



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

P R E S E N T S

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The 25th Nursing and Midwifery  
Research Conference  
&  
26th Mary J. Seivwright Day

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**Nursing and Midwifery Research:  
Providing Evidence for People Centered Care**

May 28–May 29, 2015

The UWI School of Nursing, Mona Kingston 7

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**Keynote Speaker**

PROFESSOR HESTER KLOPPER  
PRESIDENT: SIGMA THATA TAU INTERNATIONAL AND CEO, FUNDISA

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

DR JOY LYTTLE  
DEPUTY REGISTRAR, NURSING COUNCIL OF JAMAICA

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*In Loving Memory of*  
Mrs Syringa Marshall-  
Burnett, CD, JP



MRS. MARSHALL BURNETT WAS AN OUTSTANDING TEACHER WHO DEMANDED AND EXPECTED EXCELLENCE FROM HER STUDENTS. SHE WAS A MENTOR, ADVISOR, COUNSELOR, ROLE MODEL, FRIEND, CONFIDANTE AND MOTHER TO STAFF AND STUDENTS WHOM SHE CAME IN CONTACT WITH. SHE HAD A LOVE FOR PEOPLE AND THIS WAS DEMONSTRATED IN HER INTEREST AND SUPPORT IN THEIR LIVES AS WELL AS THEIR FAMILIES.

# Overview of the Conference

**T**he World Health Organization (WHO) People Centred Care Policy Framework emphasizes health systems that meet the needs and expectations of people seeking health care. In keeping with this goal, member states of WHO have developed National Policies that promote people centred health care by ensuring that people have access to sustainable, responsive and effective health care systems. Within this framework, nurses and other health care workers are expected to provide high quality health care that is responsive to multidimensional needs of individuals, families and communities. Nurses, being primary health care givers at the frontline of healthcare systems are expected to ensure a holistic people centred approach to providing nursing care.

The Conference objectives are to:

- Expose nurses and midwives to research findings that would inform people centred care;
- Empower nurses and midwives to integrate principles of people centred care into nursing practice;
- Provide a forum for 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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## *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

**R**esearch continues to be the common denominator of the Nursing and Midwifery professions as we strive to ensure that our practice is held accountable through evidence based practice. It with this in mind that I am proud to welcome you to the 25th Nursing and Midwifery Conference and the 26th Mary J Seivwright Day.

We are delighted to be able to host this conference because it brings together so many of our professional colleagues from around the Caribbean Region and indeed from all around the world creating a forum to renew relationships and establish new social and professional networks for future collaboration. This gathering of Nursing and Midwifery academics, researchers and practitioners creates a perfect environment where high quality research papers and new ideas are presented with a view to addressing contemporary issues in Nursing and Midwifery.

We are proud to say that we have again been redesignated as a WHO collaborating Center for Nursing and Midwifery development in the Caribbean and that this conference continues to be a part of the work of that center. Our theme this year is entitled “Nursing and Midwifery: Providing evidence for people centered care” which reflects the WHO’s People Centered Care Policy Framework. The objectives of the conference flow directly from this framework and resonate with the current needs of Nurses and Midwives. Within this context we feel that Nurses and Midwives are on the front line in terms of providing high quality care to individuals, families and Communities and therefore they need all the evidence based solutions that is available in order to enhance their clinical practice.

Enhancing nursing and Midwifery skills and practice through research was one of the main goals of the Honorable Dr Mary Jane Seivwright, whom we honor on the second day of our proceedings. She like her colleague, Mrs Syringa Marshal Burnett, both visionaries, understood the value of creating a forum to develop a critical mass of research to support the professions. They both have since passed on but have left behind a legacy that we honor every year through these proceedings and I am happy that this year we are again able we are able to come together to continue that legacy.

I am very pleased that so many of our Nurses Midwives, graduate and undergraduate Nurses and Pupil Midwives have been able to take time out of your busy schedules to share this event with the UWI School of Nursing Team. A special welcome to our friends in the Global community especially our guest speaker Professor Hester Klopper whom we heartily welcome to join the extraordinary group of scholars that are here to present their work. I wish you well during the proceedings and hope that at the end of the event you would have achieved your personal goals and gained some new knowledge or skills through your participation. Again let me take this opportunity to welcome you all to the UWI School of Nursing research conference 2015.



## *Message from the Conference Chair*

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

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

**I**t is a great honour and privilege for the UWI School of Nursing, Mona to host the 25th Annual Nursing and Midwifery Research Conference and 26th Mary J. Seivwright Day. This year's conference marks 25 years of the UWI School of Nursing, Mona's commitment to advance nursing and midwifery research in the Caribbean. This year's conference theme **“Nursing and Midwifery Research: Providing Evidence for People Centred Care”** seeks to highlight current global trends in healthcare which puts clients at the centre of health care decision making.

People centred care emphasizes providing holistic care from clients' perspective in order to meet multidimensional needs of individuals, families and communities. It involves empowering clients by developing their knowledge, skills and confidence to make informed decisions about their own health and facilitate self-management. Nurses, being primary health care givers at the frontline of healthcare systems are well positioned to ensure that health systems respond to the needs of clients in a holistic manner.

Consistent with the goals of the WHO Collaborating Centre, this conference provides a forum to disseminate research findings, advance nursing scholarship and evidence based practice in nursing and midwifery locally and internationally. Consistent with the conference theme, the keynote address will critically examine “person centred care” and explore how programs of research on this theme could be developed. Conference presentations will focus on holistic family health care, psychosocial and mental health, clinical nursing practice and nursing staff development.

I invite you to engage with researchers, decision makers and research users to facilitate networking, collaboration and team building to advance nursing and midwifery research. It is my hope that knowledge gained through these interactions will be integrated into practice to improve the quality of nursing care we provide to our clients.

I would like to express sincere gratitude to the conference planning committee, invited speakers and presenters for contributing to the success of this conference.





# Keynote Speaker

**Professor Hester C Klopper PhD, MBA, RN, RM, FANSA**

PRESIDENT: SIGMA THATA TAU INTERNATIONAL AND CEO, FUNDISA

## **Nursing and Midwifery Research: Providing evidence for people centred care**

### **Background and Rationale**

Person-centred care is a body of knowledge that has been evolving and growing over the past decade. Although it seems that there is not a uniform definition of the concept, the existing definitions states in essence that a person-centred health system supports people to make informed choices about their own health, manage their health positively and decide when to invite others to act on their behalf or in collaboration. This approach requires that healthcare services need to partner to deliver the required care that is responsive to the person's preferences, lifestyle, abilities and health goals. The questions to be answered are: What is person-centred care? How is person-centred care measured? What evidence is there of the effectiveness of these models? Is there evidence available that person-centred care is making a difference in health systems?

### **Purpose**

This presentation constructively seeks answers to the posed questions. A critical look will be taken of the assumptions underpinning person-centredness, and possible alternative that exists. Evidence will be evaluated to examine the effectiveness of these models. The development of research programmes around this theme will be explored. Attention will also be given to STTT's role in sharing evidence and building the body of knowledge in Nursing.

### **Conclusions**

The impact of a person-centred approach to develop a focused research programme seems to contribute to the improvement of quality care delivery. The specific research programmes have the potential to make a difference in practice and improve the quality of care using this approach.



# Dr The Honourable Mary J. Seivwright Distinguished Lecture

**Dr Joy Lyttle, DHM, DCC, MSM, RN, RM**

DEPUTY REGISTRAR, NURSING COUNCIL OF JAMAICA

**An Initiative for Evidence-Based Nursing Practice to Impact  
the Delivery of Person-Centred Healthcare in Jamaica:  
Measure and Improve! Excellence in Patient Care Now!**

## **Objective**

To describe a grassroots initiative designed to implement the spread of evidence-based nursing practice to impact the quality of healthcare delivery in Jamaica framed as effective, person-centred and safe.

## **Methods**

The design of this initiative is grounded in and guided by a healthcare quality measurement framework that is based on established models for assessing healthcare quality, where quality is taken from the areas of the system, including structure, *process* and outcome. This framework specifies interrelated process components of access, effectiveness, integration (or coordination) and person-centredness that are shown to work together to produce the best health outcomes and are those that are essential in a strong primary care approach. Evidence-based nursing practice within this framework is a principle *process* driver of healthcare delivery and is conceptualized as the frontline to safe person-centred care.

## **Discussion**

We look to recent research to understand what safe person-centred nursing practices can be developed and implemented to impact health outcomes. Mitchell-Fearon K, James K, Waldron N, et al. (2014) suggests, “Falls in older Jamaican adults are of high public health importance, having many long-term implications on the health of individuals, and on community and national development.” To impact falls among this population, this initiative through a qualitative research project would collect information from care givers' and patients' perspectives on the causes and suggestions for preventing and minimizing falls. This would be done in order to implement an intervention that employs for example coordinated and effective evidence-based nursing practice.

The tools and resources for implementing local interventions would be centralized by this initiative and a central data repository would strengthen continuous quality improvement efforts. The successful interventions would impact outcomes by for example improving health status and productivity, as well as helping to keep healthcare costs down.

Partnership will also be needed among providers, government, nongovernmental organizations, as well as the community, for establishing an initiative with standards, quality improvement networks, and where accountability and reporting may be leveraged by the healthcare system.

## **Conclusions: Research: To what End?**

To empower nurses to integrate principles of person-centred, safe and effective care into practice, strong evidence of the positive impact of such care as well as standard methods for delivering care, must be readily available. No known coordinated and centralized effort exists for this support of the nursing community, therefore the initiative presented here will fill this gap between evidence and practice.

**Authors:** *J Lyttle, D Gibson*

# Conference Programme

Day One: Thursday May 28, 2015

- 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**  
Kadene Leslie, Clinical Instructor,, The UWI School of Nursing,  
Mona
- 8:45 a.m.                    **Greetings**  
Professor Horace Fletcher, Dean, Faculty of Medical Sciences  
Marva Byfield, Chief Nursing Officer, Jamaica  
Dr Noreen Jack, PAHO/WHO Representative, Jamaica  
Professor Hester Klopper, President: Sigma Thata Tau International  
Professor Archibald McDonald, Pro Vice-Chancellor & Principal,  
UWI, Mona
- 9:10 a.m.                    **Introduction of Speaker**  
Pauline Anderson-Johnson, Lecturer, The UWI School of Nursing,  
Mona
- 9:15 a.m.                    **Keynote Address**  
Professor Hester Klopper, President: Sigma Thata Tau International  
and CEO, FUNDISA
- 10:00 a.m.                    **Vote of Thanks**  
Kimarie Brown, Assistant Lecturer, The UWI School of Nursing,  
Mona
- 10:05 a.m.                    **COFFEE BREAK**

## Scientific Session 1: Clinical Nursing Practice

**Chairperson: Zada Mulrain**

**10:40 a.m. – 11:50 a.m.**

- 10:40 a.m. Prevention of pressure ulcers: How to successfully work in an interprofessional collaboration project  
*V Lopez, M Paulpandi*
- 10:55 a.m. Illness perceptions, quality of life and disease knowledge among Jamaican adolescents with sickle cell disease  
*A Barton-Gooden, M Grindley, M Asnani, J Knight-Madden*
- 11:10 a.m. Satisfaction with nursing care in the emergency department of an urban hospital in the developing world: A pilot study  
*J Buchanan, P Dawkins, J L.M. Lindo*
- 11:25 a.m. A Study of Nurses' Knowledge, Attitude and Practice of Pressure Ulcer Management in hospitalized patients  
*A Richards, A Bernard, K Williams, A Gloudon, A Young, S Mohan, D Rampersad-Rattan*
- 11:40 a.m. **Discussion**

## Scientific Session 2: Nursing Staff Development

**Chairperson: Ann-Marie Edwards**

**11:50 a.m. – 1:15 p.m.**

- 11:50 a.m. The Influence of Nurses' Disposition on Patients' Satisfaction with the Care Delivered at a Secondary Care Institution  
*P Acosta Singh, A Mahabal, K Jagroop, N Roopnarine, N Sylvester, S Lewis-Rajkumar, T. King, D Rampersad-Rattan*
- 12:05 p.m. Management support to nurses working in the Tuberculosis programme in primary health care facilities of Matlosane sub-district  
*D R Phetlhu; A Sekatane*
- 12:20 p.m. Perception of the orientation program from two groups of nurses in Trinidad and Tobago: Implications for policy review  
*DO Croker; B Long*

- 12:35 p.m. Caring for homosexual patients: Preparedness and attitudes of nursing students  
*S J Kendley, P Anderson-Johnson*
- 12:50 p.m. **Discussion**
- 1:00 p.m. **LUNCH BREAK**

### Scientific Session 3: Psychosocial and Mental Health

**Chairperson: Mrs Sandra Percy-Smith**

**2:15 p.m. – 3:00 p.m.**

- 2:15 p.m. Detection of Side Effects of Antipsychotics: The Patients' Experiences  
*A Hinds, J Bennett*
- 2:30 p.m. Attention Deficit Hyperactivity Disorder and Mothers Psychological Distress: Mothers' Responses to a child Diagnosed with Attention Deficit Hyperactivity Disorder  
*G Ramdeen-Mootoo*
- 2:45 p.m. Detection and Management of Side Effects of Antipsychotics in Patients with schizophrenia: the family members' perspective  
*H M Birch, J Bennett*
- 3:00 p.m. **Discussion**
- 3:15 p.m. **Sigma Theta Tau Induction Ceremony**
- 4:10 p.m. **Summary and Closing Remarks**

# Dr the Honourable Mary J. Seivwright Day

Day Two: Friday May 29, 2015

- 7:30 a.m.                    **Registration**
- 8:30 a.m.                    **Chairperson's Opening Remarks**  
Dr Eulalia Kahwa, Lecturer, The UWI School of Nursing, Mona
- 8:40 a.m.                    **Prayer**  
Melissa Walker, Assistant Lecturer, 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**  
Roy Thompson, Assistant Lecturer, The UWI School of Nursing,  
Mona
- 9:10 a.m.                    **The Distinguished Dr. the Hon. Mary J. Seivwright  
Lecture**  
Dr Joy Lyttle, Deputy Registrar, Nursing Council of Jamaica
- 8:50 a.m.                    **Reflection on Mrs Syringa Marshall-Burnett**  
Donnahae Rhoden-Salmon, Lecturer, The UWI School of  
Nursing, Mona
- 9:55 a.m.                    **Vote of Thanks**  
Cavelle Walters, Clinical Instructor, The UWI School of  
Nursing, Mona
- 10:00 a.m.                    **COFFEE BREAK**

## Scientific Session 4: Holistic Family Healthcare

**Chairperson: Kayon Stephenson-Wilson**  
**10:30 a.m. – 12:05 p.m.**

- 10:30 a.m. Self-Image of Women after Major Gynaecological Procedures  
*C Fisher, T Ramdath, S Ramadhin, A Sookoor, J George, D Rampersad-Rattan*
- 10:45 a.m. Midwifery care as experienced by low risk women during antenatal, childbirth and postnatal period  
*M Fatho*
- 11:00 a.m. Perceptions of adult males in Trinidad and Tobago regarding 'male sensitive' health services  
*O Ocho*
- 11:15 a.m. **Discussion**

## Scientific Session 5: Research and Education

**Chairperson: Donna Bunnaman**  
**11:20 a.m. – 12:05 p.m.**

- 11:20 a.m. Nutrition in Critical Illness: Psychometric evaluation of tools examining anthropometric skill and nutrition knowledge of Critical Care Registered Nurses.  
*D Wright-Myrie, M Reid, E Kahwa & T Royal-Thomas*
- 11:35 a.m. Research as a Foundation for Nurse Educator Competency Development  
*J Fraser & A Nkowane*



11:55 a.m. Measuring Self-Efficacy for Self-Directed Learning: Evaluating Hoban and Sersland's (1999) Self-Efficacy for Self-Directed Learning Questionnaire (SE-SDLQ)

*D Munroe & J Bennett*

11:10 a.m. **Discussions**

## Scientific Session 6: Undergraduate Student Presentations

**Chairperson: Verona Ferguson**

**12:15 p.m. – 12:05 p.m.**

12:15 p.m. Student Presentation 1

12:30 p.m. Student Presentation 2

12:45 p.m. **Discussions**

12:50 p.m. **LUNCH BREAK**

2:00 p.m. **Sigma Theta Tau Workshop**

*Professor Hester Klopper*

3:10 p.m. **Closing Remarks**

*Dr Steve Weaver and Dr Eulalia Kahwa*

# Abstract Presentations

## Prevention of Pressure Ulcers: How to Successfully Work in an Interprofessional Collaboration Project

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*V Lopez, M Paulpandi*

- Aims:** To develop a mechanical turning device and test its feasibility to prevent pressure ulcers in hospitalized patients in Singapore.
- Methods:** Interprofessional research collaboration is being encouraged by the university not only in Singapore but worldwide. The first step was to present the project in an open forum organized by the School of Medicine with invited staff from other disciplines. The second step was contacting each members of the discipline who were interested in pursuing a joint project. This culminated in a project between School of nursing and the Engineering Department. The third step was the recruitment of post-doctoral engineering students to develop the prototype for the device to turn the bed from side to side. The last step was to ensure that the prototype has passed quality and safety control before this is implemented for testing. The testing of the device will be undertaken in collaboration with the Centre for Evidence-based Nursing.
- Results:** A prototype of a mechanical turning device fitted to the current hospital bed that is capable of repositioning patients' without being assisted physically by nurses was developed by the engineers in collaboration with what the nurses aim to care for their patients. The prototype was developed to lighten nurses' task in physically lifting and turning the patients from side to side. The device was found to be more cost-effective and safe and currently being piloted tested for its feasibility.
- Conclusions:** Nurses can contribute to developing new products in collaboration with engineers to reduce the prevalence of pressure ulcers using evidence based preventive turning devices. This entails consciousness of significant management skills such as resilient workforce, decision-making as team and desired to nurture interdisciplinary collaboration. The core of such agenda should be aimed to warrant optimal patient outcomes.
- Keywords:** *interprofessional collaboration, management, positioning, pressure ulcers, prevention, turning regimen*

# Illness Perceptions, Quality of Life and Disease Knowledge Among Jamaican Adolescents with Sickle Cell Disease

*A Barton-Gooden<sup>1</sup>, M Grindley<sup>2</sup>, M Asnani<sup>2</sup>, J Knight-Madden<sup>2</sup>*

1.UWI School of Nursing, TheUWI, Kingston 7, Jamaica

2. Sickle Cell Unit, Tropical Medicine Research Institute, The UWI, Kingston 7, Jamaica

**Objective:** To determine illness perceptions (IP), quality of life (QOL) and disease knowledge (DK) among Jamaican adolescents with sickle cell disease (SCD).

**Methods:** A cross sectional survey at the Sickle Cell Unit in Kingston, Jamaica of 150 Jamaican adolescents (ages 13–19 years) was conducted. Questionnaires were used to collect data on socio-demographics, severity of illness, knowledge and illness perceptions relating to their SCD, and QOL (using PedsQL-SCD teens & parent modules). Data were analyzed using STATA/SE version 12.1 for Windows using frequencies and regression analyses.

**Results:** There were 76 girls and 74 boys with mean age  $16.1 \pm 1.9$  yrs. Most had homozygous SS disease (77%), urban residency (68%) and post primary education (64%). The mean knowledge score was  $14.3 \pm 4.3$  (range 5–23) and QOL teen score was  $74.2 \pm 19.1$  (range 11.1–100). Girls had better disease knowledge (Knowledge score: 15.3 vs. 13.3;  $p=0.004$ ) and understood that their illness was chronic in nature (21.5 vs. 19.9;  $p=0.03$ ). There were no gender differences in IP. Those who reported higher severity scores had poorer QOL (-0.45). Analysis of IP and QOL revealed that those who reported greater symptoms (IP Identity: -0.4) and greater consequences (IP Consequences; -0.36) on their lives also had poorer QOL. Regression analysis indicated that QOL was significantly lower in girls (Coef: 5.77,  $p$  value: 0.04), in those with more severe disease (Coef: -4.87,  $p$  value < 0.001) and greater in those with higher levels of education (Secondary vs. primary: Coef: 12.2,  $p$  value < 0.001; Post-secondary vs. primary: Coef: 12.2,  $p$  value < 0.001) in a significant model explaining 29.4% of variance in QOL. Knowledge was higher in older adolescents (Coef: 0.52,  $p$  value: 0.007), in girls (Coef: 1.38,  $p$  value: 0.02), in those with internet access (Coef: 2.02,  $p$  value: 0.001) and in those with higher levels of education (Secondary vs. primary: Coef: 1.63,  $p$  value < 0.03; Post-secondary vs. primary: Coef: 3.3,  $p$  value < 0.002) in a significant model explaining 29.9% of variance in knowledge.

**Conclusions:** Adolescents with SCD had moderate knowledge about their illness. Girls had higher knowledge, correctly perceived their illness to be chronic and reported poorer QOL than boys. These gender differences in outcomes require further investigation.

**Keywords:** *adolescents, illness perception, quality of life, sickle cell disease*

# Satisfaction with Nursing Care in the Emergency Department of an Urban Hospital in the Developing World: A Pilot Study

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*J Buchanan, P Dawkins & L.M. Lindo*

- Objective:** To determine the level of satisfaction with nursing care in the emergency department of an urban teaching hospital in Jamaica.
- Methods:** This descriptive cross-sectional study used a convenience sampling technique to recruit 142 of the required 183 adult patients who accessed nursing care in the emergency and intermediate areas of the emergency department over a six week period from May 10, 2012 to June 20, 2012. Data were collected using a 22-item questionnaire adapted from the Patient Satisfaction with Nursing Care Quality Questionnaire and analyzed using SPSS® version 19.0 for Windows®.
- Results:** The response rate was 77.6%; most respondents (62%) were female, and educated at the secondary level (42.3%). The mean satisfaction score was 32.60 ( $\pm$  7.11) out of a possible 42. Most (59.9%) patients reported that they were very satisfied with nursing care in the emergency department. Satisfaction with nursing care was associated with clients' education. Perceived health status and empathy of nursing care offered by caregivers were associated with patient's satisfaction with care ( $p = 0.05$ ).
- Conclusions:** Patients were highly satisfied with nursing care in the emergency department studied. Client's education, perceived health status and nurses expression of empathy were predictors of satisfaction.
- Keywords:** *emergency department, nursing care, patient satisfaction, jamaica, patient satisfaction with nursing care quality questionnaire*

# A Study of Nurses' Knowledge, Attitude and Practice of Pressure Ulcer Management in Hospitalized Patients

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*A Richards, A Bernard, K Williams, A Gloudon, A Young, S Mohan, D Rampersad-Rattan*

**Aim:** To explore nurses' knowledge, attitude and practice of Pressure Ulcer management during patients' hospitalization.

**Method:** A survey was conducted at the medical and surgical wards of a selected hospital in Trinidad. The questionnaire elicited information on demographics, knowledge, attitude and practice of pressure ulcer management and prevention methods. The sample size was (n=150) and the participants (RNs) were selected through the process of simple random sampling. A self-administered questionnaire was used to collect data through March to May, 2014. Data were analyzed using SPSS v20.

**Results:** There was 100% response rate from participants. Demographically, majority of the respondents were females (80%), and majority (52%) graduated with an Associate degree. A little over half (51%) represented 6–10 years' work experience with most (85%) having no specific training in pressure ulcer management. Majority of the nurses were knowledgeable on risk factors (93%), first signs of pressure ulcer development (70%) and identification of pressure points (81%). Knowledge deficit was identified in the areas of use and development of care plans (27%) and could not define pressure ulcer (37%). A positive attitude was displayed by agreeing that risk factors can be avoided (97%), that pressure ulcer management is necessary (100%) and that nurses were responsible for such care of patients (100%). In terms of practice, few nurses (38.6%) conducted risk assessments, the majority (94%) repositioned patients and almost all (96%) encouraged them to ambulate. Seventy-three percent (73%) stated that patients were turned at least 2–3 times daily.

**Conclusion:** While nurses displayed positive attitude towards the management of pressure ulcers in patients there were identifiable basic knowledge areas on pressure ulcer, its definition and development. Practice gaps were identified in the use of necessary care plans and risk assessment which is crucial in preventing pressure ulcers. Providing continuing education in this area will better equip nurses to deliver quality care for patients by preventing and managing pressure ulcers effectively.

**Keywords:** *knowledge, practice, attitude, pressure ulcers, nurses*

# The Influence of Nurses' Disposition on Patients' Satisfaction with the Care Delivered at a Secondary Care Institution

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*P Acosta Singh, A Mahabal, K Jagroop, N Roopnarine, N Sylvester, S Lewis-Rajkumar, T King, Rampersad-Rattan*

- Aim:** To explore whether nurses' disposition is a contributory factor to patients' satisfaction with the delivery of nursing care at a selected hospital.
- Method:** A cross-sectional survey was conducted at a selected hospital in Trinidad. Stratified random sampling was used to select patients (n=107) who were classified as category II and category III on general wards. Data were collected using a questionnaire and a covert observation tool. The questionnaire was used to evaluate the patient's opinion of the nurses' disposition and the covert observation tool was a checklist noting the nurses' interaction with the patient who was interviewed. Data were collected from October–November 2014 and analysed using SPSS v21.
- Results:** There was an equal distribution of males to females (50%) with 67% between the age range of 26–55 years. The majority (85%) spent more than seven (7) days in hospital. On a scale of 1 (strongly agree) and 5 (strongly disagree) patients rated nurses highly as being empathetic, humorous and caring. Facial expressions were rated as happy (50%), serious (31%) and angry (.01%). Communication was effective as nurses introduced themselves by name (71%), patients were addressed by their names (71%) and procedures were explained before execution (83%). Fifty-seven percent (57%) were pleased with the care received and all perceived nurses' character to have helped with their healing. Patients also felt comfortable asking nurses for assistance (80%) and safe at the facility (61%). These findings were substantiated by those from the covert observations.
- Conclusion:** Nurses' disposition of being empathetic, humorous, caring and delivering care with happy faces may have influenced the satisfaction levels of patients with nursing care delivered. This information should be disseminated widely so as to dispel the present stereotypical negative view of nursing care at the selected hospital and to motivate nurses to continue delivering quality nursing care.
- Keywords:** *nurses, patients, disposition, satisfaction*

# Management Support to Nurses Working in the Tuberculosis Programme in Primary Health Care Facilities of Matlosane Sub-District

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*D R Phetlhu; A Sekatane*

- Aim:** The aim of this study was to explore the support from management to nurses working in the Tuberculosis programme in the primary health care facilities of Matlosana sub-district, South Africa.
- Methods:** A qualitative research approach using exploratory design was followed. The population consisted of all categories of nurses specifically working with TB patients for more than one year in the sixteen health facilities of the chosen sub-district. Of the sixteen facilities, 13 had at least one registered nurse responsible for the TB patients while the other three had junior nurses. Purposive sampling was used to select participants who volunteered and met the set criteria. Individual semi structured interviews were conducted with sixteen nurses after which the researcher stopped due to data saturation. The researchers analysed the data manually and a consensus was reached on the categories that emerged. Ethical principles which included sourcing permission from relevant authorities; explanation of the study to the participants; the participants' rights and signing of the consent form were adhered to. The researchers ensured that the study was conducted in a rigorous manner by employing various principles of trustworthiness.
- Results:** The majority of the nurses reported that there was lack of support from management which was characterised by continuous negative criticism, discouraging attitudes, support visit from managers done only when there were high profile visits among others. Conversely there were few nurses who felt that the support was adequate because of available opportunities for consulting managers when assistance was needed. Noteworthy is that those who felt supported were mainly males, white females and black females who have worked in the TB programme for longer duration. Perceived lack of support resulted in negative feelings and resistance behaviour from those affected. The participants indicated that improvement in this matter will be a result of change in the attitudes of managers among others.
- Conclusion:** The need for every nurse to feel supported is necessary for delivery of quality care for the TB patients. However, that will not be achieved if nurses who are rendering care have negative feelings about the level of support from management which result in their resistance towards management.
- Keywords:** *management, nurses, support, primary health care facilities, tuberculosis programme*

# Perception of the Orientation Program from Two Groups of Nurses in Trinidad and Tobago: Implications for Policy Review

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*DO Croker; B Long*

**Aim:** To identify the orientation experiences of two groups of Nurses: new graduates and immigrant nurses and identify the similarities and differences among the experiences and relevance to their orientation needs.

**Methods:** An action research approach was adopted for this study. Participants were twenty-six nurses, working at a government hospital in Trinidad. The groups comprised thirteen new graduates and thirteen new to nursing in Trinidad. Purposive sampling was done to collect data from nurses trained in Trinidad, graduating within 2 years and nurses trained outside of Trinidad with at least 2 years' experience before coming. Data were collected using a semi-structured interview guide with open ended questions. All data from the interviews were analyzed using content analysis. The study was completed over two months. Data analysis and data collection were done simultaneously, beginning with the first interview and continuing throughout the process. Comparisons were constantly made among concepts, categories and incidents to identify relevance, connections and contextual influences (Zhang & Wildemuth, 2009). To enhance understanding of the data the co-investigator made notes to assist in exploring codes and subthemes.

**Results:** Although nursing staff were generally helpful, the 6 months orientation was considered a stressful experience for nurses in both groups, since there was no structured orientation program. Nurses trained outside of Trinidad were concerned with culture differences, expectations of RNs in Trinidad, different technology and equipment used in the delivery of nursing care and new environment. Nurses trained in Trinidad were concerned with the difference between studentship and being a RN, things not being done the same way on every ward, being unfamiliar with the rules and policies, being guided to put into practice what was learnt in classroom, not knowing what to expect, the culture of the ward, finding their way around the ward, did have an orientation period which was very helpful.

**Conclusion:** An ideal orientation program should meet the needs of the individual nurse, as this would help them to better transition into the workplace.

**Keywords:** *new graduate nurse, immigrant nurse, orientation, transition, orientation needs*



# Caring for Homosexual Patients: Preparedness and Attitudes of Nursing Students

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*SJ Kendley, P Anderson-Johnson*

**Objectives:** To describe the preparedness and attitudes of 3rd year nursing students at an urban school of nursing in Jamaica, regarding caring for homosexual patients and to examine the relationship between student preparedness and attitudes.

**Methods:** A quantitative descriptive cross sectional study was conducted among a conveniently selected sample of 78 third year nursing students. Data were collected using a 45-item self-administered tool with three sections; the Attitude toward Lesbian and Gay Scale (ATLG), 20-items (adapted from Herek, 1988); the Academic Preparedness tool (APT), 18-items (Carrick and Dolano, 2003); and a 7-item demographic section. Data were collected between April 7 and May 31, 2014. The ATLG scale was scored achieving a maximum of 100 and the APT achieving a maximum of 112. Reliability co-efficient were 0.86 and 0.93 for the ATLG and APT respectively. Descriptive statistics, tests of significance were carried out to examine relationships, using SPSS version 22.

**Results:** Of the 78 questionnaires, only 69 were returned for analysis (a response rate of 88.5%). The majority of students were females (97%) and identified as heterosexual (93%). Mean age was  $23.1 \pm 3.7$  years. Overall mean attitude score was  $47.3 \pm 13.8$ , with younger students (18-15 years) reporting significantly higher mean scores than older students (26-34 years) ( $49.0 \pm 14.0$  vs  $39.7 \pm 9.8$ ;  $p=0.033$ ). Students felt very prepared to care for individuals who were LGBT with a mean  $81.8 \pm 16.6$ . The older students however reported significantly higher mean scores ( $91.3 \pm 11.9$ ) than younger students ( $79.5 \pm 17.3$ );  $p=0.03$ . There was a weak non-significant association between preparedness and attitude ( $r = 0.16$ ).

**Conclusion:** Younger students showed more positive attitudes towards caring for LGBTs than older students, though they reported being less prepared to care for them. There was no statistical significant association between attitudes and preparedness of students. The inclusion of human sexuality, sexual diversity and nursing care of LGBT patients in curricula content of schools of nursing could promote higher level of preparedness and more positive attitudes of the students.

**Keywords:** *preparedness, attitudes, lesbians, gays, bisexuals, transgender*

# Detection of Side Effects of Antipsychotics: The Patients' Experiences

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*A Hinds, J Bennett*

- Objective:** To explore patients' experience of side effects of antipsychotics in Primary Health Care (PHC) in Zones 3 and 4 of Kingston and St. Andrew Jamaica.
- Methods:** A cross-sectional mixed method research approach was utilized to assess the reports of 246 clients by questionnaires (Subjects' Response to Antipsychotics (SRA), Quality of Life (WHO QOL BREF) and a Supplemental Data Sheet) and 16 clients to form 2 focus groups to assess the reports of clients living with schizophrenia. Data were collected over a 4 month period. Analysis was done using SPSS (v.21) for quantitative data and a combination of audio recorded, transcribed scripts uploaded to NVIVO (v.7) for thematic analysis of qualitative data.
- Results:** Participants: 56.5% were male; 75.6% single and 52.0% were unemployed. Typical antipsychotics were prescribed to 50.8% of clients with 73.2% prescribed oral and injectable therapies. Complete compliance was found in 86.6% of the sample. Both the adverse and/therapeutic effects were reported to some degree from both methods. Appetite disturbances (62.2%), Increased Sleep (48.9%) and Weight Gain (31.0%) were reported most. The Recovery subscale was the highest reported effect (82.3%). Almost all the focus group participants reported being drowsy and having an increased appetite after taking their antipsychotics. Sexual dysfunction was reported by most of the males in the group. Oral Chlorpromazine and IM Modecate were the prescribed drugs of choice (32.1% & 45.9% respectively). IM Modecate and Risperdal were associated with fewer reports of side effects. IM Modecate was found to be significantly associated with Recovery Total, ( $X^2(39, N = 246) = 55.86, p = 0.039$ ). Negative associations were found between the SRA subscale, age, gender and quality of life. IM Modecate prescription was associated with highest QOL domain scores. Good QOL was reported by 46.7% and a strong correlation observed ( $X^2(2, N = 246) = 45.73, p < 0.001$ ) between the SRA and QOL scores. The higher the degree of side-effects reported, the lower the quality of life score.
- Conclusion:** Compliance was high; all participants reported experiencing side effects on the SRA subscales. Appetite, sleep and weight were most affected. Chlorpromazine and Modecate were prescribed most frequently. Modecate and Risperdal were

associated with fewer adverse effects. Quality of life was negatively associated with the SRA subscales. The need for standardized routine screening is evident; and usage must be encouraged to detect adverse effects increase detection and minimize occurrences of adverse effects.

**Keywords:** *schizophrenia, antipsychotic side-effects, side-effect detection, quality of life*

# Attention Deficit Hyperactivity Disorder and Mothers Psychological Distress: Mothers' Responses to a Child Diagnosed with Attention Deficit Hyperactivity Disorder

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*G Ramdeen-Mootoo*

**Aim:** To determine whether mothers of children diagnosed with ADHD are more depressed, hopeless and helpless than mothers who do not have a child diagnosed with ADHD.

**Methodology:** A two group correlation design was used to assess purposive sample of 64 women; 38 whose children had been clinically diagnosed with ADHD and 26 whose children were not diagnosed with ADHD from two Child Guidance Units. Four self-report questionnaires were used, a demographic questionnaire, The Beck Depression Inventory (BDI-II), the Beck Hopelessness Scale, (BHS), and the Brief Helplessness Scale. The duration of study was 5 months. Data were analyzed using IBM SPSS version 15. Descriptive statistics were generated and t-tests were conducted.

**Results:** Mothers whose children were diagnosed with ADHD scored significantly higher on helplessness scores than mothers whose children were not diagnosed with ADHD. There was no significant difference between the mean depression score for mothers whose children were diagnosed with ADHD ( $\mu = 15.05$ ,  $SD = 10.73$ ) and the mean depression score for mothers whose children were not diagnosed with ADHD ( $\mu = 18.27$ ,  $SD = 14.81$ ),  $t(62) = -1.01$ ,  $p = 0.32$ . There was no significant difference between the mean hopelessness score for mothers whose children were diagnosed with ADHD ( $\mu = 3.97$ ,  $SD = 5.33$ ) and the mean hopelessness score for mothers whose children were not diagnosed with ADHD ( $\mu = 6.04$ ,  $SD = 3.83$ ),  $t(62) = -1.70$ ,  $p = 0.10$ . There was a significant difference between the mean helplessness score for mothers whose children were diagnosed with ADHD ( $\mu = 14.82$ ,  $SD = 6.40$ ) compared to those children were not diagnosed with ADHD ( $\mu = 8.85$ ,  $SD = 3.04$ ),  $t(62) = 4.42$ ,  $p = 0.00 < 0.01$

**Conclusion:** Mothers whose children diagnosed with ADHD scored significantly higher on helplessness scores than mothers whose children were not diagnosed with ADHD. Mothers of ADHD children are at increased risk for psychological disorders and emotional distress.

**Keywords:** *attention deficit hyperactivity disorder (ADHD), mothers, depression*

# Detection and Management of Side Effects of Antipsychotics in Patients with Schizophrenia: The Family Members' Perspective

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*H M Birch & J Bennett*

- Aim:** To explore the role of families in the detection and management of side effects of antipsychotics.
- Method:** A cross-sectional, mixed-method study was conducted among 170 family members aged 25–65 years. Data were collected using a modified version of the 'Family Response to Medication Treatment for Persons with Schizophrenia' questionnaire developed by Griffith (2012). This questionnaire consisted of 24 items which included demographic data, knowledge of medication types and dosage, methods of administration, information on usage and guidelines, side effects occurrences and strategies to cope with their occurrences. An interview schedule was also used to explore the experiences and reflections of a subsample of the family members. Five family members were interviewed. They were selected using the consecutive sampling method. Family members who accompanied their relatives to the health centre were selected based the inclusion criteria until the study period was over. Quantitative data were analyzed using SPSS version 21, while qualitative data were transcribed followed by thematic content analysis.
- Results:** The family members studied included 50 males and 125 females aged 25–65 who were either: parents, siblings, spouses, or other relatives of the client. The majority of the family members (83%) were able to report a range of side effects that their relatives experienced as a result of their antipsychotic medications. Most side effects (84%) were linked to typical antipsychotics. The family members reported that they employed various strategies to detect and manage these side effects including looking out for side effects themselves, reducing and withholding medication, and encouraging continuing taking medication. However, despite the various side effects reported, majority of the family members (96.4%) expressed satisfaction with the antipsychotic medications prescribed for their relatives.
- Conclusion:** Most of the family members knew the names and dosages of the medications prescribed for their relatives. They were also able to identify various side effects of these medications and manage them effectively.
- Keywords:** *detection, management, side effects, antipsychotics, medication, family members, schizophrenia.*

# Self-Image of Women after Major Gynaecological Procedures

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*C Fisher, T Ramdath, S Ramadhin, A Sookoor, J George, D Rampersad-Rattan*

- Aim:** To explore women's perceptions of their self and body image after undergoing major gynaecological surgery and the coping interventions they employ.
- Method:** A phenomenological study was conducted via interviews with the aid of a body image scale to rate the participant's experiences. Our study was conducted at the Oncology and Gynaecological outpatient clinic departments at a selected hospital. Purposive sampling was used to select twelve (12) participants who had undergone gynaecological surgeries and lost a reproductive organ. The data were collected by interviews which were audio-taped during the period of February to May 2014. After transcribing, categorizing and coding the data, thematic analysis was done.
- Results:** Three (3) major themes were elicited from the data: grief, comfort with body image and support. The majority of the women interviewed recounted their initial feelings to what they feel now. These indicated that they experienced the stages of grief –denial, anger, bargaining, depression and withdrawal and calm. Most of the women felt satisfied with their bodies and appearance with scars. A few participants avoided people because of their appearance. Some women felt it a little difficult looking at themselves naked while the others were quite comfortable. Majority were also comfortable with their partner looking at them naked. Most of the participants had mixed feelings about the medical support system because of inadequate information given to them about their procedure. Most women coped by praying and their family support gave them hope. Supportive behaviour from the husband was found to be a vital importance in the coping mechanism.
- Conclusion:** Women who undergo gynaecological procedures are faced with a variety of physical, psychological and emotional problems before and after the surgery. The factors contributing to these women problems are the lack of proper information, lack of support and counselling from the medical staff. Support from health care professionals in these areas can assist women deal with their self image after surgery.
- Keywords:** *women, gynaecological surgery, appearance, self-image, grief*

# Midwifery Care as Experienced by Low Risk Women During Antenatal, Childbirth and Postnatal Period

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*M Fatho*

**Aim:** This study aimed to examine the experience of low risk pregnant women receiving midwifery care during their childbearing journey and the meaning it holds to them.

**Methods:** A qualitative feminist research approach was utilised. Twenty one women were selected purposefully from two United Nation Relief and Works Agency clinics, and gave birth at Holy Family Hospital/Bethlehem. They were low risk pregnant women, primi and multigravida of different age groups, cared for during their childbearing period by a midwife and were able to voluntarily articulate their experience. Data were collected using semi-structured audio-recorded interviews twice during the study; the first interview was at 36–38 weeks of gestation and the second was at six weeks after their childbirth. Content data analysis was used based on human rights' framework.

**Findings:** Participants identified both positive and negative aspects of their experiences. When asked to indicate the positive experiences, they described the care as being trustful, caring and safe, empowering by information provision and accessibility at low cost. The allocated time the midwife spent with them was considered adequate. The negative descriptions were that it is routine, physically-focused, non-holistic and non-continuous, with minimal choice or shared decisions, and being individualistic rather than family centred care. They referred to the distinctive relationship between them and the midwife. However, confidentiality and privacy were a matter of concern for them. Information received was seen adequate, but was however given mainly to primigravidas. Childbirth experiences were reported as being connected with earlier relationships between the women and the midwives. Postnatal care is an area where women had little to describe because the care was mainly received from nurses rather than from midwives.

**Conclusion:** The findings of the study provided tangible evidence on how midwifery care is perceived by women who are the care consumers. It gave a unique space for women to share their concerns, feelings, needs and worries as experienced in their childbearing journey and get these voices to the health decision makers for future planning of maternal health care delivery in Palestine.

**Keywords:**

# Perceptions of Adult Males in Trinidad and Tobago Regarding ‘Male Sensitive’ Health Services

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*O Ocho*

- Aim:** To explore men’s perspectives of ‘male sensitive’ services.
- Methods:** This study is part of a larger research project about ‘masculinity, health beliefs and its implications for health policy’. A qualitative study using men between the ages of 18 and 65 involved in male programming from the public health and NGO sectors were involved in the study. Twelve Key Informant Interviews using a Semi Structured Interview were conducted among personnel involved in the delivery of health services and social programmes targeting males. Data were coded openly then analyzed thematically.
- Findings:** There was general agreement on perspectives among respondents, whether health care personnel or Programme Managers from the social sector. While there was no consensus on what constituted “male sensitive” services, most informants focused on a set of preferences, depending on their particular experience. Three major themes emerged including the nature and quality of the services offered, potential barriers and contradictions in accessing services. Men focused on receiving high quality of services that were accessible, structured, comprehensive, provided by knowledgeable and competent staff, as well as available in an environment that ensured confidentiality and privacy. Accessibility of services included making services available beyond the normal working hours since working was prioritized over seeking medical help. Potential barriers included the perception that services were not ‘male sensitive’ in that staff were predominantly female, as well as the health promotion materials and the decor of the physical environment were also oriented toward females. Contradictions included the notion that while they needed “male specific” services that validated their masculinity it was their desire to protect their masculine identity that oftentimes created reluctance in seeking health care. Policy implications included deploying more males within the health sector, making deliberate decisions to have ‘male sensitive’ literature available as well as offering comprehensive services outside of the traditional working hours.
- Conclusion:** ‘Male sensitive’ services may be difficult to achieve but remain an unfulfilled need among men. Further, the definition and configuration of such services could be a question that may remain unanswered among the research and service delivery community since it may be rooted in the social construction of masculinity.
- Keywords:** *masculinity, ‘male sensitive’ health services, perceptions of male health*



# Nutrition in Critical Illness: Psychometric Evaluation of Tools Examining Anthropometric Skill and Nutrition Knowledge of Critical Care Registered Nurses

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*D Wright-Myrie*<sup>1</sup>, *M Reid*<sup>2</sup>, *E Kahwa*<sup>1</sup> & *T Royal-Thomas*<sup>2</sup>

<sup>1</sup>The UWI School of Nursing, Mona, <sup>2</sup>Tropical Medicine Research Institute

- Aim:** To examine the psychometric properties of 3 tools for assessing nutrition knowledge and anthropometric assessment skills of critical care nurses in Jamaica.
- Methods:** A descriptive, exploratory design was used to examine the psychometric properties (content and construct validity and internal reliability), of three tools: *Knowledge of Nutritional Care of Critically Ill Patients Survey*, *Nutrition Skills Assessment Tool* & *Nutritional Survey among Medical Staff*. A pilot study was conducted using a purposive sample of 20 nurses who were asked to respond to the three tools. Data gathered were used to calculate Cronbach alpha to examine internal reliability, through item by item analysis, scale analysis and analysis within domains. A Delpi method was used, including four nursing and critical care experts, to rate all items on each of the three tools. Responses were used to compute Content Validity Indices for each scale and every item on each tool to assess construct validity. Experts were also asked to review items for face validity. Cronbach alpha of 0.7 and above was accepted as reliable and CVI of 0.8 and above as valid. STATA version 12 was used for statistical analysis.
- Results:** The Cronbach's alpha of all three tools ranged from 0.8–0.92 Global Scale and Item Content Validity Indices ranged from 0.75 to 1.0. Twenty items met the criteria for deletion i.e. Item correlation coefficient  $\leq 0.3$  and Cronbach alpha increased when each item was deleted.
- Conclusion:** The three candidate tools demonstrated acceptable internal consistency/reliability, inter-rater reliability and validity in phase 1. The tools will be subjected to additional levels of evaluation through exploratory factor analysis and confirmatory factor analysis to examine psychometric rigor. In the final version of the modified tools, items will be randomly organized within dimensions to reduce predictive responses.
- Keywords:** *nutrition, critical illness, critical care nurses, nutritional management, anthropometry*

# Research as a Foundation for Nurse Educator Competency Development

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*J Fraser & A Nkowane*

**Aim:** The aim of the research was to identify universal nurse educator core competencies based upon research evidence.

**Methods:** A modified Delphi approach was used to clarify, refine and reach consensus on nurse educator core competencies. Twenty-eight (28) preselected nurse educator core competency (NECC) statements were created from an analysis and synthesis of the literature and data from various sources. The first round of the Delphi process was undertaken with twenty expert nurse educators who were invited to respond to the survey between January 1 and March 7 2014. The second round took place between August 9 and Oct 1 2014 beginning with an email invitation from the PI to the initial 20 participants and 55 additional participants invited by the senior Nursing Officer for WHO; all were asked to invite others to participate as they deemed appropriate.

**Results:** In the first round, 13 out of 20 nurse educators completed the survey. Based on their feedback the competency statements were revised and expanded, resulting in a total of 49 competencies and 13 domains. The survey format was also revised to improve ease of use and clarity. In the second round, seventy-one participants responded to the survey, with 36 (51%) respondents addressing all of the 49 competency statements and over 70% added narrative comments. Results from the second round indicated consensus that the 13 domains and most of the core competencies are essential for nurse educators. There was tentative agreement on competency statements related to the role of nurse educators in educational program development and evaluation; program management and administration; research, and professionalism.

**Conclusions:** There is strong support for research-based universal nurse educator core competencies and their integration into educational programs. The research will be strengthened with more input from experienced nurse educators to further refine and validate the competencies and their application in a variety of educational contexts. Competency frameworks facilitate our ability to ensure nurses are properly trained and competent – this is essential to quality health systems.

**Keywords:** *nurse, education, competencies, universal, evidence-based, research*

# Measuring Self-Efficacy for Self-Directed Learning: Evaluating Hoban and Sersland's (1999) Self-Efficacy for Self-Directed Learning Questionnaire (SE-SDLQ)

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*D Munroe & J Bennett*

**Aim:** This study aimed to determine whether the *SE-SDLQ* provided an interpretable measure of self-efficacy (SE) for self-directed learning (SDL). The objectives were to: 1) examine the structure of the *SE-SDLQ*, 2) assess whether the content of items reflect tenets of SE and SDL.

**Methods:** A mixed methods cohort study. A purposive sample of baccalaureate nursing students (N=73) from urban Jamaica completed the *SE-SDLQ*, which consists of 10 Likert-type items (10 points per item) and intends to measure adults' confidence in SDL abilities. Exploratory factor analysis (EFA) was conducted using principal component extraction with varimax rotation, followed by thematic analysis of items. Adequacy of sample data for EFA was determined using several recognized criteria: i) *The Kaiser-Myer-Olkin (KMO)* minimum index of 0.5; ii) Diagonals of the anti-image correlation matrix greater than 0.5; iii) A significant *Bartlett's Test for Sphericity*; iv) Variable communalities >0.3; v) inter-item correlation >0.3. Cronbach's alpha coefficient ( $\alpha$ ) was applied to evaluate reliability. Statistical analysis was assisted by SPSS® version 17.0.

**Results:** The data met all criteria of factorability: i) *KMO index* = .86; ii) all anti-image diagonals exceeded 0.5 (.75-.94); iii) *Bartlett's Test for Sphericity* was significant ( $\chi^2[45] = 484; p < .001$ ); iv) all communalities exceeded 0.3 (.36-.82); and v) nine (9) of the 10 items recorded significant inter-item correlations greater than 0.3 ( $r = .31-.83, p < .05$ - $p < .001$  [two-tailed]). One (1) component was extracted which explained 58.74% of variance, consistent with a Scree test point of inflection at level two. Item-loading (MI) ranged from .60 to .91. Reliability was acceptable ( $\alpha = .92$ ). Content analysis yielded themes regarding confidence in *independent learning, ability to master content, personal resourcefulness, personal initiative, and problem solving*. *Intention* was not observed; while *behaviour outcomes* were implied.

**Conclusion:** The data suggest that the *SE-SDLQ* is unidimensional and reliable. Themes partially reflect theoretical assumptions regarding SE, therefore the instrument may provide interpretable, but incomplete data regarding SE for SDL. Alternatives to measure intention and outcome beliefs should be included in studies in which this instrument is used.

**Keywords:** *self-efficacy, self-directed learning, factor analysis, self-efficacy theory*

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# Notes

