideon Geldenhuys, Laurian Wheeler, Lily Hudson, Erin Ward, Jaimee Dudley, Andrija Horvat, Anshita Thakkar. (Front row) Joy Guo, Phyu Sin Aye, Makayla Lou, Teo Yong Sheng Keith

The results showed that Auckland had the highest compulsion rate (67%), with high rates found mostly in the North Island District Health Boards. Male gender and high deprivation were associated with higher compulsion rates.

Risk and stroke survivors in LTC

Teo Yong Sheng Keith, Supervisor: Dr Julia Slark, Study: *A systematic review of the care of stroke survivors in long-term care facilities*

Between 18-25% of residents in long-term care (LTC) facilities are stroke survivors. Even so, no systematic reviews have been published that specifically study the care of stroke survivors in LTC facilities. The intent of this project was to carry out such a review. Although only 20 journal articles met the inclusion criteria, four themes emerged: rehabilitation; stroke specific care; secondary stroke drug prevention and communication; and coordination between acute care and

LTC, which were all lacking in LTC facilities. Conclusions drawn from the data indicated that the care of stroke survivors in LTC is suboptimal and needs to be addressed as stroke survivors are exposed to unnecessary risks.

Quality of randomised controlled trials published in nursing journals

Phyu Sin Aye, Supervisor: Professor Andrew Jull, Study: *Effect of promoting CONSORT statement on quality of randomised controlled trials (RCTs) in Nursing Journals*

The purpose of this study was to establish the methodological quality of randomised controlled trials (RCTs) published in nursing journals in 2012 and to explore the effect of reporting statements and trial registration on the quality of RCTs. The research involved examining RCT reports from the top 15 nursing journals. Seven journals were CONSORT-promoting and three were trials-registration-promoting

journals. Among the findings was that there was varied compliance with reporting important elements for risk of bias assessments (sequence generation, allocation concealment, follow up, blinding, baseline equivalence, and sample size calculation).

Patient handover

Andrija Horvat, Supervisors: Dr Gigi Lim and Dr Kirk Reed, Study: *Inter-professional handover*

Interprofessional handover takes place when responsibility or information about a patient is transferred from one healthcare profession to another. This guided literature review focused on factors that enhanced and hindered handover. Some barriers to effective handover included lack of time, distracting work environment and lack of a formal handover process. The search also uncovered a clear lack of research in the area of interprofessional handover.

ALUMNI PROFILE

Does a post-graduate degree from the School of Nursing make a difference to the careers of its recipients and, even more importantly, to healthcare? To answer these questions we are asking our alumni to tell us about their work and research.

We kick-off the series with David Drower who earned his Master of Nursing degree in 2012. We asked him about his role as a nursing services manager, how research fits into it and, given his experience, if he had any advice for young nurses just starting out.

Findings from Dave's thesis were published in an article titled 'Evaluating the impact of implementing an early warning score system on incidence of in-hospital cardiac arrest' in the November 2013 issue of the New Zealand Medical Journal. Associate Professor Andrew Jull was the supervisor for his Master's degree.

"I have always wanted to research an aspect of care delivery, and saw a master's degree as a critical point on my research journey. I was fortunate to be leading the development and implementation of a key practice change initiative and identified an opportunity to provide some evidence to support the change."

DAVID DROWER'S NURSING JOURNEY: A COMMITMENT TO NEVER STOP LEARNING

I am currently the Nursing Services Manager (with Director of Nursing portfolio) at Braemar Hospital, a private, mainly surgical facility in Hamilton. I am responsible for managing all aspects of nursing care outside of Theatre, covering the post anaesthetic care unit (PACU), Special Care Unit (ICU/HDU), Day ward including post-cath lab recovery, and in-patient ward areas. I also have the Director of Nursing portfolio for Braemar Hospital, being responsible for the vision, standards, and professional development of our nursing workforce.

Braemar Hospital is run by Braemar Charitable Trust and is a fairly large private facility, having 10 theatres (including 2 endoscopy suites) and more than 80 beds. Providing effective contemporary nursing care in this context is an exciting challenge. I have come from many years working in the public service for various DHBs in a variety of clinical and non-clinical roles. There



David Drower

are differences in terms of the way private hospitals function, but the care our nurses provide to patients is the same. I find it so rewarding to receive feedback from our patients, in particular when they appreciate the high standard of care they experience.

Importance of staff development

Rising healthcare costs and increased technology are a big challenge generally. Medical advances have meant that hospital care is highly technical and therefore ongoing staff development is a priority in order to keep pace with the demands of effective care delivery.

I believe that nursing plays a key role in the healthcare team,

ensuring not only technical nursing expertise but also empathetic caring in a variety of contexts, whether people may be undergoing a routine procedure or more complex surgery. Keeping patients safe in the complex world of a hospital is also a key priority for all staff. Nursing helps patients safely navigate their hospital experience and requires constant attention to detail.

I have always wanted to research an aspect of care delivery, and saw a master's degree as a critical point on my research journey. I was fortunate to be leading the development and implementation of a key practice change initiative and identified an opportunity to provide some evidence to support the change. I had previously undertaken a Post Graduate Diploma in Advanced Nursing (Intensive Care) and feel that this qualification helped me greatly when it came time to undertake my master's research work.

Nursing is a journey

My advice to nurses starting out is to understand that you have embarked on a journey, a lifelong one, and you never stop learning. I believe that it takes at least ten years to grow expertise in any field, and new nurses should be patient, and plot the path they want to take, recognising that if they have a goal, to stick to it and they will be amazed what might be possible. Despite the ups and downs of life we all experience, I can testify to the value of sticking to what you aim for. As the Danish Philosopher Soren Kierkegaard once said, 'Life can only be understood backwards; but it must be lived forward'.

School of Nursing 2013 PUBLICATION LIST REDUX

In the last edition of *Reason*, we inadvertently left Dr Helen Hamer and Associate Professor Andrew Jull's publications off the list. We are pleased to document their contribution to scholarship here:

Happell, B., Byrne, L., McAllister, M., Lampshire, D., Roper, C. E., Gaskin, C. J., . . . **Hamer, H.** (2013). Consumer involvement in the tertiary-level education of mental health professionals: A systematic review. *International Journal of Mental Health Nursing*. 10.1111 inm.12021

Hamer, H. P., Finlayson, M. & Warren, H. (2013) Insiders or Outsiders? Mental health service users' journeys towards full citizenship. *International Journal of Mental Health Nursing*. 10.1111/ inm.12046

O'Neill (Roache), K. R., **Hamer, H. P.**, & Dixon, R. (2013). Perspectives from lesbian women: Experiences with health-care professionals when transitioning to parenthood in planned families. *Diversity and Equality in Health and Care*, 0(4), 213-222. <http://www.ingentaconnect.com>

Hamer, H. P., Clarke, S., Butler, R., Lampshire, D., & Kidd, J. (in press). *Stories of success: Mental health service users' experiences of social inclusion in Aotearoa New Zealand: Na pukorero rangatira: Na tangata waiora i whaiora*

i enei tuahuatana. Auckland, New Zealand: The Mental Health Foundation of New Zealand.

Mental health: A person centred approach. (2013). Proctor, N., **Hamer, H.**, McGarry, D, Wilson, R. & Froggatt, T. Melbourne, Australia: Cambridge University Press.

Hamer, H.P., Barrington, J., McDonald, J. & Lampshire, D. (2013). *Gender and sexuality in mental health in Mental health: A person centred approach*. Melbourne, Australia: Cambridge University Press.

Hamer, H.P., Lampshire, D. & Thomson, S. (2013). *Mental health of older people, in Mental health: A person centred approach*. Melbourne, Australia: Cambridge University Press.

Hamer, H.P., O'Brien, A. J. & Lampshire, D. (2013) *Legal and ethical aspects in mental health care in Mental health: A person centred approach*. Melbourne, Australia: Cambridge University Press.

Maddison R, **Jull A**, Marsh S, Direito A, Ni Mhurchu C. Active Video Games and Weight Management:

Is There a Future? *Games for Health Journal* 2013;2(3):179-82.

Jull A, Walker N, Rodgers A. Honey as a topical treatment for wounds. *Cochrane Database of Systematic Reviews* [update]. *Cochrane Database Sys Review* 2013, Issue 2. Art. No.: CD005083. DOI: 10.1002/14651858. CD005083.pub3.

Drower D, McKeany R, Jogia P, **Jull A**. Evaluating the impact of implementing an early warning score system on incidence of in-hospital cardiac arrest. *NZ Med J* 2013;126(1385): <http://journal.nzma.org.nz/journal/126-1385/5891>

Parke RL, McGuinness S, Milne D, **Jull A**. A new system for assessing atelectasis on chest xray after sternotomy for cardiac surgery. *Medical Imaging & Radiology* 2014;2: doi 10.7243/2054-1945-2-2.

Jull, A. & Chen, R. (2013). Parent-only vs. parent-child (family-focused) approaches for weight loss in obese and overweight children: A systematic review and meta-analysis. *Obesity Reviews*, 14: 761-768.

THE LAST WORD

Autumn writing retreat

The School's twice-yearly retreats let researchers leave behind the many demands on their time. Publications in various stages of completion now get their authors' undivided attention.

This time six staff members attended to focus on projects that included a PhD proposal, diverse journal articles and a handful of book chapters. Dr Clare Gardiner sums up the benefits of being able to get away: "Having the time and space to concentrate on writing really helped focus my thinking. Having other researchers to discuss my writing with was really valuable for developing my ideas more fully."



Katey Thom, Reena Patel, Merryn Gott, Clare Gardiner, Lisa Williams and Michal Boyd

