



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

PRESENTS

**The 28<sup>th</sup> Nursing and Midwifery Research Conference  
&  
29<sup>th</sup> Mary J. Seivwright Day**

*“Promoting excellence in patient care through  
Evidence-Based Nursing & Midwifery Practice.”*

May 24-25, 2018  
The UWI School of Nursing, Mona Kingston 7

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**Keynote Speaker**

DR BARBARA HOWARD-HUNT  
PhD, PGD. In Training and Professional Development, MSc. BSc  
Professor, Research and Medical Anthropology  
Birmingham City University

**The Distinguished Dr. Mary J. Seivwright Lecture**

PROFESSOR JOY NOTTER  
PhD, MSc, RN, RHV, HVT, PGCEA  
Professor of Community Health Care  
Birmingham City University

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# Overview of the Conference

Both international and national nursing organizations emphasize “Promoting excellence in patient care through Evidence-Based Nursing & Midwifery 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.

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/ midwifery practice and education
- Provide a forum for dialogue, engagement and networking among nursing and midwifery scholars to facilitate collaborative nursing and midwifery research

# Event Sponsors

We would like to acknowledge the following companies for their valued support:

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Mr. Jerome Cowans- Jamaica House Fellow and Development Consultant

## Message From The Head of School



**Steve Weaver PhD, MPH, RN**

Head of School

The UWI School of Nursing, Mona

Director: PAHO/WHO Collaborating Centre for Nursing and  
Midwifery Development in the Caribbean

It is indeed with great pleasure that I welcome you on behalf of the faculty and staff of the UWI School to the 28<sup>th</sup> Annual Nursing and Midwifery Research Conference and the 29<sup>th</sup> Mary J. Seivwright Day. This yearly occasion unites such a significant number of our nurses, midwives and other healthcare professionals from different divisions, associations and nations from the Caribbean and for sure from around the globe.

Our conference theme: *Promoting excellence in patient care through Evidence-based Nursing & Midwifery Practice* is very suitable as we endeavor to address the supportable improvement objectives recently outlined out by the United Nations. We continue to strive to meet the target goals of the sustainable development goal that speaks directly to health that demands that we “ensure healthy lives and promote wellbeing for all ages.” This can only be done by an evidence based approach to understand what contribution is needed to ensure healthy lifestyles for all.

Nurses and Midwives represent approximately seventy percent of the professional workforce in health services in the Caribbean. They have a key role to play in meeting the quality and productivity challenges within the health care system, which is to deliver high-quality care in the most effective and efficient manner within the current economic climate. It is important therefore to maximize the quality output of these professional care givers through appropriate education and training which ensures that student nurses and midwives develop the core competencies needed to practice effectively.

I extend a warm welcome to all our colleagues nationally, regionally and internationally as we again come together to show our research. Let me wish you a successful conference period and do enjoy our Jamaican hospitality.

## Message from the Conference Chair



**Eulalia Kahwa PhD, BScN (Hons), RN, RM,**  
Senior Lecturer

The UWI School of Nursing, Mona  
Deputy Director: PAHO/WHO Collaborating Centre for Nursing and  
Midwifery Development in the Caribbean

It is with great pleasure that I welcome you all to the 29<sup>th</sup> Annual Nursing and Midwifery Research Conference and 28<sup>th</sup> Mary J. Seivwright Day. Continuing the school's focus on building capacity for "***Evidence Based Practice***" among nurses in the Caribbean, the conference theme for this year is "***Promoting excellence in patient care through Evidence-based Nursing & Midwifery Practice***". Consistent with this theme, the UWI School of Nursing, Mona is continuing on its journey to be designated as the ***Best Practice Spotlight Organization (BPSO)***. In an effort to build skills and knowledge in evidence based practice, one of the scheduled plenary sessions by an expert in the area of evidence based practice will share her knowledge on the subject in a presentation titled "***Solving the Mystery; Is it Evidence-based Practice, Research or Quality Improvement?***" I commend all of you for devoting your time to participate in this important event as we seek to transform nursing practice and improve the quality of nursing care we provide by implementing evidence based and effective nursing interventions. Sincere thanks and commendations to the conference planning team as well as sponsors and presenters who made this conference possible.

## Keynote Speaker



### **Dr Barbara Howard-Hunt**

PhD, PGD. In Training and Professional Development, MSc. BSc  
Professor, Research and Medical Anthropology  
Birmingham City University

### **Biography**

Dr. Barbara Howard-Hunt is a Senior Lecturer and Researcher at Birmingham City University in the School of Nursing and Midwifery. A Medical Anthropologist by background Barbara's previous research has focused on marginalized communities and ethnic diversity. She participated in government supported research into racism and its impact on healthcare practice. More recently her work has included refugee women from war torn countries in Africa. She was the Chair of the Faculty Ethics, Insurance and Indemnity Committee for a number of years and today she co-chairs the Faculty Inclusive Practice Committee, and is a member of the University Equality and Attainment Committee. She is currently supervisor to 6 PhD students and leads the Faculty Staff PhD Forum.

As part of her position as a Senior Lecturer and Academic Development Coordinator Barbara developed a model for student support which is still a key element within the Faculty. Currently she is working with students with an African heritage to enhance their educational experience and improve their career chances. During her 18 years in the Faculty, Barbara has also worked extensively with colleagues, both in the UK and abroad, to help them develop academically and professionally. She has spoken nationally and internationally on the student experience, equality and diversity, and access to health care for marginalized communities. Her publications focus on equality and diversity issues and on facilitating staff and student success.

## **The Contribution of Medical Anthropology to Nursing Practice and Research.**

It is a great privilege and honor to be invited, as keynote speaker to the 28<sup>th</sup> Nursing and Midwifery Research Conference. Although born in England, my heritage is Jamaican, and I cannot think of a more appropriate way of remembering my parents, and grandparents, as well as two former colleagues from Birmingham City University, Dr Lilieth Grant and Dr Nevel Vassel, both of whom had strong links to Jamaica and worked tirelessly to improve the health of the Jamaican population, than to speak at such an illustrious conference. May they forever rest in peace.

In recent years, health practitioners, including nurses have sought for ways to extend the social psychological analysis of human behavior with approaches that focus on the cultural and social context of this behavior. Changing people's health behavior remains a major challenge for nurses and other health practitioners, particularly when interventions focus on people whose social, cultural, ethnic or economic circumstances are significantly different to those of the health professionals. In recent years health education models have been criticized for their strong emphasis on individual cognitive processes, and the limited attention given to the embeddedness of human behavior in cultural contexts and social structures. Much of this criticism relates to the assumption that health behavior results from separate, isolated behavioral determinants, each of which explains different aspects of individual behavior. While the models recognize the importance of 'social norms' in shaping behavior, choices and attitudes, the main focus remains on the individual, who can, if properly educated, overcome social and cultural pressure and act rationally.

In response to this, a medical anthropological approach with its emphasis on 'thick description' has much to offer as a basis for understanding 'why people do the things they do' and offers a valuable starting point for the basis for developing evidence based practice, nursing research and ultimately interventions in care. As a member of the multi-disciplinary nurse education team at BCU it is hoped that sharing some of my medical anthropological experiences will increase the acceptance of, and therefore the use of medical anthropology in informing nursing and nursing research.

## Dr. the Hon. Mary J. Seiwright Distinguished Lecture



**Professor Joy Notter**  
PhD, MSc, RN, RHV, HVT, PGCEA  
Professor of Community Health Care  
Birmingham City University

### Biography

Professor Joy Notter is Professor of Community Health Care at Birmingham City University, where she has worked for the last 25 years. Her clinical background is nursing, she trained in the Nightingale Training School at St Thomas' Hospital, London where she then remained and worked as a charge nurse on a cardiology ward before moving on to training as a health visitor. Once qualified, she worked in the London Borough of Lambeth in both Stockwell and Brixton. She gained a Master's degree in Social Research from the University of Surrey, and her PhD from the University of Wales, College of Medicine, Cardiff.

Having have taught in several higher education institutions, she came to Birmingham City University as part of the team to establish a Nursing Research Unit, and is now based in the Faculty of Health, Education and Life Sciences. Her research is based in two main areas. Firstly, nursing research, this includes primary care, palliative care, and quality of life, with a focus on chronic illness and the results of major surgery, including stoma formation. Secondly, education research /development projects in the field of capacity building in nurse education and training. This has included research into the recruitment and retention of minority ethnic communities in Nursing and the Allied Health Professions, a government funded evaluation of loss and grief training in Kenya, and in developing a model for community self –help for areas decimated by AIDS. She has also carried out projects designed to increase the capacity of the Nursing workforce in Vietnam and the Ukraine, and recently in Romania and Moldova. For almost a decade she worked part-time in the Netherlands in a University of Applied Science, where as a research professor, her remit was to support the development of research based practice in health and social care and to develop clinically based research.

She was one of the founding editors of British Journal of Nursing, British Journal of Community Nursing, and British Journal of Midwifery, and she is on the editorial board of the British Journal of Nursing and the Journal of Cancer Education. She has presented papers at numerous national and international conferences, in countries across Europe, America, Canada, Australia, Indonesia and Vietnam. She is a fellow of the Royal Society of Medicine, UK, and was a member of their council for the palliative care forum, she is a Past President of the European Association for Cancer Education, a member of Sigma That Tau, the Honor Society of nurse leaders, and in 2112, she was awarded a campaign medal for services to health by the Vietnamese Government. She has been a member of the Royal College of Nursing UK for over 40 years.

## Taking up the Challenge

As a nurse, I welcome the opportunity to attend this important conference, which is taking place in a time when the challenge that faces nurses is to implement and maintain high quality, patient centered care in the light of ongoing financial constraints. Nurses can and will be held accountable for what they do, they need to justify and legitimize their work, demonstrating that they offer the best possible, cost effective services for the environment in which they work.

To do this, there needs to be a well-developed infrastructure, which supports leadership and innovation. All nurses need to demonstrate a good understanding of evidence based practice and a broad awareness of what they want to achieve within their own specific context. They need to begin with an analysis of current policies and practices, and a realistic evaluation of the way forward. The development of high quality care and best practice is never prescriptive, what works in one setting may well be problematic in another. Hence the skill is to find applicable examples and sources of evidence to develop nursing practice that is ‘best’ for the situation in which it will be delivered. Nurses often reach this point, knowing what improvements and innovations they would like to develop, but believe that achieving them can be too difficult, resulting in demoralization of staff who feel they have failed, and a widening gap between management and other employees. It is perhaps not surprising that busy practitioners have found it difficult to find ways to demonstrate how they utilize their understanding of the complex issues within health and social care services. Yet the development of best practice is dependent on knowledge and understanding of these issues being incorporated into care. Without explicit recognition that nurses know, respect and understand their patients, there may be high quality care, but it will reflect the health and social beliefs of the care providers not the recipients, and while it may impact on disease progression, and/or practical social needs, it may not impact on, or improve perceived quality of life for the patient or client, and their family.

To be successful, nurses need to share both positive and negative experiences, and to aim to contribute to both practice and policy, whilst at the same time extending their own knowledge and expertise. There has to be recognition of where change is needed, and a willingness to accept new and innovative solutions to problems thus nurses need to develop strategies to communicate their vision, and then empower colleagues to achieve agreed targets. I hope by sharing some of the experiences and opportunities of a long and rewarding nursing career it will help inspire a new generation of nurses to take up the challenge of moving nursing forwards.

## The 4<sup>th</sup> Annual Syringa Marshall-Burnett Memorial Lecture



**Dr. Catherine Alicia Georges**

EdD, MA, RN, FAAN

Chair

Department of Nursing at Lehman College and  
the Graduate Center of the City University of  
New York.

Dr. Catherine Alicia Georges is a leader in academic nursing, health policy development, community engagement, organizational development and healthy aging. Her leadership in these areas is known nationally and internationally through her service as a member of health policy boards, health care delivery boards, professional organizations, governmental boards and the world's largest consumer organization board of directors.

Dr. Georges is a proven leader in academic nursing with thirty eight years of teaching nursing in undergraduate, graduate and doctoral programs in the United States; fifteen years as the Chairperson(Executive Officer) of the Department of Nursing. During this time Dr. Georges developed international relationships with schools of nursing in Antigua, and Aruba West Indies, Seoul, Korea and most recently with representatives from Saudi Arabia. Upgrade and training programs for nurses seeking BS degrees and master degrees have been initiated by Dr. Georges for institutions represented by SEIU local 1199 and NYSNA. Through Dr. George's leadership the Family Nurse Practitioner program, the dual degree program, the RN-BS Online program and foreign MD to RN program were developed. The Doctorate in Nursing Practice has also been developed and is awaiting final approval.

Dr. Georges has been active in numerous College and University committees during her years at Lehman College and in the last ten years has served on the tenure, promotion, strategic planning and search committees. Dr. Georges' research has been in Health Literacy, health disparities and leadership development.

Dr. Georges is a member of Sigma Theta Tau International Nursing Honor Society, Golden Key Honor Society, the American Public Health Association, American Nurses Association, National Black Nurses Association, and National League for Nursing, and is a Fellow of the New York Academy of Medicine and the American Academy of Nursing. She is also an honorary member of Chi Eta Phi Nursing Sorority and a Lifetime member of Alpha Kappa Alpha Sorority

## Conference Programme

### **Day One: Thursday May 24, 2018**

- 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**  
Mrs. Andrea McPherson, Lecturer, The UWI School of Nursing, Mona
- 8:45 a.m.**                    **Greetings**
- Dr. Tomlin Paul, Dean, Faculty of Medical Sciences
  - Mrs. Patricia Ingram-Martin, Chief Nursing Officer, Ministry of Health, 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 the Keynote Speaker**  
Sheryl Garriques-Lloyd, Assistant Lecturer, The UWI School of Nursing, Mona
- 9:15 a.m.**                    **Keynote Address**  
Dr. Barbara Howard-Hunt,
- 10:00 a.m.**                    **Vote of Thanks**  
Donnette Wright-Myrie, Lecturer, The UWI School of Nursing, Mona
- 10:10- 10:40 a.m.**        **COFFEE BREAK**

#### **Scientific Session 1**

#### **Improving clinical outcomes through Evidence Based Practice -1**

**Chairpersons: Veronica Waugh-Brown/Cavelle Allen**

**10:50 a.m. – 11:45 a.m.**

- 10:50 a.m.**                    Nutrition in Critical Illness: Critical Care Registered Nurses' Perception of Nurses' Role in Nutritional Management of Critically Ill Patients  
**D Wright-Myrie, E. Kahwa, M. Reid**
- 11:05 a.m.**                    Cancer-Nursing Competencies and Palliative Care: Lessons Learned from Sub-Saharan Africa.  
**R. L. Edwards**

**11:20 a.m.** Assessing the Risk for Primary Cesarean Section in Nulliparous Woman.  
**R Spencer**

**11:35 a.m.** **Discussion**

**Plenary 1**

**11:45- 12:45 p.m.** **Solving the Mystery; is it Evidence-based Practice, Research or Quality Improvement?**  
**C Zellefrow** DNP MEd RN LSN PHNA-BC, The Ohio State University

**12:45- 2:00 p.m.** **LUNCH BREAK**

**Best Practices for Best Outcomes**

**2:00 – 2:30 p.m.** The Role of The UWI School of Nursing, Mona as a Best Practice Spotlight Organization (BPSO).  
**K Brown**

**Scientific Session 2:**

**Healthcare Providers: Knowledge, Attitudes and Practices-1**  
**Chairperson: Donnahae Rhoden Salmon/ Karen Wright-Foster**  
**2:30 p.m. – 4.30 p.m.**

**2:30 p.m.** Attitudes of Nurses towards Clients with Mental Illnesses in Three Healthcare Institutions in Barbados.  
**A Hinds, J Haddock, R Fields, R Layne, D Yarde-Scott**

**2:35 p.m.** An Assessment of Nurses' Knowledge Attitudes and Practices of Pharmacovigilance at The University Hospital of the West Indies.  
**U Obi, J E Campbell, M Gossell-Williams**

**2:50 p.m.** Knowledge, Attitudes and Practices Regarding Cervical Cancer Screening among Women Age 18-45 years Attending the Kingstown Health Centre in St. Vincent and the Grenadines.  
**O Sergeant-Richards, S Roberts, M Ottley, A Alexander**

**3:05 p.m.** **Discussion**

**3:20 p.m.** **Summary and Closing Remarks Day 1**

**Day Two: Friday May 25, 2018**

**Dr. the Honorable Mary J Seivwright Day**

- 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**  
Stacy Harvey, Clinical Instructor, The UWI School of Nursing, Mona
- 8:45 a.m.**                    **Greetings**
- Carmen Johnson, President, Nurses Association of Jamaica.
  - Aseta Edwards Hamilton President, Jamaica Midwives Association
- 9:05 a.m.**                    **Introduction of the Speaker**  
Mrs. Antoinette Barton Gooden, Lecturer, The UWI School of Nursing, Mona
- 9:10 a.m.**                    **The Distinguished Dr. the Hon. Mary J. Seivwright Lecture**  
Professor Joy Notter, Community Health Care, Birmingham City University
- 10:00 a.m.**                    **Vote of thanks**  
Mrs. Pauline Anderson-Johnson, Lecturer, The UWI School of Nursing, Mona

**Scientific Session 3:  
Preventing and Managing Chronic Health Conditions  
Chair: Mrs. Joyette Aiken/Shellyann Moore  
10:10 a.m. – 11:00 a.m.**

- 10:10 a.m.**                    The Relationship between Allergic Rhinitis and Asthma Control among Jamaican Children Ages 5-12 years with Asthma: A Pilot Study  
**S T Duncan**, E Kahwa
- 10:25 a.m.**                    Inhaler Technique and Asthma Control among Children Age 5-11 years with Asthma Attending the Pediatric Clinic in a Rural Hospital in Jamaica: A Pilot Study  
**V. Jones Ellis**, E. Kahwa, P. Anderson Johnson.
- 10:40 a.m.**                    Parental perception of children's weight status: a quantitative assessment of parents of children 2-5 years in three urban Health Centres in Kingston.  
Y. Gustave, **D. Wright-Myrie** and E. Kahwa
- 10:55 a.m.**                    **Discussion**
- 11:00 – 11:30 a.m.**        **COFFEE BREAK**

**11:30- 12:30 p.m. Plenary 2  
Resolving Nursing Education issues through Evidence Based Practice-1**

Best Practices in an RN-BSN Online Completion Program  
**Claire P. Cline**, DNP, MPH, RN. Lees-McRae College

Best Practices in Evaluation of Nursing Education  
**TE Darnall**, PhD, MSN, RN, CNE. Lees-McRae College

**Scientific Session 4  
STUDENTS' SESSION-1**

**Chair: Mrs. Pauline Anderson-Johnson/Christina Banton  
12:30 – 1:15 p.m.**

**12:30 p.m.** Knowledge, Attitudes, and Practices of New Registered Nurses with Less than Three Years Nursing Experience in the Clinical Setting Regarding Needle Stick Injury at a Hospital in Trinidad and Tobago

**C Smith-Kwanzaa**, A. Alexis, M. Augustus, D. Brooks, K. Clarke, S. Gangoo, C. Ramlal, R Singh, O.N Ocho

**12:45 p.m.** Health Insurance Coverage, a determinant of Health Status among Adults in Jamaica

**C Campbell**, T. Foster, S. Chisholm-Ford, R. Blake, L. Weaver, P. Anderson-Johnson

**1:00 p.m.** Immunization coverage among children 0-59 months in Jamaica, and health care seeking behavior of their parents.

**T Richards, S Williams, S Brown**, R Blake and P Anderson-Johnson

**1:15 – 2:15 p.m. LUNCH**

**Scientific Session 4  
STUDENTS' SESSION-2**

**Chair: Mrs. Mauvette Waite /Rhonda Williams-Rolle  
2:15 – 3:30 p.m.**

**2:15 p.m.** Health Status And Medical Expenditure Among Individuals 18 Years And Older In Jamaica

**J Palmer, R McKenzie**, P Anderson-Johnson

**2:30 pm** Factors Influencing Compliance with Dietary Regimen among Pregnant Women with Diabetes Attending Antenatal clinics in Trinidad and Tobago

**M Ramlakhan-Roopnarine**, A Joseph, T Alexander, U Eric Onokpikini, M Jogee, W Ottley Wright, O Ocho.

**2:45 p.m.**

Factors Influencing Professionalism among Registered Nurses at an Urban Hospital in Jamaica  
L C Gordon, **P Anderson Johnson**

**3:00 p.m.**

**Discussion**

**3:20 pm**

**Closing Remarks** - Dr. S Weaver, Head of School and Dr. Eulalia Kahwa, The UWI School of Nursing, Mona

PLENARY SUMMARIES



**Solving the Mystery; is it Evidence-based Practice, Research  
or Quality Improvement?**

*C. Zellefrow*

*DNP MEd RN LSN PHNA-BC*

*The Ohio State University College of Nursing  
USA*

ON AVERAGE, IT TAKES 17 YEARS FOR RESEARCH TO MAKE IT OFF THE SHELF AND INTO PRACTICE EVEN THOUGH MOST CLINICIANS AND ACADEMICIANS ARE EVIDENCE-USERS RATHER THAN EVIDENCE-GENERATORS. UNDERSTANDING THE UNIQUE CHARACTERISTICS OF EVIDENCE-BASED PRACTICE, RESEARCH AND QUALITY IMPROVEMENT, AND HOW THEY WORK TOGETHER TO INFORM PRACTICE IS INTEGRAL TO PROMOTING EXCELLENCE IN PATIENT CARE.

IN SPITE OF INCREASED ATTENTION TO AND ENGAGEMENT IN EVIDENCE-BASED PRACTICE, RESEARCH AND QUALITY IMPROVEMENT, MUCH CONFUSION REMAINS AROUND THE DIFFERENCE BETWEEN THESE CONCEPTS AND HOW THEY INTERACT, MAKING IT DIFFICULT TO APPROPRIATELY UTILIZE THEM TO IMPROVE QUALITY AND SAFETY IN PATIENT CARE AND IMPROVE OUTCOMES FOR ALL.

CLEARING THE CONFUSION AROUND EBP, RESEARCH AND QUALITY IMPROVEMENT WILL ALLOW NURSING CLINICIANS TO PRACTICE WITH CONFIDENCE THAT THEY ARE PROVIDING OPTIMAL CARE, AND ACADEMICIANS TO PREPARE THE NURSES OF TOMORROW MORE EFFECTIVELY; DEVELOPING CLINICIANS WHO ARE READY TO MEET THE CHALLENGES OF HEALTHCARE HEAD ON AND PROMOTE EXCELLENCE IN PATIENT CARE. THIS PRESENTATION WILL DISCUSS THE UNIQUE CHARACTERISTICS OF EVIDENCE-BASED PRACTICE, RESEARCH AND QUALITY IMPROVEMENT, AND HOW THEY INTERACT WITH ONE ANOTHER TO PROMOTE EXCELLENCE IN PATIENT CARE. THE MAIN GOAL IS TO PROVIDE A CLEAR UNDERSTANDING OF THE UNIQUE CHARACTERISTICS OF EVIDENCE-BASED PRACTICE, RESEARCH AND QUALITY IMPROVEMENT.



BEST PRACTICES IN EVALUATION OF NURSING EDUCATION  
TE DARNALL, PHD, MSN, MA, BSN, BA, CNE  
LEES-MCRAE COLLEGE  
USA

NURSE EDUCATORS DEVELOP CURRICULUM TO PROVIDE STUDENTS CLASSROOM, SIMULATION, AND CLINICAL LEARNING OPPORTUNITIES IN ORDER TO PASS REGISTRATION EXAMINATIONS AND BE SAFE PRACTITIONERS. HOWEVER, EDUCATORS STRUGGLE TO UNDERSTAND HOW TO CREATE EVALUATION METHODS THAT INDICATE IF DESIRED PROGRAM, STUDENT, AND COURSE OUTCOMES WERE ACHIEVED, AND WHETHER STUDENTS HAVE ATTAINED THE COMPETENCIES EXPECTED OF THE PRACTITIONER WHEN DELIVERING NURSING CARE.

THE PRESENTER WILL DISCUSS METHODS OF EVALUATING NURSING CURRICULUM FOR BOTH SEATED CLASSES AND DISTANCE LEARNING SO THAT ALL PROGRAMS WITHIN A SCHOOL OF NURSING ARE EVALUATING COMPARABLE KNOWLEDGE, SKILLS, AND ATTITUDES IN THE DELIVERY OF HOLISTIC CARE AS WELL AS DETERMINE IF DESIRED PROGRAM OUTCOMES WERE ACHIEVED AND PREPARE STUDENTS FOR WRITING THE REGISTRATION EXAMINATION.



## **Best Practices in an RN-BSN Online Completion Program**

**C. P. Cline, DNP, MPH, RN**

*Lees-McRae College*

*USA*

THE AIM OF THIS PRESENTATION IS TO DESCRIBE INNOVATIVE BEST PRACTICES IN AN ONLINE RN-BSN PROGRAM ENVIRONMENT UTILIZING THE COMMUNITY OF *Inquiry* theoretical framework underpinned by constructivist pedagogy.

The *Community of Inquiry* (Garrison, Anderson, & Archer, 2000) theoretical framework was designed for online learning and remains relevant to the current online environment. This theoretical framework utilizes constructivist pedagogy, building in cognitive presence, social presence, and teaching presence into what is ultimately the learning experience. Opportunities continue to exist to improve the online experience, particularly for the working adult, so that the learning experience is perceived as valuable and relevant to this student demographic.

Best practices in student orientation, pre-classroom forum activities, in classroom-forum activities, evaluation, and outcomes will be discussed. The orientation is done prior to the first week of class. It is important to help students understand the concepts of rationale, anticipation, and expectation during the orientation process. For students to engage in their learning, they must prepare themselves with enough information to contribute to group discussions. Faculty must build in pre-class activities to prepare students for learning opportunities. The pre-class activities incorporate Garrison and colleagues' framework encouragement of using computer mediated tools as part of the learning process. These activities consist of reading assignments, voice over PowerPoint lectures, and animation of content (YouTube). In-class activities consist of discussion questions, case studies, group work, PowerPoint presentations, and active instructor participation. Formative and summative evaluations are used to measure the achievement of desired course, student, and program outcomes. Outcomes areas to be included

are student engagement in activity, achievement of learning outcomes, and faculty satisfaction with activities.

## Abstract Presentations

### Nutrition in Critical Illness: Critical Care Registered Nurses' Perception of Nurses' Role in Nutritional Management of Critically Ill Patients

*D Wright-Myrie, E. Kahwa, M. Reid  
The UWI School of Nursing, Mona  
Jamaica*

- Aim:** To explore perceptions and experiences of nurses regarding the role of nurses in the nutritional management of intensive care patients; Describe perspectives of nurses regarding characteristics and features of nutrition support in intensive care settings; Examine nurses' perceptions regarding resources that support nutrition therapy in intensive care settings.
- Methods:** An existential phenomenological approach was employed to collect data in the third phase of a multi-phased study. Following ethical approval, in-depth interviews were done using the "Critical Care Nursing Perception of Nutritional Management Semi-structured Interview Guide". A purposive typical case sampling approach was utilized to select 6 nurses from three public adult intensive care units in Jamaica. Interviews were tape recorded and subjected to double level verbatim transcription for accuracy. Inductive thematic analysis was conducted to generate codes, patterns and themes emerging from the data.
- Results:** Participants' ages ranged from 23 - 49 years and their working experience ranged from 6 months to 16 years. Fifty percent (50%) of participants had Critical Care Registered Nurse certification. Five main themes and 14 subthemes were identified. The identified themes were (a) Training and competence of nurses in the Intensive Care Unit, (b) Nutritional monitoring of critically ill patients (c) Nutritional management options for critically ill patients (d) Feeding routes for critically ill patients (e) Process barriers to feeding critically ill patients. Generally, nurses identified deficiencies in their own skills, limitations in policies, resources and misalignment of practices with international standards. Nurses believed that these factors influenced the management of clients and their clinical outcomes.
- Conclusion:** The participants' perceptions are consistent with current evidence that nurses are integral in the management of critical care patients. Healthcare knowledge and skills require continuous retooling. Material and policy structures are important to effectively meet clients' needs. Continuing education activities should be targeted at improving nutritional competencies of practitioners, review of management policies is needed to provide structured treatment protocols and

public private partnerships may be beneficial in providing a consistent stream of resources thereby improving clinical outcomes of patients.

**Key words:** *Nutritional Management, Nurses' Perceptions, Critical Care Nursing, Nutritional Outcomes, Treatment Protocols, Nutritional Status*  
**Cancer-Nursing Competencies and Palliative Care: Lessons learned from Sub-Saharan Africa.**

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**R. L. Edwards**

*The University of Alabama at Birmingham School of Nursing  
U.S.A.*

- Aim:** To determine cancer-nursing competencies for use in education and training interventions and identify challenges and opportunities in optimizing cancer care in sub-Saharan Africa.
- Methods:** A narrative literature review for cancer-nursing competencies in LMIC revealed four established international standards. Fifty competencies in six domains (Cancer Control, Assessment and Diagnosis of Health Status, Plan of Care and Implementation of Treatment, Survivorship, Palliative and End-of-Life Care, and Collaboration and Communication) were included on an electronic survey of 70 international experts who rated the competencies by importance and answered questions concerning perceived challenges and opportunities in cancer care.
- Results:** The survey response rate was 39% (n=26). Of the six domains of competencies, the Palliative and End-of-Life Care domain was rated significantly higher (M=0.97; SD [0.04]) than the remaining five domains (Assessment and Diagnosis of Health Status 0.87; Cancer Control 0.89, Survivorship 0.90, Plan of Care and Implementation of Treatment 0.91, Collaboration and Communication 0.93). Nearly all of the 50 competencies were considered important. Of the individual 50 competencies those pertaining to symptom and pain management, oncologic emergencies, and palliative and end-of-life care were most strongly endorsed by the experts. No significant difference was found in perceived level of importance of the competencies based on gender. Experts who were older and more professionally experienced ranked competencies in all domains except palliative and end-of-life care as less important than the younger, less experienced experts. Items identified as challenges and opportunities included cancer nursing education/training, palliative care, and others.
- Conclusions:** Individual and domains of cancer competencies were prioritized for future use in educational and training interventions in LMIC. Palliative care competencies were considered most essential. Educators can use the competencies to design innovative cancer-specific curricula for nurses

with a focus on palliative care. The expert-identified challenges and opportunities can be used to guide these efforts.

**Key words:** *nursing, competencies, cancer, education, palliative care*  
**Attitudes of Nurses towards Clients with Mental Illnesses in Three Healthcare Institutions in Barbados**

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*Barbados*

**Objectives:** To explore the attitudes of nurses towards patients with mental illnesses

**Methods:** A cross-sectional, quantitative study was conducted among 108 nurses aged 20 – 65 years conveniently selected from three healthcare institutions. Data were collected using a modified Opinions about Mental Illness questionnaire which is divided into seven subscales. Total stigma scores were calculated with a minimum score of 63 and maximum of 315. Scores of 63 to 151 indicated a low level of stigma, 152 to 214 a moderate level of stigma, and 215 to 315 a high level of stigma. Data were analysed using SPSS (v.21).

**Results:** The response rate was 95.4%. Majority of participants were females (62.1%), had dual qualifications (42.7%) with 10 – 15 years of service (27.2%). Most participants (92.2%) believed that patients with mental illness experienced stigma but more than half of participants (57.3%) believed that nurses were not the perpetrators of stigma. Moderate levels of stigma were found in 66.0% of nurses; while only 16.5% of nurses had a positive attitude score. Age was found to be significantly associated with Stigma Levels, As age of participants increased stigma levels decreased, ( $X^2(8, N = 103) = 17.78, p < 0.05$ ). Positive associations were found between the Total Level of Stigma and the subscales: Benevolence ( $X^2(2, N = 103) = 8.87, p < 0.05$ ), Medical Model Orientation ( $X^2(2, N = 103) = 6.85, p < 0.05$ ), Social Restrictiveness ( $X^2(2, N = 103) = 18.83, p < 0.001$ ) and Interpersonal Etiology ( $X^2(2, N = 103) = 14.08, p < 0.001$ ).

**Conclusion:** The attitudes of nurses reflected moderate levels of stigma influenced by age, levels of training and years of service. More research is needed to determine how attitudes of health care workers influence engagement and access to treatment by clients with mental illnesses.

**Keywords:** *Nurse's attitudes, Stigma, Negative Attitudes, Discrimination, Mental Illness*

## **An Assessment of Nurses' Knowledge Attitudes and Practices of Pharmacovigilance at The University Hospital of the West Indies.**

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Jamaica*

**Objective:** To assess Nurses' knowledge, attitudes, and practices (KAP) of pharmacovigilance.

**Methods:** A cross-sectional study utilized questionnaires to evaluate nurses' KAP of pharmacovigilance. A sample size of 234 nurses was determined using the raosoft online sample size calculator. Stratified random sampling method was used to ensure homogeneity in selecting nurses from different departments. Approval for conducting the study was obtained from the University Hospital of the West Indies/ University of the West Indies/ Faculty of Medical Sciences Ethics Committee. Data were analysed using SPSS version 20. Chi-square test was used to test the association between two attributes at a  $P < 0.05$  significance level.

**Results:** Two hundred and sixty (260) questionnaires were distributed, 209 registered nurses responded resulting in a response rate of 80%. Thirteen percent (13.5%) of nurses had heard of the term pharmacovigilance prior to the study, while 58.4% correctly stated the functions of pharmacovigilance. Over ninety three percent (93.7%) of nurses felt it was a professional obligation to report adverse drug reactions (ADR) while 98.1% of nurses felt that ADR reporting was necessary. Sixty eight percent (68.8%) of nurses indicated that they had noted an ADR while in practice, while 55.3% had reported an ADR. There was a significant association between noting ADRs in clinical practice and reporting ADRs.  $\chi^2 (1) = 86.642, p < 0.05$ .

**Conclusions:** Registered nurses at UHWI had positive attitudes towards pharmacovigilance, although their knowledge and application to practice was limited. Instituting pharmacovigilance training programs may improve nurses' knowledge and impact their practice.

**Key Words:** *Nurses, Knowledge, Attitudes, Pharmacovigilance*

## **Knowledge, Attitudes and Practices Regarding Cervical Cancer Screening among Women Age 18-45 years Attending the Kingstown Health Centre in St. Vincent and the Grenadines.**

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Division of Nursing Education, St. Vincent & the Grenadines*

- Objectives:** To determine the knowledge, attitudes and practices regarding cervical screening among women of child bearing age attending the Kingstown Health Centre.
- Method:** A quantitative descriptive survey was conducted among 50 females age 18-45 years who presented to the Kingstown Health Centre during the period September- October 2016. Participants were selected through convenience sampling and data were collected using self-administered questionnaires following informed consent. The questionnaire contained information on demographics, knowledge of cervical cancer, its risk factors, screening methods, attitudes toward cervical cancer screening and cervical screening practices. Data were entered and analyzed using Epi-Info version 7. Composite measures were derived using Bloom's cut-off point method, representing the state of respondents' Knowledge, Attitude and Practice (KAP). A score above the cut-off point equated high levels of knowledge, positive attitude and good practices regarding cervical cancer screening (Good 80-100%, Satisfactory 60-80% and Poor < 59%).
- Results:** The survey yielded 100% response rate. Most respondents (32%); were in the 18-25years age group. Sixty six percent 66% (n=33) of participants were unmarried and 84% (n=42) had attained secondary level education or higher. Thirty eight percent (38%, n=19) of participants had good knowledge, 8 (16 %) had satisfactory knowledge while 6 (12%, n=6) had poor knowledge. Majority (86% n=43) of participants had health seeking behaviors for cervical cancer and 86%, n=43) had received teaching on cervical cancer. Overall, only (18%, n=9) had a positive attitude while (12.0 %, n=6) had a negative attitude. Perceived barriers to screening included fear (24%); lack of knowledge (22%); having one sexual partner (20%) and absence of risk factors (20%).
- Conclusion:** Although the knowledge level of participants regarding cancer screening was generally good, most of the participants reflected poor practices. Perceived barriers to screening included lack of knowledge and information and fear of the unknown. There is need to promote cervical screening post-secondary education thereby creating a culture of cervical screening for all women.

**Key words:** *Knowledge, Attitudes, Practices, Cervical cancer, Screening, St. Vincent and the Grenadines*

**The Relationship between Allergic Rhinitis and Asthma Control among Jamaican Children Ages 5-12 years with Asthma: A Pilot Study**

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**Objective:** To determine the prevalence of allergic rhinitis in Jamaican children ages 5-12 years with asthma and if allergic rhinitis (AR) is associated with asthma control.

**Methods:** A quantitative, cross-sectional study was conducted among 71 children aged 5-12 years registered at two major Asthma Clinics in Kingston. Consecutive sampling was done to select the sample. Ethical approval was obtained from the UWI Ethics Committee and parents completed informed consent. The International Study of Asthma and Allergies in Childhood core questionnaires for rhinitis and the Childhood Asthma Control Tests for children age 4-11 years and 12 years and older were used to collect data. Descriptive statistics were used to summarize data. The Chi-square test was done to determine the relationship between allergic rhinitis and asthma control.

**Results:** Most (56.3%) of the participants were males. Over half (54.9%) were between ages 5-8 years with a mean age of  $8.46 \pm 2.18$  years. The prevalence of current Allergic Rhinitis among children with asthma was 77.5%. The prevalence of AR was higher among females (80.6%) and children 9-12 years of age (78.1%). Most (61.8%) of the participants with current allergic rhinitis had moderate- severe rhinitis. Uncontrolled asthma was highest among children with current AR (54.5%). There was a significant relationship between allergic rhinitis and asthma control ( $\chi^2 = 9.55$ ;  $p = 0.008$ ).

**Conclusions:** The prevalence of allergic rhinitis among a children ages 5-12 years with asthma is high and associated with asthma control. Health practitioners should screen every child and adolescent with asthma for symptoms of allergic rhinitis, especially those with hard to control asthma.

**Key words:** *Allergic Rhinitis; Asthma Control; Asthma*

## **Inhaler Technique and Asthma Control among Children Age 5-11 years with Asthma Attending the Pediatric Clinic in a Rural Hospital in Jamaica: A Pilot Study**

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Jamaica*

**Objectives:** To determine the relationship between inhaler technique and the level of asthma control among children aged 5-11 years with asthma attending a Pediatric Clinic.

**Methods:** A cross sectional study design was utilized to determine inhaler technique and the level of asthma control in children aged 5-11 years with bronchial asthma. A sample of 54 children aged 5-11 years with doctor-diagnosed asthma and using inhaled asthma medication was selected using consecutive sampling. Data collection was done using the Childhood Asthma Control Test (c-ACT) and the Inhaler Technique checklist. Ethical approval was obtained from the Faculty of Medical Sciences/University of the West Indies Ethics Committee. Data were analyzed using the Statistical Package for the Social Sciences version 23. Descriptive statistics were used to summarize data. Chi-square test was used to determine the relationship between inhaler technique and asthma control.

**Results:** A total of 54 children with asthma participated in the study resulting in 100% response rate. Just over half of the sample 51.9% were females with a mean age of  $7.54 \pm 2.2$  years. Majority (96%) of children demonstrated incorrect inhaler technique. Only a small proportion 13% (7) of children had well-controlled asthma, majority 46% (25) had partly controlled asthma while 41% (22) had uncontrolled asthma. There was no association between inhaler technique and asthma control ( $\chi^2 = 0.20$ , p value = 0.16).

**Conclusions:** Most of the children using inhaled asthma medication demonstrated incorrect inhaler technique and had uncontrolled asthma. This study failed to find a relationship between inhaler technique and asthma control probably due to a small sample size. Greater emphasis needs to be placed on asthma education including inhaler technique among children, caregivers and health care providers.

**Key Words:** *Asthma, Inhaler Technique, Asthma Control, Inhaled Medications*

## Parental Perception of Children's Weight Status: A Quantitative Assessment of Parents of Children 2-5 Years in Three Urban Health Centres in Kingston.

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- Objectives:** To determine parental knowledge and perception of children's weight status, assess dietary patterns of children aged 2-5 years and examine growth patterns of children aged 2-5 years.
- Methods:** A correlational study was conducted among 155 parents from three urban health centres. The sample was selected using consecutive sampling. Data regarding perceptions and dietary practices were collected using TABASSOM Obesity, a 64 item questionnaire. Anthropometric data were collected from children's records. Data were analyzed using SPSS version 23. Descriptive and inferential statistics were used to summarize data. Pearson's correlation coefficient was used to examine the relationship between perceived body habitus and actual body weight and t-test was used to determine the difference between mean perceived and actual weight.
- Results:** One hundred and fifty (150) parents (121 mothers and 29 fathers) were invited to participate in the study, 146 responded resulting in a response rate of 97%. Participant's ages ranged from 19 to 49 years. Majority (93%) of the participants had good to excellent knowledge of contributory factors and consequences of obesity. There was no statistically significant difference between perceived body habitus and actual weight ( $t = 4.7$ ,  $df = 6$ ,  $p = 0.83$ ). Most (98%; (143) of participants reported children having breakfast daily, while 82% (120) of participants reported feeding their children fast foods weekly. There was no statistically significant relationship between parental education level and dietary pattern of children ( $p = 0.824$ ). More than half of the children (68%) had BMI for age within 1SD of mean while most (82%) of the children's weight for age and height for age were within 2 SD of the mean. Most of the participants perceived their children as being "thin" (94%) but little more than half (61.31%) of participants reported satisfaction with their children's weight status. There was no statistically significant difference between gender, level of education and weight perceptions.
- Conclusions:** Findings on the growth pattern of children were consistent with international standards. Parental perception of their children weight status was not significantly different from actual weight status. The study's findings are in keeping with current evidence regarding computed body habitus of children and corresponding perceptions of their parents. Parental feeding practices and factors impacting perceptions of parents should be explored in qualitative studies.

**Key Words:** *Childhood obesity, growth standards, growth pattern, parental perception, feeding pattern, weight maintenance.*

**Knowledge, Attitudes, and Practices of New Registered Nurses with Less than Three Years Nursing Experience in the Clinical Setting Regarding Needle Stick Injury at a Hospital in Trinidad and Tobago**

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*Trinidad & Tobago*

- Objectives:** To examine the knowledge, attitude and practice of the new registered nurses' related to the occurrence of needle stick injuries within their clinical nursing practice at one of the major hospitals in Trinidad.
- Methods:** This was a quantitative descriptive study among 120 new registered nurses with less than three years' experience. A 26 item instrument that was developed by the researchers and pre-tested for content validity was used to collect data. Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 20.
- Results:** Most of the respondents 59 (49.2%) were between the ages 20-30 years and 88 (73.4%) were female. Most of the participants (44.2% had 2-<3 years of experience. Just over half of participants 66 (55%) had moderate knowledge about policies regarding universal precautions 66 (55%) and only 36 (30%) thought they were up to date with policy information Most of the respondents 79 (66%) felt that they needed to be more vigilant and adhere to universal precautions. Fifty-four, 54 (45%) of respondents had experienced a needle stick injury while in practice; with the most common exposure being while using (17.5%) and recapping needles (15%). A total of 49 (40.8%) respondents had 1-3 needle sticks since employment and this was most common among staff on the medical wards. There was a moderate correlation between respondent's knowledge about institution's policies and their need for training ( $r=0.409$ ,  $p=0.01$ ) and strong positive correlation between their perception of the need to be more vigilant and the quality of the sharps that they are provided with ( $r=0.913$ ,  $p=0.01$ ).
- Conclusion:** Avoidable practices such as non-adherence to standard precautions while using hypodermic needles are contributing factors to needle stick injuries. Prevention of needle stick injuries should be an integral part of occupational health programs in the work place. Therefore, mandatory training and evaluation of health care worker's, knowledge and attitude regarding safety practices and proper use of available resources should be enforced when carrying out their duties in the clinical area.

**Keywords:** *Needle Stick Injury, New Registered Nurses, Hospital, Knowledge, Attitude, Practice, Resources.*

### **Factors Influencing Compliance with Dietary Regimen among Pregnant Women with Diabetes Attending Antenatal clinics in Trinidad and Tobago**

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**Objective:** To examine factors which influenced dietary compliance amongst pregnant women with diabetes attending antenatal clinics.

**Methods:** A cross-sectional descriptive quantitative study was conducted among a sample of 60 participants. The stratified random sampling method was used to select 20 participants from each of the three selected hospital clinics. The Ethics Committee of the University of the West Indies, Saint Augustine and three Regional Health Authorities gave ethical approval. Informed consent was obtained from participants. Data were collected using a semi-structured questionnaire over a 3-month period. The data were analyzed with SPSS version 20 using descriptive and inferential statistics.

**Results:** Almost forty two percent (41.7%) of respondents had pre-gestational diabetes while 58.3% developed gestational diabetes. The majority (96.7%) of women identified dietary compliance during pregnancy as important and 90% indicated that there was a high risk associated with noncompliance with their diabetic diet. Dietary compliance data indicated 50% respondents were non-compliant to diet: 13.3% due to work, 10% busy schedule, 8.3% parenting, and 5% household chores. Interestingly, 50% of the respondents indicated a change in their dietary compliance with the stage of pregnancy. Furthermore, 66.7% indicated that they give in to food cravings, 75% experienced difficulty adhering to diet in social gatherings and 58.3% did not adhere to diet when alone. Confidence to eat recommended meals daily was positively associated to eating appropriate foods (0.372;  $p=0.01$ ) while management of hyperglycemia was positively associated to emotional experiences (0.371,  $p=0.01$ ).

**Conclusions:** Although most women had adequate levels of knowledge, they generally had difficulty complying with recommended dietary recommendations. Clinical support services provided through health care institutions are necessary to enable pregnant women with diabetes to make appropriate food choices and effectively incorporate diet changes in their daily routine.

**Key words:** *Compliance, Dietary Regime, Diabetes*

**Health Insurance Coverage, a determinant of Health Status among Adults in Jamaica**

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**Aim:** To examine the influence of health insurance coverage and medication expenditure on the health status of persons living with and without chronic illnesses.

**Method:** This is secondary analysis of the Jamaica Survey of Living Conditions was conducted in 2008. The smaller sample used for the study was 14,041, taken from a larger survey done island wide of 22, 230 Jamaicans. Face-to-face interviews were done using structured questionnaires for data collection. Permission to use the data set was obtained through the faculty of Social Sciences. Data were analyzed using Statistical Package for the Social Sciences (SPSS). Statistical analysis was executed using chi-square to examine the statistical significance of the relationships between medication expenditure, health status and health insurance coverage

**Results:** The responses from, 14,041 participants were used as a subset from the original sample. The study sample consisted of (52.7%) females and (47.3%) males and an average age of approximately 43 years. The majority of the respondents fell in the young adults' category. Generally, most of the sample reported having good to very good health status, approximately 42% and 35% respectively, with men being the higher proportion. Males also had lower insurance coverage when compare to females. However, we found that there are no significant variations in the amount spent on medication by persons with chronic illnesses and the amount spent by those without. The results showed that majority of the respondents that had private insurance had good to very good health, those who reported fair to poor health (41.9%) were significantly higher among those with public health insurance when compared to those with private (15.7%) and no insurance coverage (19.7%).

**Conclusion:** Persons with Public health insurance and are living with chronic illnesses were worse off than their counterparts with private insurance coverage. Improvements can be made by better management of the National Health Fund as well as increasing public awareness about the National Health Fund and its benefits.

**Keywords:** *Health Insurance coverage, chronic illnesses, Health status*

## Immunization Coverage among Children 0-59 Months in Jamaica, and Health Care Seeking Behavior of Their Parents

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Jamaica*

- Objective:** To establish the immunization coverage of children 0-59 months, their parents' perception of medical emergencies; and to investigate the relationships between immunization coverage and sex of child; age of child and time in which parents seek healthcare for them when they are ill.
- Method:** This is a secondary analysis of the child health section of the Jamaica Survey of Living Conditions, conducted in 2008. It was a national survey that utilized a subsample of 1,739 participants who were either parents or care givers of children 0-59 months old. Data were collected using a structured questionnaire consisting of ten closed ended questions. SPSS version 24 was used to analyze the data. Permission was obtained from the University of the West Indies School of Nursing.
- Results:** The study revealed that majority (95.7%) of children 12 months old or older were adequately immunized as they received at least three doses of OPV, DPT, Hib and Hep B; one dose of BCG and at least 1 dose of MMR vaccines. However, coverage of Hib and Hepatitis vaccines was lower than other vaccines (77.5% and 76.7% respectively). There was no statistically significant relationship between sex of child and immunization coverage ( $p > 0.05$ ). Additionally, health care was sought more urgently by parents for symptoms of vomiting and diarrhea (71% and 72% respectively). There was no statistically significant relationship between age of child and the time in which parents visited health facilities ( $p = 0.404$ ).
- Conclusions:** The findings show that a clear majority of Jamaican children are adequately immunized irrespective of gender. Coverage of Hib and Hep B vaccines, however, are markedly lower than other vaccines. Overall, parents are prompt in seeking healthcare for their child especially for vomiting and diarrhea. These findings suggest a need for actions and policies to be enforced that will improve coverage of Hib and Hepatitis B vaccines. Additionally, there is a need for health promotion to raise parental awareness of the severity of other potentially fatal symptoms that their children may experience.

**Key Words:** *immunization, healthcare-seeking behaviours, child health*

## **Health Status and Medical Expenditure among Individuals 18 Years and Older In Jamaica**

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Jamaica*

- Objective:** To investigate the relationship between health status and the medical expenditure of individuals ages of 18 years and older living in Jamaica.
- Method:** Secondary analysis of data from the Jamaica Survey of Living Conditions, 2008, was carried out. A two-stage stratified random sampling technique was employed in the selection of participants which yielded a total of 2294 participants. Data for 14041 respondents were retrieved and analysed using SPSS version 24. Interview schedules were used to collect data using the tool developed and used annually by STATIN since 2003. Chi-square testing was used to test for the relationship between chronic illness, health perception, smoker status, disability, sex and medical expenditure among individuals 18 years and older living in Jamaica.
- Results:** Among the chronic illnesses, most persons reported having hypertension (10.8%). The cost for medicine at private sources for the past four weeks was higher among individuals who had a chronic illness. As individuals' perception of their health decreases, their expenditure on health increases ( $\chi^2= 40.3$ ;  $df=20$ ;  $p=0.005$ ). There was no statistically significant relationship between perception of health and smoking ( $\chi^2= 7.72$ ;  $df=5$ ;  $p=0.17$ ), perception of health and sex ( $\chi^2= 5.2$ ;  $df=5$ ;  $p=0.39$ ).
- Conclusions:** There is a statistically significant relationship between health status and medical expenditure. Though findings obtained in the current study are derived from secondary analysis, information gathered could be used to influence policy makers that are involve in the pricing of prescription drug as the affordability of drug also have a significant impact on adherence and the overall health of the population at large.
- Key Words:** *Health Status, Medical expenditure, Jamaica*

## Factors Influencing Professionalism among Registered Nurses at an Urban Hospital in Jamaica

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*Jamaica*

- Objectives:** To describe attitudinal attributes of professionalism and identify factors that influence attitudinal attributes of professionalism among registered nurses.
- Methods:** A quantitative approach using a descriptive correlational design was used to conduct the study among 89 randomly selected registered nurses (RN) working in an urban hospital. A Modified Hall's Professionalism Inventory, a 35-item Likert scale was used to collect data. Ethical approval for the study was obtained from The University of the West Indies/Faculty of Medical Sciences Ethics Committee and each participant signed a consent form. Data were analyzed using SPSS version 20. Descriptive statistics were used to summarize data. Following univariate analyses, t-test and ANOVA statistical tests were done to examine the relationship between variables.
- Results:** Eight one (81) registered nurses participated in the study resulting in a response rate of 91%. Majority of participants were females (91%), Over half (54%) of the participants were in the 26-35 years age group. Majority of participants (93%) had a bachelor's degree, and 85% had no post registration training. Of the five professional subscales, belief in public service had the highest mean scores ( $15.90 \pm 3.308$ ) while sense of calling received the lowest ( $14.65 \pm 3.766$ ). Older RNs scored significantly higher on the autonomy subscale, ( $p=0.006$ ); and RNs who were not a part of a professional organization scored significantly higher for the sense of calling subscale ( $p=0,044$ ).
- Conclusion:** Professional organization membership, higher level of education, and longer years of service do not necessarily contribute to higher levels of professionalism. However, older nurses displayed higher levels of professionalism. Knowledge of factors that contribute to professionalism should guide the development of appropriate strategies to foster the best professional attributes among registered nurses.

**Key Words:** *Professionalism, Registered Nurses, Attitudinal Attributes*

## Assessing the Risk for Primary Caesarean Section in Nulliparous Woman.

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- Objective:** To assess the risk of cesarean delivery in the nulliparous woman when elective induction was done at 39 weeks gestation in comparison to when labor started spontaneously.
- Method:** There were three studies of systematic reviews and meta-analysis, one case-control study, 3 retrospective cohort studies and one medical records review study. The study design with the smallest sample size of 844 was a systematic review and meta-analysis. Nulliparous women between 35-41 weeks, multiparous pregnant women between 35-41 weeks, neonates born via caesarean delivery, induction of labour for nonmedical reason and Induction of labour at full term were studied.
- Results:** Early labor induction of the nulliparous woman before 39 weeks gestation without a medical indication results in an increased risk of cesarean delivery due to failure to progress and at times adverse neonatal outcomes. Women who undergo induction of labor have higher rates of cesarean delivery than those who experience spontaneous labor. Research finds that fetal brain; lung and liver are not fully developed until about 39 weeks gestation and the fetus increase in weight that supports easier birth transition from the uterus. Babies born too early develop complications, which often extends the hospital stay of both mother and baby. Recovery from a major surgical procedure requires extensive recovery time and poses increased risk of infection and hemorrhage. Deterring nonmedical inductions before 39 weeks gestations there should be a decrease in the cesarean rate related to failure to progress and failed induction of labor.
- Conclusion:** Findings suggest that nonmedical induction should be performed at 39 weeks gestation or beyond and is optimal when done at 41 0/7 weeks and beyond to decrease the risk of a cesarean delivery. Non-medical induction of first time mothers practice is costly and can be prevented using evidence based guidelines to establish appropriate criteria for non-medical inductions
- Keywords:** *nulliparous woman, cesarean delivery, non-medical induction.*

# Conference Team

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Conference Chair: Dr. Eulalia Kahwa

Conference Coordinator: Ms. Monique Lynch

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