



THE UNIVERSITY OF THE WEST INDIES
MONA

Caribbean Journal of Nursing

SUPPLEMENT

Volume 1 - Issue 1

ISSN 0799-3633



EDITORIAL BOARD

Editor-in-Chief:

Dr. Joanna Bennett, PhD, BA (Hons), RN, RM

*Head of School,
The UWI School of Nursing, Mona,
Jamaica*

Sub-Editor:

Dr. Laurel Talabere, PhD, RN, AE-C

*Professor Emerita of Nursing,
Capital University, Columbus, USA*

Academic Sub-Editor:

Ms. Dawn Roberts, MA, HST, RM, RN

*Lecturer,
The UWI School of Nursing, Mona, Jamaica*

Review Board:

Dr. Eulalia Kahwa, PhD, MSc, BScN, RN

*Lecturer,
The UWI School of Nursing, Mona, Jamaica*

Dr. Steve Weaver, PhD, MPH, BScN, RN

*Lecturer,
The UWI School of Nursing, Mona, Jamaica*

Dr. Marilyn Duff, PhD, MSc, BScN, RN

*Senior Lecturer – Part Time
The University of the West Indies, Mona, Jamaica*

Mrs. Audrey Callum, MA Ed, MSc, BScN

Lecturer, UK

Dr. Barbara Astle, PhD, RN

*Associate Professor,
School of Nursing,
Trinity Western University, Canada*

Dr. Jascinth Lindo, PhD, MPH, RN

*Lecturer,
The UWI School of Nursing, Mona, Jamaica*

Professor Alexander Clark, PhD, BA (Hons.), RN

*Associate Dean (Research),
Faculty of Nursing, University of Alberta, Canada*

Dr. Beverly Bonaparte, PhD, RN, ANP, FAAN

*Dean & Professor,
Nursing & Allied Health Sciences,
St. George's University, Grenada*

Dr. Phillip Onouoha, PhD, MPH, BScN, RNT, RN

*Lecturer
School of Advanced Nursing Education,
UWI, St. Augustine, Trinidad*

Dr. Susan Duncan, PhD, MScN, BScN

*Associate Professor,
School of Nursing, Thompson Rivers University,
Canada*

Dr. Cate Wood, PhD, BScN

*Lecturer,
Bournemouth University,
School of Health and Social Care, UK*

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



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

Presents

The 23rd Nursing and Midwifery Research
Conference
&
24th Mary J. Seivwright Day

**Evidence-based practice: Promoting excellence in
patient care**

May 30 – May 31, 2013
At The UWI School of Nursing, Mona
Kingston 7

Keynote Speaker
Professor Alexander Clark,
Associate Dean (Research)
University of Alberta, Canada

The Distinguished Dr. Mary J. Seivwright Lecture
Dr. Joanna Bennett
Head of School
The UWI School of Nursing, Mona
Director, PAHO/WHO Collaborating Centre for Nursing & Midwifery
Development in the Caribbean

Contents

Overview of Conference.....	3
Event Sponsors.....	4
Message From Editor-in-Chief.....	5
Keynote Speaker.....	6
The Hon. Dr. Mary J. Seivwright.....	7
Programme.....	8
Abstracts –Oral Presentation.....	14
Abstracts –Poster Presentation.....	25
List of Presenters.....	28
Conference Team.....	30
Notes.....	31

Overview of the Conference

Excellence in patient care is dependent on the availability of sound evidence that is based on clinically relevant research, conducted using robust methodologies. Evidence based nursing practice requires the integration of the individual nurse's clinical expertise, patients' values and preferences and the best available research evidence into decisions on patient care. To implement evidence based practice nurses must possess skills in identifying relevant resources, conducting systematic search of literature, appraising the evidence for its validity and applicability, integrating evidence into clinical practice and evaluating patient outcomes.

Generally nurses have been found to have a positive attitude towards evidence based practice. However, barriers such as lack of time, inability to understand and interpret research findings, lack of resources and inadequate information literacy skills have prevented widespread implementation of evidence based practice to improve the quality of patient care.

In order for nurses to fulfill their potential to provide excellence in patient care, emphasis must be given to building nursing research capacity, improving the research infrastructure and creating a culture in nursing that values research.

Conference Objectives:

1. Explore the evidence on quality patient care outcomes and evidence based practice (EBP)
2. Examine barriers to access, appraisal and utilization of research to promote quality patient care
3. Enable dialogue among nurses, researchers, nurse educators, clinical leaders, health policy makers and student nurses on the development of evidence based practice
4. Examine facilitators and barriers to nurses engagement in research

Event Sponsors

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

Jamaica National Building Society

The HEART Trust/NTA

First Heritage Cooperative Limited

Lasco Distributors

Nestle Jamaica

Victoria Mutual Building Society

Guardian Life

Sagicor Bank

Abbot Laboratories

National Health Fund

Miller Surgical

National Commercial Bank

Nurses Association of Jamaica

IGL

Message From The Editor-in-Chief



Dr. Joanna Bennett
PhD, BA (Hons.), RN, RM

Head of School

The UWI School of Nursing, Mona

Director, PAHO/WHO Collaborating Centre for Nursing

& Midwifery Development in the Caribbean

Faculty of Medical Sciences, UWI

It is a great pleasure to welcome you to The UWI School of Nursing and to our 23rd Annual Nursing and Midwifery Research Conference and The 24th Mary Jane Seivwright Day. With increasing concerns about the quality of nursing care and healthcare generally, our conference theme of “*Evidence-based practice: Promoting excellence in patient care*” is timely.

Evidence-based nursing practice requires the integration of the individual nurse’s clinical expertise, patients’ values and preferences and the best available research evidence into decisions on patient care. Evidence-based practice ensures clients get the best service, improve outcomes, save lives and is cost effective. Internationally evidence based practice is now a required competency in the education of all health professionals and it is considered unethical to use treatment approaches that are not known to work.

Evidence based practice and excellence in patient care is dependent on the availability of sound evidence that is based on clinically relevant research, conducted using robust methodologies. To implement evidence based practice, nurses must possess skills in identifying relevant resources, conducting systematic search of literature, appraising the evidence for its validity and applicability, integrating evidence into clinical practice and evaluating patient outcomes.

The conference will enable delegates to meet and interact with leading nursing scientists to explore developments in evidence-based practice, including:

- the evidence on quality patient care outcomes and evidence based practice
- barriers to access, appraisal and utilization of research to promote quality patient care and
- facilitators and barriers to nurses’ engagement in research.

The conference has a full 2-day agenda. On the first day the keynote speaker will set out, ‘*The Five Key Skills All Nurses Need for Evidence-Based Nursing*’. International, regional and local evidence on evidence-based nursing will be explored through the presentation of research papers.

On day two, the 24th Mary Jane Seivwright Distinguished Lecture will place emphasis on ‘Building and sustaining research capacity in nursing’. Additionally, we are delighted to be launching the *Caribbean Journal of Nursing*, the first open access, peer reviewed nursing journal in the Caribbean Region.

I am confident that this will be a stimulating and inspiring conference, offering delegates the opportunity to exchange ideas and discuss issues related to evidence based nursing practice.

Keynote Speaker



Professor Alexander Clark, PhD, BA (Hons.), RN
Associate Dean (Research)
Faculty of Nursing
University of Alberta, Canada

Alexander Clark is Professor and Associate Dean (Research) at the University of Alberta, Faculty of Nursing in Canada. His research draws on complexity theory to understand health outcomes. His special interests are in: secondary prevention / cardiac rehabilitation, disease management and self-care. This work has directly influenced practice, policy and guidelines on both sides of the Atlantic and Australasia. It has been published in some of the world's most impactful journals including: the *British Medical Journal*, *Journal of Advanced Nursing*, *Social Science & Medicine* and *Heart*. He also works locally, nationally and internationally as a mentor to promote academic excellence in doctoral and post-doctoral researchers. For these contributions, the World Economic Forum accorded him the status of: 'Young Global Leader' in 2011. For four years, he has been Co-Chair of 'Qualitative Health Research' – the largest conference in this area in the world.

“Get streetwise: The 5 key skills all nurses need for evidence-based nursing”

Nurses should be able to access appraise and then apply research evidence to complex and multifaceted clinical situations. However, we often lack the skills, confidence and knowledge to do so. How can nurses best harness research to be credible and influential in healthcare? Alex Clark will take us through new ways of understanding what is needed for evidence-based nursing and challenge everyone to get streetwise and develop the five most important skills needed for evidence-based nursing.

The Hon. Dr. Mary J. Seivwright

Nursing Research and You

Extracted from The Jamaica Nurse, Vol. 47, Nos. 1-3, 2009

The Need for Nursing Research

The lag in research in social sciences, presents a very challenging task. I believe that it is in the better understanding of other individuals groups and the world in which we live, that our ultimate safety, satisfaction and happiness lie. Such understanding, which leads to tolerance and goodwill, can only be achieved through constant scientific research. In no other profession is the need for this kind of understanding more keenly felt than in nursing. In many instances nurses have been limited in their usefulness and effectiveness with patients because of this lack of basic understanding. In the areas of administration, supervision and consultation, the need for knowledge and understanding in human relations is acute, and the lack of it can prove costly indeed. Then came the very important areas of problem solving and for the future needs of nursing. We nurses know how blindly we have operated in these areas in the past, sometimes with disastrous results. We have attempted to solve nursing problems by treating the symptoms instead of the cause; we have made and executed plans without any clear idea of what the needs really are. We know too, how nursing has suffered, because of these inadequacies. Some time ago, I heard a famous speaker on this subject say that to operate a nursing service without research is like “drinking from stagnant pool”; while, to operate on the findings of research is like “drinking from a clear, running stream”. How true!

Nursing has drawn heavily upon the physical sciences for the principles upon which its practice is based, and on the social sciences for many of the methods used, and knowledge and understanding in human behaviour. There is really no “body of knowledge” that can be called the “science of nursing” arrived at through the efforts of the profession. Perhaps the time is fast approaching, if not here, when nursing, through research, can make its contribution to the “knowledge bank” from which it has drawn freely, thus fulfilling one of the important requirements of a true profession: *“Learn from the mistakes of others. You haven’t time to make them all yourself.”*

Conference Programme

Day One, Thursday May 30, 2013

7:30a.m. Registration

OPENING CEREMONY

Chair: Dr. Joanna Bennett

8:30 a.m. Welcome & Opening Remarks
Dr. Joanna Bennett
Head of School, The UWI School of Nursing, Mona

8:40 a.m. Prayer
Shaulene Stanley, *Lecturer, The UWI School of Nursing, Mona*

8:45 a.m. Greetings

- Professor Horace Fletcher, *Dean, Faculty of Medical Sciences*
- Marva Lawson-Byfield, *Chief Nursing Officer, Jamaica*
- Margareta Skold, *PAHO/WHO Representative, Jamaica*
- Dr. Silvia Cassiani, *Director - Regional Advisor on Nursing and Allied Health Personnel, PAHO/WHO*
- Professor Gordon Shirley, *Pro Vice Chancellor & Principal, UWI Mona*
- Hon. Dr. Fenton Ferguson, *Minister of Health, Jamaica*

9:10 a.m. Introduction of Speaker
Melissa Walker, *Assistant Lecturer, The UWI School of Nursing, Mona*

9:15 a.m. Keynote Address: Get streetwise! The 5 key skills all nurses need for evidence-based nursing
Professor Alexander M. Clark,
Associate Dean (Research), Faculty of Nursing, University of Alberta, Canada

10:00 a.m. Vote of Thanks
Donnette Wright-Myrie, *Assistant Lecturer, The UWI School of Nursing, Mona*

10:05 a.m. COFFEE BREAK

Scientific Session 1: Improving quality and safety
Chair: Dr. Eulalia Kahwa

- 10: 40 a.m.** **Physical restraint usage at a teaching hospital: a pilot study.**
A Barton-Gooden, P Dawkins, J Bennett
- 11:00 a.m.** **Antioxidant intake in sickle cell disease.**
D Wright-Myrie, M Reid
- 11:20 a.m.** **Dimensions of nurse job satisfaction in Jamaica.**
J W Nelson, P Anderson-Johnson, H Ming

Scientific Session 2: Generating Nursing Knowledge
Chair: Shaulene Stanley

- 11:40 a.m.** **Perspectives of Jamaican nurses and decision makers on the impact of the HIV/AIDS epidemic on the nursing workforce.**
E Kahwa, U Atkinson, P Dawkins, J Aiken, C Hepburn -Brown, T Rae, N Edwards, S Roelofs
- 12:00 p.m.** **Nurses' experiences of stigma in HIV and AIDS care in Jamaica.**
T Rae, U Atkinson, J Mill, E Kahwa, S Roelofs, N Edwards, C Hepburn -Brown.
- 12:20 p.m.** **Workplace bullying: experiences of nurses at a major Caribbean teaching hospital**
D Hinneh, A Drayton-Bailey, C James-Fough, K Lootawan, P Onuoha
- 12:45 p.m.** **LUNCH BREAK AND VIEWING OF EXHIBITS**

Scientific Session 3: Generating Nursing Knowledge
Chair: Dr. Pansy Hamilton

- 2:30 p.m.** **Parenting and depressive symptoms among adolescents in four Caribbean societies.**
G Lipps, GA Lowe, RC Gibson, S Halliday, A Morris, N Clarke, R N Wilson
- 2:50 p.m.** **Development and validation of the attitudes towards fluffy women measure.**
CCE Barsed, GE Lipps
- 3:10 p.m.** **Performance assessment of graduates of a baccalaureate nursing completion programme: graduates' and supervisors' perceptions.**
P Onuoha, D Israel-Richardson, J Comerasamy

Scientific Session 4: Research Culture and Best Practice
Chair: Pauline Anderson-Johnson

- 3:30 p.m.** **An examination of fall incidents in an urban hospital in Jamaica**
H Ming, N Merrick, S Heslop Barnett, V Wilson
- 3:50 p.m.** **Factors contributing to medication errors among nurses at an urban hospital.**
V Gordon King, JLM Lindo, S Stanley, A Barton Gooden
- 4:10 p.m.** **Nurses' engagement in HIV and AIDS research and workplace policy development in Jamaica**
E Kahwa, C Hepburn -Brown, T Rae, J Aiken, U Atkinson, P Dawkins, N Edwards, S Roelofs.
- 4:30 p.m.** **Closing Remarks**

Day Two, Friday May 31, 2013

- 7:30 a.m.** **Registration**
- 8:30 a.m.** **Chairperson's Opening Remarks**
Dawn Dover Roberts, *Lecturer, The UWI School of Nursing, Mona*
- 8:40 a.m.** **Prayer**
Helena Thomson, *Deputy Senior Director Nursing, UHWI*
- 8:45 a.m.** **Greetings**
- Anthonette Patterson-Bartley, *President, Nurses Association of Jamaica*
- Syringa Marshall-Burnett, *Former Head of School, The UWI School of Nursing, Mona*
- 8:50 a.m.** **Personal Reflections on Mary J. Seivwright**
- Sheryll Lopez *Lecturer, The UWI School of Nursing, Mona*
- Lorraine Allen *Lecturer (Part Time), The UWI School of Nursing, WJC*
- 9:05 a.m.** **Introduction of Speaker**
Dawn Dover Roberts, *Lecturer, The UWI School of Nursing, Mona*
- 9:10 a.m.** **The Distinguished Dr. Mary J. Seivwright Lecture**
Dr. Joanna Bennett
Head of School, The UWI School of Nursing, Mona
Director, PAHO/WHO Collaborating Center for Nursing & Midwifery Development in the Caribbean
- 10:00 a.m.** **COFFEE BREAK**

Scientific Session 5: Best Practice
Chair: Dr. Jascinth Lindo

- 10:30 a.m.** **Relationship between the leadership styles of nurse managers and job satisfaction at the University Hospital of the West Indies, Jamaica.**
P Rolle, P Anderson-Johnson, P Dawkins, J Lindo, E Kahwa
- 10:55 a.m.** **Registered nurses' documentation practices and their experiences with documentation in a Jamaican hospital.**
C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett.
- 11:15 a.m.** **Factors influencing the role of Clinical Nursing Supervisors in three major health care facilities within the Kingston Metropolitan region.**
L Holson-Patterson, S Brown, C Cargill, J McGhie, A Palmer, C Lawson-Rhoden, A Minott-Farquharson, K Selvin, T Hinds-Thorpe, K Bailey
- 11:35 a.m.** **Pregnant or not? decision-making by rural young women and implications for nursing and midwifery education.**
S Mohammed & J George
- 12:00 noon** **LUNCH BREAK AND VIEWING OF EXHIBITS**

Launch of the Caribbean Journal of Nursing

- 2:00 p.m.** **Chairperson's Opening Remarks**
Dr. Joanna Bennett, *Head of School, The UWI School of Nursing, Mona*
- 2:15 p.m.** **Remarks**
- Dr. Silvia Cassiani, Director – *Regional Advisor on Nursing and Allied Health Personnel, PAHO/WHO*
 - Dr. Pansy Hamilton, *Assistant Director, The Hugh Wynter Fertility Management Unit, Faculty of Medical Sciences, UWI, Mona*
- 3:00 p.m.** **Journal Website Demonstration**
Andri Williams, *IT Technician, The UWI School of Nursing, Mona*
- 3:15 p.m.** **Ribbon Cutting Ceremony - Journal Committee**
- Dr. Joanna Bennett
 - Andri Williams
 - Dawn Dover-Roberts
 - Donnette Wright-Myrie
 - Dr. Eulalia Kahwa
 - Janeil Brown
 - Melissa Walker
 - Pauline Anderson-Johnson
 - Rosain Stennett
- 3:25 p.m.** **Closing Remarks (Conference and Journal Launch)**
- 3:30 p.m.** **Viewing of Journal**
- 4:00 p.m.** **Close**

With Compliments of



The NAJ Co-operative Credit Union Limited

The NAJ Co-operative Credit Union Limited
has been providing financial services to all Nurses and their relatives for over 37 years
and remain committed to all Nurses

Call us today for your


- **Consumer Loan**
*Purchase of Furniture, Appliances,
Wedding Expenses etc.*
- **Home Loan**
*Down payment on your own home or repairs
to your home*
- **Education Loan**
Education for yourself & your children
- **Motor Vehicle Loan**
Car purchase & Repairs
- **Vacation Loan**

You can also acquire a quick and easy loan
To a maximum of \$50,000.00, no collateral required.
Conditions apply

Helping you to realize your dreams

NAJ Co-operative Credit Union
Shop 38 Winchester Business Centre
15 Hope Road
Kingston 10

Tel: 929-0070/968-4948
Fax: 920-9732
Email: najccu@cwjamaica.com



Welcome to the launch

Caribbean Journal of Nursing

**ONLINE
OPEN ACCESS**

<http://ojs.mona.uwi.edu/index.php/cjn>

Launch date: **May 31, 2013** Time: **2:00 pm**
Location: **The UWI School of Nursing, Mona**

Abstracts-Oral Presentations

Physical restraint usage at a teaching hospital: A pilot study

A Barton-Gooden, P Dawkins, J Bennett

The UWI School of Nursing, The University of the West Indies, Mona, Kingston, Jamaica

Objective: To examine the use of physical restraints among adult patients on the medical-surgical wards and psychiatric unit at a teaching hospital.

Methods: This mixed method exploratory study used restraint prevalence tools to observe 172 patients and conduct 47 chart reviews. Two focus group discussions with nurses (6) and doctors (2) working in the selected areas were conducted. Quantitative data were analyzed using SPSS® version 17.0. Qualitative data were audio-taped, transcribed and thematically analyzed.

Results: Prevalence of physical restraints on the medical-surgical units was 75%, with full or partial bedrails (70%) and limb and trunk devices (5%). No physical restraint use was observed on the psychiatric unit at the time of the study. Limb restraints were inappropriately applied (43%), and no written consent or doctors' orders were seen (90%). Discussants were females, ages 20-39 years, with 8-36 months experience in the area. All participants expressed sadness, guilt and fears about restraint usage and reported lack of formal training, inadequate resources and institutional support in applying physical restraints. The majority of study participants were unaware of both the physical restraint protocol and policy at the institution.

Conclusion: Bedrails were the dominant type of physical restraint used at this teaching hospital. Most nurses and doctors were ambivalent about the application of physical restraints which could cause injury to patients and reported lack of training and inadequate institutional support. The pilot study provides evidence for the planned implementation of the national study and the formulation of a multidisciplinary team to inform policy and practice.

Key Words: *Nurses, Medical Doctors, Physical Restraints*

Antioxidant intake in sickle cell disease

D. Wright-Myrie¹, M. Reid²

¹ The UWI School of Nursing, Mona, The University of the West Indies, Kingston, Jamaica and ² Tropical Medicine Research Institute, UWI

Objectives: To determine whether there were differences in total dietary intake of antioxidants between clients with Sickle Cell Disease (SCD) and controls and to examine whether the total dietary intake of antioxidants in both groups was in keeping with recommended dietary intakes by the Caribbean Food and Nutrition Institute (CFNI).

Methods: This case-control study was conducted using a validated Food Frequency Questionnaire (FFQ) among 42 clients with SCD and 42 normal controls who were matched for age and gender. Participants were clients with SCD of varying phenotypes – Thalassemia, HbSS and HbSc who were recruited from the Sickle Cell Unit at Tropical Medicine Research Unit and controls were healthy individuals free from SCD enlisted from the community and environs of The University of the West Indies.

Results: There were 65.5% female and 34.5 % male participants. The mean age of all participants was 35.4 years and their ages ranged from 18-69 years. There was no difference in age by group ($p=0.19$). The levels of intake of 12 antioxidants were examined (Vitamin B group, Vitamin E group, Vitamin C, Zinc, and Selenium). There were no statistical differences in the mean intake level of each antioxidant between controls and cases. The study also found that all participants consumed antioxidants in excess of Recommended Dietary Allowances with the exception of zinc (mean intake level= 14.4 $\mu\text{g/d}$; RDA= 55-70 $\mu\text{g/d}$).

Conclusion: There was no difference in the antioxidant intake between clients with SCD and their controls and the daily intake of both groups were higher than CFNI's daily recommendations. The study indicates that participants had adequate and higher than RDA intake levels for antioxidants which facilitates cell turnover and Red Blood Cell formation in clients with Sick Cell Disease.

Key Words: *Nutrition, Antioxidants, Sick Cell Disease, Nutrients, Recommended Dietary Allowances*

Dimensions of Nurse Job Satisfaction in Jamaica

JW Nelson¹, P Anderson-Johnson², H Ming³

¹University of Minnesota School of Nursing, USA, ²The UWI School of Nursing, Mona, The University of the West Indies, Kingston, Jamaica and ³University Hospital of the West Indies

Objectives:

1. Test if 11 dimensions of work (4 social and 7 technical dimensions) were important to nurse job satisfaction in a sample of Jamaican nurses
2. Identify if clarity and demographics are related to nurse job satisfaction in Jamaica.

Methods: This is a quantitative study testing a model of nurse job satisfaction using confirmatory factor analysis (CFA). Parceling of data was used to accommodate a small sample with 36 parameters. Following ethical approval, all 582 nurses from the University Hospital of West Indies were invited to respond to the Healthcare Environment Survey (HES) which used a Likert Scale ranging from strongly disagree (1) to strongly agree (7) to test 11 dimensions of nurse job satisfaction.

Results: Eighty-two nurses responded (14.1% response rate). All 11 dimensions were found to be important to nurse job satisfaction in this study. The four social dimensions that had good factor loadings included satisfaction with relationships with physicians (0.70, $p < 0.001$), relationships with coworkers (0.72, $p < 0.001$), engagement of unit manager (0.52, $p < 0.001$), and patient care (0.35, $p = 0.001$). The seven technical dimensions that loaded into the factor analysis and had good model fit included satisfaction with professional growth (0.62, $p < 0.001$), distributive justice (0.49, $p < 0.001$), workload (0.68, $p < 0.001$), autonomy (0.70, $p < 0.001$), executive leadership (0.51, $p < 0.001$), resources (0.50, $p < 0.001$), and staffing/scheduling (0.39, $p < 0.001$). Being the main source of income from one's household and having clarity in the system both had a positive impact on nurse job satisfaction. Adequate model fit for this 2-factor solution was evidenced by an RMSEA of 0.08, CFI of 0.90, and SRMR of 0.07.

Conclusion: All four social and seven technical dimensions of nurse job satisfaction appear to be important for this sample of Jamaican Nurses. Further confirmatory testing should be conducted in other samples in Jamaica to establish validity of this model across settings in Jamaica.

Key Words: *Job Satisfaction, Nurses, Jamaica, Clarity of System, Demographics*

Perspectives of Jamaican nurses and decision makers on the impact of the HIV/AIDS epidemic on the nursing workforce

E Kahwa¹, U Atkinson¹, P Dawkins¹, JAiken¹, C Hepburn -Brown¹, T Rae¹, N Edwards², S Roelofs²

¹The UWI School of Nursing, Mona, The University of the West Indies, Kingston, Jamaica and ²University of Ottawa, School of Nursing, Ottawa, Canada

Objective: To explore how the HIV and AIDS epidemic has affected the nursing workforce and the provision of HIV/AIDS nursing services in Jamaica.

Methods: A purposive sample of 20 frontline nurses, nurse managers and 9 decision makers was drawn from participating health institutions. Qualitative semi-structured interviews were audio taped and transcribed verbatim. A coding framework was developed which guided both descriptive and conceptual analysis.

Results: The majority of respondents reported that the HIV/AIDS epidemic created increased challenges to the provision of quality nursing care due to higher patient/nurse ratios, increased workload, emotional and physical burnout, greater risk of occupational injury and HIV infection. All respondents revealed that strict implementation of universal precautions was constrained by inadequate supplies of protective gears and equipment. Most of the respondents described stigma perpetrated by nurses towards individuals living with the disease. Conversely, some respondents reported a reduction in bias towards patients living with HIV/AIDS. Institutional responses to the epidemic included increased training in HIV/AIDS care and more rigorous application of standards and procedures for infection control; created new opportunities for nurse leadership in implementing programs and new job opportunities for nurses in Non Governmental Organizations involved in HIV and AIDS care.

Conclusion: Findings of this study suggest largely negative effects of the HIV/AIDS epidemic on the nursing workforce as well as indirect positive outcomes. The negative impact on quality of care exists both on individual and institutional levels. Policies and organizational supports are required to reduce the impact of the HIV/AIDS epidemic on the nursing workforce.

Key Words: *HIV, AIDS, Nursing Workforce, Decision Makers, Jamaica*

Nurses' experiences of stigma in HIV and AIDS care in Jamaica

T Rae¹, U Atkinson¹, J Mill³, E Kahwa¹, S Roelofs², N Edwards², C Hepburn -Brown¹

¹The UWI School of Nursing, Mona, The University of the West Indies, Kingston7, Jamaica; ²University of Ottawa, School of Nursing, Ottawa, Canada and ³University of Alberta, Canada

Objective: To explore how multilayered dimensions of stigma influence nurses provision of nursing care to patients and families living with HIV/AIDS.

Methods: A cross-sectional survey was done among 201 frontline nurses, midwives and nurse managers working in the public health care system in Westmoreland, St. James, Trelawny, Kingston & St. Andrew, St. Catherine and St. Thomas. Stigma was measured using the validated HIV/AIDS Stigma Instrument for Nurses. Qualitative data were collected in a purposive sample of 20 nurses and midwives using a semi structured interview guide. Interviews were audio taped and transcribed verbatim coded and thematically analyzed.

Results: Quantitative data revealed low levels of stigma against patients with HIV/AIDS. Nurses frequently reported occurrences of subtle stigmatization of patients such as making patients with HIV last to be cared for 48 (23.9%), shouting at or scolding patients with HIV/AIDS 46 (22.4%) and generally giving poor quality care 42 (22.8%). A small proportion, 20 (9.7%) of respondents also reported that nurses who

care for patients with HIV/AIDS were stigmatized, particularly nurses who work in hospitals rather than health centres

Qualitative interviews with nurses and midwives revealed that stigma and discrimination was a major factor that influenced nurses' ability to provide care for patients living with HIV. Fear of stigma and discrimination also influenced patients' decision to disclose their HIV status, which in turn influenced nurses' ability to provide care.

Conclusion: Stigma associated with HIV/AIDS hinders nurses from providing the best possible nursing care to patients and demonstrates a need for continuing education.

Key Words: *Stigma, Nurses; Nursing Care, HIV/AIDS.*

Workplace bullying: Experiences of nurses at a major Caribbean teaching hospital

D Hinneh, A Drayton-Bailey, C James-Fough, K Lootawan, P Onuoha

School of Advanced Nursing Education, Faculty of Medical Sciences, The University of the West Indies, St. Augustine, Trinidad and Tobago

Objective: To determine the experiences of nurses at a major Teaching Hospital in Trinidad and Tobago, about bullying at their workplace.

Methods: A descriptive survey of 463 nurses employed at Eric Williams Medical Sciences Complex, was undertaken using a previously validated self-administered questionnaire. The nurses from all the wards in the hospital were asked to indicate their experiences of bullying behaviours. Ten bullying behaviours were assessed namely, Ignored, Dismissed, Sabotaged, Rumours, Impatient, Criticized, Intimidated, Ridiculed, Unapologetic, and Threatened. All data were analyzed using the SPSS programme. A p-value less than 0.05 was considered statistically significant. Participation was voluntary.

Results: With a response rate of 36.7% (n= 170), results showed that the majority (42.4%) of the respondents were within the age range 21-30 years while 43.6% of the nurses worked in the hospital for 3 years or less. As many as 48.8% of the nurses, reported varying levels of bullying behaviour. The most frequently reported bullying behaviour was "intimidated" (57%) while the least bullying behaviour reported was "threatened" (31%). Further analyses showed that, generally, there was no significant gender, ward, length of experience or age-related differences in their reporting of bullying behaviours.

Conclusion: The result has shown that just under half of the nurses expressed varying experiences of bullying behaviour. This rate of bullying reported is relatively high to that reported in similar studies. We therefore recommend that further studies be done in other hospitals in the twin island nation to determine the extent of this problem since bullying has been shown to affect quality of work, increase absenteeism, and therefore affect productivity.

Key Words: *Workplace Bullying, Nurses, Caribbean Hospital.*

Parenting and depressive symptoms among adolescents in four Caribbean societies

G Lipps^{1}, GA Lowe^{2*}, RC Gibson², S Halliday³, A Morris⁴, N Clarke⁵ & RN Wilson¹*

¹Department of Sociology, Psychology and Social Work, The University of the West Indies, Mona ²Department of Community Health and Psychiatry, The University of the West Indies, Mona ³Ministry of Health and the Environment, Government of St. Kitts and Nevis ⁴Ministry of Health, Government of St. Vincent and the Grenadines ⁵School of Clinical Medicine and Research, The University of the West Indies - Bahamas

*These authors contributed equally to this work and are to be considered as the first authors of this paper.

Objective: This project examines the association of parenting styles to levels of depressive symptoms among adolescents in Jamaica, the Bahamas, St. Kitts and Nevis, and St. Vincent.

Methods: Adolescents attending grade ten of academic year 2006/2007 in Jamaica, the Bahamas, St. Vincent, and St. Kitts and Nevis were administered the Parenting Practices Scale along with the Beck Depression Inventory-II. Authoritative, Authoritarian, Permissive and Neglectful parenting styles were created using a median split procedure of the monitoring and nurturance subscales of the Parenting Practices Scale. Multiple regression analyses were used to examine the relationships of parenting styles to depressive symptoms.

Results: A wide cross-section of tenth grade students in each nation was sampled (n = 1955; 278 from Jamaica, 217 from the Bahamas, 737 St. Kitts & Nevis, 716 from St. Vincent; 52.1% females, 45.6% males and 2.3% no gender reported; age 12 to 19 years, mean = 15.3 yrs, sd = 0.95 yr). According to the adolescents, their parents used a mixture of different parenting styles with the two most popular styles being authoritative (33%) and neglectful parenting (28%), followed by authoritarian (20%) and permissive (19%) parenting. Nearly half (52.1%) of all adolescents reported mild to severe symptoms of depression with 29.1% reporting moderate to severe symptoms of depression. In general, authoritative and permissive parenting styles were both associated with lower levels of depressive symptoms in adolescents. However, the relationship of parenting styles to depression scores was not consistent across countries (p < .05). Jamaican adolescents whose parents used either an authoritarian parenting style ($\bar{x} = 21.2$) or a neglectful parenting style ($\bar{x} = 21.4$) reported significantly higher depressive symptoms than their peers in other countries whose parents used the same parenting strategies (The Bahamas $\bar{x} = 17.0$ & 17.1 - Authoritarian & Neglectful; St. Kitts $\bar{x} = 19.7$ & 16.3 - Authoritarian & Neglectful; St. Vincent $\bar{x} = 17.5$ & 18.4 - Authoritarian & Neglectful). Further, adolescents in St. Kitts and Nevis whose parents used either an authoritative ($\bar{x} = 11.9$) or a permissive ($\bar{x} = 11.4$) parenting style reported the lowest levels of depressive symptoms.

Conclusion: There appears to be an association between parenting styles and depressive symptoms that is differentially manifested across the islands of Jamaica, the Bahamas, St. Kitts & Nevis and St. Vincent. Health care interventions to improve parenting practices and to prevent depression among adolescents are urgently needed.

Key Words: *Parenting, Caribbean, Adolescents, Depressive Symptoms*

Development and validation of the attitudes towards fluffy women measure

CCE Barned, GE Lipps

Sociology, Psychology and Social Work, Faculty of Social Sciences, The University of the West Indies, Mona Campus, Jamaica

Objective: There is an absence of research on the newly evolved term “Fluffy” which describes body image and personality features among women. Research on this topic among Caribbean peoples has been limited by the lack of valid and reliable measures of the concept “Fluffiness”. The aim is to explore the internal consistency reliability and concurrent and discriminant validity of the Attitudes towards Fluffy Women scale (ATFW).

Methods: Past or present students from The University of the West Indies (UWI), Mona and the University of Technology (UTECH), Jamaica were recruited for the study. Through the use of convenience sampling, a total of 80 students (38 males, 47.5%; 42 females, 52.5%) participated in the study. The Attitudes towards Obese Persons Scale and the Bogardus Social Distance Scale were used as concurrent and discriminant measures in developing the Attitudes towards Fluffy Women scale.

Results: The 20 item ATFW scale consists of 5 underlying dimensions: stereotypical attitudes about fluffy women, stigmatizing attitudes towards fluffy women, attractiveness attitudes, lifestyle attitudes and personality attitudes. Overall, the ATFW was found to have an acceptable degree of internal consistency reliability ($\alpha = 0.90$). The scale also had reasonably good concurrent validity as evidenced by moderate correlations with scores on the Attitudes Towards Obese Persons Scale ($r = -0.42$) and acceptable discriminant validity as demonstrated through low correlations with the Bogardus Social Distance Scale ($r = 0.29$). This pattern of scores suggests that the majority of the stable variance underlying the ATFW assesses the ‘Fluffy’ concept (17.6%) while a smaller degree of the variability (8%) measures a conceptually similar but distinct concept.

Conclusion: The Attitudes towards Fluffy Women scale was found to be a reliable and valid scale for assessing the attitudes of young adults toward fluffy women.

Key Words: *Obesity, Scale Validation, Fluffy Women, Body Image*

Performance assessment of graduates of a baccalaureate nursing completion programme: Graduates’ and supervisors’ perceptions

P Onuoha, D Israel-Richardson, J Comerasamy

School of Advanced Nursing Education, Faculty of Medical Sciences, The University of the West Indies, St. Augustine, Trinidad and Tobago

Objective: To assess the performance of graduates based on 10 selected nursing duties after completing BSN, post RN programme of The University of the West Indies, St. Augustine campus, Trinidad and Tobago.

Methods: All 273 graduates of the programme were asked to provide their self-assessment of their performance using a Likert-like scale. Additionally, 110 supervisors rated their satisfaction with graduates’ performance using a self-administered Likert-like questionnaire. The instrument was adapted from Creary, Matheson and Happell (2009). The 10 nursing duties assessed were Care of the Patients, Nursing Teamwork, and Interdisciplinary Teamwork, Communication, Managing Challenging Situations, Teaching Junior Nurses, Documentation, Medication, Counselling, and Leadership. Results were computed using the chi-squared parametric test where a $p < 0.05$ was considered significant. The scores will range from a maximum of 5, to a minimum of 1 in a Likert-like scale.

Results: Response rates were 67.4% and 60.1% for graduates and supervisors respectively. Most (73.4%) of the graduates are within the ages 21-40years, while, 82.2% of the supervisors are 41 years or over. The majority (56.7% and 62.5%) of the supervisors and graduates respectively, work in secondary care facilities. The mean scores from the supervisors ranged from 4.09 (Leadership) to 3.22(managing challenging situations) while the scores for the graduates ranged from 4.41 to 3.87 for “Teaching junior nurses” and “Leadership” respectively from the Graduates among others. Results also showed that while graduates’ mean scores were above 4 in 7 of 10 nursing duties, their supervisors scored the graduates above 4 only in leadership.

Conclusion: Results have shown high and positive agreement in the scores of the performance of the graduates in all nursing duties. They have also shown statistically and significantly discrepant scores between the two groups on some of the identified nursing duties ($p<0.05$).

Key Words: *Performance Assessment, Nursing Education, Programme Evaluation, Developing Countries*

An examination of fall incidents in an urban hospital in Jamaica

H Ming, N Merrick, S Heslop Barnett, V Wilson

University Hospital of the West Indies, Kingston, Jamaica

Objective: To determine factors contributing to fall incidents among patients in a large urban teaching hospital

Methods: This is a descriptive retrospective study, which utilized an audit tool to collect data from incident reports. This was carried out in an urban teaching hospital. All incident reports between January and December 2010 relating to patient falls were reviewed.

Results: Of the 137 clients that had sustained falls over the period under study, only 124 incidents were analyzed. Thirteen (13) incidents were excluded due to - incomplete recording, non patient falls, and incorrect coding as a fall. Findings showed that most falls; were reported among adults 60 years and over (44%), occurred during the night shift (50%); were among men (69%) and persons with diagnosis of neurological diseases (22%); occurred on the medical units (32%); and at the bedside (74%). Up to 40% of falls occurred during bowel and bladder elimination. Over the period, some trends identified were: absence of nurses during the incidents; patients ambulated to the bathroom/toilet unassisted, patients trying to undertake tasks on their own or without supervision, and most falls occurring around the bed when patients were attempting to use bedpan/urinals.

Conclusion: The study identified a number of modifiable factors contributing to falls. The results signal the need for extra caution when assisting patients with bowel and bladder elimination at the bedside, and the development of a framework specifically for falls prevention.

Key Words: *Hospital Incidents; Falls Incidents; Fall Trends; Fall Prevention*

Factors contributing to medication errors among nurses at an urban hospital

V Gordon King¹, JLM Lindo², A Barton Gooden², S Stanley²

¹University Hospital of the West Indies, Kingston, Jamaica ²The UWI School of Nursing, Mona, The University of the West Indies, Kingston, Jamaica

Objective: To determine the factors contributing to medication errors among nurses working at an urban hospital in Jamaica.

Methods: An audit of all (N=48) Medication Incident Report Forms (MIRF) completed at the institution, [Jan 2010-Dec 2011] and a cross-sectional survey of 120 nurses employed on the medical and surgical wards using a self-administered questionnaire. Data were analyzed using SPSS® for Windows® version 19.

Results: The audit revealed that wrong rate (22.9 %), time (21%) and dose (17%) constituted the most frequent types of errors. Dose miscalculation (41.6%) and improper documentation (21%) were the primary contributory factors to medication errors based on the audited reports. The survey of nurses yielded a response rate of 100%, 94% were females; the mean age was 32±17 years and 56% were educated at the certificate level. The majority of the nurses (87.2%) recorded high knowledge scores regarding rights of medication and standards for medication administration. However, 11% reported they adhered to these standards all the time. Nurses felt that illegible handwriting (78.9%), confusion with similar drug names (67%), staff shortage and exhaustion were the major contributors to medication errors.

Conclusion: Nurses assigned to the medical and surgical wards were knowledgeable about the guidelines for safe medication administration. A discrepancy between the nurses' perception and the findings of the audit with respect to the causes of medication errors was noted. Strategies to prevent medication errors among nurses should be evidence based.

Key Words: *Medication Errors, Medication Administration*

Nurses' engagement in HIV and AIDS research and workplace policy development in Jamaica

E Kahwa¹, C Hepburn -Brown, ¹ T Rae¹, J. Aiken¹, U Atkinson¹, P Dawkins¹, N Edwards², S Roelofs²

¹The UWI School of Nursing, Mona, The University of the West Indies, Kingston, Jamaica ²University of Ottawa, School of Nursing, Ottawa, Canada

Objective: To describe the involvement of Jamaican nurses in HIV and AIDS research and workplace policy development.

Methods: An institutional human resources management assessment tool for HIV and AIDS environments was carried out among 81 health professionals and administrators in six parishes. Qualitative, semi-structured interviews were conducted with a purposive sample of 20 nurses and midwives. Interviews were audio taped, transcribed verbatim, a coding framework developed and thematic analysis done.

Results: Nurses had limited involvement in both research and policy development processes. Almost fifty percent (49.1%) of participants reported no involvement in research related to HIV/AIDS. Their research involvement was limited to being data collectors, study participants or attendees at dissemination meetings. Barriers to involvement in HIV/AIDS research included fear of research, lack of research skills and time constraints related to workload (45%). Thirty percent (30%) of nurses admitted to no involvement in workplace policy development despite nurses' significant role in the policy implementation process. Barriers to policy involvement included gaps in workplace communication, sharing of policies and heavy workloads (25%). A bottom-up approach involving consultation on workplace issue, management support

and systems to ensure policies are in place and followed are major facilitators to nurses' involvement in policy.

Conclusion: Nurses involvement in HIV/AIDS research and policy is limited. Workplace constraints and lack of knowledge and skills were identified as major barriers.

Key Words: *Nurses; Research, HIV/AIDS; Policy Development, Jamaica*

Relationship between the leadership styles of nurse managers and job satisfaction at the University Hospital of the West Indies, Jamaica

P Rolle¹, P Anderson-Johnson², P Dawkins², JML Lindo², E Kahwa²

¹Princess Margaret Hospital of the Public Hospitals Authority, Nassau, Bahamas ²The UWI School of Nursing, Mona, The University of the West Indies, Kingston, Jamaica

Objective: To determine the relationship between leadership styles of nurse managers and job satisfaction among registered nurses on the medical and surgical wards at UHWI.

Methods: This descriptive cross sectional study of 101 registered nurses (RN) and 12 nurse managers utilized a 45-item self-administered Multifactor Leadership Questionnaire (Bass & Avolio, 1995) and a satisfaction questionnaire to collect data. T-tests, ANOVA and correlations were used to analyze the data in SPSS version 19.

Results: The response rate was 86.3%. Participants' age ranged between 22-48 years, 95% were females, 86.1% were educated at the baccalaureate degree level, and 43.6% had worked between 1-2 years. Transformational leadership was identified as the dominant style by both nurse managers and RNs at the institution. Mean scores for transformational leadership was 62.9 ± 8.68 for nurse managers and 45.9 ± 17.14 for RNs (maximum of 80) compared to means scores of 26.6 ± 4.66 for nurse managers and 27.6 ± 6.44 for RNs for the transactional leadership style (maximum of 64). These results also showed that nurse managers consistently rated themselves higher than their supervisees. The scores for job satisfaction among RNs ranged from 7-34 (maximum of 44) with 31.7% moderately satisfied (scores of 22-33); Job satisfaction was positively and moderately correlated with transformational leadership ($R = 0.587$; $p = 0.0001$); however, there was no relationship with transactional leadership.

Conclusion: Nurse Managers at UHWI were mostly identified as transformational leaders. The leadership scores revealed that the nurse managers rated themselves as better transformational leaders than the ratings of the RNs whom they supervised. RNs reported greater level of job satisfaction while working with managers who practiced transformational leadership.

Key Words: *Leadership Styles, Nurse Manager, Job Satisfaction*

Registered nurses' documentation practices and their experiences with documentation in a Jamaican hospital

C Blake-Mowatt, JLM Lindo, S Stanley, J Bennett

The UWI School of Nursing, Mona, The University of the West Indies, Mona, Kingston 7, Jamaica

Objective: To determine the documentation practices among registered nurses at a hospital in Western Jamaica.

Methods: Using an audit tool developed at the University Hospital of the West Indies, 79 patient docketts from three medical wards were audited. Data were analyzed using the SPSS® version 17 for Windows®. Qualitative data regarding the nurses' experience with documentation at the institution were gathered from one focus group discussion including 12 nurses assigned to the audited wards.

Results: Almost all the docketts audited (98%) revealed that nurses followed documentation guidelines for admission recording patients' past complaints, medical history and assessment data. Most of the docketts (96.7%) audited had authorized abbreviations only. Similarly, 98% of the nurses' notes reflected clear documentation for nursing actions taken after identification of a problem and a summary of the patients' condition at the end of the shift. Only 25.6% of the docketts had nursing diagnoses which corresponded to the current medical diagnosis and less than a half (48.3%) had documented evidence of discharge planning. Most of the nurses' notes (86.7%) had no evidence of patient teaching. The main reported factors affecting documentation practices were workload and staff/patient ratios. Participants believed that nursing documentation could be improved with better staffing, improved peer guidance and continuing education.

Conclusion: Generally, nurses followed the guidelines for documentation; however, elements were missing which included patient teaching and discharge planning. This was attributed to high patient load and nurse /patient ratio.

Key Words: *Documentation, Registered Nurses, Documentation Practices*

Factors influencing the role of Clinical Nursing Supervisors in three major health care facilities within the Kingston Metropolitan region

L Holson-Patterson, S Brown, C Cargill, J McGhie, A Palmer, C Lawson-Rhoden, A Minott-Farquharson, K Selvin, T Hinds-Thorpe, K Bailey

Objective: The aim of the study was to determine the factors influencing the supervisory role of Clinical Nursing Supervisors at the Kingston Public Hospital, Bustamante Hospital for Children and the Bellevue Hospital.

Methods: A quantitative descriptive study was conducted using a self-administered questionnaire. Data were collected from 55 randomly selected clinical supervisors in the three institutions. From a population of 60, 32 participants were selected from the Kingston Public Hospital, 14 from Bustamante Hospital for Children and 9 from Bellevue Hospital. Data were analyzed using the Statistical Package for the Social Sciences (SPSS).

Results: Most of the respondents were 30-39 years old (56%), had been employed for less than 5 years (49%) and worked in specialist areas (58%). Factors that positively influenced respondents' role included; their own personal motivation (91%), active involvement in decision making (71%) their knowledge of information technology (67%) and level of mentorship and coaching received when they started as

managers (67%). On the other hand, a high proportion of respondents reported that, geographical location of the workplace (93%), undertaking duties previously assigned to junior staff (84%), addressing non nursing issues (85%) and challenges getting needed equipment and supplies (100%) negatively influenced their supervisory roles. More than half (56%) stated that their role was both negatively and positively influenced by the presence of students on the wards/units.

Conclusion: Factors which positively influence clinical nursing supervisors' role in the three institutions in Kingston, Jamaica, were related to personal characteristics such as motivation and leadership styles. Conversely, the supervisors' role was negatively influenced by factors which were external to their control. To ensure quality patient care outcomes, clinical nursing supervisors must play an integral role in the policy and the decision making process.

Key Words: *Supervisor's role, Clinical Nursing Supervisor*

Pregnant or Not? Decision-making by Rural Young Women and Implications for Nursing and Midwifery Education

S Mohammed, J George

Objective: To explore the decision-making process young women in a rural environment in South Trinidad engaged in when they suspected that they were pregnant.

Methods: The research was situated within the qualitative paradigm. Eleven women between the ages of 19 to 30 years were purposively selected to participate in the study. Data sources consisted of interviews and the clinical records of the women. The data were analyzed using the grounded theory methodology.

Results: The women expressed unique and varied pathways to confirm their suspected pregnancy. Three major categories were identified which include *regular "period," irregular "period,"* and *"period" not initially missed*. In determining whether or not they were pregnant, the women embarked upon a cognitive process of decision-making which was logical and systematic. This process involved three steps which included problem identification, information collection and processing and confirmation. They used knowledge acquired from a variety of sources, including both cultural knowledge and Western biomedical scientific knowledge, in arriving at their decisions. The decision-making pathway for the women with regular "period" with first pregnancy was short when compared with those women who had previous pregnancies. An irregular "period" seemed to confuse the diagnosis of early pregnancy since these women took a longer time to confirm that they were pregnant.

Conclusion: The women embarked upon a cognitive process of decision-making using various forms of knowledge to confirm that they were pregnant. It is important for nursing and midwifery educators to cross the borders in understanding the various forms of evidence women use to diagnose their pregnancy. This knowledge can be included in health educational programmes conducted at schools of nursing and midwifery and at pre-natal clinics, thereby enhancing culturally competent care to clients.

Key Words: *Pregnancy, Decision-making, Rural Women.*

Poster Presentations

Critical thinking skills of student midwives: a Trinidad and Tobago study

K Alphonso-Lootawan

Poster #1

Objective: The purpose of this study was to determine the critical thinking skills of students in the midwifery program, at the schools of midwifery in Trinidad and Tobago.

Methods: The study of two groups of midwifery students was conducted over a three month period utilizing the Holistic Critical Thinking Scoring Rubric (HCTSR) and the Holistic Critical Thinking Rating Form, developed by Facione and Facione (1994). The seventy (70) participating students included registered nurses and registered mental nurses who had matriculated into the program two months prior to the study; and enrolled nursing assistants who entered the program six months earlier than the registered nurses. Analysis of data was conducted using SPSS software.

Results: The study suggested that the average critical thinking ability of the group was below the acceptable level with each group having a mean score of two (2), (1= weak critical thinking abilities, 2= unacceptable critical thinking levels, 3= acceptable levels of critical thinking, and 4= strong critical thinking abilities). A score of three and above suggested acceptable critical thinking. Findings showed that age, years of service and the number of departments worked were not related to critical thinking abilities of the midwifery student. However 66 % of all the students participating in the study were rated below the acceptable level. Although both schools had equal numbers of weak critical thinkers, the South school showed higher proportions with level 2, 3 and 4 ratings.

Conclusion: This study suggests that the critical thinking abilities of the midwifery students are below acceptable levels. It has added to the data on critical thinking in nursing and midwifery, and provides critical information for the enhancement of midwifery education practice, as well as midwifery curricula development in Trinidad and Tobago.

Key Words: *Critical Thinking; Midwifery Education; Student*

Knowledge, attitude and practice of nursing students towards breast self-examination

D Singh, S Mohammed

Poster #2

Objective: To determine the knowledge, attitude and practice of nursing students towards breast self-examination

Methods: A descriptive design in the quantitative paradigm was used for this study, which was conducted during the period July 20 to 30, 2012. The population consisted of 53 final year nursing students however, 3 were purposively selected to pre-test the instrument for data collection. Of the 50 remaining students, only 40 students participated in the study. A self-administered questionnaire, which comprised of demographic, knowledge, and practice items, and a six point Likert scale to measure their attitude was used for data collection. Data were analyzed using descriptive statistics.

Results: The findings revealed that 36% (14) of the participants were 20-24 years, 36% (14) between 25-30 years and 67% (26) were single. With regards to knowledge 82.5% (33) of the participants expressed that they were knowledgeable about breast self-examination while 17.5% (7) were not. In addition, 90% (36) of them demonstrated a positive attitude whereas 10% (4) displayed a negative attitude. In looking at practice, 82.5% (33) claimed that they performed breast self-examination and 17.5% (7) did not. However, of those who practiced, 30.3% (10) reported that they did an examination “this month”, 42.4 % (14) 1-2 months ago, 21.2% (7) 3 – 5 months ago and 6.1% (2) 1 – 3 years ago.

Conclusion: Although most of the participants were knowledgeable and had a positive attitude towards breast self-examination their practice was inconsistent. Continuing education programmes need to be developed and implemented to improve breast self-examination practices of nursing students.

Key Words: *Knowledge, Attitude, Practice, Student Nurses, Breast Self-Examination*

Patient satisfaction with nursing care in the emergency department of an urban hospital in Jamaica

J Buchanan, P Dawkins, S Lopez, JLM Lindo, E Kahwa

Poster #3

Objective: To determine the level of patient satisfaction with nursing care in the Emergency Department of the University Hospital of the West Indies.

Methods: A descriptive cross-sectional study of 142 patients receiving nursing care in the emergency and intermediate areas of the Emergency Department was conducted. Data were collected utilizing a 22-item interviewer-administered questionnaire – an adapted version of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ). Data were analyzed using the Statistical Package for Social Sciences® (SPSS) version 19 for Windows®.

Results: The response rate in this study was 77.6%. The majority of the respondents (62%) was female, and educated at the secondary level (42.3%). The mean satisfaction score was 32.60 ± 7.11 out of a possible 42 and the majority (59.9%) of patients reported that they were very satisfied with nursing care in the Emergency Department. The level of clients’ education was associated with the level of satisfaction with nursing care. In addition, perceived health status and the empathy dimension of nursing care were associated with satisfaction with care ($p=0.05$).

Conclusion: A high level of satisfaction with nursing care exists among patients seen in the Emergency Room. Satisfaction with nursing care is significantly linked with satisfaction with overall care and services and recommending the Emergency Department to family and friends.

Key Words: *Nursing Care, Patient Satisfaction, Emergency Department*

Factors contributing to medication administration errors among nurses in the intensive care unit of a Jamaican hospital

K McKay, A Barton – Gooden, J Aiken, JML Lindo, E Kahwa

The UWI School of Nursing, The University of the West Indies, Mona, Kingston 7, Jamaica

Poster #4

Objective: To examine the medication administration practices and the factors contributing to medication administration errors among registered nurses in the intensive care units (ICU) of an urban hospital in Jamaica.

Methods: A descriptive cross – sectional study of 61 registered nurses working in a 16 bed ICU. Participants completed a self-administered questionnaire and an audit of medication error incident reports for January 1, 2009- December 3, 2011 was conducted. Data were analyzed using SPSS® for Windows® version 19.

Results: A response rate of 95.3% was obtained. The majority of the participants was females, aged 25 – 29 years and were Critical Care Registered Nurses (CCRN). All nurses reported high adherence to standards of medication administration. Participants indicated the main factors contributing to medication administration errors included illegibility (70.5%); errors in checking Kardex (59%); confusing orders (55.7%); incorrect orders (47.5%); similar names of medications (39.3%) and miscalculation (34.4%). Ten medication error incident reports were identified for the 2 year period and 80% were committed by non-CCRN nurses. Incorrect dosage (30%) and drug (20%) were the main types of medication errors committed by nurses.

Conclusion: Registered Nurses in the ICU of the hospital felt poor legibility, errors in checking the Kardex and confusing orders were the primary factors contributing to medication administration errors. Nurses have an increased responsibility in the identification and prevention of medication administration errors in order to ensure patient safety and quality care. Lack of critical care training may be a risk factor for commission of medication errors in the ICU.

Key Words: *Medication Administration Errors, Intensive Care Unit, Registered Nurses, Critical Care Registered Nurse*

List of Presenters and Moderators

Allen, Lorraine MSc, BSc, RM, RN.
*Lecturer (part time), The UWI School of Nursing,
Faculty of Medical Sciences, UWI, Mona,
Kingston, Jamaica*

Anderson-Johnson, Pauline MSc, BScN, RN.
*Lecturer, The UWI School of Nursing, Faculty of
Medical Sciences, UWI, Mona, Kingston,
Jamaica*

Barned, Claudia C. E.
*Graduate Assistant, Department of Sociology,
Psychology & Social Work*

Barton-Gooden, Antoinette MSc, BScN, RN.
*Lecturer, The UWI School of Nursing, Faculty of
Medical Sciences, UWI, Mona, Kingston,
Jamaica*

Bennett, Joanna PhD, BA (Hons.), RM, RN.
*Head of School, The UWI School of Nursing,
Faculty of Medical Sciences, UWI, Mona*

Blake-Mowatt, C. MScN, BScN, RM, RN Cert.
*Nursing Administration, Cert. Supervisory
Management, Acting Director of Nursing
Services, Falmouth Hospital*

Byfield Marva MSc, RN, RM
*Chief Nursing Officer, Ministry of Health,
Jamaica*

Cassiani, Silvia
*Regional Advisor on Nursing and Allied Health
Personnel Health Systems and Services Pan
American Health Organization(PAHO/WHO)*

Clark, Alexander M. PhD, BA (Hons.), RN
*Associate Dean (Research)
Faculty of Nursing
University of Alberta, Canada*

Dover-Roberts, Dawn MA, HST, RN, RM.
*Lecturer, The UWI School of Nursing, Faculty of
Medical Sciences, UWI, Mona, Kingston,
Jamaica*

Fletcher, Horace DM (O&G), MBBS, BSc,
*FRCOG, FACO, Dean, Faculty of Medical
Sciences, The University of the West Indies,
Mona*

Gordon King, Venesha MScN, BScN, RN, RM,
*Charge Nurse, University Hospital of the West
Indies, Kingston Jamaica*

Hamilton, Pansy PhD, MPH, Dip. Mgt. Stds, BSc.
*Assistant Director, The Hugh Wynter Fertility
Management Unit, Faculty of Medical Sciences,
UWI, Mona*

Hepburn –Brown, Ceres MSc, BScN, RN.
*Lecturer, The UWI School of Nursing, Faculty of
Medical Sciences, UWI, Mona, Kingston,
Jamaica*

Hinne, Dianne BSN, BSc, CCRN
*School of Advanced Nursing Education
Faculty of Medical Sciences, UWI,
St. Augustine*

Holson-Patterson, Lelete, MSc, BSc, RM, RN,
Cert. Nursing Administration, Dip. HRM

Kahwa, Eulalia, PhD, BScN, RN. *Lecturer, The
UWI School of Nursing, Faculty of Medical
Sciences, UWI, Mona, Kingston, Jamaica*

Lindo, Jascinth PhD, MPH, BScN, RN. *Lecturer,
The UWI School of Nursing, Faculty of Medical
Sciences, UWI, Mona, Kingston, Jamaica*

Lipps, Garth
*Senior Lecturer, The University of the West
Indies, Department Sociology, Psychology &
Social Work: Faculty of Social Sciences*

Lopez, Sheryll MSc, BScN, RN.
*Lecturer, The UWI School of Nursing, Faculty of
Medical Sciences, UWI, Mona, Kingston,
Jamaica*

Marshall-Burnett, Syringa CD, MA, BScN, RN,
RM

Merrick, Nichola J. *MScN, BScN, RM, RN. Nurse Educator, University Hospital of the West Indies School of Midwifery*

Mohammed, Salisha *MPhil, MEd, BScN, CPN, RM, RN, Principal, School of Nursing, San Fernando, Trinidad*

Nelson John W. *PhDc MS, RN, President, Healthcare Environment; Facilitator, Caring International Research Collaborative (CIRC), STTI research community; University of Minnesota School of Nursing, USA*

Onuoha, Phillip *PhD, RN. Lecturer, School of Advanced Nursing Education, Faculty of Medical Sciences, The University of the West Indies, St. Augustine, Trinidad and Tobago*

Patterson-Bartley, Anthonette *MScN, RN, President, Nurses Association, Jamaica*

Rae Tania *MSc, BScN, RN, RM. Lecturer, The UWI School of Nursing, Faculty of Medical Sciences, UWI, Mona, Kingston, Jamaica*

Rolle, Prescola. *MSc, BSc, RN Nursing Officer II, Princess Margaret Hospital of the Public Hospitals Authority, Nassau, Bahamas*

Shirley, Gordon *DBA, MBA, BSc Pro Vice Chancellor & Principal, UWI Mona*

Skold, Margareta, *PAHO/WHO Representative, Jamaica*

Stanley, Shaulene *MSc, BScN. RN RM. Lecturer, the UWI School of Nursing, Faculty of Medical Sciences, UWI, Mona, Kingston, Jamaica*

Walker, Melissa *MSc, BScN, RN, CCDE, Assistant Lecturer, The UWI School of Nursing, Faculty of Medical Sciences, UWI, Mona, Kingston, Jamaica*

Williams, Andri *BSc. IT Technician, The UWI School of Nursing, Faculty of Medical Sciences, UWI, Mona, Kingston, Jamaica*

Wright-Myrie, Donnette *MSc, BScN, RN. Lecturer, The UWI School of Nursing, Faculty of Medical Sciences, UWI, Mona, Kingston, Jamaica*

Conference Team

Dr Joanna Bennett, Conference Chair
Ms Melissa Walker, Conference Coordinator
Ms Janeil Brown, Conference Coordinator
Mrs Andrea Brown-Dennis, Office Manager
Mrs Bettene Ross-Laws, Conference Secretary

Abstract

Dr Joanna Bennett, Chair
Dr Eulalia Kahwa, Co-chair
Mrs Pauline Anderson-Johnson
Mrs Antoinette Barton-Gooden
Dr Pansy Hamilton
Dr Jascinth Lindo

Sponsorship

Mrs Donnette Wright-Myrie, Chair
Mrs Pauline Anderson-Johnson, Co-Chair
Mrs Annmarie Edwards

Promotions/Website

Mrs Annmarie Edwards, Chair
Ms Janeil Brown
Ms Venise Bryan
Mrs Cynthia Pitter
Ms Melissa Walker
Mr Andri Williams

Conference Publication/Programme

Mrs. Pauline Anderson-Johnson
Dr Joanna Bennett
Ms Janeil Brown
Ms Dawn Dover-Roberts
Ms Rosain Stennett
Ms Melissa Walker
Mr Andri Williams

Logistics/Welcome

Mrs Joyette Aiken, Chair
Ms Janeil Brown
Ms Rosain Stennett
Dr Steve Weaver

Notes







MARY J. SEIVWRIGHT BUILDING



The UWI School of Nursing, Mona

Leading Nursing Education in the Caribbean

**Undergraduate
Programmes**

Bachelor of Science in Nursing (BScN)
Bachelor of Science in Nursing (post RN)

**Postgraduate
Programmes**

Master of Science Nursing (MScN)
MPhil/PhD in Nursing (PhD)

Website: www.myspot.mona.uwi.edu/nursing/

Tel: 970-3304 | Fax: 927-2472

Email: nursing@uwimona.edu.jm

YOUR NEIGHBOURHOOD IS OURS TOO



Miss M. Williams

Melissa Williams
IGL Legacy Scholarship Awardee

We're building a better future together through our involvement in education, healthcare, and community programmes. See the difference.

LOOK TO THE BLUE



1 888 IGL BLUE