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Scope of the Journal: The *Caribbean Journal of Nursing* is an open access, peer reviewed, scientific journal which aims to publish original research and scholarly papers on all aspects of nursing education, nursing administration, and nursing practice.



The University of the West Indies
Faculty of Medical Sciences
The UWI School of Nursing, Mona

P R E S E N T S

The 26th Nursing and Midwifery Research Conference & 27th Mary J. Seivwright Day

Translating Research Evidence into
Best Practices: The key to healthy
public policy and quality patient outcomes

May 26–May 27, 2016

The UWI School of Nursing, Mona Kingston 7

Keynote Speaker


DR IRMAGEAN BAJNOK

DIRECTOR, RNAO'S INTERNATIONAL AFFAIRS AND BEST PRACTICE GUIDELINES PROGRAMS
CO-DIRECTOR, NURSING BEST PRACTICE RESEARCH CENTRE (NBPRC), CANADA

The Distinguished Dr. Mary J. Seivwright Lecture

DR KATHRYN HIGUCHI

ADJUNCT PROFESSOR, UNIVERSITY OF OTTAWA, CANADA



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Overview of the Conference

Both international and national nursing organizations emphasize “Evidence Based Practice” as the standard for nursing practice. According to the International Council of Nurses (ICN), closing the gap between evidence and action requires stronger emphasis to be placed on implementing strategies to translate knowledge to action. Implementing best practice guidelines is one of the key strategies for integrating the best available research evidence into nursing practice thereby enhancing the quality of patient care.

The objectives of the conference are:

- To strengthen nurses and midwives capacity to translate knowledge to action
- Enhance nurses and midwives knowledge and skills in evidence based nursing and midwifery practice
- Provide a forum for dialogue, engagement and networking among nursing and midwifery scholars to facilitate collaborative nursing and midwifery research



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Message from the Head of School

Steve Weaver PhD, MPH, RN

HEAD OF SCHOOL AND DIRECTOR, THE UWI SCHOOL OF NURSING, MONA. PAHO/WHO
COLLABORATING CENTRE FOR NURSING AND MIDWIFERY DEVELOPMENT IN THE CARIBBEAN

On behalf of the faculty and staff of the UWI School of Nursing, Mona, I am delighted to welcome you to the 26th Annual Nursing and Midwifery Research Conference and the 27th Mary J. Seivwright Day. I am pleased to be associated with such a prestigious event that focuses on the theme *Translating Research Evidence into Best Practices*, a subject which is exceedingly significant to developing effective public health policy and achieving quality patient outcomes. It is therefore imperative that as nursing educators we are able to convert research evidence into needed best practices and policies and pass this skill to our students, ultimately for improving quality patient care.

The School has had a long and illustrious history of research and publications that has positively impacted patient care. This year, the conference organizers have recognized that while there is a need for critical knowledge acquisition and research training in the area of patient care, there is an even greater need for the development of principles and policies to ensure best practices in Nursing. It is with this in mind that we have chosen the current theme and selected two of our most esteemed colleagues to set the tone in this two-day conference.

The path to health policy and quality care outcomes depends on translating research evidence into best practices. Rather than training the next generation workforce in health professions silos, inter-professional education needs to continue to eliminate boundaries, creating academic and clinical experiences for students that advance the goal of health professionals working collaboratively to provide patient-centered care.

The Annual Nursing and Midwifery conference of the UWI School of Nursing, Mona has always created opportunities for networking among peers, and this year will be no exception. The faculty and staff are proud of the quality of the research documents to be presented at the conference and we look forward to making a significant impact on Nursing both locally and internationally. We wish you a memorable and productive conference.



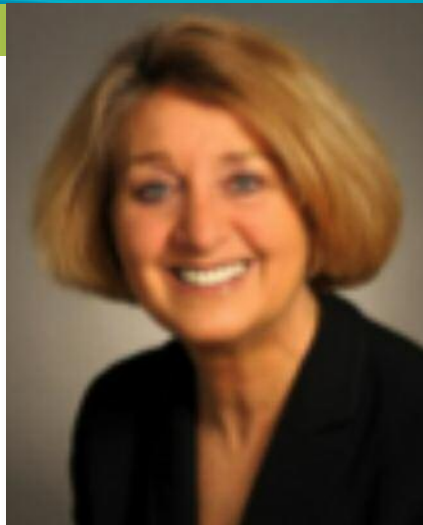
Message from the Conference Chair

Eulalia Kahwa PhD, BScN (Hons), RN, RM

SENIOR LECTURER AND DEPUTY DIRECTOR, THE UWI SCHOOL OF NURSING, MONA
PAHO/WHO COLLABORATING CENTRE FOR NURSING AND MIDWIFERY
DEVELOPMENT IN THE CARIBBEAN

A very warm welcome to all participants in the 26th Annual Nursing and Midwifery Research Conference and 27th Mary Jane Seivwright day under the theme **“Translating Research Evidence Into Best Practices: The key to healthy public policy and quality patient outcomes”**. This year’s theme builds on the successful application for the UWI School of Nursing, Mona (UWISON) to become a Best Practice Spotlight Organization (BPSO). This initiative confirms UWISON’s commitment to “Evidence Based Practice” as the standard for nursing practice in the Caribbean. One of the key strategies for integrating the best available research evidence into nursing practice is by implementing best practice guidelines. Consistent with this focus, the keynote speaker will explain the process of guideline development, implementation and evaluation, while the Mary J. Seivwright Lecture will equip us with strategies for successful integration of evidence into practice.

I would like to express my sincere gratitude to the Registered Nurses Association of Ontario (RNAO) for partnering with us on this exciting venture. Sincere thanks, to the conference planning team, sponsors and presenters for making this year’s conference a success. We look forward to continued collaboration as we embark on this exciting journey of implementing best practice guidelines in Jamaica and the wider Caribbean.



Keynote Speaker

Irmajeane Bajnok PhD, MScN, RN

DIRECTOR, RNAO'S INTERNATIONAL AFFAIRS AND BEST PRACTICE GUIDELINES PROGRAMS
CO-DIRECTOR, NURSING BEST PRACTICE RESEARCH CENTRE (NBPRC), CANADA

Transforming Nursing Through Knowledge: Championing Leaders in Evidence-Based Practice

This keynote address will highlight the meaning of evidence based practice, education and management decision making, and why embracing evidence is critically important for nursing and health care today and into the future. The presentation will showcase the world renowned Best Practice Guidelines Program led by the Registered Nurses' Association of Ontario, Canada. Also featured will be ground breaking aspects of the program related to guideline development, implementation and evaluation, that have led to a worldwide movement enhancing nursing and health care, and leading to better patient and population outcomes. The presentation will conclude with a road map and a clarion call to nurses in all roles to be visionary leaders and champions of evidence based practice in service and education. Such dynamic action taken up by us all, will enrich the profession, and health care and most importantly impact health outcomes globally.



Dr The Honourable Mary J. Seivwright Distinguished Lecture

Kathryn A. Smith Higuchi, PhD, RN

ADJUNCT PROFESSOR, UNIVERSITY OF OTTAWA, CANADA

Ensuring Successful Translation of Evidence into Practice

It is a great honour to be invited to give the address in memory of one of the Caribbean's greatest nurses; Dr. Mary J. Seivwright. Dr. Seivwright provided leadership that led to the establishment of evidence-based nursing practice and education. I am sure that she would be very proud of the accomplishments of her nursing family in fulfilling her dream of developing evidence-based practice and education.

The goal of the address today is to provide insight into the process and factors which ensure the successful transfer of evidence into practice. Professional nursing organizations and now even legislation in some countries mandate that their practitioners make clinical decisions based on the best evidence. However, nurses and other health care professionals continue to be challenged in ensuring that practice decisions are based on the best evidence. Health care organizations and health care professionals, including nurses need to share responsibility for making changes in the practice environment to ensure that evidence-based decision-making is integrated into practice.

The literature now provides much direction for nurses and other health care professionals in planning, implementing, and evaluating the changes that are required for successful translation of evidence into practice. Based on my experience, the critical elements in the change process and the focus for this presentation include: 1) Selecting a Planning Framework, 2) Understanding the Context and Stakeholders, 3) Taking Time to Plan the Change Process, 4) Addressing Influencing Factors, 5) Monitoring and Communicating Progress, and 6) Acknowledging Accomplishments. Findings from research studies and practice experience will be used to illustrate these key elements.

Conference Programme

Day One: Thursday May 26, 2016

7:30 a.m.	Registration
8:30 a.m.	Welcome & Opening Remarks Dr Steve Weaver, Head of School, The UWI School of Nursing, Mona
8:40 a.m.	Prayer Andrea McPherson, Lecturer, The UWI School of Nursing, Mona
8:42 a.m.	Item UWISON Students
8:45 a.m.	Greetings <ul style="list-style-type: none">– Professor Horace Fletcher, Dean, Faculty of Medical Sciences– Marva Lawson-Byfield, Chief Nursing Officer, Jamaica– Dr Noreen Jack, PAHO/WHO Representative, Jamaica– Professor Archibald McDonald, Pro Vice-Chancellor & Principal, UWI, Mona– Honourable Ruel Reid, Minister of Education, Jamaica– Dr the Honourable Christopher Tufton, Minister of Health, Jamaica
9:10 a.m.	Introduction of Speaker Mauvette Waite, Clinical Instructor, The UWI School of Nursing, Mona
9:15 a.m.	Keynote Address Dr Irmajean Bajnok, Director, RNAO's International Affairs and Best Practice Guidelines Programs
10:00 a.m.	Vote of Thanks Keisha Kerr, Clinical Instructor, The UWI School of Nursing, Mona
10:05 a.m.	COFFEE BREAK

Scientific Session 1: Preparation and Readiness for Evidence Based Practice

Chairperson: Melissa Walker

10:40 a.m.–11:50 a.m.

- 10:40 a.m. Perceived Barriers to Research Utilization Among Registered Nurses in Jamaica
S Foster Jackson, P Anderson-Johnson, A Norman-McPherson
- 10:55 a.m. Undergraduate Nursing Students Level of Research Self-Efficacy and Interest
M Williams, JLM Lindo & R Stennett
- 11:10 a.m. Opportunities and Challenges for Research Coordinators Working on International Research Teams
K Hoogveen, C Anderson, N Edwards, S Roelofs
- 11:25 a.m. HIV and AIDS Clinical Guidelines: The Importance of Contextualization
E Kahwa, N Edwards, *K Hoogveen*
- 11:40 a.m. **Discussion**

Scientific Session 2: Evaluating Preparedness for Clinical Practice

Chairperson: Dr Hilda Ming

11:50 a.m. – 12:45 p.m.

- 11:50 a.m. Exploring the Theoretical Preparation of 3rd Year Nursing Students and Their Performance in Written and Clinical Assessments in a Mental Health Nursing Course
S Garriques-Lloyd, D Munroe, M Walker
- 12:05 p.m. Mentorship for Newly Employed Registered Nurses at a Selected General Hospital in Trinidad
N Ramnarine, E S Daniel
- 12:25 p.m. **Discussion**
- 12:40 p.m. **LUNCH BREAK**

Scientific Session 3:

Options for Preventing and Managing Chronic Health Conditions

Chairperson: Donnette Wright-Myrie

2:00 p.m –2:45 p.m.

- | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2:00 p.m. | Diabetes Self-Management Education for Adults with Type 2 Diabetes Mellitus
<i>R Dennis-Bradshaw</i> |
| 2:15 p.m. | Effectiveness of Option B+ Implementation on Prevention of Vertical Transmission of HIV in Rural Haiti: A Case-Control Study
<i>L Merry, K Redden, M Armony, J Tuck, F Dieudonne</i> |
| 2:30 p.m. | Use of Complementary Therapies Among Clients Attending Cancer Outpatient Clinics in Trinidad
<i>L White, O Ocho, K Lootawan</i> |
| 2:45 p.m. | Participatory Research Evaluation in the Context of the Multi-Country European Research into Policy to Enhance Physical Activity (REPOPA) Project
<i>C Anderson, S Roelofs, N Edwards, S Viehbeck</i> |
| 3:00p.m. | Discussion |
| | Special Presentations: Antoinette Barton-Gooden |
| 3:10 p.m. | Integrating Smoking Cessation into Healthcare Systems
Dr. Robert Reid, Deputy Chief, Division of Prevention and Rehabilitation, University of Ottawa Heart Institute |
| 3:30 p.m. | Workshop: Introduction to Motivational Interviewing for Healthcare Workers
Antoinette Barton-Gooden & Joy Crawford |
| 4:30 p.m. | Summary and Closing Remarks |

Dr the Honourable Mary J. Seivwright Day

Day Two: Friday May 27, 2016

7:30 a.m.	Registration
8:30 a.m.	Chairperson's Opening Remarks Dr Eulalia Kahwa, Senior Lecturer, The UWI School of Nursing, Mona
8:40 a.m.	Prayer Karozan Cascoe, The UWI School of Nursing, Mona
8:45 a.m.	Greetings Janet Farr, President, Nurses Association of Jamaica
9:05 a.m.	Introduction of Speaker Sheryl Garriques-Lloyd, Clinical Instructor, The UWI School of Nursing, Mona
9:10 a.m.	The Distinguished Dr. the Hon. Mary J. Seivwright Lecture Professor Kathryn A. Smith Higuchi, Adjunct Professor, University of Ottawa, Canada
10:00 a.m.	COFFEE BREAK
	Scientific Session 4: Personal Behaviour: How they affect relationships and service
	Chairperson: Joyette Aiken 10:30 a.m. – 12:05 p.m.
10:30 a.m.	Organizational Citizenship Behaviour among Nurses in a Tertiary Health-Care Setting: A Bahamian Perspective <i>S Smith</i>
10:45 a.m.	Health Stigma: What the Research tells us and what it means to the Caribbean <i>F Jackson-Best</i>
11:00 a.m.	Professional Values Among Nursing Students in a School of Nursing in Jamaica <i>S Chisholm-Ford</i>
11:15 a.m.	Discussions

Scientific Session 5: Healthcare Providers: Knowledge, Attitudes and Practices

Chairperson: Dr Donna Bunnaman

11:30 a.m.–12:30 p.m.

- 11:30 a.m. The Knowledge, Attitudes and Practices of Doctors and Nurses at the Kingston Public Hospital Regarding the Use of Universal Precautions
M Davis, J Aiken, J Lindo
- 11:45 a.m. Knowledge of Staff Nurses on Care of Patient with MRSA
R W Mir, E S Daniel
- 12:00 a.m. Evaluating the Implementation of a Preceptorship Training Programme
S Stanley, D Walters, S Weaver, R Stennett, J Lindo & C James
- 12:15 p.m. **Discussions**

Scientific Session 6: Maternal and Delivery Care

Chairperson: Cynthia Pitter

12:30 p.m –12:55 p.m.

- 12:30 a.m. Perceptions of Registered Nurses/Midwives and Obstetricians on Having Males as Expectant Fathers Present in the Delivery Room at Public Hospitals in Trinidad and Tobago
O Ocho, K Lootawan and R Raghunanan
- 12:45 a.m. Sialorrhoea of Pregnancy: Physiology, Pharmacology and Homeopathy
K. Thaxter Nesbeth
- 1:00 p.m. **Discussions**
- 1:15 p.m. **LUNCH BREAK**

Scientific Session 7: The UWISON Undergraduate Student Presentations

Chairperson: Pauline Anderson-Johnson

2:30 p.m.–3:00 p.m.

2:30 p.m.	Completeness of Documentation of Nursing Assessment on Admission and in the First 24-Hours
2:45 p.m.	Assessing Nursing Documentation Practices for Evidence of Patient and Family Teaching
3:00 p.m.	Sigma Theta Tau Induction Ceremony
4:00 p.m.	Closing Remarks <i>Dr Steve Weaver, Dr Eulalia Kahwa</i>



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Abstract Presentations

Perceived Barriers to Research Utilization Among Registered Nurses in an Urban Hospital, Jamaica

S Foster Jackson, P Anderson-Johnson, A Norman-McPherson

- Objectives:** To identify perceived barriers to research utilization among Registered Nurses (RNs) in clinical practice and determine if socio-demographic characteristics of the nurses influenced their perception.
- Methods:** A descriptive correlational study was conducted among a randomly selected sample of 178 Registered Nurses at an urban hospital. Following ethical approval, data were collected using the 4 point likert BARRIERS Scale. The data were analyzed using SPSS version 20. Descriptive statistics were used to summarize data. T-test and ANOVA, were used to examine the relationships among the socio-demographic characteristics and barrier scores.
- Results:** The response rate was 94.4% (n=168). The mean age of respondents was 32.07 \pm 6.98 years; most of the participants were 30 years old and younger (47.6%). 'A lack of authority to change patient care procedures' was ranked the highest barrier (83.3%), followed by 'facilities are inadequate for implementation' (78.3%) and 'nurse feels results are not generalizable to own setting' (74.6%). Only educational level showed significant relationship to the overall barrier scores ($p = 0.02$) - respondents with diploma in nursing had significantly higher scores (77.2 \pm 17.3) compared to those with a bachelor's degree (68.4 \pm 14.7).
- Conclusion:** Challenges surrounding lack of authority, support and structural resources of the work setting were the obstacles that were predominantly perceived by the nurses as barriers to utilizing research evidence. Findings suggest that having a higher academic education plays a significant role in minimizing the perceived barriers.
- Keywords:** *Barriers, Research Utilization, Registered Nurses, Clinical Practice, Jamaica*

Undergraduate Nursing Students Level of Research Self-efficacy and Interest

M Williams, JLM Lindo & R Stennett

- Objectives:** To determine the levels of interest in research and research self-efficacy among final year undergraduate student nurses.
- Method:** This cross-sectional descriptive correlational study included a census of 108 student nurses in urban Jamaica. The General Demographic Questionnaire, the Interest in Research Questionnaire (IRQ) and Research Self-efficacy Scale (RSES)-Revised were utilized for data collection. The IRQ is a 16-item scale designed to measure the level of interest that the students have in research-oriented activities and used a 5-point likert scale ranging from 1 (very disinterested) to 5 (very interested). While, the RSES-Revised is a 51 self-report item tool designed to determine the research self-efficacy levels Overall score for the Research Self-efficacy Scale RSES-Revised ranged from 0 (not confident) to 100 (totally confident).
- Results:** The study achieved an 83.3% (90/108) response rate and consisted of mainly females (93.3%, n=84). The mean age was 23.46 ± 2.63 and all participants had completed two research courses. Approximately three quarter (72.2%) of respondents, had at least a moderate Research Interest score ($\bar{x} = 3.02 \pm 1.01/5$). Just over a half of the participants 54.4% (n = 49) had a moderate research self-efficacy score ($\bar{x} = 61.45 \pm 19.36/100$). Male participants were found to have higher research self-efficacy scores than the females.
- Students aspiring for graduate studies in nursing education were found to be more interested in research than others. There was also a strong positive correlation between research self-efficacy and interest ($r = 0.658, p = 0.001$).
- Conclusion:** Majority of participants' had a moderate level of research self-efficacy and a moderate level of interest in research. Strategies such as faculty mentoring and use of self-efficacy appraisals in the research courses may serve to improve interest and self-efficacy in research.
- Keywords:** *Research Self-Efficacy, Research Interest, Undergraduate Nursing Students*

Opportunities and Challenges for Research Coordinators Working on International Research Teams


K Hoogeveen, C Anderson, N Edwards, S Roelofs

- Objectives:** To describe the experiences of research coordinators who have worked on international research projects involving team members in Canada, Europe, the Caribbean and Sub-Saharan Africa; and to provide recommendations for those working on large research teams involving research coordinators.
- Methods:** A retrospective reflective approach was used to identify common challenges found and strategies employed by research coordinators involved in several international research projects. The experience and perspectives of eight research coordinators based at the University of Ottawa (Canada) and in several low middle income countries are described and compared through a review of field notes kept by coordinators and debriefing sessions held with coordinators.
- Results:** Challenges identified include varying levels of research capacity among researchers and staff at different project sites; staff discontinuities and turnover on long-term projects; limitations in access to research software and published literature among research partners; difficulties in establishing team processes for sharing virtual project files and data; and navigating communication technology and approaches that varied considerably from one country to another. Innovative approaches used by coordinators to address these challenges including: peer-to-peer mentoring ; using a mix of communication modalities for meetings; identifying free and open-access software options; and developing common protocols for data management and reporting. Coordinators enhanced their research capacity through their work.
- Conclusions:** Findings highlight the critical role of research coordinators, while demonstrating considerable variations in this role across settings and innovative approaches used to manage these differences. Recommendations include: facilitating regular discussions among team members; using via free, accessible communication software, such as Skype, document collaboration programs like Google Docs, and Zotero for reference management; collaboratively developing common protocols (authorship guidelines, confidentiality agreements, and data/file management procedures) to ensure all members across settings are adhering to the same rules and principles; and identifying mentors/advisors both within and outside of the research team to provide guidance when needed and to encourage success.
- Keywords:** *Research Coordination, Team Science, Research Management, International Research*

HIV and AIDS Clinical Guidelines: The Importance of Contextualization

E Kahwa, N Edwards, K Hoogeveen

- Objectives:** To examine the key contextual parameters, which nurses described as having a significant impact on their care of patients living with HIV and AIDS in four countries, and determine whether and how clinical practice guidelines integrate these parameters for care and make recommendations for improving the contextualization of HIV clinical guidelines.
- Methods:** Qualitative data on perspectives of nurses and nurse managers on the impact of HIV and AIDS on nurses were collected as part of a larger program of research and capacity building. In-depth, semi-structured interviews were conducted with purposively selected frontline nurses, midwives, nurse managers and decision makers in Jamaica, Kenya, Uganda and South Africa. Interviews were audio-taped and transcribed verbatim. NVivo 8 qualitative software was used to manage the data. A coding framework was developed, which guided both descriptive and conceptual analysis. Data were analysed using constant comparative methods. Eleven HIV and AIDS clinical practice guidelines were identified through a Google search and bibliography/reference lists and webpage reviews. These guidelines were reviewed and all text related to context was extracted. This information was then sorted into context categories that arose from qualitative analysis.
- Results:** Ninety-six individuals participated in qualitative interviews Jamaica (20), Kenya (35) Uganda (20) and South Africa (21). Most participants were female staff nurses, educated at the certificate/diploma level and worked in district or parish health centres. Four discrete dimensions of context were identified: health workforce adequacy, workplace exposure risk, workplace consequences for nurses living with HIV and AIDS, and the intersection of work and family life. There were inter-country variations both in the nature and the emphasis placed on context dimensions by respondents. Most clinical guidelines did not describe these or other dimensions of context.
- Conclusions:** Contextual dimensions identified by participants were minimally reflected in clinical practice guidelines. This study reinforces the need to engage health care providers in the guideline development/adaptation process to ensure that context is adequately addressed in guidelines. These findings also highlight the impor-



tance of considering implications of HIV and AIDS beyond the workplace, specifically with regard to personal and family lives of caregivers. Overall, guidelines need to more consistently acknowledge and suggest ways of working within varying implementation contexts.

Keywords: *HIV, Clinical Guidelines, Practice Guidelines, Context, Care Delivery*

Exploring the Theoretical Preparation of 3rd Year Nursing Students and Their Performance in Written and Clinical Assessments in a Mental Health Nursing Course

S Garriques-Lloyd, D Munroe, M Walker

- Objectives:** To explore the content of a mental health nursing course delivered to a cohort of 3rd year undergraduate nursing students at an urban university and their performance in written and clinical assessments.
- Methods:** The study utilized a retrospective descriptive design. Qualitative data were collected by a document analysis of the mental health nursing course outline and the clinical assessment tool. Three variables; nursing process, psychopharmacology and mental status examination (MSE) were examined. Quantitative data pertaining to participants' scores in written and clinical assessments were collected from a census of their academic records (n=64). Descriptive statistics were used to summarize data, univariate analysis and correlation analysis were to analyse relationships between variables. Triangulation matrix was used to compare qualitative and quantitative data.
- Results:** Document analysis showed alignment of content with general learning outcomes, the general objectives for the clinical experience, clinical activities and assessment criteria. Students completed 30 theoretical hours and 120 clinical hours. Of the three variables, the nursing process was the most weighted in the clinical exam. All students passed the written and clinical assessments, but there was a 3.1% failure in the MSE variable for clinical assessment. The association between the written and clinical assessment scores was not statistically significant ($r = 0.161$, $p = 0.211$).
- Conclusions:** There was overall alignment of the content with identified learning outcomes. Linkages were also noted between the learning outcomes, course content and clinical assessment criteria. Demonstration of competence in completing the MSE was not an identified learning outcome. It is recommended that a review of the mental health nursing course along with the clinical assessment tool is conducted, with a view to increase the weighting and the importance of the MSE.
- Keywords:** *Written and Clinical Assessment, Mental Health Nursing, Undergraduate Nursing Students, Theoretical and Clinical Hours*

Mentorship for Newly Employed Registered Nurses at a Selected General Hospital in Trinidad

N Ramnarine, E S Daniel

- Objectives:** To determine the benefits of a mentorship program for newly employed registered nurses at a selected General Hospital
- Method:** A crosssectional survey was done among 60 newly employed registered nurses who had participated in a mentoring program within the past 18 months. Data were collected using a self-administered questionnaire on job satisfaction and a modified Case-Fink Graduate Nurse Experience Survey to measure clinical skills and transition. Data were analyzed using SPSS.
- Results:** Approximately eighty seven percent 52(86.7%) of respondents had informal mentors, while 8 (13.3%) had formal mentors. Seventy percent 42 (70%) of respondents indicated they had a mentor for three months, while 18 (30.0%) had a mentor for six months. Forty three percent (43%) of respondents were able to achieve job satisfaction. Fifty three percent (53%) of respondents indicated that the mentorship program had helped them to gain confidence, learn and practice clinical skills. Fifty seven percent (57%) indicated that the program helped them to transition into the role of practitioner.
- Respondents practicing in obstetrics, pediatrics, surgery and medical wards had higher mean scores for job satisfaction (6.94 ± 2.6 , 4.87 ± 1.6 , 3.31 ± 1.6 , and 3.15 ± 1.4) respectively compared to newly employed nurses working in urology and emergency wards (14.48 ± 2.6 and 6.02 ± 1.6) respectively.
- New nurses practicing in medical, obstetrics, urology and surgical wards had higher scores in the development of clinical skills and transition to practitioner role (11.92 ± 1.8 , 11.72 ± 3.4 , 6.75 ± 3.32 and 6.37 ± 2.06 respectively).
- Conclusion:** Newly employed registered nurses who received formal mentorship were more satisfied with their job and the program helped them gain confidence, learn and practice clinical skills.
- Keywords:** *Registered Nurses, Job Satisfaction, Clinical Nursing Skills, Transition into Practice*

Diabetes Self-Management Education Intervention for Adults With Type 2 Diabetes Mellitus

R Dennis-Bradshaw

- Objectives:** The purpose of the study was to evaluate the short-term effectiveness of a diabetes self-management education intervention on diabetes-related knowledge and accepted behavioural changes to decrease risk for complications.
- Methods:** Convenience sampling was used to select 15 participants to conduct a 45minutes to 1 hour educational intervention and follow-up post test after 2 weeks. The Michigan Diabetes Research Training Center (MDRTC) 23-item self-administered Diabetes Knowledge Test questionnaire that represents a test of general knowledge of diabetes and a socio-demographic survey that included self-report of blood glucose self-monitoring and foot care behaviours were used to collect data. Data were analyzed using SPSS version 21. Descriptive statistics determine demographic characteristics of participants. Chi-square and Fisher's exact tests were used to determine behavioural changes before and after the educational intervention.
- Results:** Sixty six percent (66.7%) of participants was females with a mean age of 59.3 years (SD=5.1). The mean knowledge score was 12.66 (SD = 3.2) in the pre-test and 19.00 (SD =2.8), $p = < .001$ in the post test. Prior to the intervention 66.7% of the participants monitored blood glucose before breakfast while 54.5% monitored after the intervention ($p=0.197$). Twenty-six percent (26.6%) monitored blood glucose after meals, after education that proportion increased (45.5%) but no significant difference was revealed between the proportion who monitored after meals and those who did not ($p = 0.07$). Education intervention for foot care did not produce any significant changes ($p = 0.43$) in behaviour for daily, weekly and never foot care.
- Conclusion:** This study revealed an increase in diabetes knowledge, however this knowledge did not translate into changes in participants' behaviour the ability to change participants' behaviours in regard to blood glucose self-monitoring and foot care. The findings could not be generalized as results may be attributed to a very small sample and the short time frame of the intervention.
- Keywords:** *Diabetes Self-Management Education, Adults, Type 2 Diabetes Mellitus*

Effectiveness of Option B+ Implementation on Prevention of Vertical Transmission of HIV in Rural Haiti: A Case-control Study

L Merry, K Redden, M Armony, J Tuck, F Dieudonne

- Objectives:** To assess the extent to which Option B+ (a new protocol for the prevention of vertical transmission of HIV) was officially implemented in the Haitian context for infants and their mothers since 2013, and to determine the association between the implementation of Option B+ and vertical transmission.
- Methods:** A case-control design with chart review was performed with infants born to HIV+ mothers between 2011 and 2014 at three clinical sites in rural Haiti. All accessible cases (HIV+ infants) were selected. Controls (HIV- infants) were selected using systematic sampling. Option B+ treatment for infant-mother pairs was categorized based on level of implementation (full, partial, poor). Descriptive analysis measured the extent of official Option B+ implementation since 2013 in both cases and controls. Logistic regression was used to determine if there is an association between Option B+ implementation and vertical transmission for all infants born to cases and controls between 2011 and 2014.
- Results:** Data were gathered for 28 cases and 98 controls. Of 49 infant-mother pairs pregnant after official implementation of Option B+ in 2013, 17% of cases and 32% of controls had received full implementation and 33% of cases and 60% of controls had received partial implementation. Multivariate analyses showed that full implementation (aOR=0.23, 95% CI= 0.06-0.83) and partial implementation (aOR = 0.29, 95% CI = 0.11-0.78), compared to no implementation of Option B+ were associated with a reduced risk of HIV vertical transmission.
- Conclusions:** Continuing to promote Option B+ would benefit the reduction of vertical transmission in HIV in Haiti. Greater efforts towards improving the implementation of Option B+ is warranted, particularly in areas where there may be more access barriers to healthcare.
- Keywords:** *Vertical Transmission of HIV, Option B+, Haiti, WHO Protocol, Best Practice*

Use of Complementary Therapies Among Clients Attending Cancer Outpatient Clinics in Trinidad

L White, O Ocho, K Lootawan

- Objectives:** To explore the use of complementary therapies among patients who are diagnosed with cancer in Trinidad.
- Methods:** A quantitative, descriptive research design was used. Forty (40) participants were selected from two Cancer Treatment centres in Trinidad. Data were collected using a 23 item questionnaire over a period of two weeks. A convenience sample of 20 participants over the age of 18 years was selected from each site. Analysis of the data was done using Statistical Program for Social Science (SPSS). Descriptive statistics were used to summarize findings.
- Results:** Sixty percent (60%) of respondents used complementary therapies. Among users, the most common complimentary therapy was food/vitamin supplements (67%) followed by herbal remedies (50%), while there was little use of the more traditional Asian therapies like yoga and meditation (4%). The major reasons for their use were to assist with cancer therapy (11%) and to boost the immune system (46%) respectively. While 71% respondents believed that the use of complementary therapy was effective, 29% were uncertain of its effects. However, discussions between health care providers and patients about their use of complimentary therapies were dependent on staff attitude to the practice or an opportunity to gain professional information.
- Conclusions:** Respondents commonly used traditional complementary therapies, with little use of common Asian therapies like meditation or yoga. However, there was some level of ambivalence in their perception of its effectiveness.
- Keywords:** *Cancer, Complementary Therapies*

Participatory Research Evaluation in the Context of the Multi-country European REPOPA (Research into Policy to Enhance Physical Activity) Project

C Anderson, S Roelofs, N Edwards, S Viehbeck

- Objectives:** To examine innovative approaches to integrating evidence into real-world policy making processes, and to develop evidence-informed tools in six European countries: Denmark, Finland, Italy, the Netherlands, Romania, and the United Kingdom.
- Methods:** The evaluation strategy was grounded in a literature review highlighting best practices for research uptake into policy, and application of the RE-AIM framework. Consortium members were involved in developing the evaluation framework and participating as the sample population for data collection. Data were collected annually using mixed methods with five distinct evaluation tools: a collaboration survey assessing team processes and communication; a document review; social network analysis of networks within the team and with external stakeholders; a junior researcher research competency self-assessment; and semi-structured focus group interviews with European work package teams. Results are summarized in an annual monitoring report and discussed during annual meetings of the Consortium.
- Results:** Consortium response rates for assessment tools ranged from 77%-100% and have increased with every iteration. Collaboration items that were flagged as concerns in the first year of evaluation showed improvement in subsequent years. Networks both internal and external to the consortium showed strengthening relationships and increased diversification in stakeholders. Recommendations included changes to team processes, communication strategies, specific work plans, and long-term goal setting.
- Conclusion:** Our feedback to the Consortium on evaluation results and recommendations informed a continuous improvement approach and enabled us to provide a data-driven “challenge function” within the Consortium. Participatory, utilization-focused research evaluation can strengthen project scientific and management processes by stimulating critical reflections among research partners.
- Keywords:** *Evidence-Informed Policy, Physical Activity, Research Evaluation, Participatory Evaluation, Continuous Improvement*

Organizational Citizenship Behaviour Among Nurses in a Tertiary Health-Care Setting: A Bahamian Perspective

S Smith

- Objectives:** To investigate the antecedents that promoted Organizational Citizenship Behaviour among nurses in a selected health-care setting within the Commonwealth of the Bahamas.
- Methods:** A mixed methods study with a cross-sectional design was used for the study.
- Quantitative data:* A stratified random sampling technique was used to select a sample of 169 Bahamian (102) and non-Bahamian (67) registered nurses. Two surveys were used to collect data. A 25 item Nursing Organizational Citizenship Behavior Scale (NOCBS) and a 69 item Nursing Organizational Citizenship Behavior Antecedent Scale (NOCBAS). Questionnaires were hand delivered and placed in a secured box upon completion to be collected by the researcher.
- Qualitative data:* A purposive sampling method was used to select 50 Ward Supervisors. Data was collected using The Nursing Supervisor Supportive Work Environment (NSSWE) interview guide. The interview guide consisted of four (4) open ended questions. Ward supervisors were interviewed at their convenience.
- All participants were required to sign a consent form indicating their consent to participate in the study. Data collection lasted for six weeks. All data was collected simultaneously. Once data was collected, data from the qualitative portion was embedded or nested into the quantitative portion of the study. Data was analyzed using SPSS version 13.
- Results:** *Quantitative:* 169 (100%) completed surveys were returned. Results showed that respondents demonstrated the 25 OCBs in their workplace to some extent. The highest number of behaviours (19) were demonstrated about once or twice a week. The second highest number of behaviours (5) was demonstrated once or twice each month. Nurses perceived to some extent that each of the six antecedents promoted or impeded OCB. When the overall means were examined, the four antecedents with the highest overall means were job satisfaction ($M = 3.55$), leadership supportiveness ($M = 3.43$), leadership style ($M = 3.40$), and organizational justice ($M = 3.23$). Bahamian nurses demonstrated more OCBs than non-Bahamian nurses.

Qualitative: Only 35 (70%) supervisors agreed to be interviewed. Results showed that the supervisors interviewed provided a supportive work environment that promoted OCB. Supervisors felt that Bahamian nurses demonstrated more OCBs than foreign nurses.

Conclusion: Health care organizations are challenged with providing quality services in the face of shrinking economies, scarce human resources, and customers who are becoming more demanding. When nurses demonstrate OCB it helps to mitigate the effects of staffing shortages, increase client satisfaction and improve quality of care. Nurse leaders must be aware of the antecedents that promote or impede OCB among nurses. They must embrace transformational leadership, support staff and provide incentives for them when OCB is demonstrated.

Keywords: *Nursing, Organizational Behaviours, Healthcare, Organizational Change, Transformational Leadership*

Health Stigma: What the Research Tells Us and What it Means to the Caribbean

F Jackson-Best

- Objectives:** To determine what is known about the experience and phenomenon of health-related stigma from research published in systematic reviews.
- Methods:** The scoping review of studies addressing health-related stigma was initiated in January 2016 at the University of Ottawa. To date 1522 studies have been retrieved and are undergoing a relevance review process facilitated by eligibility criteria. The relevance review will be followed by data extraction, collation, analysis, summarising, and reporting of the results.
- Results:** The study is currently underway, and its results are still emerging. The key findings will be presented for the first time at the conference.
- Conclusions:** While the conclusions of the study cannot be drawn yet, we expect that the results will be pertinent to healthcare service providers and researchers in the Caribbean due to the lack of data on health-related stigma in the region, and the simultaneous existence of specific kinds of health-related stigma in Caribbean contexts that mediate health care delivery and practice.
- Keywords:** *Stigma, Research, Healthcare, Systematic Review, Scoping Review*

The Knowledge, Attitudes and Practices of Doctors and Nurses at the Kingston Public Hospital Regarding the Use of Universal Precautions

M Davis, J Aiken, J Lindo

- Objectives:** To determine knowledge, attitude and practices of nurses and doctors, related to universal precautions used at the KPH.
- Methods:** A mixed methods design was used. Data were collected from 253 nurses and doctors using a researcher developed questionnaire and one focus group discussion with 12 participants (6 nurses and 6 doctors). SPSS version 20 programme was used to analyse data.
- Results:** Most nurses and doctors, 97.2% (n=253) had good knowledge of universal precautions and about the modes of transmission of blood borne pathogens. Needle stick injuries and blood splash incidents were high among respondents with up to 83% of medical and nursing personnel reporting being stuck by a used needle between 1–4 times while carrying out their clinical duties over the preceding year. Non-compliance with universal precautions was also an issue with only 63 (24%) always wearing gloves where contact precaution was required. As many as 70.5% of respondents reported that the institution failed to provide protective equipment like eye-shields, and that there was an inadequate supply of gowns and gloves.
- Conclusion:** Although knowledge about universal precautions was high, many practitioners failed to consistently use gloves, and the incidence of needle stick injuries and blood splash incidents were also high. The institution also failed to supply an adequate amount of personal protective equipment. These findings suggest a need for a consistent provision of personal protective equipment by the institution in order to protect workers and to encourage compliance/adherence to MOH guidelines; and a behaviour change intervention to improve the attitude and practices of nurses and doctors at this institution.
- Keywords:** *Knowledge, Universal Precautions, Health Workers, Health Facilities, Blood Borne Pathogens*

Knowledge of Staff Nurses on Care of Patient With Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection


R W Mir, E S Daniel

- Objectives:** To determine staff nurses knowledge regarding Methicillin-resistant Staphylococcus aureus infection (MRSA) infection control practices
- Methods:** A cross-sectional survey was done in a sample of 60 staff nurses from a tertiary care hospital in South Trinidad. A self-administered knowledge questionnaire on MRSA and adaptation Scale on MRSA were used to collect data. Data were analysed using SPSS Version 19.
- Results:** Majority of staff nurses (72.41%) had a mean knowledge score of 6.52 ± 1.65 on pathogenesis of MRSA and 56.78% of staff nurses demonstrated knowledge on preventive factors of MRSA. However, only 51.3% had knowledge on predisposing factors of MRSA. Most staff nurses agreed that they maintain proper hand hygiene. However, a large number of staff nurses (68.3%) were unsure of maintaining hand hygiene, which was contradictory to responses regarding hand hygiene.
- Conclusion:** The level of RNs knowledge on MRSA was inadequate, which translated into their non-adaptation of prevention protocol. This has implications for ongoing continuous educational programs.
- Keywords:** *Knowledge, MRSA, Registered Nurses*

Evaluating the Implementation of a Preceptorship Training Programme

S Stanley, D Walters, S Weaver, R Stennett, J Lindo & C James

- Objectives:** To determine the effectiveness of a preceptorship training programme among Registered Nurses (RNs) who provide clinical supervision to student nurses assigned at a teaching hospital. Nurse's knowledge and preparedness for clinical teaching and supervision was also assessed.
- Methods:** This mixed method study included a self-selected sample of 60 nurses who were invited to complete a 60-hour preceptorship training workshop and 12-hours clinical practice. A 23-item pre and post-test determined the knowledge and preparedness of registered nurses to precept undergraduate nursing students. The newly developed instrument included five sections with a maximum score of 44 (content include: Preceptor, Educator, Evaluator and Facilitator Roles as well as role Model). Weekly reflections and a focus group discussion regarding the training modules and level of confidence in precepting provided qualitative data regarding the effectiveness of the training programme. Quantitative data were analyzed using SPSS and qualitative data analyzed using content analysis.
- Results:** A total of 38/60 RNs completed the training programme (33 hospital-based and 5 faculty-based). Majority were females (94.7%), trained at the baccalaureate level (97.3%) and had worked at the institution for 2-3 years. Participants' recorded a mean pretest knowledge score of $21.98 \pm 7.31/34$ and mean posttest score of $33.23 \pm 4.15/34$ ($t = -7.526$; $p = 0.001$) and differences between mean pre and posttest scores ($p < .05$) was noted for all modules except the Preceptor Role Module. Triangulation of the results of the focus group discussion and reflective writings suggested participants experienced increased confidence, felt more knowledgeable about their role as a preceptor and ability to competently engage students during clinical supervision. Participants viewed the content of the models positively and explained that attending 4 hour classes three days/week for six weeks may have contributed to drop-out rate and recommended 8-hour days for future programme delivery.
- Conclusions:** Registered Nurses who participated in the preceptorship training programme lacked the requisite knowledge, competence and confidence to be effective preceptors. Completing the five-module preceptorship training programme appeared to be effective in increasing RNs knowledge and confidence to perform



the role of preceptor. Additional training is needed to bolster the quality of precepting in the current clinical practice setting. It may be useful to collaborate with clinical partners to ensure nurses are afforded time-off to attend future training workshop.

Keywords: *Preceptorship, Training, Registered Nurses, Clinical Teaching, Knowledge*

Perceptions of Registered Nurses/Midwives and Obstetricians on Having Males as Expectant Fathers Present in the Delivery Room at Public Hospitals in Trinidad and Tobago

O Ocho, K Lootawan and R Raghunanan

- Objectives:** This study explored the accounts of Obstetricians and Registered Nurses/Midwives on the presence of prospective fathers in the delivery room with a view to the development of evidence informed health policy initiatives.
- Methods:** A qualitative research design was used. Data were collected using six Focus Group Discussions with nurses and six Key Informant Interviews with Obstetricians at the maternity departments in all public hospitals. Data analysis was done using open coding and thematic analysis.
- Results:** Major themes included positive impact of fathers' presence, adequacy of preparatory Lamaze classes, required skills/competencies of staff and challenges related to the infrastructure, staff, and fathers' reactions. Generally the presence of fathers was viewed as being positive even though it may pose a challenge at times especially in crisis situations. Respondents believed that the current infrastructure was inadequate as it was not private and did not cater to the needs of the couple. While prospective fathers were required to attend Lamaze classes the content was inconsistent and did not facilitate sufficient preparation to inform their reactions during the labour process. Most respondents felt that effective communication skills were necessary but lacking among practitioners and was identified as one of the core competencies.
- Conclusions:** Respondents were generally supportive of the presence of prospective fathers in the delivery room although there is a need for support in crisis situations. However there is a need to improve the physical infrastructure as well as support for staff in developing professional competencies especially in the area of communication skills.
- Keywords:** *Registered Nurse/Midwife, Prospective Father, Obstetricians, Delivery Room Perception*

Sialorrhoea of Pregnancy: Physiology, Pharmacology and Homeopathy

K. Thaxter Nesbeth

- Objectives:** To discuss the current evidence for proposed pathogenesis of salivation in pregnancy and to review pharmacological and non-pharmacological therapeutic interventions in use worldwide, focusing on their safety and optimisation of pregnancy outcomes.
- Methods:** Using the terms “ptyalism gravidarum”, “sialorrhoea of pregnancy”, and “saliva in pregnancy”, PubMed, and Google Scholar databases were searched for relevant literature. As multiple authors referred to pharmacological and homeopathic management of the syndrome of ptyalism in the presence of hyperemesis gravidarum, the latter term was added. A total of 63 articles were retrieved, the majority of which (47) only mentioned sialorrhoea as a co-factor in nausea and vomiting of pregnancy. No record of ptyalism gravidarum in isolation was found. Twelve (12) articles were chosen for inclusion, based on description of pharmacotherapy, alternative practices, midwife and physician recommendations, patient home remedies and epidemiology.
- Results:** Twelve (12) articles were included in the review. Pharmacological and homeopathic therapies both reportedly abated hypersalivation in various settings, but in most cases the disorder spontaneously resolved by the start of the third trimester, and all abruptly stopped at parturition. Practices such as clay soil pica and sucking of sweets anecdotally relieved symptoms. Prescribed sialogogues and antiemetics have had varied success in partially or completely abating symptoms. Non-pharmacological practices presented the highest nutritional, metabolic and clinical risks to mother and infant.
- Conclusion:** There were a relatively small number of articles referring specifically to sialorrhoea of pregnancy. There were recorded risks and benefits to each conventional and complementary methodology management strategy. Patients suffering from this condition in isolation, or associated with hyperemesis gravidarum would benefit from close follow-up and the safe incorporation of pharmacotherapy and complementary medicine for symptom management during routine antenatal care.
- Keywords:** *Sialorrhoea of Pregnancy, Ptyalism Gravidarum, Alternative Therapy in Pregnancy*

Professional Values Among Baccalaureate Nursing Students in Jamaica

S Chisholm-Ford

- Objectives:** To determine perceptions of professional values of baccalaureate students as well as associations between age and professional values.
- Methods:** A descriptive study was conducted among 102 randomly selected third year students from an urban school of nursing. Data were collected using a modified version of the 26 item Nurses Professional Values Scale-Revised (NPVS-R) Tool. This was a Likert type tool with a scale ranging from 1–5; 5 being the highest.. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 17.0. Descriptive statistics were used to summarize the data.
- Results:** The response rate was 98% and all respondents were females aged 19-39 years. Overall scores for the tool was high (4.40 ± 0.51). Of the five dimensions evaluated, Trust scored highest (4.62 ± 0.41) and Caring lowest (4.20 ± 0.52). Of the 26 items, “honest and accurate documentation” scored highest (4.88 ± 0.41) and the item “willing to take risks to protect clients and colleagues”, scored lowest (3.15 ± 1.08). The oldest respondents (19-21 years) scored highest on items related to Professionalism but scored lowest on Caring, Activism and Justice; while the youngest respondents (25–39 years) scored lowest on Professionalism.
- Conclusion:** Two dimensions of professional values, Caring and Activism were the lowest values. Additionally, the value of Professionalism increased with age while the Caring value decreased.
- Keywords:** *Caring, Professionalism, Activism, Trust, Justice*

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