Contemplating the impact of community based research and the importance of action

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Sitting side by side in the church pew, we joint in the celebration of life for a research participant we had come to know. It was a time filled with sadness, disbelief, and loss - it was a way of attending to the complexity of a life lived, the complicatedness of saying good bye, and the joy of knowing some things in ways we did not know before. These moments of quietness and solace we experienced while sitting in the church pew still call us today to contemplate the impact of community based research and the times when we are called to act. Over the past few years we have worked within multiple community-based research projects, primarily with marginalized community. Increasingly we have moved beyond the researcher-researched and into the community of activists and action (Fine, et. al, 2000) in which research and teaching "serves the community in which it is carried out, rather than the community of knowledge producers and policy makers" (Denzin, 1997, p. 275). In this paper we explore the importance of action, which at times is expressed in joining the community for funerals, at other times we work closely with community organizations in pursuing social justice agendas. At the same time, we raise questions about the challenges and possibilities of community action and issues of oppression; in these instances we sometimes conflict with community interests, as we raise questions about policies and practices that are troubling or where conceptualizations of equity and justice differ. How we answer these questions is influenced not only by the constructs and theories about what is right or what is ethical, but also our own life narratives. It is these life narratives that also call us to action. By engaging in community-based research, we are learning how to leverage change, but also when to step back and situate our work in new ways, highlighting the complexity and messiness of socially just research and research for social justice, and most importantly who we are as researchers.

Supporting the Wellbeing of Service Providers who Care for Homeless Women

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Introduction/Background: Women who are pregnant or early parenting and are at risk of or positive for HIV constitute a growing segment of the homeless population. Successful delivery of health and social programs are dependent on service providers who can link women to resources, and work in meaningful ways with them. Understanding the experiences of service providers who work with this population and how they sustain their work is warranted.

Objectives: To explore the experiences of service providers who support pregnant and early parenting women who are at risk for HIV and live in precarious housing.

Methods: A qualitative descriptive approach and thematic analysis was utilized to collect and identify emerging themes. Service providers who worked with or had knowledge about women who were homeless, pregnant and/or early parenting and were at risk or positive for HIV were recruited. Semi-structured interviews and field notes were the main data collection methods.
Results/Findings: Service providers experience systemic barriers and emotional challenges when caring for homeless women who are pregnant and/or early parenting. The importance of setting boundaries, caring for self, and seeking out support systems as strategies to maintain their own health and wellbeing and to better support their clients are expressed. Some service providers discuss the sacredness of their work, and the joy and reverence in working with this population.

Conclusion and Recommendations: Exploring the experiences of services providers in the delivery of care for homeless pregnant and early parenting women is important, and recommendations need to focus on the complexity of the diverse experiences. Acknowledging the positive and spiritual aspects of this work is needed. Findings will further enhance understanding of the work of service providers who work alongside vulnerable clients with traumatic life stories, and their need for care and support.

Recruitment and retention of frontline nursing staff a healthcare challenge.

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Background:

Many healthcare organisations across the world are faced with challenges of recruitment and retention of frontline nursing staff, with predictions of severe nursing shortages in years to come, not only posing a challenge to the provision of nursing care that meets the expected patient outcomes. These challenges with recruitment and retention will present with patient safety risks, complicated by a growth in global population of patients living longer with multiple complex comorbidities requiring ongoing nursing care. The demands on nursing provision are also exacerbated by an improved community empowerment, global health literacy and digital health as people are now accessing health information via the internet – and in some cases self-diagnosing, before presenting to a healthcare professional. In addition to some of the above mentioned global challenges, many communities are adopting the nuclear family model which means there is a likelihood of a huge future dependence on the provision of frontline nursing care.

Aim:

To explore why healthcare organisations are failing to recruit and retain frontline nursing staff.

Objectives:

To explore organisations' understanding of factors influencing recruitment and retention of frontline nursing staff.

To explore how organisations are addressing the recruitment and retention of frontline nursing staff.

Method:

Published literature informed by qualitative, quantitative and mixed methods research findings was analysed to ascertain factors influencing recruitment and retention of frontline nursing staff. In addition to the above grey literature from World Health Organisation, independent bodies and government organisations across the world was also examined.

Conclusion:

Reports and studies from both developed and developing nations have identified that recruitment and retention of frontline nursing staff is influenced by multiple factors. Most of the factors are generally similar, with models designed to address them in some regions or countries. It is imperative that challenges with frontline nursing staff recruitment and retention needs are addressed, given the predicted threat of frontline nursing shortage within the near future.

Nursing Now – a global movement for sustainable development
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The future development of nursing globally is of vital importance. Nursing has a great tradition and many shining examples of good practice, but faces great difficulties in these challenging times. The Sustainable Development Goals and other strategies to tackle global health problems cannot succeed without nurses – but the profession is not well equipped or well supported to implement them.

The obstacles include worsening long-term shortages of resources and staff; undervaluation of nurses' work; poor quality and/or lack of education; and lack of research capacity and awareness. The

social and economic returns on investing in nursing are potentially massive, yet the need for this investment is poorly understood.

The evidence shows that nurses can and do make health systems better, stronger and more efficient by improving health outcomes and containing costs. And nursing also has wider importance, making a three-fold impact not only on improving health, but also on promoting gender equality and supporting economic growth.

Effective nursing leaders are needed to tackle this huge agenda. Nurses are taken for granted, seldom heard and even more seldom heeded. To the detriment of communities, health services and patients everywhere, we are well nigh invisible at top tables. In the boardrooms, offices and conference halls where key health decisions and policies are made, nurses are absent or our voices are muted.

There is some cause for optimism, though, as the need to support and scale up nursing is finally being recognised. One game-changer is *Triple Impact*, a 2016 UK parliamentary review of the future development of nursing globally. Alongside other new initiatives, it provides a springboard for a global nursing movement to deliver universal health coverage and ensure better health for everyone; improve the lives of women at work; and strengthen local economies.

This interactive session will discuss the current context and ask for your ideas on future action at local, national and global levels.

A systematic review of early interventions for people with frailty
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Background

The rapid increase in frail elderly is seen as one of the major challenges facing health care today. Frailty, a geriatric syndrome characterized by unintentional weight loss, low muscle strength, feeling of exhaustion, reduced physical activity capacity and slow walking speed is associated with increased hospitalisation, nursing home care and mortality compared with non-frail older adults. There is therefore a need to identify early interventions that are available and effective to help support and maintain frail and older people's health and social independence.

Aim: A systematic review was undertaken to examine the effectiveness of early interventions designed to improve physical function, quality of life, and health service utilisation in frail older adults.

Methods
Six electronic databases were searched (January 2010-December 2016). A three-stage systematic review was conducted that i) identified existing literature in three areas; ii) synthesised evidence and assessed its quality; and iii) graded quality of the literature using Mixed Methods Appraisal Tool (MMAT).and analysed the literature for emerging themes.

Results
2,511 articles were identified of which 40 predominately medium to high methodological quality papers, were included. The majority of interventions were randomized controlled trials (n=26) However, intervention descriptions were generally poor: Two predominant intervention types were identified, physical function +/- nutrition (n=16), and case management (n=24). Key findings were: 1)physical function interventions could be used to postpone or reduce physical health consequences of frailty in both primary and secondary care settings 2) Nutritional interventions could be used as preventative measure for older people at risk of malnutrition 3) Case management interventions associated with more fully integrated services and comprising of three or more case management components are most successful in reducing hospital admissions and readmission's.

Conclusion
Improving the prevention, detection and treatment of frailty is essential given the projected rise in

older people; the impact on future service provision and the need to help support and maintain frail and older people's health and social independence. In order to better meet the needs of this vulnerable population agreement regarding the definition of frailty, and a core set of measures to assess frailty is urgently required. Until such work has been completed, any attempt to create an optimal validated intervention will be impeded, as will effective implementation strategies tailored to meet the needs of people with frailty. This absence may ultimately impact on the ability of this vulnerable group of adults to live well and for longer.

Evaluation of a formal care worker educational intervention on pressure ulceration in the community

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Aims and objectives. To develop and evaluate an educational intervention for formal care workers on pressure ulceration in the community. Background. Pressure ulcers are a major burden to health care and with an ageing population likely to increase. Formal care workers are ideally placed to identify high risk but lack standardised educational provision.

Study Design. An insider approach to action research in one provider organisation, November 2014–May 2015.

Methods. Number and categorisation of pressure ulcers, within three community nursing teams before and four months after intervention was delivered to a purposive sample (n = 250) of formal care workers, were assessed and the taught element evaluated using a questionnaire and verbal feedback.

Results. Total number of pressure ulcers reduced from 28–20, category II, 19–11, III unchanged at 6 and IV from 2–0 following the educational intervention. Key risk factors included impaired mobility (71%), urinary incontinence (61%) and previous pressure damage (25%), and 71% had formal care worker input. The intervention was highly rated 495/5 by 215 (86%) formal care workers in the evaluation questionnaire.

Conclusions. Formal care workers receive little, if any, education on pressure ulceration. An educational intervention can have a positive effect within community care, with the potential to reduce direct costs of care. However, a standardised approach to education is required; an urgent review of the education provision to formal care workers, in the UK and around the world, is therefore essential if the potential that formal care workers offer is to be realised.

"...it's like a car with no fuel, it won't move..." Fatigue Experiences of Adolescents with Sickle Cell Disease in a Sub-Saharan African Context: A Grounded Theory Inquiry
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Background: Sickle cell disease (SCD) has been recognised as a key global public health concern, especially in sub-Saharan Africa (SSA), where the condition is most prevalent. Whilst SCD is characterised by episodic vaso-occlusive painful crises, there is growing recognition of the importance of fatigue as a significant problem, particularly among adolescents with SCD, who are at a critical stage of life. However, the nature of the fatigue experienced is under-researched, and research on how young people address their fatigue through self-management is virtually non-existent. This is an important gap in knowledge, especially in SSA, where the disease is of significant epidemiological and clinical importance.

Aim: The study, which is still on-going, aims to explore and construct a theory on how adolescents manage living with fatigue in a SSA, specifically in Ghana.

Methodology and Methods: The study employs a constructivist grounded theory approach. Data are being collected using individual in-depth audio-recorded interviews, augmented with photos taken by

participants. Participants are adolescents aged 13-17 years with sickle cell anaemia, registered with two sickle cell specialist centres in Ghana. Written assent and consent are being sought from participants and their parents respectively. Interviews are being conducted in participants' communities and, to date, 13 participants have been recruited from one of the study settings, and interviewed. Interviews are being transcribed verbatim, and analysed using the principles of Charmazian grounded theory: initial and focused coding, constant comparison, and theoretical sampling.

Findings: Fatigue is an inextricable part of daily life for adolescents with sickle cell anaemia. Fatigue impacts on their overall development, experiences of painful crises, and ability to have fulfilling life. The preliminary core category emerging from the data is 'body as a machine', which comprises three overlapping categories: having no fuel, managing fuel, and struggling for a self/identity. The characteristics of and the relationships between the concepts, together with the socio-cultural processes underlying these concepts, will be discussed in the presentation.

Conclusion: The findings highlights the critical importance of psycho-social as well as physical, aspects of SCD; Ghanaian healthcare, however, currently adopts a biomedical rather than social model. The findings will make an important contribution to improving healthcare providers' knowledge and understanding of how young people experience living with SCD, which could enhance future care. Future nursing research should focus on fatigue-related intervention strategies for children/young people with sickle cell anaemia; and development/advancement of community health nursing roles in addressing lifetime conditions in Africa.

A MODEL FOR FACILITATING TEACHING OF INTIMATE CARE TO NURSING STUDENTS IN SOUTH AFRICA

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Intimacy and intimate care are concepts that are not freely used in nursing education, practice and literature because of their sexual connotation. Nursing students provide basic nursing care to diverse patients; this care requires exposing and touching body parts considered intimate, private or sexual in nature. This encounter may bring about feelings of anxiety, embarrassment and discomfort for both nursing students and a patient

The purpose of this study was to develop and describe a model for facilitating teaching of intimate care to nursing students in South Africa. The study utilized a two-phased theory generative design, which was based on findings of the empirical phase.

In the empirical phase, interpretive paradigm and symbolic interactionism were utilized to understand participants' views of intimate care. An explorative, descriptive and contextual phenomenological qualitative research was conducted. Nine (9) female nurse educators and twenty five (25) nursing students, of which nine (9) were males were purposively sampled. Data was collected using focus group and individual in-depth semi-structured interviews and Moustakas (1984) phenomenological data analysis method was used.

Intimate care invades personal and private space of a patient; and it requires physical closeness and touch between a nurse and patient. During implementation of intimate care, nursing students experienced feelings of anxiety, discomfort and embarrassment. Often their touch was misinterpreted as inappropriate and sexual. Nursing Education Institutions utilize simulation as a method for teaching basic nursing care, but intimate care is not facilitated in this way. Nursing students are not well prepared to provide intimate care and they are not supported when experiencing intimate care conflict.

Phase two, which was theory-generating in nature, was employed to develop a model which could be used in nursing education, nursing practice and nursing research to **facilitate teaching of intimate care** to nursing students. A combination of stages of theory-generating by Chinn and Kramer (2011:184-205) and Dickoff, James and Wiedenbach (1968:431-434) were used to identify and define the main concept. Description of the model entailed a visual portrayal, and description of the structure and process of the model, as well as evaluating it. Guidelines for operationalizing the model were also developed.

It is envisaged that the developed model will empower nursing students to implement intimate care competently, comfortably and confidently. This will enable them to establish nurse-patient intimate relationships, based on trust, respect and dignity.

Key concepts: *Intimacy, intimate care, facilitating, teaching, therapeutic nurse-patient relationship, intimate care conflict, competent*

A study of self-efficacy for health promotion and health-related QOL among the elderly living in the community

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[Purpose] This study aims to determine conditions of self-efficacy for health promotion and health-related quality of life (QOL) among the elderly living in a community.

[Methods] In March, 2017, we administered an anonymous self-rating questionnaire survey to 500 elderly in Hokkaido, Japan, and received 190 valid responses for analysis (38.0%). The questionnaire included questions for demographic characteristics, health activities, self-perceived health status, health self-efficacy, and health-related QOL. Self-efficacy for health promotion was measured using a Self-efficacy for Health Promotion Scale (SEHP), health activities, five items from the Health Practice Index (HPI). For health-related QOL, we used the Japanese version of Medical Outcome Study 8-Items Short Form Health Survey (SF-8). The analysis used t-tests of the scores of the SEHP as the dependent variables, and $p < .05$ was considered statistically significant. We obtained the approval of the ethics committee of the university author belong to.

[Results] There were 95 each of male and female participants. The mean age was 75.58±7.22 (65 - 99). Forty-one lived alone (21.6%), and 149 with the family (78.4%). The scores of the SEHP and HPI were 39.82±6.81 and 3.52±1.02, and 73(49.7%) and 74 (50.3%) were classified into good and poor HPI groups. The mean scores of the physical component summary (PCS) and a mental component summary (MCS) in the SF-8 were 45.15±8.16 and 49.51±5.86. The following items showed significant differences in self-efficacy for health promotion: age ($p = .027$), economic condition ($p < .001$), health information ($p <.001$), health check-ups ($p = .001$), and self-perceived health ($p < .001$). The PCS ($p < .001$) and MCS ($p = .001$) showed significant differences in self-efficacy for health promotion, but not between the good and poor HPI groups ($p = .100$).

[Discussion] Participants interested in health information and participants conducting good health activities showed higher self-efficacy for health promotion, and may participate in activities with an awareness of health. The mean scores of PCS and MCS were lower than those of national standard values, and were suggested to be associated with self-efficacy for health promotion. Maintaining the own health is important to improve QOL in independent life. Material environment, psychological stress, and health activities are reported to affect health. It is necessary to address health problems by considering the surrounding community.

[Conclusion] Self-efficacy for health promotion is related to physical, mental, and self-perceived health. Findings suggest the importance of assisting the elderly in maintaining health.

Relationship-building Ability of Mothers Experiencing Parenting Isolation

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[Purpose]

In Japan, many mothers become isolated during parenting, particularly during the early years of the child's life. Such isolation can exacerbate the anxieties and burdens associated with parenting. In this study, we aim to elucidate the facts concerning the relationship-building skills of mothers who are experiencing parenting isolation.

[Methods]

In our previous research, we defined the relationship building ability of mothers based on which we formulated 42 question items and classified them under four categories: positive attitude toward connecting with others (9 items), motive for interacting with others (6 items), interpersonal skills for connecting with others (14 items), and interest in the neighborhood community (13 items). We identified "mother who experiences parenting isolation" as a mother who has no friends with whom she can share her emotional experiences of parenting and receive sympathy. Accordingly, we asked mothers whether they have "friends with whom you can share the joys and problems of parenting." This item was recorded as "yes" or "no." The questionnaires were distributed in eight municipalities across Japan to 1,182 mothers with children aged 0-3 years. The survey was conducted from August 2016 to October 2016. We compared the mean scores for interpersonal relationship-building ability between those who answered that they have friends and those who answered that they do not. To evaluate the difference, we employed a Mann-Whitney U test.

[Results]

From the 779 mothers who responded to the survey (65.9%), we obtained 724 (61.3%) effective samples. Eighty-two (11.3%) of the respondents answered that they "have no friends with whom you can share the joys and problems of parenting." Compared to respondents who had friends, these respondents were more likely to feel isolated (2.41±0.94; P=.001). Respondents without friends had a less positive attitude toward connecting with others, had lower interpersonal relationship-building skills, and significantly less interest in the neighborhood (p<.05). However, we found no significant difference in the motive to interact with others.

[Discussion]

The results suggest that mothers who experience parenting isolation are in an ambivalent situation. They feel isolated and they desire to interact with others in the hope of obtaining necessary parenting information to contribute to their child's growth, but at the same time, they find it difficult to develop a positive attitude toward connecting with others and lack the skills necessary to build interpersonal relationships. To prevent parenting isolation, it is necessary to provide support to build relationship ability.

Children and Adolescents in War - Resilience and Mediators of Traumatic Stress

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Methodologies
A grounded theory methodology using grounded hermeneutic editing approaches and immersion/crystallization data analysis methodologies was employed for doing the narrative analysis of published diaries and memoirs of children from various war zones around the world. Diaries were in

published in English, and represent a range of wars and revolutions across Europe, Asia, Africa and Central and North America during the past 75 years. Most of the children survived to publish their own stories, though several are diaries kept by children and adolescents who did not survive and whose diaries were published posthumously. The diaries and memoirs were analyzed for factors of resilience and any mediators in the childrens' war experiences and what the outcome was for the child. All factors were given open codes with definitions built during coding. These first level codes were then grouped in axial and selective code groups again with definitions.

Findings
Preliminary findings from nine diaries or memoirs indicate five large groups of mediating and resilience factors for children and adolescents during war and revolution: community, family, environment, developmental stage and personal resilience. All of which were impacted by conflict characteristics and all of which impacted life outcomes of the children and adolescents. Though generally the mediators were found to confer positive resilience, they could also have negative impact. Generally mediators served as a net catching blows, but when too thinly stretched that net was overwhelmed breaking or snapping back on the child.

Purpose
Using the distancing accomplished in publishing the diaries and memoirs, the focus can shift from immediate mediators and resilience factors to ones that function in the longer term. Drawing on the concepts of critical multiplism this set of resilience and mediating factors can begin to describe the general factors that can assist children survive the stress and trauma of war and revolution. As such they can be used by NGO's and public health in supporting both communities after war and refugee communities fleeing war in the long term.

Clinical Research Nurses at the forefront of community health research in low and middle income countries.

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Pietersen, E., Allen, E. On behalf of the Global Health Network and Global Research Nurses

Background

Nurses make up the majority of the healthcare workforce, playing a pivotal role in the care of patients. Furthermore, they are fundamental to clinical research, often conducted in the community setting, by caring for participants and performing protocol tasks. www.globalresearchnurses.org (GRN) is a principal site of www.tghn.org (TGHN), a digital platform focused on low and middle income countries (LMICs) enabling research by sharing knowledge and methods. Each site represents a specific research community of practice, using this space to work, disseminate and engage. There is a vast array of resources to guide, train and support members in the planning and operation of studies, thereby developing research capacity and careers. As such, GRN aims to support all nurses involved in, or with an interest in, clinical research.

Methods

In order to achieve its aims, GRN encourages nurses working within clinical research teams or conducting their own studies to become part of this global network and form special interest groups to interact with regional peers, contribute to blogs, or complete open-access, low band-width certified e-learning courses designed to up-skill and increase confidence as a research team member. To enhance these online offerings, the network also can help members around the world to host low-cost research-related workshops and form twinning relationships with other research groups, enabling them to share experiences for mutual benefit. A further fundamental pivot of the platform is that members may log their various learning activities and experiences (both through and beyond the network) in an online Professional Membership Scheme, using this facility to set career goals with line managers. A refinement of this scheme is currently underway to enable nurses to map these learning

outcomes within a sophisticated digital competency framework, developed by TGHN on behalf of the World Health Organization.

Discussion and conclusion

Clinical research nursing is a specialized practice focused on maintaining equilibrium between care of a research participant and fidelity to a project. This category of nursing has a profound effect on the future health and wellbeing of communities and science in general. A call for action to formalize the scope and standards of practice of clinical research nursing worldwide, is overdue. GRN is well placed to contribute to these efforts, in particular ensuring that the voice of clinical research nurses in LMICs may be heard and contribute.

Scaling up telemonitoring services in primary care: Feasibility of widespread implementation and long term impact evaluation using routine healthcare records

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Background: In the UK practice nurses are largely responsible for the management of long term conditions such as hyperension in primary care. Our previous trial (*BMJ 2013;346:f3030)* showed that telemonitoring helped improve blood pressure (BP) control, but the embedded qualitative study (BMJ Open 2013;3:e002671) suggested that lack of fit of the system with exisiting workflows and record systems would be a barrier to widespread use. We have developed a patient led system which communicates telemonitoring results to practices via the standard system for communicating laboratory results and hospital letters. This is being piloted in Edinburgh and the surrounding areas.

Aim: To test the feasibility of widespread implementation of the revised telemonitoring system and long term evaluation of its impact through routine healthcare records

Methods: Quantitative evaluation of uptake and usage of the system, qualitative process evaluation in 8 practices, data linkage of primary care, hospital admission and prescribing records

Results: Over 45 practices and approximately 1000 patients started to use the system in the first year. Interviews with 10 nurses, 7 doctors, 20 patients found enthusiasm for the system and illuminated the different strategies adopted for both introducing the system and managing it when patient numbers became large. The mail barrier to roll out of the system was that patients could not be enrolled on the system opportunistically because it took longer than a standard nurse appointment. Extraction of the data to be linked was feasible and the initial analysis is underway.

Conclusion: Hypertension accounts for 1.2 million primary care contacts per year in Scotland. Telemonitoring could potentially support self-management, increase patient convenience and reduce workloads in primary care but further trials are needed to assess cost-effectiveness

A community nurse-led intervention to support carers to manage pain medication in cancer patients at end of life: a feasibility trial

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Background Carers of people with advanced cancer play a significant role in managing pain medication, yet they report insufficient information and support to do so confidently and competently. There is limited research evidence on the best ways for community-based nurses to help carers with medication management.
Aims To develop a community-nurse delivered pain medicines management intervention (Cancer Carers' Medicines' Management CCMM) for cancer patients' carers near the end of life and evaluate feasibility and acceptability to nurses and carers. To test the feasibility of trial research procedures to inform decisions concerning a full-scale RCT.

Design Phase I-II clinical trial. A systematic, evidence-informed participatory method was used to develop CCMM: a nurse-delivered structured conversational process. A two arm, cluster randomised controlled feasibility trial of CCMM was conducted, with an embedded qualitative study to evaluate participants' experiences of CCMM and trial procedures.

Setting and sample Community settings in two study sites: a sample of specialist palliative care nurses at one site, and generalist community nurses at the other site.

Participants Phase I: 57 carers, patients and health care professionals; Phase II: 12 nurses and 15 carers.

Results A novel intervention was developed. Nurses were recruited, randomised and received training in CCMM. Carer recruitment to the trial was problematic with fewer than predicted eligible participants and nurses judged a high proportion unsuitable to recruit into the study. However, nurses saw the need for CCMM, evaluated the training positively, viewed the intervention as feasible to deliver in everyday practice, and as a way of systematising and making more comprehensive this aspect of their practice. They also highlighted a need for more practice in using CCMM, did not see it as sufficiently distinguishable from their pre-trial practice, and tended to use the tailored CCMM components indiscriminately with carers. In addition, the focus on pain was viewed by some nurses as anxiety-provoking for patients and carers and as incompatible with the nurses' holistic practice focus. Nevertheless, CCMM showed some evidence of benefit to carers' and patients' medicines management-related beliefs, knowledge and skills.

Conclusions CCMM is a robustly-developed medicines management intervention which merits further research to test its effectiveness to enable community-based nurses to support carers' to improve management of pain medicines with patients at end of life. Nurses' evaluation of their training in and use of CCMM has informed further research on interventions for supporting patient and carer self-management of medicines at the end of life.

Health related decision making experiences among older Korean Americans in a medical day care center
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Health-related decision-making involves many aspects of the person. Elder ethnic minorities may be more susceptible to paternalistic provider decision-making due to lower English proficiency and lower health literacy. As immigrants, they are not culturally confident, have financial difficulties, suffer from multiple chronic illnesses, and are influenced by cultural norms which focus on not being a burden. Increasingly, patients' values and preferences are emphasized, it is important to support patients to make health related decisions based on their personal values. Medical day care centers provide care for older people with multiple chronic illness who require ambulatory care but do not require 24 hours of surveillance. They are popular among ethnic minorities because care for the participant is culturally tailored. There are increasing numbers of medical day care centers; thus, there is an opportunity to understand and address health related decision-making processes among those in medical day care centers. The current study focuses on older Korean Americans, one of the fastest growing minority population in the United States. The purpose of this study was to understand the experience of health-related decision-making among older Korean Americans in a medical day care center. A descriptive qualitative approach using in-depth interviews was used; 12 older Korean Americans participated in the study. Using thematic analysis method, five themes emerged from the interviews; 1) health literacy and cultural sensitivity; 2) limited communication and accessibility to healthcare; 3) network and resources in medical day care center, 4) complex co-mobidity care needs, and 5) social support structure. Health-related decision-making experiences among older Korean Americans in medical day care center were diverse. It was apparent that they were obtaining social support and there were resources to assist health-related decision-making in medical day care center. However, there were still struggles with low health literacy and cultural sensitivity related to health related decision making and this obliges further education intervention.

Amplifying Community Health Practice by Studying Public Service Impact and Sustainability
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Public service is rarely studied for its impact and sustainability in community health practice. Public service impact is particularly important to consider when working with faith-based institutions which

are often comprised of volunteer staff, and work with health departments to support public health. Research is needed to understand how to improve policy implementation within a church environment because churches serve families at risk for obesity, cancer, and other chronic conditions. Methods: Community-based participatory research was conducted with a church congregation of 3500 members. Document analysis was used to describe nutrition policy changes from 2011-2015. In-person event and program audits were conducted to assess nutrition policy fidelity. Policy changes and audit findings were summarized using content analysis. Results: The nutrition policy was developed over a 12 month period and officially revised twice in five years. Document analysis indicated more additions (n = 25) than deletions (n = 22) or re-wordings (n = 9) to the nutrition policy. Additions and re-wording involved adding faith-based and culturally acceptable language. Major deletions included removing policy monitoring language. Of the six events audited, three complied with the nutrition policy. Audits revealed how church leaders used the nutrition policy in practice. Written policy triggers were placed in meeting request forms and guidelines. Nutrition policy fidelity was achieved with written policy triggers and trained policy implementation champions. Discussion: Findings can serve as a guide for others focused on health policy implementation in faith-based organizations. This information can help researchers, policy makers, and clinicians interested in promoting a culture of health via policy use.

Negotiating Ethical Considerations in Evidence-Based Community Health Practice
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Purpose: This presentation presents issues related to negotiating ethical considerations in community health translational research.

Methods: A ten year search of databases (PubMed, CINAHL plus, Social Work Abstracts, and PsycINFO, Scopus, and Web of Science) was conducted using the key words evidence-based practice (EBP), nursing, and ethics. Over two hundred articles were reviewed. Eight internationally recognized EBP models were noted as common in nursing.

Results: There are very few international frameworks to support community health nurses in the negotiation of ethical concerns when engaging in implementation science. Most EBP models referred to ethical principles from the 1979 United States Belmont Report developed for research with individuals. Ethical concerns were related to: 1) how evidence is collected and distributed for international community health advancement, 2) how evidence is classified as useful for decision-making 3) how ethics is used to guide community health practice from one population or community to another, and 4) how ethics is used to guide organizational practice, and uptake in a global context.

Conclusions: This presentation advances knowledge about ethical concerns relevant for EBP community health practice by providing a relevant, literature-based framework.

Working together across the NHS and Universities to develop and test the FRAIT in practice.
Carolyn Wallace[1,2], Fran Dale[5], Georgina Jones[3], Jane O'Kane[3], Michelle Thomas[1], Liz Wilson[4], David Pontin[1]
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Aim: *To* report on how the NHS and University partners in Wales (UK) worked together to develop and test the FRAIT (Family Resilience Assessment Instrument and Tool) during 2014-2017 prior to its distribution across Wales for use in health visitor practice.

Background: In October 2016 the Welsh Government Healthy Child Wales Programme[1] was launched to provide an integrated universal service with targeted interventions for those at greatest need. One of its goals is to *'to promote positive maternal and family emotional health and resilience'*. It states that a family resilience assessment tool and acuity instrument will follow in 2017 to support health visitors in their professional judgment and decision making. The FRAIT (Family Resilience Assessment Instrument and Tool) consists of 5

products, a 36-item assessment tool, 25-item instrument, guidance, 'Keep in Mind' and training materials. These were developed and refined using a two phase mixed methods with integrated immersive simulation, to supported commissioning activities in the research design process. Phase 1 used Group Concept Mapping (GCM)[2] methodology with Concept Systems Global Max[TM] online software (62 HV participants) and Hydra Minerva Simulation[3] (28 HV participants) in 2014/2015 to develop the FRAIT Version 1. Phase 2, testing the FRAIT in practice in 2017 included 126 HV who collated 1009 FRAIT cases at four NHS University Health Boards. These were supported by a FRAIT HV champion at each University Health Board site. Anonymised data was delivered to the university where it was analysed by statisticians using RASCH[4] analysis. This resulted in FRAIT Version 2 which was then validated by 9 HV participants within the Hydra Minerva Immersive Simulation Suite[3].

Results: The study team worked together during 2014-2017 and comprised of 7 individuals from 6 organisations in Wales, UK. Applied thematic analysis was used to analyse transcribed minutes of meetings recorded. Results identified that key to delivering a complex collaborative innovation such as the FRAIT was the notion of equality. This was reflected in the five themes 'Shared Organisation', 'Bi-directional Communication',' Value of Relationship Building' and 'Participative Leadership'.

Conclusion: Working together across agencies is challenging but it provides opportunity to problem solve by sharing each other's knowledge and skills. In this context it was based on equality, which required commitment, a clear vision and clear distinct roles within the team. Further analysis will support the development of guidelines for good practice.

Developing and Validating the FRAIT (Family Assessment Instrument and Tool) in Wales.

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Aim: *To* report on how the FRAIT (Family Resilience Assessment Instrument and Tool) was developed and validated between 2014- 2017 prior to its distribution across Wales for use in health visitor (HV) practice.

Background: In October 2016 the Welsh Government Healthy Child Wales Programme[1] was launched to provide an integrated universal service with targeted interventions for those at greatest need. One of its goals is to *'to promote positive maternal and family emotional health and resilience'.* It stated that a family resilience assessment tool would support HV in their professional judgement and decision making.

Method: A two phase mixed methods with integrated immersive simulation to support commissioning activities in the research design process was used to develop the FRAIT. Phase 1 used Group Concept Mapping (GCM)[2] methodology with Concept Systems Global Max[TM] online software and Hydra Minerva Simulation[3] in 2014/2015 to develop the FRAIT. Phase 2, testing the FRAIT in practice in 2017 included HVs at four NHS University Health Boards completing the FRAIT and providing feedback on the utility of using it. This was followed by Hydra Minerva Immersive Simulation Suite[3]. Purposive sampling was used to identify and recruit the HVs. They were supported by a FRAIT HV champion at each site. Quantitative data was processed using SPSSv11 and RASCH analysis[4]. Qualitative data was analysed using constant comparative techniques and thematic analysis supported by QDA Miner software. Ethical approval was gained by the University and the participating University Health Boards.

Results: Phase 1 consisted of 90 HV participants who developed the concept of Family Resilience as perceived by HV and participated in developing FRAIT version 1. Phase 2 consisted of 135 HVs. A total of 1118 FRAIT cases were collated with 1009 analysed after data cleaning; and 30 HV narratives. The final FRAIT (Family Resilience Assessment Instrument and Tool) consists of 5 products, including a 36-item assessment tool, 25-item instrument, guidance, 'Keep in Mind' and training materials. In May/June 2017 120 HV completed the 'train the trainer' FRAIT modules.

Conclusion: The FRAIT will be used by over 530 HV in Wales from June 2017 and forms part of the Welsh Government Healthy Child Wales Programme data. It is also being used to develop the HV acuity tool in Wales. Although a considerable amount of work has been undertaken further work is recommended to future proof the FRAIT.

An exploration of the complexities of managing children's continuing care packages, using Group Concept Mapping methodology

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Abstract

Aim: To examine the perspectives of children's community nurses in regards the aspects of care they consider complex when undertaking case management for packages of children's continuing care.

Methods: Group Concept Mapping was employed after consultation with a stakeholder group comprising children's community nurses and researchers. The group developed a focus prompt*, when reflecting on the packages of care you manage, an aspect you consider complex is….*, and twenty-four children's community nurses agreed to brainstorm, both face-to-face and on-line, ideas about the complexity of the packages of care they managed. Twenty participants generated 172 response statements, and these were edited, reduced, and synthesised to produce a set of ninety-nine statements. Each participant sorted the statements into piles based upon perceived similarity and labelled the piles in a manner that made sense to them, then rated each statement in relation to 'importance' and 'influence' with respect to the focus prompt. The statements and ratings were analysed using Concept Systems Global Max ™ software, which utilised multivariate and multidimensional scaling techniques, to produce computed Concept Maps.

Findings: A five cluster solution was chosen by the stakeholders, comprising 1) education and training, 2) risk and safety, 3) continuing care process, 4) relationships and boundaries, and 5) working with families, which emerged into a conceptual framework of the complexities of managing children's continuing care packages. Differences were identified between nurses who considered themselves proficient rather than competent or experts in regards rating the perceived importance and influence of the statements to their practice.

Conclusion: Twenty children community nurses generated ideas about the complexities of managing continuing care packages for children. The stakeholder group interpreted the results and agreed to a five cluster conceptual framework. The data generated could be used for planning, evaluation, training, education and measuring purposes. The stakeholder group will meet to design further projects, especially in relation to developing an acuity tool.

Maximising on natural resources during drought in Umzimkhulu (KZN)

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BACKGROUND

KZN was one of the provinces declared as having drought crisis in the late 2015. In response to that WVSA embarked on a rapid assessment to understand the severity of El'nino in the affected areas and identify areas of intervention especially where World Vision operates.

OBJECTIVE

To improve supply and access to clean water and prevent potential microbial waterborne diseases' occurrence for children and adults in the drought affected communities.

METHODOLOGY

WVSA collaborated with local communities and the Umzimkhulu municipality in improving the livelihoods and access to clean and piped water. The springs were cleaned, covered and protected. In addition, water harvesting tanks, pipes and taps installed at each of the four springs to improve water access for the community. Education on hygiene was provided to ensure that the beneficiaries are aware of the relationship between water access and hygiene.

RESULTS

The project resulted in four springs being protected and piped to improve water supply to villages within the Umzimvubu area. The project benefited 387 households and 473 children (223 boys & 250girls). In many instances women and children are responsible for water collection hence they are seen as the most important beneficiaries of this project.

CONCLUSION

There's a great need for government to work with communities and civil societies in finding innovative ways of responding to disasters. The multi-stakeholder collaboration aids in resource mobilisation and allows for affective response. Disease prevention should be prioritised irrespective of an anticipated outbreak.

Evaluation of a training programme to enable school nurses to provide enhanced support to promote emotional and mental health in children and young people
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School nurses (SNs) have an important role in the prevention, identification, management and support of children and young people (CYP) with emotional and mental needs. Worldwide the rate of mental health issues amongst children and young people is rising. Smith-Fromm and Evans-Agnew (2017) comment that in the USA over 4 million CYP have a serious mental health illness and WHO (2017) estimate that half of all mental illness starts by the age of 14 with one in four people experiencing mental ill health during their lifetime. Thornton (2015) argues that adolescents are poorly served by mental health services but that school staff are well placed to identify young people with deteriorating mental health although they may lack knowledge and skills in this area.

To address the need for improved SN services Compass Wellbeing (CW), a social enterprise based in a diverse community in East London, UK, obtained funding from The Burdett Trust for Nursing to implement a transformational programme in the school nursing service. This presentation will report on the evaluation of one element of this programme, the training programme for the staff of the school nursing service.

The training, which was run twice, consisted of three two-day blocks, facilitated by one member of CW staff and an external colleague. The training included presentations (video and PowerPoint), role play, and large and small group discussion. The overall aims were to increase:

- awareness of theory relevant to CYP and their parents/carers;
- knowledge of typical child development and of the factors that disrupt healthy development;
- knowledge of specific mental health difficulties;
- confidence and skills in identifying emotional health issues;
- confidence and skills in engaging CYP and their parents;
- knowledge of referral pathways – when and how to make effective referrals;
- the ability to reflect on practice.

Evaluation used online surveys, interviews with school nurses, 'talking wall' comments and facilitators notes of the training sessions.

The participants had anxieties about deficits in relevant skills and knowledge before the training. More staff identified skills deficits: relating and communicating with CYP and their families, listening and responding to distressing material, helping CYP speak more openly than knowledge deficits. Working with difficult clients or families was often highlighted as an area of concern. Following the programme, the participants positive impact of the programme on practice: included improved communication skills, greater awareness of the multifaceted nature of the lives of the CYPs and better engagement with parents.

The feasibility of delivering a model of short-term integrated palliative and supportive care for older people living with frailty and non-cancer conditions in community settings (OPTCare Elderly)

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Background: Palliative care (PC) is recommended for frail older people with non-cancer conditions. Short-term integrated palliative and supportive care (SIPS) is a proposed model to support frail older people in the community at periods of deterioration but its feasibility is unknown.

Aim: To examine the feasibility of delivering SIPS to frail older people with advanced illness and non-malignant conditions at home or in a care home.

Methods: A randomised controlled feasibility trial with embedded qualitative study of SIPScare in 2 areas of South England. Patients were identified as eligible by GPs if aged 75+, clinical frailty scale score >4 (range 4-7), non-cancer diagnoses with 2+ unresolved symptoms or concerns. Recruited patients were randomised to receive either SIPScare with usual care or usual care only. SIPScare was delivered by specialist PC teams integrated with GPs and community nurses and involved 1-3 contacts with patients including a holistic comprehensive PC assessment. Main outcome 5 key symptoms (breathlessness, pain, anxiety, constipation, fatigue) measured Palliative care Outcome Scale at baseline, 6 weeks and 12 weeks (primary end point). Qualitative interviews with patients and carers on experiences of receiving SIPScare.

Results: 125 patients were approached by GPs. 50 patients and 26 carers were recruited, (40% recruitment rate) and randomised to SIPScare (n=24) or usual care (n=26). Mean age 85.6 years, 52% were men, mainly living at home alone (48%). All lived with frailty (mean score 5.64) and multi-morbidities (intervention mean 4.5, SD 1.96; control mean 2.6, SD 1.06). Main outcome 5 key symptoms showed significant improvement with a mean 1.0 decrease in symptom severity in the intervention group versus 0.4 increase in the usual care group (p=0.034, T-test). 19 patients and 9 carers participated in a qualitative interview (82.2% eligible patients). Integration of findings showed SIPScare acceptable after initial fears, main benefit on patient/family anxiety and communication.

Conclusion: SIPScare is acceptable and deliverable by PC teams working with community and primary care services, with potential benefit for patients. It is feasible to undertake a RCT on PC in community settings involving older people with advanced conditions.

ACCEPTANCE, ACCESSIBILITY AND UTILISATION OF VCT SERVICES BY WOMEN USING CONTRACEPTIVES AT THE CITY OF JOHANNESBURG'S MUNICIPAL CLINICS

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Background: The South Africa's reproductive health policy put more emphasis on dual methods in preventing unwanted pregnancies, sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV) transmission. Regardless of such policies, the uptake of voluntary

counselling and testing (VCT) services remains a personal choice. The study aims to determine the level of accessibility, acceptance and utilisation of VCT services by women on hormonal contraceptives.

Study purpose: To determine the level of accessibility, acceptance and utilisation of VCT services by women on hormonal contraceptives.

Methods: A cross sectional study was conducted in four facilities in the City of Johannesburg (Albert Street, Malvern, Rosettenville & Jeppestown). About 134 women obtaining hormonal contraceptives were interviewed.

Results: Unavailability and poor access to in-house VCT services was found to be a barrier for use of these services with about 35.1% having had their last HIV test in more than a year ago. Respondents 102 (76.1%) displayed positive attitudes and willingness towards (HIV) testing. Self-reported future use of the services was found to be even higher (49.3% strongly agreeing and 46.3% agreeing) if in case VCT services could be mandatory and routinely done. About 33 (24.6%) reported their last test through prevention of mother-to-child HIV transmission (PMTCT) program.

Conclusion: Respondents displayed positive attitudes towards Human Immunodeficiency Virus (HIV) testing. Unavailability and poor access to in-house VCT services was found to be a barrier for use of these services. There is a need for provider initiated counselling and testing (PICT) strengthening and integration of VCT services into family planning

The sociocultural environment within which children live and eat: an ethnography of households cultural feeding practices of children.

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Background

Appropriate child feeding promotes optimal nutritional status as it ensures the consumption of appropriate nutrients. Yet, child feeding appears to be inappropriate across challenging settings and developing countries including Ghana. Despite mothers of children under five in Ghana reportedly receiving and having adequate knowledge of public health nutrition information from community health workers (Gyampoh et al., 2014), child feeding does not match with the latter. Having knowledge of the indigenous child feeding practices may contribute to understanding the inadequate child feeding practices.

Aim:

To explore indigenous community practices related to child feeding in rural northern Ghana.

Methods:

Fifteen households with 32 children under five years were included in an ethnographic study which was completed between October 2014 and May 2015. Twenty-five mothers, 7 fathers, 3 grandfathers, 5 grandmothers, and 2 diviners were sampled using purposive, convenience and snowball sampling techniques. Ethnographic interviews and participant observation were used to explore what factors impact on child feeding. Inductive framework analysis of fieldnotes and verbatim transcribed interviews resulted in themes showing how the sociocultural environment in which the child lives interacts to impact their feeding.

Results:

Communal living, household physical structures, leadership and decision-making dynamics, and food insecurity, were found to influence child feeding. Whilst the community did not practice communally

owned property, members shared some activities and responsibilities such as cooking together and sharing food. This made it possible for children in families which had less food during the period of dire food shortage to receive food from other families. Shared responsibility towards child care was also manifest within the community. This shared living appeared to be facilitated by the physical structures of households (local building design). The designs of the local buildings facilitated easy movement of members of the community between each other's compounds. This allowed children to eat from other members of the community. There were also no communication boundaries resulting in sharing opinions, values and criticising of each other's child feeding practices. Leadership also impacted child feeding significantly. Diviners (spiritual leaders), male households' heads and grandmothers appeared to make major decisions in relation to a child's food sources. These factors dominated what food a child ate and the patterns of child feeding.

Conclusion:

The findings highlight the need for community wide approach to providing child feeding information. There may also be a need to review current interventions.

Ante Natal Health Care Services Utilization among Women of Child Bearing Age in Wushishi Local Government Area of Niger State: Analysis of Barriers.
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In most developing countries, accessing Ante Natal Care (ANC) remains a major problem leading to high maternal mortality rate among woman of reproductive age. Recent world health statistics showed that ANC coverage between 2006 and 2013 was indirectly correlated with Maternal Mortality Ratio (MMR) worldwide. In Nigeria maternal mortality remains a leading cause of death in women. Contributing only two per cent to the global population; however, it contributes 10% to the global maternal mortality burden. The poor maternal health outcome in Nigeria could be a result of poor ANC utilization. The situation of maternal mortality rate in Nigeria as elaborated above can be said to be the situation also in Wushishi Local Government Area (WLGA). Despite the number of health facilities all around, women of child bearing age are still not accessing ante natal care, and most times many women lose their lives during child birth at home, some end up with complications or even lose their baby at births. The aim of this study is to assess the socioeconomic, demographic and cultural impediments to assessing ANC in WLGA with a view to proffer solution to address them. This was a cross sectional survey and chi square analysis was used to ascertain the factors that are significant as barriers to assessing ANC. The results revealed that location of respondents; not receiving support from husband; ethnicity; preference for traditional birth attendants; not aware of any ANC around and not knowing there was need for ANC were found to be significant barriers to accessing ANC among women of child bearing age in WLGA. In view of the findings, we recommend among others, that more enlightenment campaign (especially for Community Leaders and married men) of the need for women to attend ANC whenever they are pregnant and women education should be encouraged over early marriage especially in the rural areas.

Maximising impact from community nursing research - introduction to a toolkit
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In the UK, community health nursing research leaders are seeking ways to maximise the impact of academic research as impact case studies will feature in the next assessment exercise of research quality in the UK - Research Excellence Framework (REF) 2021. However, impact is a complex concept and up to now there has been relatively little consensus about what constitutes successful impact or, crucially, what kinds of organisational conditions foster and support it.

An extensive 2015 analysis, commissioned by the Leadership Foundation for Higher Education and conducted by Dr Elizabeth Morrow, looked at over 1000 case studies of leadership, governance and management research that had been submitted to REF 2014 for impact assessment (Full report at http://www.lfhe.ac.uk/Morrow5.1). It explored how and under what organisational conditions, the research had been impactful. Drawing on these findings and with funding from the UK higher

education funding councils we have developed a practical toolkit. It aims to help senior research managers and organisational leaders to prepare, in advance, for successful impact. The toolkit is a free resource that will be available to UK universities (see www.lfhe.ac.uk).

The purpose of this presentation is to showcase the toolkit and to discuss how it can benefit research in community health nursing. The paper focuses on three main areas. First, how the toolkit can help community nurse researchers to **understand** what they mean by impact and what kinds of impact are important for them, given their goals. Secondly, it discusses how to **develop** a research impact strategy by, for example, engaging different stakeholders (both internal and external) and exploring strategies to get more out of relationships with stakeholders. Third, it provides guidance on how to evaluate and **evidence** the impact of research, exploring a number of different qualitative and quantitative measures as well as how best to communicate findings with research users, policymakers and the public.

The paper will conclude with a discussion about impact and how it may be conceptualised and interpreted for community nursing in different international health contexts and the strengths and limitations of having an evidence-based toolkit to support both high level strategic thinking and more concrete areas of action.

Embedding research in a local community and community-based health care provider organisation: A case study from England.

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Background

Encouraging communities and practitioners to get involved in health research can be challenging. In the United Kingdom, barriers to involvement in health research include practitioners' workloads; with research not perceived as a priority, and some scepticism from patients and the public about vested interests of researchers. However, we know that patient care, outcomes, and recruitment and retention of staff can be improved through a research active environment. This paper reports on a theory-led initiative to embed health research as normal practice within a local community in England and the primary and community based services providing their care.

Setting and Methods

The project was conducted in a Multispecialty Community Provider (MCP) which is a new model of care being introduced in the English National Health Service. It brings together General Practices, community nursing and other services to provide integrated care for a local population of 170,000. Implementation science was drawn upon as the method of inquiry, and Normalisation Process Theory was used to guide the collection and analysis of data. Data was collected via an online survey of practitioners, and from focus groups with service managers, and secondly with patients. Qualitative data was analysed using a framework approach.

Results

Practitioners and managers thought embedding research within the MCP structure was a legitimate aim, and that research activity should be part of their work. However, there were questions about the feasibility of conducting research in a busy work environment, and the lack of visible research leadership. Patients also thought developing research was a worthwhile strategy, but would also value more information on the types of research and how they could be involved. A lack of primary care based nurses with a specific remit for research was identified as an area for improvement. Practitioners and managers particularly welcomed research that could be used to evaluate the effectiveness of new services being introduced.

Conclusion

The project was conducted as the structure and governance of the MCP was being developed; providing an opportunity to embed research at the core of the structure. The local university developed a research strategy in partnership with the MCP, and an implementation science approach has helped guide processes to embed research as everyday practice. This has included working with local community groups as advisors, the appointment of research staff that work between the university and MCP, and the development of local research and evaluation projects.

Changes observed in community residents who have regularly sought health consultations

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The risk of lifestyle-related diseases can be reduced if a favorable lifestyle is followed, and various activities, such as education to promote health, have been performed to prevent such diseases. It is well-known that continuous intervention is effective to reduce such a risk. A previous cross-sectional study found that dietary habits were strongly correlated with the parameters of lifestyle-related diseases among community residents who regularly underwent health checkups. In this study, we investigated the influence of regular health checkups on the parameters of lifestyle-related diseases among healthy community residents.

A total of 289 individuals consulted healthcare providers about health, and 10.4% of them regularly sought such consultations. The study subjects comprised 30 individuals who consented to participate in the study in written and oral form. During the study period of one and a half years, the subjects sought health consultations an average of 3.6 times, with the average interval between them being 3.5 months. The subjects underwent health checkups, completed questionnaires about lifestyle, and consulted nurses about their concerns regarding health and diseases. The Institutional Review Board approved and monitored this study. Each participant provided written informed consent.

We performed the paired t-test to analyze changes in the parameters of lifestyle-related diseases between the first, second, and third health consultations. As a result, BMI was significantly lower after the second consultation ($p=0.05$). There was no significant change in the other parameters (bone mineral density, visceral fat area and arterial stiffness) as measured during health checkups, and subjects' lifestyles as mentioned in their completed questionnaires did not significantly change either.

As whether or not to seek a health consultation was at the subjects' discretion, we suggest that they have high-level awareness of health and lead a healthy life. Subjects' BMI was significantly lower after health consultations, which suggests that giving advice on health may promote motivation to stay healthy. Because BMI is associated with body weight, we could clarify reductions in the index within a 1.5-year time period. It is necessary to continue our intervention to improve the lifestyle and its parameters, which are less likely to change within a short period.

The best of both worlds - reflections from a community nurse researcher on leading research in higher education
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The Leadership Foundation for Higher Education (LF) serves a UK wide membership of universities in England, Scotland, Wales and Northern Ireland. The LF has a remit to inspire, catalyse and transform leadership, management and governance qualities and skills in universities. Its work is underpinned and informed by thought leadership, research and best practice. For the last three years I have been the Leadership Foundation Director of Research. As a small funder, my role is to identify priorities for research, commission, manage and publish the outputs. Having had a career leading, developing and doing community nursing and related workforce research, this paper asks what I had to offer research on leadership in higher education?

I take a personal, reflective and quasi auto-ethnographical approach to explore themes including: navigating a new identity, transferring knowledge into a related field of leadership practice and building credibility for community nursing by having a voice in a different world.

The paper will draw on examples of higher education workforce research and thought leadership from the Leadership Foundation portfolio to illustrate the following questions: a) what contribution can a community nurse researcher make to research design, project management, editorial decisions and publishing? b) what are the transferrable research and leadership skills that community health nurses take for granted ? c) to what extent are there mutual benefits in encouraging the spread of ideas and innovations across different fields of practice? The paper concludes with a discussion of the personal and academic challenges involved in building and sustaining credibility in a new research environment and argues that it is possible to get the best of both worlds.

Male victims of domestic abuse: Increasing recognition amongst health and social care services

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Background: In the United Kingdom approximately 700,000 men experience domestic abuse annually (ONS, 2013). Yet in spite of these substantial numbers, research seeking a qualitative male victim perspective is lacking, whilst research with the services that support them is non-existent. Across the UK, the gendered perspective of domestic abuse has informed policy, practice and understanding of the issue. Within Wales, the majority of gender inclusive domestic abuse services have been developed for women and children and not men. The needs of men victimised by their female partners has not been explored.

Aim: The research sought to identify the needs of abused men and determine existing service provision in Wales. The study used a mixed methods comprising of in-depth interviews with male victims, questionnaires to domestic abuse services and semi-structured interviews with their managers and practitioners. Findings were triangulated through a meta-matrix.

Results: The need for recognition of the problem was dominant. The lack of recognition had detrimental consequences for men and domestic abuse services, perpetuating issues surrounding accepting and recognising victimisation, help-seeking, unsubstantiated need and limited provision. Results highlighted limited male referrals from external services including health, primary care, mental health, social services, drug and alcohol and housing to domestic abuse services. These findings indicate a lack of awareness of male victimisation and a reluctance to enquire about abuse to men amongst health and social care provision.

Conclusion: Health services have a the pivotal role in identifying, assessing and responding to domestic abuse and may be the only professional contact a victim may have (National Assembly for Wales, 2001). Policy and practice should commit to raise recognition of male abuse across services, support professionals to confidently enquire about domestic abuse to men to facilitate safe disclosures and support access to appropriate provision.

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A partnership approach to evaluating a sex workers project in Wales

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Aim: To aide in the development and delivery of an evaluation to the needs of a newly established sex-workers project, to support its implementation and oversee the monitoring of the on-going evaluation.

Background: There are approximately 80,000 people involved in sex work in the UK of which an estimated 85-90% are women (Scambler, 2007). Across Wales, there are estimated to be at least 2,471 individuals involved in sex work with the greatest majority working "off-street" (Sagar *et al*, 2014). However, limited specialist support exists for sex workers in Wales (Sagar *et al*, 2015). *The Women's Advocacy Project* was developed to provide information, support, advice, and advocacy services to women involved in the commercial sex industry and women at risk of sexual and/or financial exploitation.

Method: The framework for evaluation is participatory evaluation; women accessing the project, project workers and a range of stakeholders (police, drug and alcohol service, the university health board, community health), will play active roles in its design and delivery. Two participatory evaluation workshops were held with project staff. Key considerations included: the purpose and aim of the evaluation, the outcomes required for funders and the issues faced by women accessing the service, how to involve women in the evaluation and potential risks and challenges.

 Results: It was determined that the evaluation would consider: the impact of the project on women accessing the service, why women involved in sex-work decide not be involved in the project, the projects own design and delivery to improve effectiveness, the relationship of key services and their ability to offer services to the women, the impact/success of the Diversionary Pathway for Sex Workers (a new partnership with SEWREC, local police, drug and alcohol services and the diversion team based at Women's Aid), the relationship to local communities, wider perceptions of sex-work and influencers including the media and the links to policy formulation and obligations to report to the funder. In summary, the evaluation should be able to answer if the project delivered according to the needs of the women.

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A REFLECTION ON USING OPEN EDUCATIONAL RESOURCES (OERs) IN TEACHING A MODULE IN A COMMUNITY HEALTH NURSING PROGRAMME

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Increasingly OERs are used in teaching at universities. The aim of this research was to explore a lecturer's use of OERs in teaching a module that formed part of a Community Health Nursing programme through the process of reflection. In doing so, the lecturer could understand the situation better and future actions in this regard could be informed better.

According to Horton-Deutsch and Sherwood (2017:23): "Reflection is a systematic way of thinking about our actions and responses that contributes to a transformed perspective, or the reframing of a

given situation or problem and it determines future actions and responses". The methodology that was used in this research was therefore based on Johns' Model of Reflection (Johns, 1995).

The five cue questions that Johns' Model are based on guided the steps in the research:

Description of the experience (what were significant factors?): The context of this research was a distance teaching institution where lecturers were requested to do away with prescribed text books for first level modules and instead use OERs and other resources. The objective of this request was to save students money in an environment where student unrest increased because of the pressure of the cost of higher education. OERs were made available through a platform of the university library. Environmental Health was the focus of the module.

Refection (what was I trying to achieve and what were the consequences?): The researcher adhered to the new policy but had concerns with the implementation of the OER-strategy. Selecting appropriate OERs is an example of a problem that was experienced.

Influencing factors (what things affected my decision making?): These factors were inter alia time-pressure during the selection process, no examples available of other similar OER-selections within the institution, not enough personal knowledge about OERs and a number of factors influencing students like cost of data.

Could I have dealt with it better? The researcher critically analysed the situation and concluded that the situation could have been dealt with better.

Learning (what learning took place?): The researcher came to the conclusion that through the experience she gained knowledge about the use of OERs as prescribed material. What was learnt during the experience is already influencing current practice and have value for future practice.

The Stay Well Care Facilitator: working together to create an integrated care pathway for older people in Newport, south east Wales.
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Background: Wales has a population of 3.1 million with over 800,000 people in Wales aged over 50 years[1]. This is expected to rise to 1 million within the next 20 years[2]. Newport city is the third largest city situated in south east Wales and covers a geographical area of 73.5 square miles, with a population of 145,700. Wellbeing is a key feature of Welsh Government legislation such as the Social Services and Wellbeing Act and the Future Generations Act. There is a requirement for non-government organisations and statutory organisations to work together to ensure that older people maintain their independence and prevent their admission to hospital. In 2014 Newport Social Services, Aneurin Bevan University Health Board, Age Cymru Gwent and People Too started working together to create an integrated care pathway in primary care using a 'Stay Well Plan' that has been designed by patients. The role of the care facilitator is delivered by a registered nurse who works for Age Cymru Gwent[3], a non-government organisation which delivers social care services in hospital and the community.

Aim: This poster will provide a practical insight into the role and impact of the care facilitator and the 'Stay Well Plan' working in GP practices in an integrated pro-active patient centred pathway. It will describe some of the challenges and successes experienced.

Results: Using both quantitative and qualitative data, it will report on patient satisfaction and patient outcomes including the effect on A&E admissions, emergency admissions, frailty and assessed out patients. It will demonstrate that this new innovative service has had a positive effect for some older people who are at high risk (top 3-7%) of admission to hospital/care institution or regularly accessing high cost services.

Conclusion: This new and innovative model has supported safe and independent living at home by promoting health and general wellbeing. The role of the care facilitator with the 'Stay Well Plan' has been integral to this valuable service delivery in south East Wales.

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Expected community nursing demand in Japan : Case in Yokohama city

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Japanese physician workforce per aged population has been estimated seriously under requirement. Particularly, after launching comprehensive community care system in which hospital beds reduction and community care increase would be considered, how to assure the workforce providing primary care in community base people is one of the most critical issue in Japanese healthcare policy.

Since primary care services in community is not mature because of distinctive historic and political background of free access for patients and free standing for healthcare providers, Japanese patients tend to access any specialists in hospital or free stand clinics located in their close neighborhood when they feel bad or get illness. In order to solve this inefficient situation, developing right number of primary physician should be required. But, through hearing survey, we found that younger physician specialists does not intend to engage community base care nor to be general practitioner even in future condition of hospital beds reduction not only in rural, but also urban area. We, therefore, expect that huge rooms of investing nursing workforce into community base care exist, at where less number of primary care physician will work, if we could clear installing initial cost for investing community base nursing.

We estimated an expected capacity of future nursing delivery in Yokohama city by forecasting future primary physician flow and stock. While, across three regions for planned health resources in Yokohama, random flow and steady stock through decades were observed, the result of OLS simulation by using forecasted ratio variability of flow as trend parameter indicated that physician stock in all three region may certainly decease in a future decade from nearly 20% to around 5%.

Following released health policy change; 15% reduction of hospital beds until 2025, we consider the parallel decease of nurse workforce working in Yokohama, and it may induce at least 15% transition of nurses from hospital to community. If so, we must develop appropriate scheme of education and practice adopted for such nurse transition, as well as prepare for right place for delivering right community nurse with right skills.

Assessment of knowledge, attitudes and practices (KAP) regarding the interpretation of genomic medicine in community health nursing among the postgraduate students of the Faculty of Nursing Sciences at the University of Khartoum, khartoum, sudan
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Abstract

Genomic Medicine has a major role in the diagnosis and therapeutic decision-making by using the individual's genomic informations, therefore the lack of knowledge and practice regarding genomic medicine among community health nursing professionals seem as a potential barrier to achieving an optimal nursing care by community health nursing in Sudan.

The study aims: To assess the knowledge, attitudes and practices (KAP) regarding interpretation of genomic medicine in community health nursing among postgraduate students at the Faculty of Nursing Sciences, University of Khartoum, Khartoum, Sudan.

Method: A prospective, cross sectional and semi-structured questionnaire was used to collect data from community health nursing professionals including both master and philosophy doctorate in community health nursing, the targeted number of the participants is around 50.

Results: 31.3% of PhD and 68.7% of master participants rated their genomic medicine knowledge as very good, whereas 55.1% rated as good, and 28.6% as bad and 6.1% as very bad. In addition, 84.2% of all participants can contribute to the genomic medicine into community health nursing , while 15.8% can't do that. 64.6% of the respondents could change their nursing care plan according to client genomic informations, while 25% may change and 10.4% doesn't change. With regards to the genetic counselling 47.9% strongly agreed with that "Key issue of genetic counseling is managing disclosure and discussion of genetic-information and handling the emotions that goes with it", while 54.8% agree, and 6.3% disagree. 39.6% strongly agree that genetic counseling can manage communication while 56.3% agree and 4.2% disagree.

"As long as I take the tablets!" Stroke survivors' experience of medication adherence.

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Background

According to the World Health Organization and other leading stroke experts, stroke claims 6.2 million lives each year. The overall stroke incidence rates in low to middle income countries, exceeded that of high-income countries by 20%. While primary prevention is important, so too is secondary prevention. Stroke survivors are more likely to have a subsequent stroke than people who have not had a stroke. Taking appropriate medication to control hypertension, diabetes, cholesterol and coagulation is vital in stroke prevention. However, evidence suggests that many stroke survivors find medication adherence challenging. This paper presents qualitative findings from research exploring the medication support needs of stroke survivors.

Setting and Methods

The study setting was a county in the south east of England which included a range of socioeconomic populations. Following screening of 308 participants using the Morisky Medication Adherence Scale (MMAS-8) and Living with Medicines (LMQ3) questionnaire, 30 adult stroke survivors were purposefully selected to reflect a range of adherence and burden of medication levels. Thirty stroke health workers including nurses, pharmacists, doctors and stroke support organization facilitators were also invited and all took part in semi-structured interviews exploring perceptions and experiences of medication adherence post-stroke. Interviews were recorded, transcribed and thematically analysed. A number of transcripts were independently coded to ensure interrater reliability and a coding framework agreed. NVIVO software was used to organise the data.

Findings

Stroke survivors spoke of the need to develop a routine or system to manage their medications and remember to take them. Routines were often organised around the daily geography of people's lives such as mealtimes in the kitchen. Certain tools were also found to be helpful, including dossette boxes or a written checklist. Beliefs or trust in the medications was an influencing factor on stroke survivor's adherence. Interactions between health workers and survivors was also an important factor, including information provided when discharged from hospital care, and issues

obtaining medication. The findings also suggested a number of gaps and limitations in the health care system in supporting medication needs.

Conclusions

The findings enabled the development of a conceptual framework based on the patient journey, "hotspots" where medication needs were most prevalent, and contextual factors that influenced adherence. This framework will be used as a basis to co-produce a flexible tool which can be used by survivors, their carers and health workers to identify stroke survivors' medication needs.

Clinical Research Nursing: a bespoke career in low and middle income countries

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Background

During the past 10 years the global landscape for clinical research has evolved and evidence based medicine has become the norm in clinical practice. Nurses are fundamental to community-based clinical research, by caring for research participants and performing research protocol tasks. There is a compelling case for acknowledgment of this vital role and a properly-defined career pathway for clinical research nurses (CRNs) and their unique skills.

Defining the role of the clinical research nurse

Advances in defining the specific role of the CRN led to the American Nursing Association (ANA) acknowledging clinical research nursing as a specialty and, in collaboration with the International Association of Clinical Research Nurses, published 'Clinical Research Nursing: Scope and Standards of Practice'. This is just one of a number of competency frameworks proposed or relevant for CRNs worldwide, which may or may not be pertinent to, and achievable for, clinical research conducted in low and middle income countries (LMICs). It is important to explore this situation further as nurses working in the latter contexts also need guidance in the range of duties the role may demand, and the inherent required standards. A relevant, flexible, framework for CRNs in LMICs would contribute to their increased confidence as a research team member, and fostering a satisfying career. In this presentation we therefore explore what a bespoke CRN career in LMICs could look like, and what needs to happen to achieve this goal.

Discussion and conclusion

CRNs engage in specialized practices which ultimately hinge on balancing clinical care of healthy or ailing research participants while achieving the necessary research standards to support evidence based medicine, including policy guidelines. Such practices ultimately have bearing on communities and science in general. Formalizing the scope and standards of practice of CRNs, distinct from nurse researchers, in LMICs is overdue.

My Baby's Brain – Antenatal *Developing an ante-natal intervention to promote infant mental health*
<u>Sally Kendall</u>[1], Avril Nash[2]
[1]University of Kent, Canterbury, UK, [2]University of Hertfordshire, Hatfield, UK

Background A large body of evidence strongly suggests that infant mental health in the period from conception to 2 years is influenced by the quality of the interaction between the baby and primary care giver. This interaction is believed to have a direct effect on infant brain development, on social and emotional self-regulation and on the quality of attachment that the infant develops towards his/her caregiver.

The purpose of this study was to develop an ante-natal parenting intervention that would raise awareness of the importance of parent-infant interaction in the ante-natal period and enhance parenting self-efficacy.

Objectives

Develop the acceptability, content, format and timing of MBB-AN

Develop the theory of change and logic model required to ensure the components will lead to the appropriate outcomes (secure attachment, parenting self-efficacy)

Refine and test the model programme

Reach consensus with stakeholders on the components and desirable outcomes

Test the reliability of the AN version of TOPSE as an outcome measure.

Design

This was a descriptive pilot study conducted on a before-after basis supported with qualitative interviews. The study was conducted in 3 Childrens Centres in Hertfordshire.

Sample

The intervention development included parents and childrens centre staff. The evaluation included 19 eligible parents during the third trimester of pregnancy, of whom 4 completed pre and post test measures and 3 completed interviews. 3 ante-natal classes were observed.

Measures – The Tool to measure Parenting Self-Efficacy ante-natal version (TOPSE-AN) and the Ages and Stages Questionnaire –Social and Emotional (ASQ-SE)

Findings

An ante-natal intervention and its components was developed. The pilot evaluation showed was limited in terms of findings from TOPSE and the ASQ-SE due to the very low response rate. Qualitative and observation data have yielded some interesting data for future development of the intervention. The outcomes and challenges of the pilot will be presented.

A SHORT TERM DESCRIPTIVE EVALUATION OF BACHELOR OF NURSING STUDENTS' PERCEPTIONS ABOUT HIV/AIDS EDUCATIONAL PROGRAMME IN KWAZULU NATAL.

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University of KwaZulu Natal, Durban, South Africa

Background

HIV/AIDS education and training in nursing generally has been inadequate and has not been formalised. As a result, it places nurses in a challenging situation when they have to nurse HIV/AIDS infected individuals, because they often have knowledge deficit. An innovated HIV/AIDS programme to fill that gap was introduced additionally into the undergraduate curriculum.

Aim

The aim was to described and explore the recipients' perceptions about the short term outcomes of HIV/AIDS educational programme.

Methodology

A quantitative approach was employed using an adapted research instrument from the University of Wisconsin-Extension called G3658-11Collecting Evaluation data: End-of-Session Questionnaires. SPSS version 23 was used to analyse data, using descriptive statistics.

Results and discussion

The population size was N=133. Participants were either in the 2nd, 3rd or 4th year of study. Majority (87.5 %) of students across all study levels gained theoretical HIV/AIDS knowledge, in topics such as HIV transmission & diagnosis (82.5 %), HIV prevention strategies (88.4 %), HIV staging & monitoring (80 %), and Pre and post HIV counselling (88.7 %). Furthermore, 93.7% gained competency in HIV related skills, which included conducting a rapid HIV test and accurately interpretation of results. Affirmative changes in attitudes and beliefs about HIV/AIDS was achieved by 74.2 %, meanwhile 25.8 % reported no change following participation.

Recommendations

HIV/AIDS content to be increased in the undergraduate curriculum for all levels. Nurse educators themselves also need HIV/AIDS education and training.

 Key words: Short Term Evaluation, HIV and AIDS education and training programme, Nursing Students

The Primary Health Care Nursing Workforce Development Roadmap
Rosamund Bryar[1], Sally Kendall[2]
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Aim: to describe the development and content of the Primary Health Care Nursing Workforce Development Roadmap

Background: the authors were commissioned 2010, with Professor Sophie Mogotlane, UNISA, by the International Centre for Human Resources in Nursing (part of ICN): "to describe the role of the nurse workforce in the development and implementation of primary health care (PHC) reform at supra-national, national and local levels and to critically review the evidence base and identify, from a nursing workforce perspective, key factors in the practice environment which act to inhibit the development of PHC reform or, conversely, have significant potential to facilitate/strengthen it." This work, we argue, has particular relevance today due to the launch of *Nursing Now!* and the central role of nurses in delivering the SDGs (Bryar et al., 2012; Kendall and Bryar, 2017).

Method: Database and internet searches undertaken to identify key PHC policy documents and documents on nursing workforce. Database and internet searches to identify relevant research and case study material related to the work of nurses in PHC. Email request circulated to the database of International Collaboration on Community Health Nursing Research (www.icchnr.org) requesting case study evidence, published and grey literature.

Findings: the literature review and case study examples were developed into a model, the PHC Nursing Workforce Development Roadmap, which has three elements that are needed to support the most effective PHC nursing practice:

1. Positive Practice Environments – provides the context for effective practice

2. Crosscutting workforce components – seven underpinning requirements: Education; Competencies; Regulation; Incentives; Health and Safety; Leadership and Managerial Support; Skill Mix.

3. Key Features of Effective PHC Nursing – five aspects of effective practice: People Centeredness; Public Health Perspective; Partnering and Inter-professional Working; Information and Communications Technology; Quality Improvement.

Conclusion: the Roadmap is based on evidence from research and practice but requires testing in different settings to provide answers to questions including: Does the Roadmap help in promoting effective PHC nursing? Does the Roadmap support integration of Public Health nursing into PHC? What elements and components are more critical, in what contexts? How can the Roadmap be used to support *Nursing Now!*

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Public Health Education Needs Assessment Togo, West Africa
Rosamund Bryar, Rosa Benato, Judith Suderland
City, University of London, London, UK

Aim: to present the findings from a public health education needs assessment undertaken in Togo, West Africa in April 2016.

Background: Togo is situated in sub-Saharan Africa and shares many of the characteristics of countries in this part of the world. It has a population of 7.4 million and a life expectancy of 58 years. Despite some improvement, Togo's infant mortality rates remain high: one in eight children will not reach its fifth birthday. Maternal mortality rates stand at 380 per 100,000 live births in 2015. Togo is among the 57 countries identified by the World Health Organisation as having an acute shortage of health workers, with rural areas bearing the biggest impact of this. The 2014 State of the World's Midwifery report indicated that only 43% of need is met by the country's midwifery services.

The School of Health Sciences, City, University of London was approached in 2014 by the charity Vision Togo with a view to identifying and supporting the needs of nurses and midwives in Togo through the establishment of a memorandum of co-operation. With funding from the Tropical Health and Education Trust a needs assessment visit was undertaken in April 2016.

Method: a framework of questions to guide collection of information was devised based on the Primary Health Care Workforce Development Roadmap (Bryar et al., 2012). This identifies seven workforce components supporting the most effective practice in primary health care: Education, Competencies, Regulation, Leadership and Managerial Support, Skill-Mix, Health and Safety and Incentives.

Findings: will be presented in relation to the assessment of the Education workforce component which identified a need to support the educators of nurses and midwives in Togo.

Conclusion: the next steps that the partners are taking to meet the educational and other needs identified through this needs assessment will be discussed. Collaboration between public health educationalists in less developed and more highly developed countries has the potential to enrich learning and the development of practice by lecturers and students in both countries.

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The work of Vision Togo
Kerim Gnayame Boassiba, Ralph Akwei
Vision Togo, Lome, Togo

VISION TOGO is a non-profit, non-governmental organization working to improve the delivery of quality health care in Francophone Africa, specifically in Togo. Indeed, VISION TOGO aims to improve the quality of care through, through consultations, on-line consultations by telephone, information, education and communications on communicable and non communicable diseases. VISION TOGO informs, educates and consults populations on cardiovascular diseases, sexually transmitted infections, HIV / AIDS, viral hepatitis, diarrheal diseases, cancers and so on. We organize therapeutic education on sickle-cell disease in patients with this condition.
The organization has a qualified and dynamic staff such as full-time state nurses and part-time specialist physicians to achieve its objectives. We also have equipment such as a mobile clinic offered by SAMSUNG for on-site consultations and an online listening center. Like any project, we are facing difficulties, the majority of which is linked to the lack of medical equipment, especially medicines, and financial resources to improve our services.

Gaining access into an informal settlement: relevance to mothers and preterm infants
Ida Du Plessis, Marie Poggenpoel, Chris Myburgh, Wanda Jacobs
University of Johannesburg, Johannesburg, South Africa

1.

1. Introduction and background

    Infants born prematurely in public hospitals are discharged when they become hemodynamically stable and their weight has reached a certain mass. Mothers take their infants home to informal settlements: communities in South Africa well known to be poor with resources like suitable housing, water, electricity, decent roads and adequate transportation. Conditions are not ideal for the caring of a preterm infant, as the infant remains to be in a fragile physiological condition due to prematurity.

2. Purpose of the study

    To provide recommendations for researchers to gain access into informal settlements within a South African context so to ensure researcher-participant trust as well as safety of the researcher.

3. Methodology

    A qualitative, exploratory, descriptive and contextual research design will be used in this study.

4. Results/Findings

    The researcher found that preparation of gaining access into an informal settlement is essential, as communities hold their own unique culture and hierarchy of communication. Not only was the researcher perceived as an outsider on entering the informal settlement the very first time, but the researcher's safety was at risk due to being unfamiliar to the setting. It was mandatory for the researcher to explore better ways to gain access into the informal settlement so to ensure her own safety, but simultaneously be received into the settlement by the community members.

5. Conclusions:

The manner in which the researcher enters the specific informal settlement is vital as it builds respectful relationships between researchers, participants and the community. The researcher acknowledges that entry into the community is a privilege as the researcher needs to gain access into the homes of the community members and acquire specific personal information. Therefore, the researcher have a duty to respect the present-day processes.

Vulnerable populations: Mothers, children and their nurses

Neltjie Van Wyk, Ronell Leech, Mariatha Yasbek, Annatjie Van der Wath,
Merriam Moagi, Dikeledi Manaka
University of Pretoria, Gauteng Province, South Africa

Abstract 1: Vulnerable mothers with children with disabilities (Prof NC van Wyk)

The aim of the systematic literature review was to appraise completed qualitative and quantitative reports on the challenges of mothers of children with disabilities regarding their own transition to motherhood. First, a computerized search strategy to identify relevant studies from selected databases was done, followed by a quality appraisal and thematic analysis of selected studies. The results reveal that mothers are challenged at home to integrate normal mothering with technical care of their children. In the outside world they often struggled to ensure that their children got the necessary professional care. Travelling between their homes and healthcare services posed many problems.

Abstract 2: Vulnerable mothers with pre-term neonates (Dr R Leech)
The author aimed to study existing research reports on the feelings of vulnerability of mothers of preterm infants. A review of literature was carried out through a computerized search strategy. The feelings of vulnerability that the women experienced in the selected research reports related to their own perceptions of becoming mothers of preterm infants and to their relationship with others. They felt insecure in 'becoming mothers of preterm infants' and doubt their own mothering capabilities.

Abstract 3: Vulnerable mothers with perinatal mental health disorders (Dr M Yazbek)
The prevalence of perinatal mental disorders are higher in low- and middle-income countries with the mean prevalence 15.6% in pregnant women and 19.8% in women who had recently given birth. Risk factors in low-income settings such as poverty, malnutrition, gender-based violence and unintended or unwanted pregnancies influence the day-to-day interactions between neonates and their mothers. These negative effects influence neurological, cognitive and social development in the neonate.

Abstract 4: Vulnerable nurses caring for children with disabilities (Ms D Manaka, Dr AE van der Wath & Ms M Moagi)
The aim of the study was to generate a better understanding of nurses' experiences of taking care of patients with severe and profound intellectual disability in a care and rehabilitation centre in South Africa. Data collection was done through unstructured interviews. The findings revealed that the work environment for nurses in the institution is challenging. The nurses felt unappreciated which had a negative effect on their work performance.

Using Innovation in Teaching and Learning Community Health Nursing

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The University of Pretoria (UP) endorsed blended learning since 1994 and from 2014 there was a scale-up to hybridisation. In the Department of Nursing Science there is a variant implementation of

the hybrid model approach of teaching especially in post basic degree. Most of the student population in the post basic degree are from previously marginalised groups, especially women and black students. Some of these students are digitally and technologically challenged with a wide digital divide as compared to the counterparts nationally and globally. This paper reports how hybridisation as innovative approach has been progressively used for teaching and learning in Community Health Nursing Science for the post basic degree since 2014. Specific e-tools (electronic tools in the Learning Management System) were introduced in this module since 2014. The hybrid approach as an institutional drive has empowered some academics for innovative teaching and learning practices that accommodate the needs of these students.

Hybrid approach in teaching and learning emphasises the potential to reach for most vulnerable students as it is tailored towards inclusivity, equity and contextually relevant to promote wider and purposeful access. This presentation sought to highlight the features of electronic tools and interactions to influence learning for the identified group. The suggestions of e-tools in this educational practice are illustrated as a guide to part of social interactions to promote access to innovative teaching and learning.