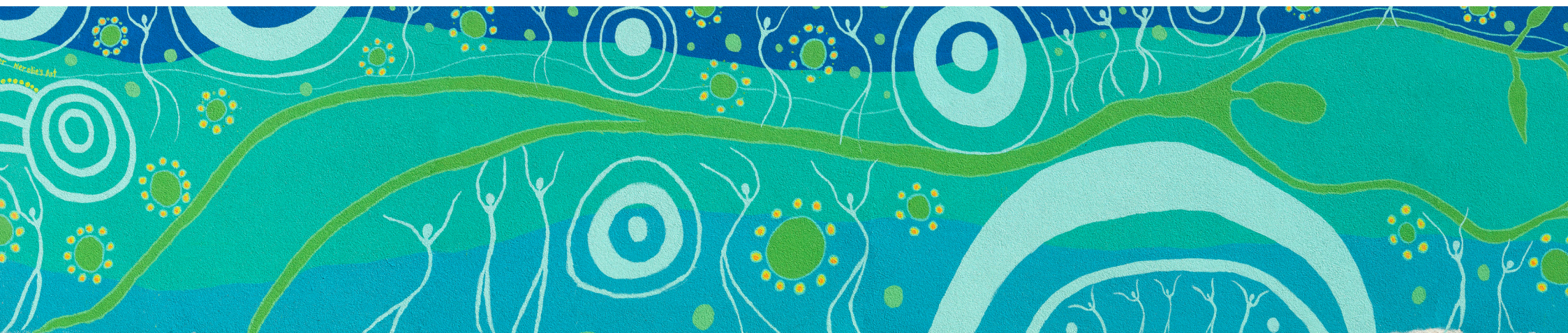




Government of **Western Australia**
North Metropolitan Health Service
Sir Charles Gairdner Osborne Park Health Care Group



Centre for Nursing Research

2019-2020

BIENNIAL REPORT





Front cover art “**Kaya**”

Back cover art “**Boorda**”

Art work by Nerolie Bynder

Nerolie Bynder is a proud Badimia-Noongar-Yamatji woman, contemporary visual artist, mother and grandmother.

“One (Kaya) is the entry of the spirit from the bottom. The spirit stands for all the people’s inner spirit coming to heal holding the healing leaves.

The second one (Boorda) is the spirit leaving above and in a good way. Now happy. Continuing onto its next journey.”

Thank you to the clinicians and all staff who have been involved in these research and evaluation projects.

Compiled and edited by Michelle Ong, Susan Slatyer, Anne Matthews, Carl Yuile, Peta Hearn and Jing (Cherry) Ning, Centre for Nursing Research, Sir Charles Gairdner Hospital, Perth, Western Australia.

Graphic Design by Anita Dening, Corporate Communications, North Metropolitan Health Service, Western Australia.

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“Advancing a nursing
culture of inquiry, discovery
and evidence translation”





Amanda McKnight

Executive Director, Nursing Services

It gives me great pleasure to share with you the latest biennial report from the Centre for Nursing Research.

We are extremely proud of our team of researchers and the partnerships we have with Edith Cowan, Curtin and Murdoch universities and are always grateful for the opportunities these present to both our emerging and more experienced researchers throughout our broader hospital community.

COVID-19 has presented us with many obstacles in advancing our research agenda. The tenacity and commitment of our teams have resulted in responsive projects meeting changing organisational needs and enabled established projects to continue. This commitment and ability to rapidly negotiate a changing environment I'm sure will present many opportunities for exploration into the future.

There is so much to celebrate throughout this report, as we read about the extraordinary and innovative work that is done every day to ensure we continue to partner with our patients, families, carers and staff to provide the very best of care – and I thank each and every one of you for that.

I hope you enjoy reading this report and that it inspires and encourages you.



Lucy Gent

Nurse Director, Corporate Nursing Research and Education

The biennial report provides the opportunity for researchers from the Centre for Nursing Research to showcase the exciting and innovative nurse-led research at Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG). The collaboration between our academic partners, clinical nurses and inter-professional peers is the foundation of our research model, which aims to generate evidence to inform clinical practice.

In 1996, Sir Charles Gairdner Hospital consciously began establishing a strong nursing culture of research across the organisation with the joint appointment of a doctoral level researcher from Curtin University and a small team of research nurses. Coupled with Nursing Executive setting a clinically focussed research agenda, integrating the expertise of direct care nurses, this has paved the way for today's Centre for Nursing Research at Sir Charles Gairdner Hospital.

We have nurse researchers in joint appointments representing Edith Cowan, Curtin and Murdoch universities who are working with our clinicians to deliver an extensive program of nurse-led research examining clinical practice, factors impacting practice, nursing workforce and how we work together inter-professionally.

We are incredibly proud of the Centre for Nursing Research and the work the staff lead to support clinicians to integrate evidence into clinical and operational processes, and educate nurses about evidence-based practice and research. I hope you enjoying reading this report and celebrating the achievements of the Centre for Nursing Research with us.



Lucy Gent

BN, MN, PGDipEd, RN, MCNSA

Nurse Director, Corporate Nursing Research and Education, Sir Charles Gairdner Hospital

Lucy provides leadership for the strategic and operational management of diverse teams in nurse-led specialist consultancy services, hospital equipment services, nursing education and nurse-led research. Lucy is a member of the Sir Charles Gairdner Osborne Park Health Care Group's Human Research Ethics Committee. Lucy has worked in various cancer care roles and, as the current President and Board Chair of the Cancer Nurses Society of Australia, is passionate about driving best possible outcomes and experiences for people affected by cancer, as well as ensuring nursing has a voice at the right decision-making tables.



Anne Matthews

BSc (Nursing), Dip Business Management in Healthcare, RN

Clinical Nurse Specialist,
Centre for Nursing Research

Anne Matthews is a senior registered nurse with extensive clinical and management experience in both tertiary and secondary hospitals. She provides a link between ward-based clinicians and the Centre for Nursing Research. She is a member of several hospital committees, where she provides research input and seeks opportunity for both research and quality improvement activities. Anne has led several hospital-wide projects. She is studying a Research Masters with Training at Murdoch University, supervised by Professor Anne Williams and Associate Professor Susan Slatyer.



Angong (Helen) Acuil

BSc (Nursing), MPH, RN

Research Nurse,
Centre for Nursing Research

Helen provides research support for several projects conducted by the Centre for Nursing Research through data analysis, literature search and transcription. She also maintains her clinical role as a registered nurse in the Emergency Department part-time. Her areas of interest include research and improvement of population health outcomes. Helen completed a Master of Public Health in 2017 at Edith Cowan University.



Ruth Fuentes

BSc (Nursing), DipAppSc, RN

Research Assistant,
Centre for Nursing Research

Ruth has more than 31 years of clinical experience, 20 of those at Sir Charles Gairdner Hospital, with the majority being in acute medical nursing. Ruth has experience as a clinical facilitator and is the blood product liaison nurse for the Medical Assessment Unit. Ruth was seconded to the Centre for Nursing Research to work on a retrospective study identifying the frequency and nature of post-renal and liver transplant surgical wound dehiscence occurring over 30 months.



Peta Hearn

DipBus(HR), DipBus(Mgt)

Research Administrative Assistant,
Centre for Nursing Research

Peta joined the Centre for Nursing Research in 2019. Her area of expertise lies in office/business management, administration, and research support. She has held administrative positions in WA Health for more than 12 years, and worked for nine years in health in Victoria before moving to WA.



Jing (Cherry) Ning

BNursSc, GCCriticalCare, RN, CCRN

Acting Research Nurse, Intensive Care Unit
and General High Dependency Unit, Sir
Charles Gairdner Hospital

Cherry is an experienced critical care nurse with a keen interest in nursing research, which she has pursued through her acting role since July 2017. Cherry has led many quality improvement and nursing research projects, as well as established great collaboration with the Centre for Nursing Research. Her research interests include patient and family-centred care (PFCC), and mental health and wellbeing in the workplace. Cherry is studying a Research Masters with Training at Murdoch University under the supervision of Associate Professor Susan Slatyer and Professor Anne Williams.



Professor Di Twigg AM

*BHlthSc (Hons), MBA, PhD,
RN, RM, FACN, FACHSM*

Research Consultant, Centre for Nursing
Research | Executive Dean - School of Nursing
and Midwifery, Edith Cowan University

Di combines her extensive experience in health service leadership, with research and policy development to contribute to issues related to nursing workforce, hospital staffing and cost-effective care. Her internationally recognised research is in nursing workforce and patient outcomes, which specifically relates to safe staffing levels and the relationships between staffing, patient, organisational and economic outcomes. Di was awarded the Lifetime Achievement Honour in 2017 and in 2019 was made a Member of the Order of Australia for significant service to nursing.

<https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/dean/professor-di-twigg>



Dr Linda Coventry

BSc, MS, PhD, RN, ECU

Vice Chancellor's Senior Research Fellow
Adjunct Research Fellow, Centre for Nursing
Research | Edith Cowan University

Linda's research interests include improving patient outcomes in acute care settings, vascular access, pressure injury, and indwelling urinary catheter management. Linda represents WA on the boards of both the Australian Vascular Access Society (AVAS) and the Alliance of Vascular Access Teaching and Research (AVATAR). Linda is a passionate advocate for nursing research and supervises Masters and PhD students.

<https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/senior-research-fellows/dr-linda-coventry>



Dr Amanda Towell-Barnard

*BCur (Ed et ADM), MCur, GDCritCare,
DCur, RN*

Adjunct Research Fellow, Centre for Nursing
Research | Edith Cowan University

Amanda is a senior lecturer at Edith Cowan University and a registered nurse with experience in critical care nursing. Amanda completed her PhD in 2012. Her research focus is on improving clinical outcomes within the acute care setting for adults and families with Type 2 diabetes, cognitive impairment, and morbid obesity. Amanda's research also explores aggression and violence against nurses.

<https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/directors/dr-mandy-towell-barnard>





Professor Bev O'Connell

BSc, MSc, PhD, CRN

Research Consultant, Centre for Nursing Research | Edith Cowan University

Bev is a Professor of Nursing with more than 25 years of experience teaching and researching in the areas of aged care, continence care, risk management and carer needs. Bev has led large teams of researchers using both quantitative and qualitative methods and has held several senior academic roles nationally and internationally, including Professor and Dean in the Faculty of Nursing, University of Manitoba, Canada (2012-2017).

<https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/professors/professor-beverly-oconnell>



Dr Vicki Patton

BHScN, MN(Hons), PhD, RN

Research Fellow, Centre for Nursing Research | Edith Cowan University

Vicki has a background in stoma wound and continence nursing and has a particular interest in pelvic floor dysfunction. She completed her Masters thesis in 2009 and worked as a clinical nurse consultant in a pelvic floor unit in Sydney for many years. Vicki was awarded her PhD, titled 'The cost, treatment efficacy and the role of colonic dysmotility in faecal incontinence and constipation', in early 2018 from the University of NSW. Vicki undertook a clinical research fellowship at Edith Cowan University and Sir Charles Gairdner Hospital, after which she returned to her home town of Sydney.



Dr Stian Thoresen

BA, GDip, PhD

Research Fellow, Centre for Nursing Research | Edith Cowan University

Stian is a Post-Doctoral Research Fellow with the School of Nursing and Midwifery at Edith Cowan University and the Centre for Nursing Research (April 2019 – April 2020). He is also a Curtin University associate. Stian is a mid-career researcher with an applied research background in social and economic inclusion, in particular young people leaving state out-of-home care and persons with disabilities. Stian is now working in the area of older adults, as well as nursing practice.

<https://staffportal.curtin.edu.au/staff/profile/view/S.Thoresen/>





Dr Gemma Doleman

BSc(Hons), PhD, RN

Research Fellow, Centre for Nursing Research
| Edith Cowan University

Gemma holds a joint appointment as a research fellow in the Centre for Nursing Research and the School of Nursing and Midwifery at Edith Cowan University. Her research interests are around the nursing workforce, hospital staffing, job satisfaction, retention, staff wellbeing and economic and patient outcomes.

<https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/research-fellow/dr-gemma-doleman>



Dr Manonita Ghosh

MA, MSS, PhD

Adjunct Research Fellow, Centre for Nursing Research | Edith Cowan University

Manonita is a post-doctoral research fellow, School of Nursing and Midwifery at Edith Cowan University. Her research and teaching areas include mixed-methods approach, cross-cultural mental-behavioural health and health services research. She has obtained grants and awards for conducting research internationally. Manonita has extensive experience in policy development in government and non-government organisations. Further, she developed and implemented projects for culturally and linguistically diverse communities in WA at a grassroots level to build awareness of their health status.

<https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/research-fellow/dr-manonita-ghosh>



Michelle Ong

BSc, BCom

Research Officer, Centre for Nursing Research | Edith Cowan University

Michelle holds a joint appointment as research officer in the Centre for Nursing Research and Edith Cowan University. She has advanced skills in the collection and analysis of quantitative data, database management, literature search, transcription, and report writing. She provides extensive support to a range of research and evaluation projects and hospital quality improvement initiatives.





Assoc. Professor Chris Toye

BN(Hons), GCTerTeach, PhD, RN

Research Consultant, Centre for Nursing
Research | Curtin University

Chris's research focus is health-related care for older people and support for their family caregivers. Chris is a foundation member of the Australian Hartford Consortium of Gerontological Nursing Excellence and led an NHMRC funded multi-centre randomised controlled trial of a family caregiver program, which is implemented when an older person is discharged home from hospital. After many years of dedication to research and education that has improved health outcomes for older people and their families, Chris retired in July 2020.

<https://staffportal.curtin.edu.au/staff/profile/view/chris-toye-034929b4/>



Assoc. Professor Ravani Duggan

BSocSc(Nursing)(Hons), MCur, PhD, RN, RM, MACN, MACM

Research Consultant, Centre for Nursing
Research | Curtin University

Ravani is a registered nurse and midwife and has been a researcher and educator for the past 25 years, spanning South Africa, the United Arab Emirates, Australia and Singapore. She brings qualitative research expertise, with foci in nursing and midwifery education and, maternal and child health, and has also conducted studies in workforce, resilience, mental health and aged care.

<https://staffportal.curtin.edu.au/staff/profile/view/ravani-duggan-5a0141e5/>



Professor Anne-Marie Hill

BAppSc(Physio), GCTerTeach, GDip(Physio), Msc(Physio), PhD

FECH project chief investigator, Centre for
Nursing Research | Curtin University

Anne-Marie is the chief investigator for the FECH (Further Enabling Care at Home) project, supporting caregivers of patients following hospital discharge, and a researcher in the Faculty of Health Sciences, Curtin University. She holds an NHMRC EL2 Investigator Grant and has been awarded more than \$11 million in research funding. She is a Fellow of the Australian College of Physiotherapy and has more than 30 years' clinical experience working with older people.

<https://staffportal.curtin.edu.au/staff/profile/view/anne-marie-hill-40cf8700/>





Trish Starling

*BSc(Community Studies),
MSocWk*

FECH project state manager, Centre for
Nursing Research | Curtin University

Trish is a physiotherapist and she has spent more than 12 years at Fremantle Hospital specialising as the hydrotherapy and outpatients senior physiotherapist. She has also worked in private hospitals, private practice and community physiotherapy, including a two-year stint in New South Wales. Over the past five years, Trish has cemented her research role at Curtin University, working on various projects including as project manager and intervention physiotherapist on an NHMRC-funded trial titled 'Back To My Best', which focused on falls prevention in older people. Trish is the state manager for the NHMRC-funded FECH project.

<https://staffportal.curtin.edu.au/staff/profile/view/trish-starling-f4a1d7e1/>



Tammy Weselman

BSc(Community Studies), MSocWk

FECH project lead recruiter, Research Officer,
Centre for Nursing Research |
Curtin University

Tammy completed a Master of Social Work at the University of Western Australia and has many years of experience working with older people and people with disabilities in the community. She is the lead recruiter for the FECH project. Tammy's research interests are older people, falls prevention, physical activity and social connectedness.

<https://staffportal.curtin.edu.au/staff/profile/view/tammy-weselman-46dd1edc/>



Dr Geraldine O'Brien

BPsych(Hons), PhD

FECH project recruiter, Research Officer,
Centre for Nursing Research |
Curtin University

Geraldine is a research officer for Curtin University, working on the FECH project at the Centre for Nursing Research. Her area of interest and research is social psychology, with a particular focus on developmental and health psychology. She holds a PhD from Murdoch University, for which she conducted research focused on 'gift-of-life' discourse in the context of organ transplantation.

<https://staffportal.curtin.edu.au/staff/profile/view/geraldine-obrien-6612898c/>





Dr Janice du Preez

BSc(Occupational Therapy)(Hons), PhD

FECH project, Research Officer, Centre for Nursing Research | Curtin University

Janice is a research officer for Curtin University, working with the support of the Centre for Nursing Research. Janice's earlier role was assisting with a project investigating health literacy in caregivers of older patients under the guidance of Associate Professor Chris Toye. Janice is a researching occupational therapist with a speciality in dementia-specific care. Her work focuses on clinical trials involving patient / carer dyads, data collection, qualitative and quantitative analysis.

<https://staffportal.curtin.edu.au/staff/profile/view/janice-du-preez-c59dfd9a/>



Professor Anne Williams

BSc(Hons), MSc, PhD, RN

Research Consultant, Centre for Nursing Research | Murdoch University

Anne is the Professor of Health Research for the Discipline of Nursing at Murdoch University. Anne is also a research consultant for Solaris Cancer Care, and the Nursing & Midwifery Research & Practice Network, Fiona Stanley and Fremantle Hospitals Group. Anne's main research interests are patient comfort (especially in relation to chronic health conditions), and healthcare staff wellbeing. Anne is passionate about creating positive supportive healthcare environments by generating and translating knowledge.

<http://profiles.murdoch.edu.au/myprofile/anne-williams/>



Assoc. Professor Susan Slatyer

BN(Hons), PhD, RN, AFHEA

Research Consultant, Centre for Nursing Research | Murdoch University

Susan's research interests are older people's health care, family carer support, and development of a resilient nursing workforce. She is a member of the Australian Hartford Consortium of Gerontological Nursing Excellence, and the Australian Association of Gerontology Strategic Grants Committee. Susan also co-edited the inaugural edition of the textbook titled Gerontological nursing: A holistic approach to the care of older people, published in March 2021 by Elsevier Australia Ltd.

<http://profiles.murdoch.edu.au/myprofile/susan-slatyer/>





Carl Yuile

*BN, CICU, CTeach&Assess,
DHE(CritCare), GCL&Cult, GDManPM,
MBA(HRM), PhD Candidate, RN*

Research Assistant, Centre for Nursing
Research | Murdoch University

Carl is undertaking his PhD at The University of Notre Dame Australia and provides research support to various projects in the Centre for Nursing Research. Carl has more than 33 years of international health care experience, including clinical, executive management, educational and research roles within the public, private and not-for-profit health, aged and community sectors. He has served as a board member with health organisations, universities, research institutions, and human research and ethics committees.



Céline Fournier

BA, GDipPHC, M MSc

Research Officer, Centre for Nursing
Research | Murdoch University

Céline is a health research officer at Murdoch University and provides research support to Professor Anne Williams within the Centre for Nursing Research. Céline manages the Solaris Collaborative Research Team, a multidisciplinary group of health clinicians and researchers who drive a research agenda in the area of supportive cancer care. Their current focus is a project measuring levels of empowerment and distress in cancer patients.



Afia Achiaa Sarpong

BSc, MPH, RN

PhD Student, Edith Cowan University

Afia is a PhD student at Edith Cowan University and is conducting her research at Sir Charles Gairdner Hospital. She joined the Centre for Nursing Research in October 2020. She is a Ghanaian registered nurse and holds a Master of Public Health degree from the Kwame Nkrumah University of Science and Technology, Ghana. Afia's research interests are in improving health outcomes for complex patients and vulnerable populations.



Farewell

Chris Toye



Associate Professor Chris Toye held a joint appointment as research consultant in the Centre for Nursing Research (CNR), firstly with Edith Cowan University and then with Curtin University, until her retirement in July 2020.

During her 15 years with CNR, Chris built a program of nurse-led research that aimed to improve health outcomes for older people and support of their family caregivers across the care continuum. She was instrumental in building a multidisciplinary research team that now extends across Australia and internationally to Brazil. Chris's research led to the development of the Focus on the Person form, now available nationally to enable carers of people living with dementia to provide person-centred information to hospital staff during an admission.

The multidisciplinary team led by Chris also developed the Further Enabling Care at Home (FECH) program, a post-discharge nursing intervention to support family carers of older people in poor health to sustain home-based care.

Under Chris's leadership, the team was successful in securing NHMRC funding of \$1.5 million to conduct a trial (due for completion in 2023) of the expanded FECH program, now termed FECH+, at Sir Charles Gairdner Hospital and two Queensland hospitals.

She also led projects focusing on falls prevention, dementia care, family support for patients with delirium, palliative care, and health literacy. In addition to her research projects, Chris was a highly active and much valued CNR member through the Engaging in Research program, Nursing Practice Guideline revisions, and work to raise the profile of nursing research across the organisation.

Chris's leadership and passion sparked an enduring involvement in research in many senior nurses who work with older patients. For some, this began when Chris supervised their higher degree in research studies, while for others her mentorship opened the door to research opportunities. For all, learning from Chris enabled nurses to complete rigorous, impactful studies that nurtured an understanding of the value of nursing research.

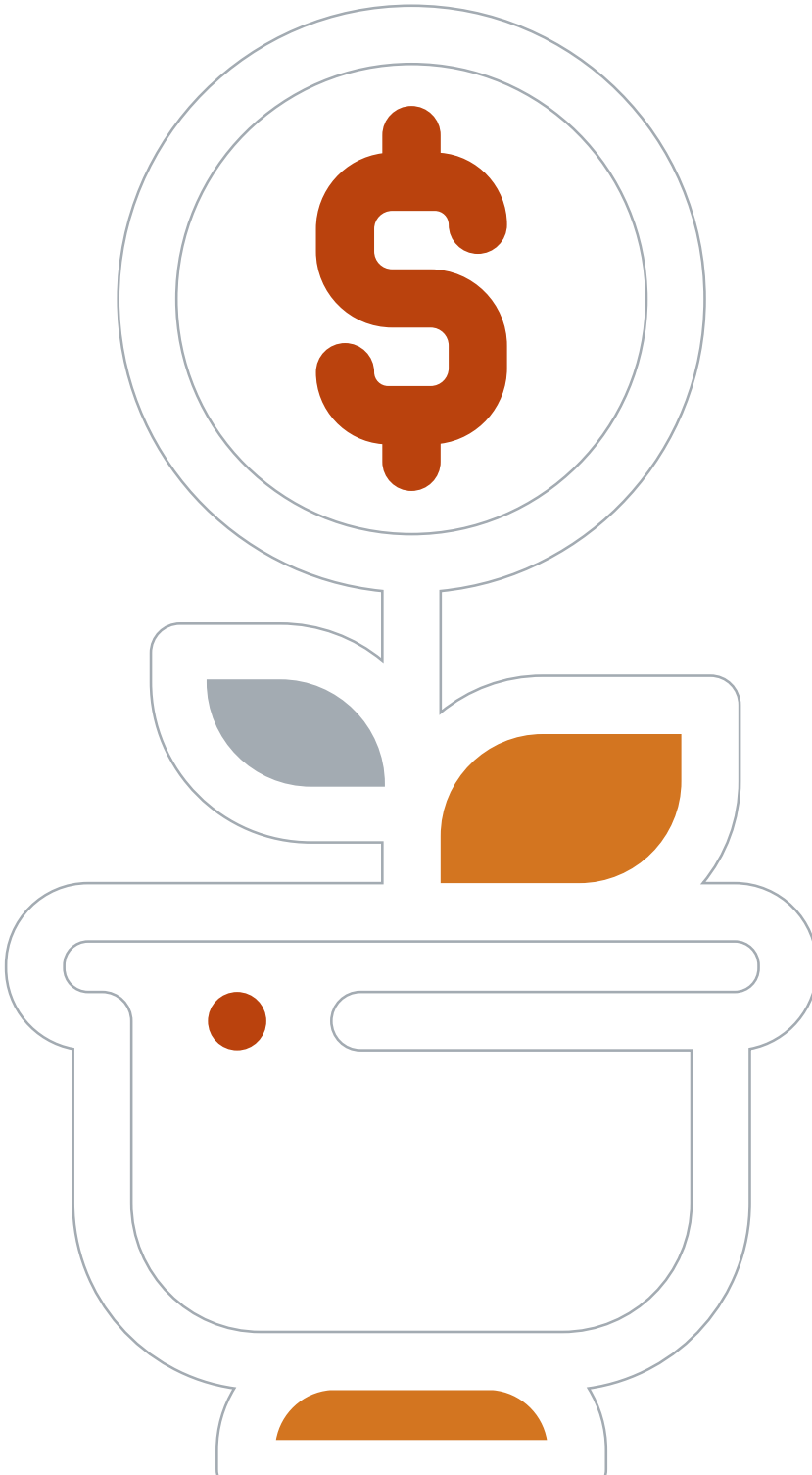
Chris's impact extended well beyond CNR. Just some of her many achievements include more than 71 peer-reviewed publications, co-authorship of the National Guidelines for a Palliative Approach in Residential Aged Care (Australian Govt, 2006), and development of the Dementia Knowledge Assessment Tool (2014) used internationally (Toye et al., 2014). Chris was a foundational member of the Australian Hartford Consortium for Excellence in Gerontological Nursing Excellence.

Chris has been a much-valued member of CNR. While she retired in 2020, her legacy lives on in the vibrant research program she built and the nurses she inspired to investigate, evaluate and translate better ways to care for older people and their families.

References:

Australian Government (2006) Guidelines for a Palliative Approach in Residential Aged Care: Enhanced Version. Department of Health and Ageing, Australian Government, Canberra, Australian Capital Territory, Australia

Toye C, Lester L, Popescu A, McInerney F, Andrews S, Robinson AL (2014). Dementia Knowledge Assessment Tool: Development and preliminary testing with aged care staff and family carers. *Dementia* 13: 248-256



Grants
\$2,406,079.50





Local

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Edith Cowan University
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Hospitals Group
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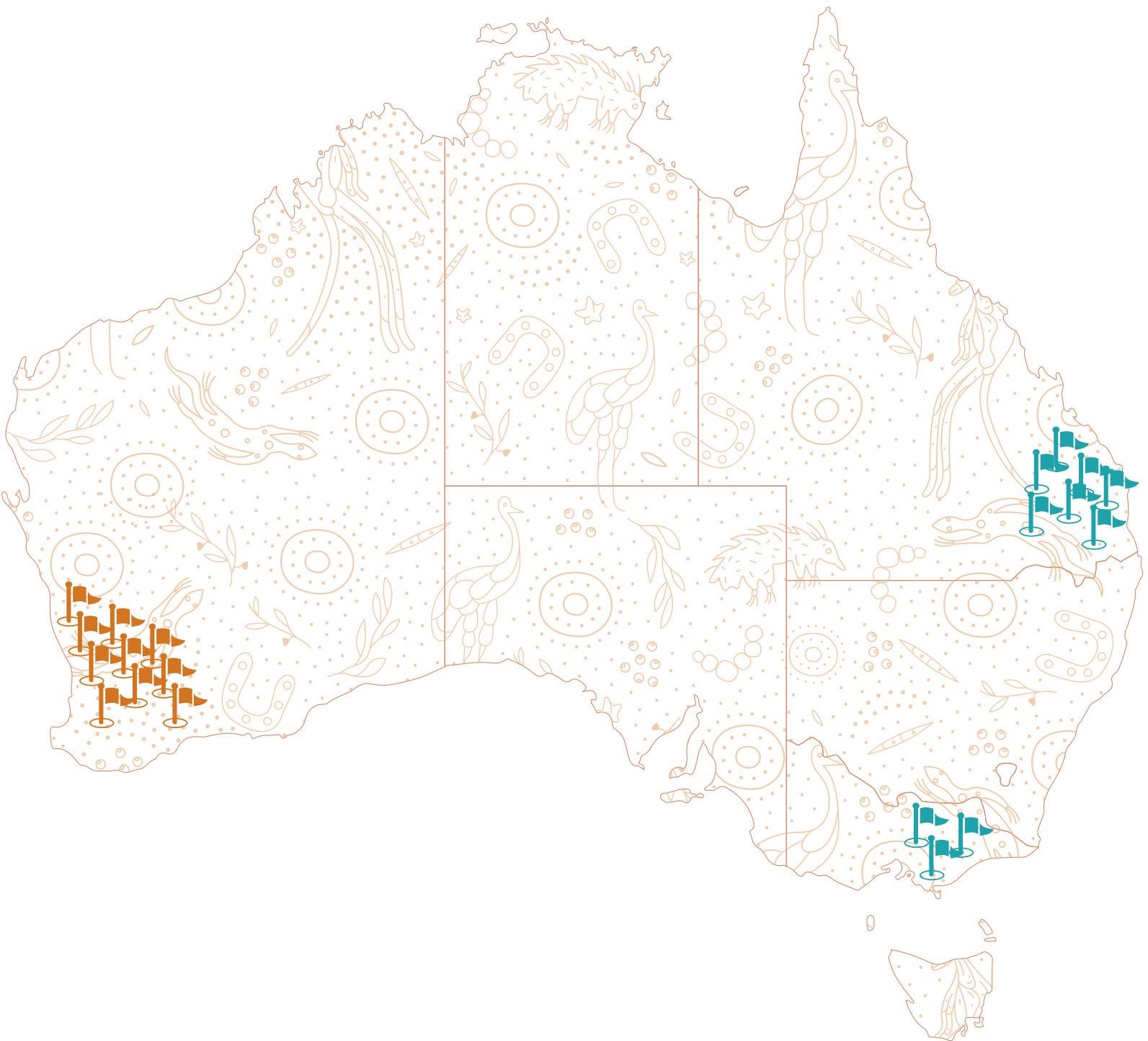
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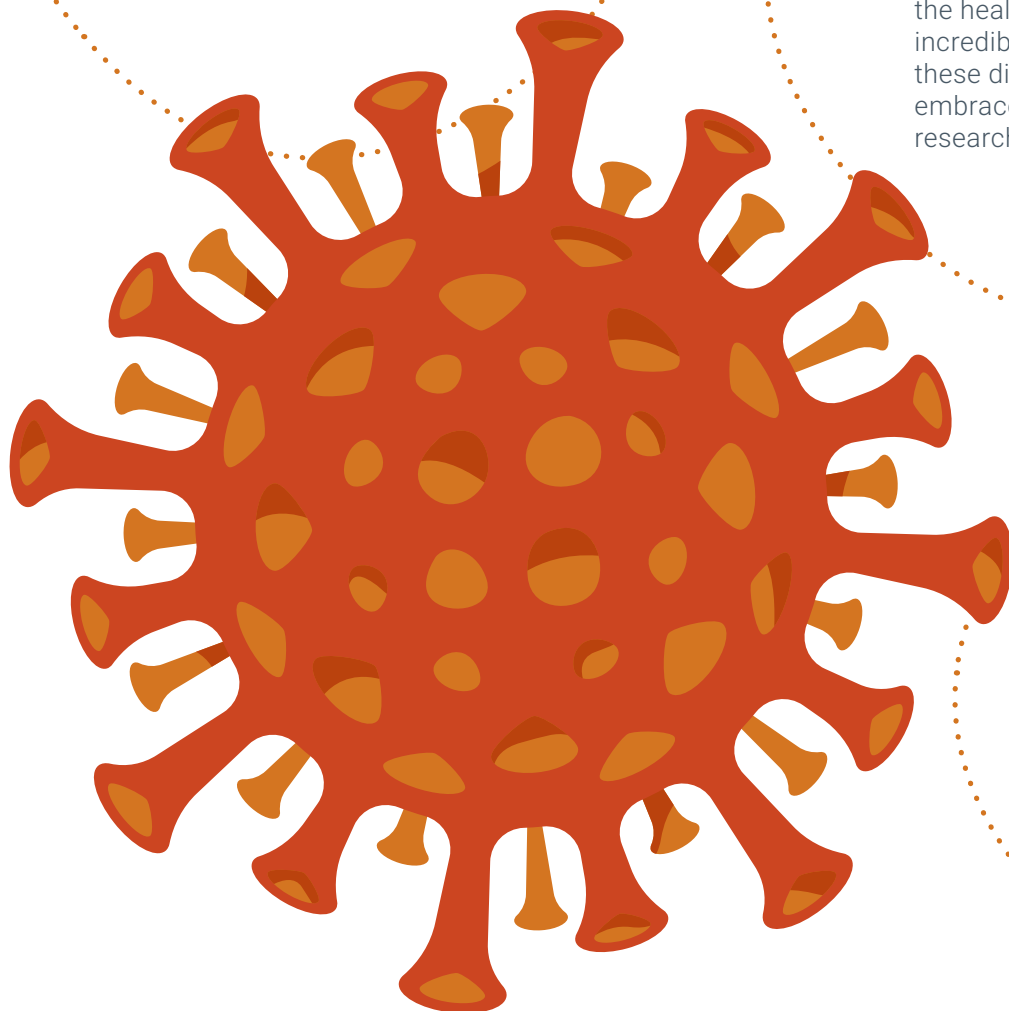
The University of Auckland – Auckland, New Zealand
Waitematā District Health Board – Auckland, New Zealand



A global pandemic of COVID-19 was declared by the World Health Organisation (WHO) in March 2020. The world could not have imagined the severe impact upon health services across the globe, as it has battled to meet demands of populations seriously affected by the novel coronavirus, COVID-19.

WHO had previously designated 2020 as International Year of the Nurse and Midwife in honour of the 200th anniversary of Florence Nightingale's birth. Florence Nightingale was a visionary and leader. In this year, nurses - the largest component of the health workforce - have faced incredible challenges. Despite these difficulties, nurses have embraced the opportunity to lead research in the COVID-19 space.

This report showcases three nurse-led research studies undertaken during the pandemic. It is hoped that lessons learned from the studies will prompt research translation for future disaster response planning, in partnership with healthcare staff throughout the healthcare service.



Project title:

The COVID-19 pandemic: Nurse leaders' experiences of decision-making to prepare four public hospitals in Western Australia

Investigators: Matthews, A., Yuile, C., Slatyer, S., Keogh, P., Sequeira, A.R., & Bruce, M.

Background

The novel coronavirus, COVID-19, first appeared in the Wuhan province of China in December 2019 and has subsequently spread globally, contributing to millions of deaths and debilitating illness. The insidious and unrelenting progression of COVID-19 has compelled health service providers to precipitously develop, refine and implement contingency plans to meet surge capacity while maintaining routine service capability. Surge capacity is defined in this instance as the ability of the individual hospitals and overall health care system to respond to the sudden increase in demand for services as a consequence of the pandemic. Internationally, nurses comprise the highest proportion of the health workforce and are integral to achieving effective service responses to the challenges created by the COVID-19 pandemic. This study is capturing, in real time, senior nurses' decision-making as they prepare health services to rapidly meet surge capacity, gaining a rich appreciation of their methods and experiences in response to the pandemic.

Aim

This study explores nurse leaders' decision-making in preparing four hospitals in Western Australia to meet surge capacity and the influences on, responses to, and impacts of those decisions during the evolving COVID-19 pandemic.

Methods

The study is employing a qualitative descriptive design. Purposive sampling has been used to recruit nurse leaders working at senior levels across hospital services, divisions, wards, clinical units and departments within all four organisations.

Data collection

All nurse leaders engaged in the selected sites who met the participant inclusion criteria received personal email invitations to participate. Forty-two senior nurses participated in individual semi-structured interviews conducted via phone or video-link. An interview guide consisting of open-ended questions informed the interviews in addressing the specific study objectives.

Data analysis

Interviews were audio-recorded and transcribed verbatim. Three qualitative researchers are independently coding the transcripts. Any discrepancies in coding are being resolved through discussion to reach consensus on emerging categories, emergent themes and sub-themes. Study data were managed in NVivo. It is anticipated that findings will be provided to the study hospitals and prepared for publication during 2021.

Project title:

Staff experience of working in the Intensive Care Unit during the COVID-19 pandemic: A phenomenology study

Investigators: Ning, J., & Slatyer, S.

Background

Since the WHO officially declared COVID-19 a pandemic, there has been intense and widespread media coverage across traditional sources and social media platforms of its rapid spread and lethal potential. As a result, there has been heightened anxiety, fear, confusion, frustration and anger within society. Western Australian hospitals, as elsewhere in the world, raced to ramp up services to meet the anticipated high levels of demand. Emergency responses and pandemic preparations at all levels were enacted across almost all healthcare settings, and particularly within tertiary hospitals. Existing pandemic literature was mostly focused on the epidemiological aspects of the diseases and its treatment but there was little investigation of the psychological impacts on healthcare workers (HCWs) and their lived experience during a pandemic. During this health crisis, it was intensive care unit (ICU) settings where the sickest COVID-19 patients were cared for, where many high-risk procedures were routine, and where staff stress levels were already high, even without considering the impact of the pandemic. An in-depth understanding of ICU staff's lived experience through this pandemic is timely to help build resilience in these vital staff members, and assist planning to prepare and support these HCWs to cope in future health crises.

Aim

The study explores and documents the lived experience of multi-disciplinary staff who worked in the ICU at Sir Charles Gairdner Hospital through the evolving COVID-19 pandemic response.

Methods

The study is employing a qualitative design with a descriptive phenomenological approach. Purposive sampling with maximum variation has been used to capture a wide range of participants with rich experience.

Data collection

Staff members who worked in the ICU during the evolving COVID-19 pandemic and who met study inclusion criteria were invited to participate. In-depth, face-to-face interviews have been conducted with 25 individuals using a semi-structured interview guide. Each interview began with the broad question "what was it like to be working in the ICU during the pandemic?" and became more focused in order to probe emerging ideas and concepts.

Data analysis

Each interview was audio-recorded and has been transcribed verbatim. Data analysis is in progress using Giorgi's five-step descriptive method to develop themes and the essence of participants' lived experiences. The completion of the study is expected in late 2021.

Project title:

Staff perceptions of the effectiveness of hospita-wide communication during the COVID-19 pandemic

Investigators: Doleman, G., O'Connell, B., Coventry, L., Towell-Barnard, A., Ghosh, M., Gent, L. & Saunders, R.

Background

Health care systems across the country were required to respond to the health care needs of the community brought about by the COVID-19 pandemic. This required unprecedented reorganisation of the way in which health care facilities operated. Central to the success of this reorganisation was to implement a sound and effective communication strategy so that changes were communicated in a timely and clear manner. The importance of effective communication was identified from the SARS outbreak, where the initial response was staff uncertainty and fear. While the literature highlights the need for effective communication, little is known about the effectiveness of this communication during the COVID-19 pandemic and the impact of this on staff wellbeing and ability to manage the workplace changes.

Aim

The aim of this study is to explore staff perceptions of:

- a) The effectiveness of organisational communication during the COVID-19 pandemic; and,
- b) The impact of organisational communication during the COVID-19 pandemic on their wellbeing and ability to progress their work and patient care.

Methods

The study has employed an exploratory cross-sectional mixed method research design, whereby the data is being collected consecutively. A convenience sample is being used.

Data collection

All staff working at Sir Charles Gairdner Hospital were invited to participate in the study. Data were collected through questionnaires and interviews.

Data analysis

Participants' demographic and occupational data were analysed using descriptive statistics. As the questionnaire followed an ordinal response structure, and responses were not normally distributed, non-parametric statistical analyses were conducted. Interview data will be analysed using thematic analysis. It is anticipated that findings will be provided to the study hospital and prepared for publication during 2021.

Project title:

Are we meeting their needs? A qualitative exploratory study of patients' and their families' experience of diabetes education

Investigators: Towell-Barnard, A., Whitehead, L., Daniels, G., **Coventry, L., Twigg, D.,** & Davis, S.

This study explored patients' and families' experience of diabetes education provided by ward nurses during hospital admission. Eleven patients admitted for diabetes management and six family carers were interviewed after discharge. Four major themes emerged:

- Denial reflected a view that diabetes education was not always relevant
- Uncertainty involved trying to maintain glucose control and prevent adverse events
- Communication embodied consistent diabetes education involving patient and carer
- Education described content and delivery tailored to the individual, flexible, culturally appropriate, and multidisciplinary

While most patients had received community education about diabetes prior to admission and been living with diabetes for some time, none had been able to prevent the progression of the disease. Inpatient diabetes education may prevent patient readmission, but self-management education needs to be cognisant of the preconceived attitudes and beliefs of all involved.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/directors/dr-mandy-towell-barnard>

**Project title:**

Care for older people in poor health: Piloting a process to identify and support family caregivers with low levels of health literacy

Investigators: **Toye, C.,** Hill, K., **Slatyer, S.,** Jacinto, A., Burton, E., & Bronson, M.

This mixed methods study aimed to develop a feasible, useful, and acceptable process to identify older patients' family caregivers who find accessing and using health-related information difficult, and to include them in the Further Enabling Care at Home (FECH) post-discharge nursing support outreach program. The test-retest reliability of the Health Literacy Questionnaire [HLQ]¹ was evaluated with 50 family caregivers who completed the questionnaire twice over approximately two weeks. Twenty additional caregivers with 'low' scores on initial questionnaires were included in the support program and provided interview data. Results: Test-retest reliability estimates were acceptable for seven of the nine HLQ scales and median completion time was 16.5 minutes (range 9-50, n=86)¹. Median acceptability of the FECH program was 8/10 (range 5-10, n=17). Interviews with 12 carers indicated that those lacking family support or having difficulty navigating the health system derived most benefit from program inclusion. A longer program was suggested to address particularly challenging requirements.

Link to publication <https://onlinelibrary.wiley.com/doi/abs/10.1111/ajag.12897>

1. Osborne, R.H., Batterham, R.W., Elsworth, G.R., Hawkins, M., Buchbinder, R. (2013). The grounded psychometric development and initial validation of the Health Literacy Questionnaire (HLQ) BMC Public Health, 13: 658.



Project title:

Benchmarking nurse outcomes in Australian Magnet® hospitals: cross-sectional survey

Investigators: Stone, L., Arneil, M., **Coventry, L.**, Casey, V., Moss, S., Cavadino, A., Laing, B., & McCarthy, A.L.

The Magnet Recognition Program® recognises organisations for superior nursing processes and patient care, which lead to the highest levels of safety, quality, and patient satisfaction. Three Australian hospitals (Sir Charles Gairdner, Princess Alexandra and St Vincent's Sydney hospitals) have achieved Magnet accreditation. This mixed method study aimed to explore the nature of nursing practice in Australian Magnet and non-Magnet hospitals and to compare practice environments, as well as nurses' levels of burnout, intention to leave employment and job satisfaction between Magnet hospitals in Australia and the United States. Nurses (n=2004) participated and rated their hospitals highly in all domains of the practice environment. Nurses reported less burnout in the personal accomplishment and depersonalisation domains than in the emotional exhaustion domain, in which they reported average levels of burnout. This study provides a benchmark that facilitates comparison with nursing outcomes published by Australian non-Magnet hospitals with the international Magnet organisations.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/senior-research-fellows/dr-linda-coventry>

Link to the publication <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-019-0383-6>

**Project title:**

Develop, implement, and evaluate an intervention to reduce prevalence of hospital-acquired pressure injury and improve compliance to evidence-based guidelines: A prospective cohort study

Investigators: **Coventry, L.**, Kabdebo, I., Walsh, N., Jenkins, M., Davis, S., **Twigg, D.**, Jansen, S., & Beeckman, D.

Pressure injuries (PI) are a preventable adverse event and serious health problem, with affected patients frequently experiencing pain, discomfort, and poor quality of life. An intervention to reduce the prevalence of PIs was implemented. This involved updating the hospital's existing PI prevention management plan and changing from the Braden to the Waterlow risk assessment tool. Education of ward-based nursing personnel occurred over a five-week period. Prevalence of PIs at this hospital has been routinely collected over a 20-year period, which served as a baseline measure prior to the implementation of the intervention. PI prevalence was measured for a random sample of 392 consenting patients, over two eight-week periods post-intervention. Mean PI and Hospital Acquired PI (HAPI) prevalence over the historical 20-year period was 14.2% and 10.8% respectively. Mean PI and HAPI prevalence post-intervention was 8.4% and 2% respectively. Short-term results suggest the intervention is tracking to significantly reduce the prevalence of PIs in this hospital setting, with prevalence of HAPIs already significantly lower than historical measures.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/senior-research-fellows/dr-linda-coventry>



Project title:

Evaluation of a remote symptom monitoring system for people receiving chemotherapy for breast or colorectal cancer

Investigators: Whitehead, L., **Twigg, D.**, Dewar, J., Brown, D., & Kirk Walker, D.

The aim of this study was to develop and evaluate a web-based symptom management monitoring system for patients receiving chemotherapy for breast or colorectal cancer. Consenting participants recorded their symptoms electronically (i.e. on a phone, computer, iPad) to allow real time symptom monitoring and management of chemotherapy side-effects. The intervention provided participants with a platform to support self-management of symptom/s, including providing advice as to when it is appropriate for participants to contact their medical oncology team, general practitioner or the hospital Emergency Department. The outcomes of the project included the development of a system that is reliable and easy to use. Participants reported feeling more in control of managing their symptoms and feeling reassured. The program has the potential to enhance the management of symptoms for people receiving chemotherapy treatment. The system creates an accurate repository of symptoms that can be accessed easily and highlights patterns in symptom experience.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/dean/professor-di-twigg>

**Project title:**

Insulin stabilisation ambulatory program for inpatients discharged from hospital – Diabetes Virtual Ward

Investigators: **Towell-Barnard, A.**, **Coventry, L.**, **Twigg, D.**, Daniels, G., Cusack, N., Gibson, N., Kaye J., Davis, S., & Murray, K.

The Diabetes Virtual Ward is an insulin stabilisation ambulatory program for inpatients discharged from hospital. This study assessed whether patients cared for in this virtual ward have less time in, and fewer readmissions to, hospital within 30 days; and if there were fewer costs for the hospital. The study looked back at hospital records and compared outcomes for 385 pairs of matched patients admitted to the virtual ward and admitted to traditional wards. The results showed a significant effect of virtual ward exposure in reducing the average blood glucose measurements of patients was detected, which was not observed for non-exposed patients with diabetes.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/directors/dr-mandy-towell-barnard>





Project title:

Measuring levels of empowerment and distress in patients with a diagnosis of cancer who attend a cancer support centre

Investigators: Williams, A., Bulsara, C., Bennett, K., Fournier, C., Furzer, B., Gibson, C., Halkett, G., Joske, D., Kirk, D., O'Connor, M., Slatyer, S., & Williams, P.

The aim of the study was to measure levels of empowerment and distress in patients with a diagnosis of cancer using a quantitative, cross-sectional, correlational study design. The study population was all persons over the age of 18 with a diagnosis of cancer attending one of five Solaris Cancer Care centres in Western Australia or accessing the website of Solaris Cancer Care. Patients completed an online questionnaire (via a Survey Monkey link). In each of the five centres, the survey was accessed via iPads made available for use by potential participants. Volunteers in all five Solaris Cancer Care centres were briefed on the research study and the use of the iPad, as they introduced the study to potential participants. An information sheet and consent form were at the beginning of the survey and participation was agreed directly on the survey by ticking a box to access the questionnaires, consisting of three parts:

1. National Comprehensive Cancer Network® (NCCN) Distress Screening Tool;
2. Patient Empowerment Scale (PES);
3. Demographic information.

Between April and October 2019, we received 116 fully completed online questionnaires, from 99 women and 17 men, aged between 31 and 85. Data analysis is in progress. It is anticipated that this research will increase our knowledge and understanding of patterns of empowerment and distress in cancer patients at different time points. Some may be receiving active treatment, others may not. Establishment of an accurate measurement of empowerment will help healthcare professionals to assess and assist patients during cancer treatment.

For more information, contact <http://profiles.murdoch.edu.au/myprofile/anne-williams/>



Project title:

Prevalence of pressure injuries over 20 years in a Western Australian hospital

Investigators: **Coventry, L.**, Kabdebo, I., Walsh, N., Jenkins, M., Kaistha, P., Mulherin, E., Davis, S., **Twigg, D.**, Jansen, S., & Beeckman, D.

This study examined the prevalence of pressure injuries (PIs) over a 21-year period at a major metropolitan teaching hospital in Western Australia and to determine the risk factors associated with the development of pressure injuries. Between 1997 and 2018, hospitalised patients completed a validated risk assessment tool to determine their risk of developing PIs. Investigators also collected patient age, sex, duration of stay, risk assessment score, mattress type and the site of their PI. Twenty-one years of data representing 15 prevalence audits were combined to form a larger patient sample. Over the 21-year period, 921 of 6,837 (13.5%) patients had at least one Stage 1 or above PI and of those 685 (10%) were hospital acquired. There were 460 (6.7%) patients with at least one Stage 2 or above PI, of which 315 (4.6%) were hospital acquired. Older age, lower Braden score, greater duration of stay and mattress type were positively associated with having a hospital-acquired pressure injury.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/senior-research-fellows/dr-linda-coventry>

**Project title:**

The influence of patient characteristics on the assessment and management of pain: Creating new resources to enhance graduate nurses' insights and practices

Investigators: **Slatyer, S.**, Kelly, M., Osnain, J., Kemp, J., Hopkins, M., & Ledger, S.

Nurses' pain assessment is a complex social transaction between patient and nurse, influenced by sociocultural factors, experiences, and situational circumstances. Learning resources integrating innovative technologies can trigger nurses' self-reflection upon inherent biases about pain while modelling best practice. This project developed an audio-visual (AV) simulation exploring cultural aspects of nurses' pain practice. A sample of 112 graduate nurses enrolled in the Graduate Program at Sir Charles Gairdner Hospital viewed the AV simulation during a scheduled study day and provided pre-post survey data. Results found that graduate nurses' levels of overall compassion increased after viewing the AV simulation and that most felt the AV simulation feasible, acceptable and valuable.

For more information, contact <http://profiles.murdoch.edu.au/myprofile/susan-slatyer/>



Project title:

The reliability and validity of a haemodialysis vascular access cannulation complexity instrument

Investigators: **Coventry, L.**, Hosking, J., Coral, E., Jenkins, M., Kent, C., Chan, D., Lim, W., **Twigg, D.**, & Rickard, C.

Failure to cannulate a haemodialysis patient's vascular access successfully on a repeated basis may result in serious complications. This study aimed to evaluate the validity and reliability of an instrument to measure haemodialysis vascular access cannulation complexity. A convenience sample of experts was invited to evaluate the instrument's content validity prior to reliability testing. The final version of the instrument (n=20 items) had individual item-level content validity indices ranging from 0.625 to 1.00, with a scale-level content validity index of 0.89. For both inter-rater (n=172 pairs) and test-retest (n=101 pairs), most individual variables had excellent adjusted kappa. This instrument may be used to match a competency-assessed nurse to perform the cannulation, thereby minimising the risk of missed cannulation and trauma.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/senior-research-fellows/dr-linda-coventry>

**Project title:**

Variables associated with successful vascular access cannulation in haemodialysis patients: A prospective cohort study

Investigators: **Coventry, L.**, Hosking, J., Chan, D., Coral, E., **Towell-Barnard, A.**, Lim, W., **Twigg, D.**, & Rickard, C.

Patients on maintenance haemodialysis need effective vascular access. Haemodialysis involves insertion of two needles at the vascular access site, called cannulation. This study identified characteristics associated with successful cannulation. We collected data on 1,946 cannulations. The failure rate was low at 4.4%.

Cannulation was likely to be successful if:

- It used a fistula (rather than a graft) or older access site
- There was no stent
- It did not involve ultrasound or a tourniquet
- The nurse had no post-graduate renal qualifications

This understanding may inform development of a vascular access cannulation complexity instrument.

Link to the publication <https://bmcnephrol.biomedcentral.com/articles/10.1186/s12882-019-1373-3>





FECH Project overview

Project title:

Multicentre randomised controlled trial: Caregiver, patient, and system outcomes from a program supporting informal caregivers of older people discharged home from hospital

Investigators: **Toye, C., Hill, A-M.,** Moyle, W., Moorin, R., Hill, KD., **Slatyer, S.,** Bryant, C., Waldron, N., Aoun, S., Kamdar, A., Reberger, C., Jones, C., Grealish, L., Bronson, M., Bulsara, M., Maher, S., & Claverie, T.

Supporting home caregiving for older people in failing health is now a critical issue in the Australian context. Many older people continue to live at home with help from a family member or friend who assists with household tasks, provides emotional support, responds to acute health needs, and advocates for the person. Hospital admission of the older person presents an opportunity to address carers' own needs for support to sustain their home-based caregiving.

This NHMRC-funded randomised controlled trial is evaluating the Further Enabling Care at Home (FECH+) program. The study is being led by Curtin University and conducted at Sir Charles Gairdner Hospital (SCGH) and two hospitals in Queensland. The multi-disciplinary team includes researchers and clinicians with expertise across nursing, physiotherapy, geriatric medicine, psychology, and health economics.

The FECH+ program is a telephone-based nursing intervention delivered to carers over six months following the older person's hospital discharge. Delivered by specially trained nurses, the FECH+ program is designed to guide the carer to identify and address the most pressing of their support needs via a problem solving approach.

Study aims are to:

1. Measure impacts from the FECH+ program on carers' quality of life, preparedness to care, strain and distress; on patients' independence and experience of symptom distress; and on the use and costs of health and residential care services, and
2. Explore and describe how caring is influenced by the program

With strong support from SCGH clinical staff, a sample of 925 'dyads' (600 in WA - each comprising an older patient, defined as aged 70+, and their carer) is being recruited. Dyads receive either usual carer support (control group) or the FECH+ program usual carer support (intervention group). Data are being collected from all carers straight after the patient's discharge and then after three, six, and 12 months. Information about health service use will be collected via data linkage. Some carers will participate in telephone interviews about their experiences of the FECH program. Data collection commenced in August 2020 and remains in progress.

For further information about the trial, please contact
Anne-Marie.Hill@curtin.edu.au



Projects in progress



Project title:

Evaluation of a new after-hours medical care model at SCGH (CAT model): Doctors' and nurses' perceptions - A practice improvement project

Investigators: O'Connell, B., Coventry, L., Saunders, R., Towell-Barnard, A., Ghosh, M. Krishnasivam, D., Lee, F., Paterson, T., & Gent, L.

The project's objectives are to:

1. Gain information and knowledge on doctors' perceptions of the new CAT (Crisis Assessment Teams) service delivery model, when compared with the previous Out of Hours Care Model, on the safe delivery of patient care and doctors' and nurses' support and wellbeing
2. Nurses' perceptions of the new CAT (Crisis Assessment Teams) service delivery model, when compared with the previous Out of Hours Care Model, on the safe delivery of patient care and doctors' and nurses' support and wellbeing

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/professors/professor-beverly-oconnell>



Project title:

Examining consumer experiences of a tertiary hospital emergency department in Western Australia: A mixed methods study

Investigators: Matthews, A., Towell-Barnard, A., Yuile, C., Ong, M., Whitehead, L., MacDonald, M., & Hoskins, N.

Patients are often anxious and experience discomfort when attending an emergency department (ED). Research has identified patients' discomfort is reduced when family/carers accompany them in the ED. The design and processes in EDs historically have not promoted the presence of family/carers and have not specifically accommodated the unique needs of elderly patients and persons with chronic and complex care needs who present on multiple occasions.

This research employs an explanatory sequential mixed method design across two phases, with the aim to explore and describe the experience of the patient and their family/carer from arrival at the ED to discharge, and to elicit the specific experience of persons with chronic and complex care needs and their family/carers. The study also explores the experiences of family/carers who are the primary decision makers of a relative with cognitive dysfunction in the ED.

For more information, contact Anne.Matthews@health.wa.gov.au





Project title:

Family experience of an Australian adult Intensive Care Unit waiting room: A mixed method study

Investigators: Ning, J., Towell-Barnard, A., Laurie, K., & Eaton, M.

Families express satisfaction with the overall care their loved ones receive in ICU; however, they voice dissatisfaction with the ICU waiting room. The study aims to explore the experience of families, and to identify their important needs while waiting in the ICU waiting room and whether these needs were met. A mixed method approach using a cross-sectional anonymous survey and in-depth interviews was adopted. Data collection occurred between 12 August 2019 and 18 March 2020. A total of 84 surveys were returned and four interviews were conducted. Analysis of survey data is complete.

Results suggest that several needs were considered highly important but poorly met by families of critically ill patients such as:

- Providing convenient access to bathrooms
- Periodic check-ins with visitors waiting long periods of time
- Providing access to food and drinks near the ICU waiting room at all hours
- Providing general information about the ICU and the hospital in the ICU waiting room

Provision of targeted information in the ICU waiting room is also recommended. The gap in facilities and resources needed to meet those important family needs is highlighted. Interview data analysis is almost complete.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/directors/dr-mandy-towell-barnard>



Project title:

Identification of strengths and weaknesses of nurse change-of-shift handovers at Sir Charles Gairdner Hospital - A practice improvement project

Investigators: O'Connell, B., Saunders, R., Coventry, L., Towell-Barnard, A., Ghosh, M., House, A., Walker, M., & Gent, L.

Nursing handover is a common part of nursing practice that is fundamental for safe patient care. The aim of this study is to examine nurses' perceptions of the effectiveness of current handover processes, and to identify the strengths and limitations of the handover process using a handover acronym (ISOBAR) which uses the following terms as prompts: **I**dentify, **S**ituation, **O**bservations, **B**ackground, **A**gree a plan, and **R**eadback. Data collection and analysis are in progress.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/professors/professor-beverly-oconnell>





Project title:

Optimising Patient Care Assistants' (PCAs) capacity to deliver safe patient care: A participatory action research approach

Investigators: O'Connell, B., Kitchen, S., & Coventry, L.

This exploratory research project will develop and evaluate a multidisciplinary and holistic training workshop for sitters / PCA to enhance confidence when assisting with activities of daily living; managing controlled or assisted falls; and providing social and therapeutic interactions, distractions, and support to the patients they supervise. This will be pursued through a one-day training workshop and pre, post, and follow-up surveys / interviews. The project will develop and evaluate the efficacy of this workshop with training materials potentially being disseminated more broadly through WA Health.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/professors/professor-beverly-oconnell>



Project title:

Patient falls: A retrospective audit of the Clinical Incident Management database

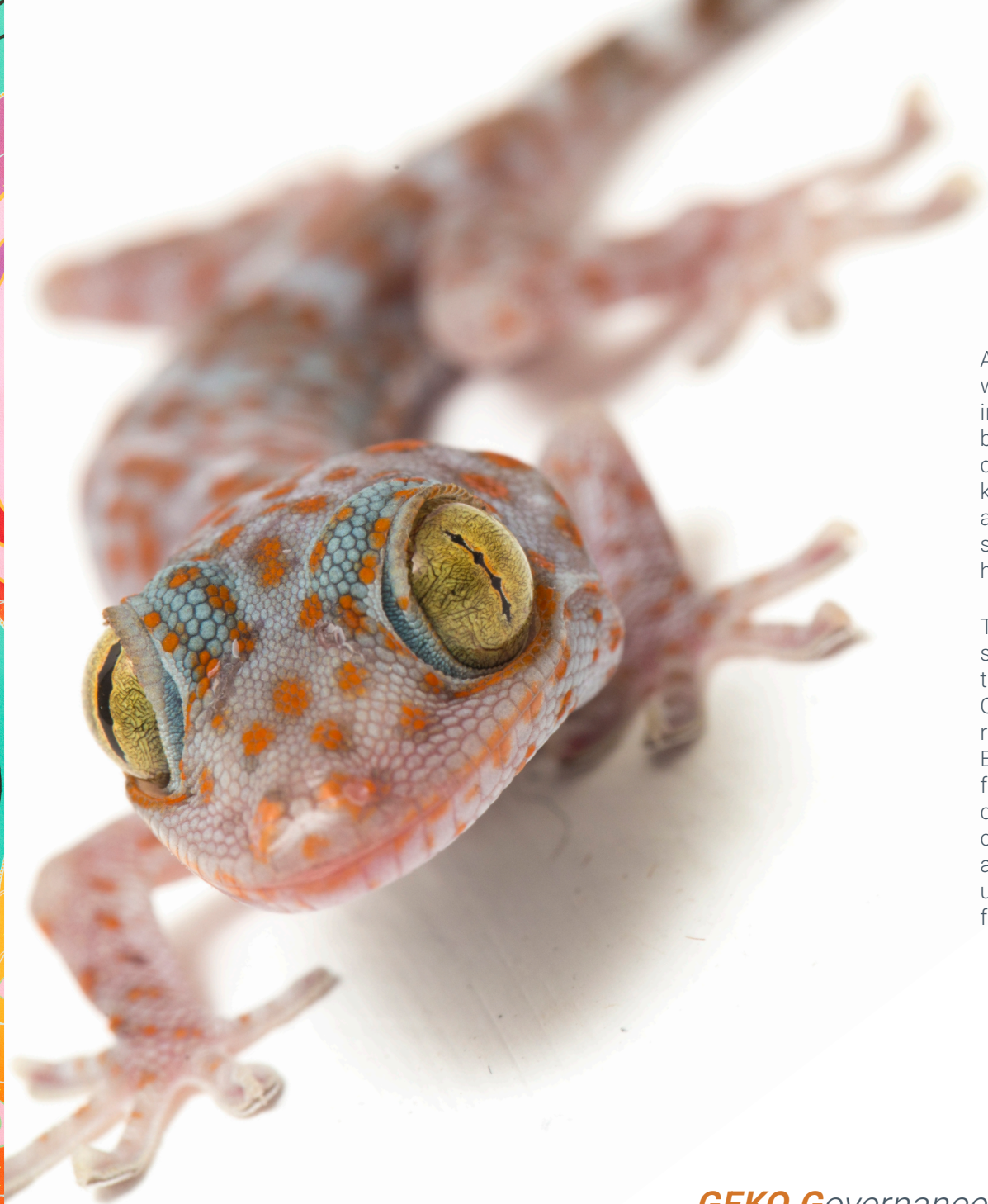
Investigators: O'Connell, B., Coventry, L., Kitchen, S., & Ghosh, M.

This study identifies both individual and organisational factors associated with single vs multiple falls, as well as severity of injuries. Learning about the risk factors and establishing a profile may contribute to the design of adequate prevention and improvement strategies that are effective to reduce falls and to avoid injuries. Data analysis and report writing are in progress.

For more information, contact <https://www.ecu.edu.au/schools/nursing-and-midwifery/our-staff/profiles/professors/professor-beverly-oconnell>







A Quality Improvement (QI) project is an activity where the primary purpose is to monitor or improve a process, program or system delivered by the organisation. Types of QI activities include clinical audit, practice review, satisfaction and knowledge surveys, and program evaluation. QI activities ask whether we are doing the things we should be doing or achieving the outcomes we have agreed we should be achieving.

The Centre for Nursing Research (CNR) provides support and mentorship to nursing staff throughout the hospital who wish to undertake QI activities. All QI activities are electronically registered in the GEKO system (Governance, Ethics, Knowledge, Outcomes). Requests to CNR for QI support come via a variety of research and clinical staff networks, including hospital-wide committees, sub-committees, study groups and projects. Staff working within the CNR also undertake QI activities to scope possibilities for future research studies, and individual clinicians.

GEKO Governance, **E**thics, **K**nowledge, **O**utcomes



Project title:

Evaluation of effectiveness of the CHARM education program

GEKO No: 34182

Investigators: Kennon, P., & **Towell-Barnard, A.**

Exposure to violence is a significant stressor within the work environment and can result in numerous physical health consequences for nurses, including physical injury from assault, disability, other physical symptoms and impacts on the mental health of those who experience them.

Nurses require education and support on how to manage aggression that they may be exposed to within the hospital work environment. In 2019, Sir Charles Gardiner Hospital (SCGH) Nursing Executive Committee (NEC) endorsed a study day model as a strategy to support nursing staff working in high-risk clinical areas to manage aggression from patients, visitors and others.

The Charles High Aggression Risk Management (CHARM) education program was a mandatory study for nurses working in high-risk clinical areas as identified by the North Metropolitan Health Service (NMHS) occupational safety and health data for SCGH. The program was conducted from June 2019 to March 2020, offering 500 places over 20 study days with a total of 363 participants attending the program.

A quality improvement activity was conducted to assess the pre and post-knowledge of participants following attendance at the education program and to compare the results of the pre and post knowledge tests to evaluate the effectiveness of the education.

Following the education program, the participant's knowledge had increased in most areas of the content delivered. These aspects of the knowledge required are essential in the clinical environment to recognise and intervene early when an aggressive situation arises.

The overall recommendation is that there is a definite need for the aggression and violence education program to continue as there is a significant improvement in the knowledge of participants who attended. Evidence from the CHARM program quality improvement evaluation data is embedded within the new inter-professional aggression and violence education – Safety for Staff program.



Project title:

Enhancing care for hospital patients with dementia using written information from families: A nursing practice improvement project

GEKO No: 32786

Investigators: Bronson M., Georgekuty, D., & **Toye, C.**

Steering group: Jacqui Bates (acting clinical nurse consultant - Cognitive Impairment Project); Barbara Seal (clinical nurse consultant - general medicine); Andrew Hill (clinical nurse consultant - aged care)

Background

More than 20 percent of hospital patients aged 70+ in Australia have a dementia diagnosis. When patients with dementia cannot communicate adequately about their needs, routines, and preferences, information from families can enhance care and potentially minimise risks of adverse events.

Aim

This project aimed to develop a process for nurses to access information from family members of patients with dementia to enhance patient care. The project was conducted on three wards and in the Emergency Department at Sir Charles Gairdner Hospital. Participants included staff development nurses in these areas and 32 nurses, all with more than two years' experience working in this hospital. Twenty-seven (84%) nurses provided survey data, of which 14 (52%) also contributed to focus groups.

Methods

Surveys elicited current nursing practice in terms of how information to support tailored care for the individual with dementia was being accessed from people with dementia and their families, documented and used to inform care. A summary of current practice was then discussed in focus groups regarding barriers to, and facilitators of, accessing additional written information from families and using this to enhance care.

Results

Perceived barriers to accessing and using written information from families included language, the potential for loss during patient transitions, and the limited time staff have to access information from lengthy written summaries. Good handovers were identified as critical to ensuring that written information accessed from families is used in patient care. Attaching this information to the patient's nursing care plan should ensure that all nurses see it on every shift. The Focus on the Person form (available at <https://www.alzheimerswa.org.au/wp-content/uploads/2019/02/Focus-on-the-Person-Form.pdf>) was considered the most useful tool to access information from family members. A process was developed to facilitate use of the Focus on the Person form to inform hospital care, along with a plan to implement this process guided by the COM-B framework. The next step of implementing and evaluating this process will commence in 2021.



Project title:

Evaluation of Residential Care Line service education on knowledge, confidence and perceived practice of nurses working in residential aged care facilities

GEKO No: 34871

Investigators: Slatyer, S., Douglas, C., Yuile, C., & O'Connell, B.

Background

The Residential Care Line (RCL) Outreach Service is provided by WA Health to liaise with aged care providers in order to prompt early and appropriate intervention for residents at risk of presentation to an emergency department. Led by a nurse practitioner, the RCL is a specialised nursing outreach team with three core functions: clinical consultation; care coordination; and education to build capacity in the aged care nursing workforce. This pilot project is evaluating the education component of the RCL to inform refinements and contribute to development of a robust framework to comprehensively assess all RCL components.

Aim

The project aims to evaluate RCL education on the topic of clinical deterioration provided to nurses working in residential aged care facilities (RACF) in Perth. Specific objectives are to:

1. Assess changes in nurses' knowledge and confidence in detecting and responding to clinical deterioration in a resident; and
2. Explore RACF nurses' perceptions of RCL education and influence on practice.

Methods

The project is using mixed methods to evaluate effectiveness of the RCL education on nurses' knowledge and confidence; and nurses' perceptions of its content and delivery. Convenience sampling is being used to recruit nurses working in RACFs who attend RCL education sessions and who consent to participate. Participation is voluntary, with nurses who choose not to contribute data continuing to receive the education.

Data collection

Quantitative data are being collected using an investigator-developed questionnaire comprising eight items, with most requiring multiple answers, based on specific education content. Data are being collected at four time points: pre (immediately prior to education session); post (immediately after education session); one-month follow-up; and three-month follow-up. Qualitative focus groups are planned to explore participants' experience and perceptions of the education and perceived impact on nursing practice.

Data analysis

Questionnaire data are being analysed to produce descriptive statistics and comparisons in levels of knowledge and confidence between time points. Focus groups will be audio-recorded, transcribed verbatim, and transcripts subjected to thematic analysis.



Project Title:

Surgical wound dehiscence post liver and renal transplant 2018 to 2020: A retrospective cohort study

GEKO No: 34629

Investigators: Slatyer, S., Coventry, L., Yuile, C., Fuentes, R., Ong, M., & Byrne, S.

Steering group: Marie Dean (clinical nurse consultant – wound management, SCGH); Megan Collins (clinical nurse consultant – liver transplant, Fiona Stanley Hospital); Calina Ting (clinical nurse consultant – renal, SCGH), Dr Lingjun Mou (consultant – transplant, SCGH); Elizabeth Bowen (manager, Quality Improvement, SCGH)

Background

Surgical wound dehiscence (SWD) is a severe post-operative complication following liver or renal transplant surgery and is associated with increased morbidity and mortality and a reduction in a patient's quality of life. There are substantial economic and resource repercussions in the management of SWD. Anecdotal evidence of an increased rate of SWD over the period of the study triggered the senior nurses to request assistance with undertaking an audit.

Aim

This study aims to determine the incidence of SWD following liver or renal transplantation at SCGH between 2018 and October 2020. Specific objectives include to:

1. Determine the rate of post-operative SWD in patients following liver or renal transplant surgery;
2. Identify patient characteristics associated with SWD;
3. Identify pre-operative, intra-operative and post-operative factors associated with SWD.

Methods

This was a retrospective cohort study involving a medical record review and access to electronic patient data repositories. A comprehensive review of international literature was undertaken to identify risk factors for SWD.

Search criteria initially focused on peer reviewed publications specifically referring to SWD post liver and renal transplant surgery and was further expanded to include SWD post major abdominal surgery. Clinicians considered the identified risk factors and submitted additional potential factors based on their expert clinical knowledge of the local context.

Data collection

An audit tool was developed in collaboration with clinicians capturing data for 27 potential risk factors.

Data analysis

Descriptive statistics are reported with measures of central tendency (mean), variability (standard deviation), and dispersion (range). Comparisons between demographic and clinical characteristics with SWD (yes, no) were performed using Chi-square or Fisher's Exact for categorical data. Continuous data were subject to parametric tests of normality, including a Shapiro-Wilk test (statistical significance $p \geq 0.05$) verified with visual assessment of histograms and Q-Q Plots. Levine's Statistic assessed homogeneity of variance (equal variance assumed $p \geq 0.05$), verified with visual assessment of a boxplot. Dependent on the outcome of parametric tests, either an Independent t-test or Mann-Whitney U test was applied. All statistical analyses were performed in SPSS Version 24. It is anticipated that data analysis and reporting will be completed by mid-2021.

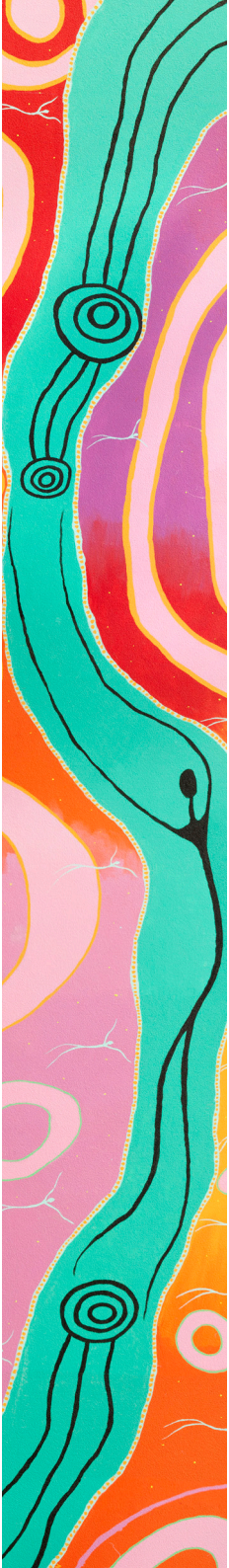


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OF MEDICINE





EnQuIRe Unit

The EnQuIRe (Engaging in Quality Improvement using Research methods) program is a unit of study which takes place over a six-month period and enhances healthcare participants' understanding of the quality improvement process, based upon research methodology. This unit is further development of the Engaging iN Research program.

Throughout the duration of the unit, participants develop and conduct a quality improvement activity, undertaking three formal assessments. Participants are assigned a mentor to provide support and guidance throughout. The unit is run through the Centre for Nursing Research in collaboration with the Centre for Nursing Education. It is open to healthcare employees throughout metropolitan healthcare services. Students who successfully complete this unit of study may be eligible for advanced standing on post-graduate courses offered at some Western Australian universities.

EnQuIRe



Engaging iN Research (ENR)

The Engaging iN Research program, originally named Engaging Nurses in Research, was founded in 2012. Over the ensuing years, this program has attracted both nurses and allied health staff, hence its name change. The unit has been run through the Centre for Nursing Research in collaboration with the Centre for Nursing Education. Throughout this program, healthcare participants conduct a quality improvement activity culminating in the presentation of a poster to their healthcare colleagues. Participants are assigned a mentor to provide support and guidance throughout the program.

The final Engaging in Research program was held at Sir Charles Gairdner Hospital in 2019 and attracted 12 participants, listed below.

Project title: DriveSafe DriveAware: A systematic review

Participants: Anna Barkla & Erin Vito

Mentor: Linda Coventry

Project title: I-V-C feasibility: Intravenous cannulation feasibility audit

Participant: Jaime Bowler

Mentors: Jade Ferullo & Fenella Gill

Project title: Identifying frailty and its impact on patient outcomes in the Emergency Department at Sir Charles Gairdner Hospital

Participant: Kym Murphy

Mentor: Kristie Harper

Project title: Stage 1 of the 'Perceive, Recall, Plan, Perform System of Task Analysis': Feasibility and usefulness in a rehabilitation ward

Participant: Minna Porter

Mentor: Chris Toye

Project title: Trial of Standardised Emergence Delirium Assessment Scales in PCH PACU

Participant: Huiling (Ling) Dai

Mentors: Julie Preston, Angela O'Loughlin & Fenella Gill

Project title: Administration of prehospital analgesia to children with acute abdominal pain

Participant: Nicola Heffernan

Mentors: Gabi Anstey & Fenella Gill

Project title: The effectiveness of nurse-initiated medications in patients' bowel care

Participant: Carol Teo

Mentor: Vicki Patton

Project title: Mechanical VTE prophylaxis in the Intensive Care Unit

Participant: Brandon Franz

Mentor: Mel Eaton

Project title: Audit of nursing practice on G63: Escalating care of the deteriorating patient

Participant: Andrea Jansen Van Rensburg

Mentor: Susan Slatyer

Project title: Assessing ward nurses' knowledge of diabetes and glucose monitoring

Participant: Jacqueline Deacon

Mentors: Amanda Towell-Barnard & Susan Slatyer

Project title: How confident are new emergency department nurses in providing care for methamphetamine-affected patients who require sedation?

Participant: Samantha Harold

Mentor: Anne Matthews

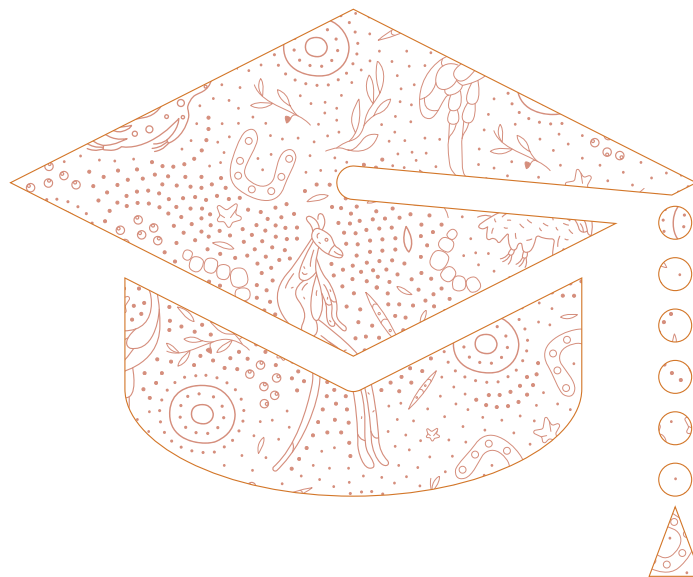
Project title: Care co-ordination – Reducing disparities in access to care for Aboriginal children and their families

Participant: Paul Bell

Mentors: Renee Deleuil & Helen Nelson

Posters can be viewed at: <https://www.scgh.health.wa.gov.au/Research/Centre-for-Nursing-Research>





Professor Di Twigg AM
Edith Cowan University | The University of Western Australia

Doctor of Philosophy completions

Amanda Graf, School of Nursing and Midwifery, Edith Cowan University, 'A mixed method study on nursing graduate support programs in rural and remote areas of Western Australia'

Tania McWilliams, School of Nursing and Midwifery, Edith Cowan University, 'The importance of telehealth in the implementation of best practice burn management by non-burn specialist clinicians'

Doctor of Philosophy

Tania Beament, School of Nursing and Midwifery, Edith Cowan University, 'Improving the recognition of and response to the deteriorating patient in acute care: A translational research project'

Helena Halton, School of Nursing and Midwifery, Edith Cowan University, 'Improving outcomes of acute heart failure'

Dr Amanda Towell-Barnard
Edith Cowan University

Doctor of Philosophy completions

Fiona Foxall, School of Nursing and Midwifery, Edith Cowan University, 'An exploration of the factors influencing decision-making regarding the withdrawal of life-sustaining treatment in a West Australian metropolitan Intensive Care Unit'

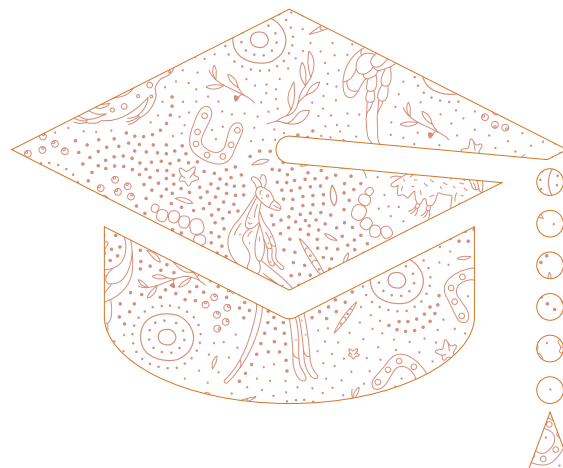
Doctor of Philosophy

Tania Beament, School of Nursing and Midwifery, Edith Cowan University, 'Improving the recognition of and response to the deteriorating patient in acute care: A translational research project' (Associate supervisor)

Afia Achiaa Sarpong, School of Nursing and Midwifery, Edith Cowan University, 'Impact of missed nursing care: A Western Australian study'

Welma Van Schalkwyk, School of Nursing and Midwifery, Edith Cowan University, 'Registered nurses' conceptualisation of their professional identity within healthcare'





Dr Linda Coventry
Edith Cowan University | The University of Western Australia

Doctor of Philosophy

Carol Crevacore, School of Nursing and Midwifery, Edith Cowan University, 'Delegation practices between the registered nurse and the assistant in nursing in the acute care setting in Western Australia'

Master of Science (Research)

Peri Mickle, School of Nursing and Midwifery, Edith Cowan University, 'The effect of an immediate pre-operative haemoglobin blood test on hip fracture patient outcomes: A before and after study cohort study'

Erina Myers, Health Professions Education, The University of Western Australia, 'Development of an education package to screen for delirium in the ICU'

Professor Anne Williams
Murdoch University

Doctor of Philosophy completions

Melanie Baker, Discipline of Nursing, Murdoch University, and School of Nursing and Midwifery, Edith Cowan University, 'The application of evidence-based practice in the acute care hospital setting: A grounded theory study of the perspective of nurses in Western Australia'

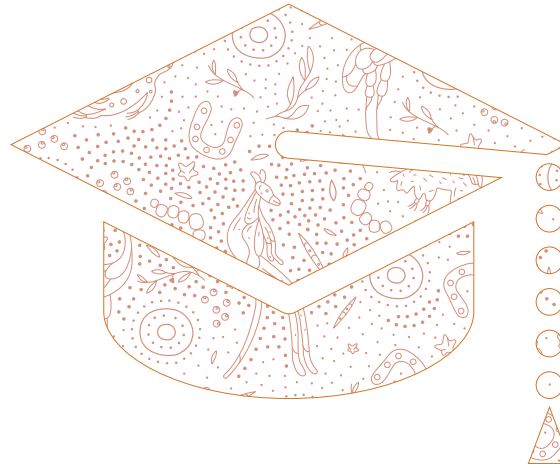
Doctor of Philosophy

Carl Yuile, Discipline of Nursing, The University of Notre Dame Australia, 'The contribution of interpersonal interactions to the emotional comfort of patients attending for short stay surgery: A grounded theory study from the patient's perspective'

Research Masters with Training

Anne Matthews, Discipline of Nursing, Murdoch University, 'Exploring the lived experiences of male spouse caregivers providing care for a female partner with younger onset dementia in Western Australia: An interpretative phenomenological study'

Jing (Cherry) Ning, Discipline of Nursing, Murdoch University, 'Family involvement in ICU care – an exploration of multidisciplinary perspectives' (Associate supervisor)



Associate Professor Susan Slatyer
Murdoch University

Research Masters with Training

Anne Matthews, Discipline of Nursing, Murdoch University, 'Exploring the lived experiences of male spouse caregivers providing care for a female partner with younger onset dementia in Western Australia: An interpretative phenomenological study' (Associate supervisor)

Jing (Cherry) Ning, Discipline of Nursing, Murdoch University, 'Family involvement in ICU care: An exploration of multidisciplinary perspectives'



Loreta Murphy



Position in SCGOPHCG

Clinical nurse, G52 Neurosurgery Department

Title of your PhD

The development of an ancillary neurological examination tool for nursing: The Mini-Neurosurgical Assessment Tool.

University

The University of Notre Dame Australia

Enrolled in

School of Nursing and Midwifery,
Health Sciences & Physiotherapy

Why did you decide to undertake a PhD, and what was your motivation?

I have a lifelong passion for learning and self-development and seek out learning opportunities daily. I had wanted to pursue a PhD for over a decade but due to family commitments and four young children I was waiting for an appropriate time. An unsuccessful job application was also the impetus to my application and a great deal of blind faith to try.

What is the area of your study, and why were you interested in this area?

My area of study is the neurosciences and nursing staff assessment of neurological function. As a nursing student, I suffered from 'neurophobia' - fearful of the complicated neuroanatomy and neurophysiological processes of the brain. Ironically, as a nurse it was these aspects that intrigued and stimulated me. A neurological assessment tool may serve to assist nurses, doctors, and patients.

What is the significance of your study and how will it contribute to your career and the community?

Neurosurgery nurses are the patients' sentinels. An accurate, efficient, validated neurological assessment tool, supported by a nursing education package, can be the difference between a patient experiencing a catastrophic outcome or having a successful recovery. Whilst it is designed for neurosurgery wards, colleagues from emergency and multiple sclerosis community services have already expressed an interest. My research may also contribute to my pursuit of a nurse practitioner role.

What difficulties or challenges and moments of satisfaction have you encountered, both personally and professionally, during your academic journey?

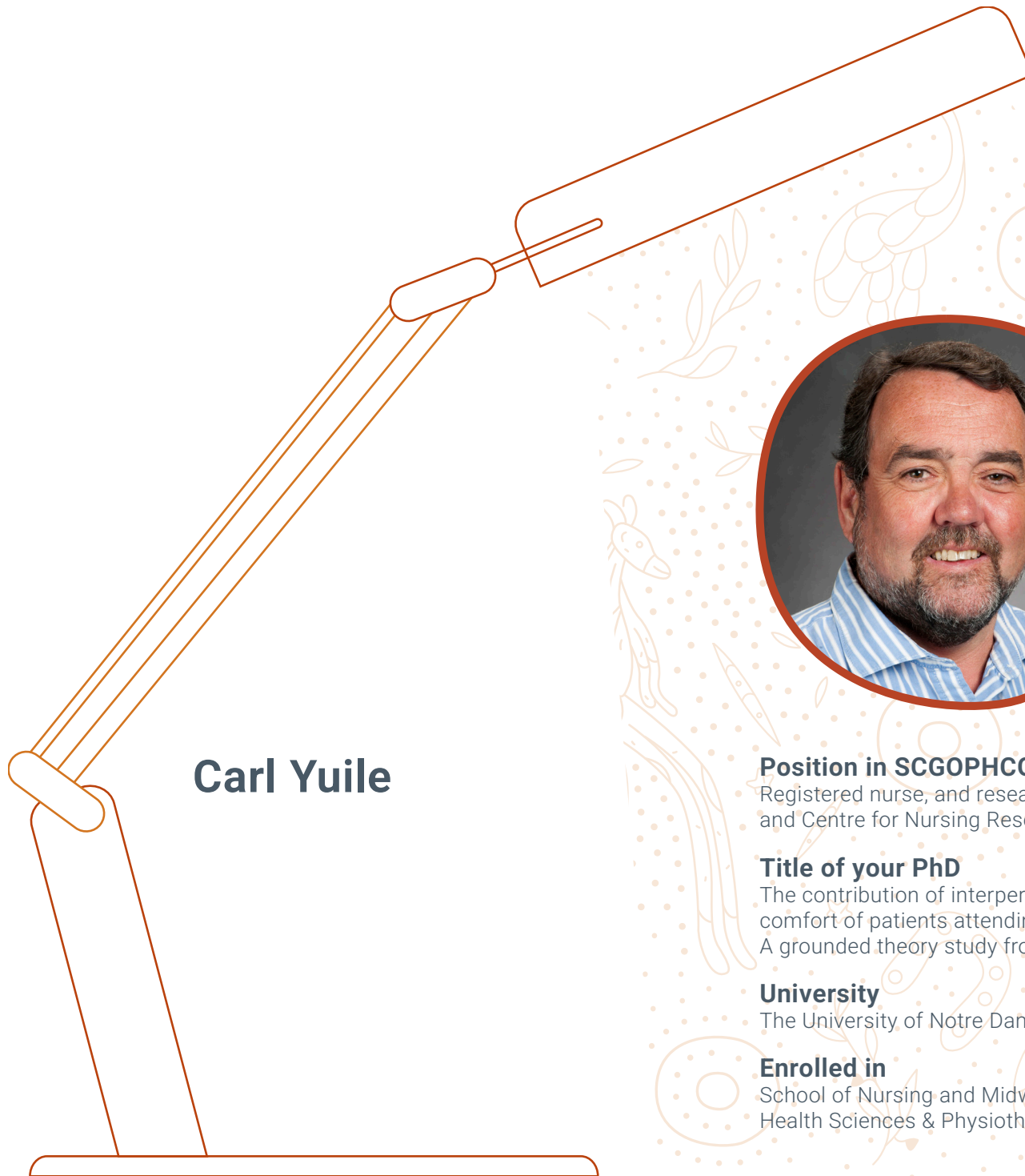
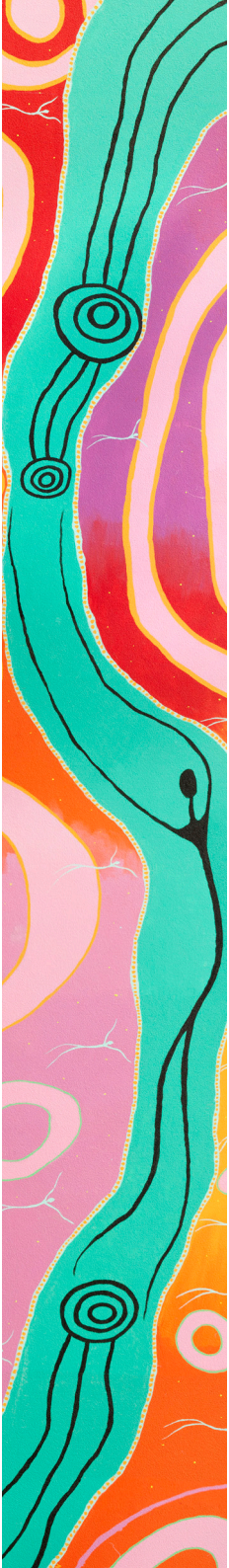
Difficulties – time. Shift work with night duty rotations and limited staff requiring overtime has been a significant challenge. Juggling family, work, and exercise.

Moments of satisfaction – endless experiences including, but not limited to, attainment of research and library skills, better understanding of quantitative and qualitative research methods, public speaking opportunities, networking and inspirational mentors across multiple disciplines.

What advice would you give to others considering doing a PhD?

Start! The journey has more positives than negatives. Intellectual and personal growth is assured. It is a marathon not a sprint, but I am hoping completion will be endlessly rewarding.





Carl Yuile



Position in SCGOPHCG

Registered nurse, and research assistant, Murdoch University and Centre for Nursing Research

Title of your PhD

The contribution of interpersonal interactions to the emotional comfort of patients attending for short stay surgery:
A grounded theory study from the patient's perspective.

University

The University of Notre Dame Australia

Enrolled in

School of Nursing and Midwifery,
Health Sciences & Physiotherapy



Why did you decide to undertake a PhD, and what was your motivation?

I am passionate about self-development, testing my capabilities and discovering new ways to think and perceive the world. I have a keen sense of social justice and believe we all share a responsibility to collaborate to improve the wellbeing of others. It is my observation that nursing is underrepresented in research. Consequently, the profession is continually grappling with determining its contribution to our communities' health and wellbeing. Nursing is a pragmatic art as much as a science and, as such, nursing occupies a unique position with a capacity to elicit a rich holistic, humanistic, and non-reductionist awareness of others' experiences, the environment, illness, and wellbeing. I believe I have a duty to use the skills, knowledge, and abilities obtained during a 33-year career to add to the nursing profession's body of knowledge, and mentor and educate nurses interested in conducting and participating in research.

What is the area of your study, and why were you interested in this area?

I am particularly interested in examining how the complex, dynamic and often chaotic components of our existence are comprehended as lived life experiences. I have a background in executive management, focusing on strategic planning, building health service capacity and health economics. All of these interests are encapsulated within the core of my PhD.

What is your study's significance, and how will your research contribute to your career and the community?

The type and complexity of procedures being performed as short stay surgery are rapidly increasing. Clinical outcomes are comparable with traditional inpatient care, and costs are cited as significantly less. In response to economic stressors and rising health care costs, health services have established goals to perform 80 percent or more of all elective surgery as short stay surgery. To achieve and maintain this goal, service providers must understand how patients experience short stay surgery and their recovery in the community.

Equally, as a relatively new speciality, it is essential for health professionals engaged in short stay surgery to refine their practice to accommodate and optimise patient experience.

What difficulties or challenges and moments of satisfaction have you encountered, both personally and professionally, during your academic journey?

Although challenging on occasions, pursuing a PhD has been rewarding. Thankfully, I have been blessed by having incredible mentors and inspirational supervisors, and a supportive and understanding family.

What advice would you give to others considering doing a PhD?

Some time ago, I developed a clear conceptual vision of what I wanted to achieve while undertaking research; this has fostered my passion and provided the drive to complete a PhD. I have found a structured and disciplined approach to study, work, and other pursuits have ensured I have achieved my study goals and maintained motivation. Keeping active physically, and having pursuits other than study, is essential and fosters resilience. I attend as many higher degree research development opportunities as possible, which has improved my research skills and networks.



Professor Anne Williams

2019 WA Nursing and Midwifery Excellence

Awards - "Excellence in Research"

Anne Williams, who is Professor of Health Research at Murdoch University, won the Excellence in Research category of the 2019 WA Nursing and Midwifery Excellence Awards. A specialist in translational research, Professor Williams is passionate about helping clinicians to implement change and improve patient care.

Boosting wellbeing in healthcare

Through her links with Sir Charles Gardiner Hospital, Professor Williams' research has resulted in significant improvements to patient experience and nursing staff wellbeing in Western Australian hospitals.

"It's been an absolute privilege to have been a nurse researcher in WA for nearly 30 years," Professor Williams said. "Research doesn't happen in isolation, and I've been so lucky to work between the hospital and university and in some fabulous teams.

"I have also been very fortunate to work with a number of excellent nurse leaders in WA who have supported and mentored me along the way. It was particularly special for me to be a finalist this year with my colleague, Head of the Nursing Discipline at Murdoch University, Professor Catherine Fetherston, nominated for excellence and leadership. My thanks to the wonderful support of all my colleagues at Murdoch University and Sir Charles Gairdner Hospital."

Professor Fetherston congratulated her colleague. "This well-deserved award was a fantastic recognition of Anne's work, and we are so proud to have her leading research for our team," Professor Fetherston said.

"Nursing at Murdoch University benefits from her outstanding leadership skills, commitment to higher degree research students and the positive culture she drives in the research arena. Professor Williams is our third consecutive winner in the WANMEA awards, with Prue Andrus named Nurse Educator in 2017 and Dr Caroline Nilson winning the Excellence in Aboriginal Health category in 2018.

This speaks to the depth of talent within our Nursing discipline at Murdoch University."

The WANMEA 2019 awards recognised 12 category winners, chosen from a field of 47 finalists from across WA's public and private health and education sectors.

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<https://www.murdoch.edu.au/news/articles/researcher-honoured-for-her-work-to-improve-nurse-and-patient-wellbeing>





Dr Linda Coventry **AVATAR Research Encouragement Award**

The Alliance for Vascular Access Teaching and Research (AVATAR) offer a number of awards each year. These include the Lifetime Achievement Award, HDR Student of the Year, Researcher of the Year, Teacher of the Year and the Research Encouragement Award.

In 2020, Dr Linda Coventry was awarded the AVATAR Research Encouragement Award. Linda has been a member of AVATAR since 2017 and is the WA board representative for both AVATAR and the Australian Vascular Access Society (AVAS) – both positions held since 2017. Linda was on the organising committee for the AVAS conference in 2019 and is on the organising committee for the AVAS 2022 conference to be held in Adelaide. During 2019 and 2020, Linda has published five studies relating to vascular access and contributed to two systematic reviews commissioned by the Australian Commission of Safety and Quality in Health Care to create a clinical standard for vascular access.



Linda Campbell **2019 Research Week New Investigator Nursing Award**

In 2012, the National Blood Authority released the Patient Blood Management (PBM) guidelines, which have been used extensively across a number of surgical patient groups to reduce blood transfusions. There have been a number of reports in the literature regarding PBM and orthopaedic surgery; however, the same is not true of sarcoma surgery. SCGH is the state referral centre for sarcoma, and this provided the perfect opportunity to examine these guidelines in patients undergoing surgery for sarcoma.

A retrospective review of all sarcoma patients (n=168) who were referred to PBM from 2015-2018 was included in the study. Patients were classified by tumour type and haemoglobin (Hb) was recorded at multiple time frames: pre-operative, lowest post-operative and immediately prior to discharge. Blood product usage, patient demographics and length of stay (LOS) were analysed. This study found that all patients with pre-op Hb $\geq 130\text{g/L}$ and adequate iron had reduced LOS and perioperative blood product requirement. We suggested that the guidelines should be amended to aim for Hb $\geq 130\text{g/L}$ regardless of gender.

This work was presented at Research Week 2019 and received the New Investigator Nursing Award. It was also translated into a poster, which was presented at the National PBM Conference in Brisbane in 2020 and was awarded first prize for best poster. The result from this study is being prepared for publication.

CNR acknowledgement: Dr Vicki Patton, Michelle Ong



Jing (Cherry) Ning
SCGOPHCG Research Week 2020 - New Investigator Award - Nursing

Family needs of an Australian adult Intensive Care Unit waiting room

Families express satisfaction with the overall care their loved ones receive in ICU; however, they voice dissatisfaction with the ICU waiting room.

The study aimed to identify what the important needs of families were while using the ICU waiting room and whether these needs were met. A cross-sectional anonymous survey was conducted between 12 August 2019 and 18 March 2020, using an instrument adapted from a validated tool.

A convenience sample was sought by inviting voluntary participation of families who used the ICU waiting room. Quantitative analysis using SPSS was performed to produce descriptive statistics and develop a performance-importance grid. A total of 84 surveys were returned.

Family needs considered highly important but poorly met were:

- Providing convenient access to bathrooms
- Periodic check-ins with visitors waiting long periods of time
- Providing access to food and drinks near the ICU waiting room at all hours
- Providing general information about the ICU and the hospital in the ICU waiting room

The results highlighted the gap in facilities and resources needed to meet those important family needs and recommended the provision of targeted information in the ICU waiting room.

Cherry was awarded the prize of \$1000, sponsored by the Charles Foundation for Research. She has since generously donated it back to the ICU towards the implementation of changes to improve families' experience in the ICU waiting room.

CNR acknowledgement: Dr Amanda Towell-Barnard

Grant title / Funding body National Health and Medical Research Council

Funding amount \$1,500,381

Project title Multicentre randomised controlled trial: Caregiver, patient, and system outcomes from a program supporting informal caregivers of older people discharged home from hospital

Investigators **Toye, C., Hill, A-M.**, Moyle, W., Moorin, R., Hill, K.D., **Slatyer, S.**, Bryant, C., Waldron, N., Aoun, S., Kamdar, A., Reberger, C., Jones, C., Grealish, L., Bronson, M., Bulsara, M., Maher, S., & Claverie, T.

Grant title / Funding body Curtin University

Funding amount \$493,540

Project title Multicentre randomised controlled trial: Caregiver, patient, and system outcomes from a program supporting informal caregivers of older people discharged home from hospital

Investigators **Toye, C., Hill, A-M.**, Moyle, W., Moorin, R., Hill, K.D., **Slatyer, S.**, Bryant, C., Waldron, N., Aoun, S., Kamdar, A., Reberger, C., Jones, C., Grealish, L., Bronson, M., Bulsara, M., Maher, S., & Claverie, T.

Grant title / Funding body Government of Western Australia

Funding amount \$100,000

Project title Upskilling nursing workforce to treat COVID-19 disease using hospital ward / ICU simulation and training facilities

Investigators Whitehead, L., Gallagher, O., **Twigg, D.**, Duffield, C.

Grant title / Funding body Murdoch University

Funding amount \$82,000

Project title Measuring levels of empowerment and distress in patients with a diagnosis of cancer who attend a cancer support centre

Investigators **Williams, A.**, Bulsara, C., Bennett, K., **Fournier, C.**, Furzer, B., Gibson, C., Halkett, G., Joske, D., Kirk, D., O'Connor, M., **Slatyer, S.**, & Williams, P.

Grant title / Funding body Solaris Cancer Care

Funding amount \$60,000

Project title Measuring levels of empowerment and distress in patients with a diagnosis of cancer who attend a cancer support centre

Investigators **Williams, A.**, Bulsara, C., Bennett, K., **Fournier, C.**, Furzer, B., Gibson, C., Halkett, G., Joske, D., Kirk, D., O'Connor, M., **Slatyer, S.**, & Williams, P.

Grant title / Funding body Early Stage Funding for Research / Practice Improvement Activity, Nursing and Midwifery Office, Department of Health, Government of WA

Funding amount \$35,513

Project title Family experience of an Australian adult Intensive Care Unit waiting room – a mixed method study

Investigators **Ning, J., Towell-Barnard, A.**, Laurie, K., & Eaton, M.

Grant title / Funding body Early Career Researcher Grant Scheme

Funding amount \$30,000

Project title The reliability and validity of a haemodialysis vascular access cannulation complexity instrument

Investigators **Coventry, L.**, Hosking, J., Coral, E., Jenkins, M., Kent, C., Chan, D., Lim, W., **Twigg, D.**, & Rickard, C.

Grant title / Funding body Early Stage Funding for Research / Practice Improvement Activity, Nursing and Midwifery Office, Department of Health, Government of WA

Funding amount \$29,500

Project title Examining consumer experiences of a tertiary hospital Emergency Department in Western Australia A mixed methods study

Investigators **Matthews, A., Towell-Barnard, A., Yuile, C., Ong, M.**, Whitehead, L., MacDonald, M., & Hoskins, N.

Grant title / Funding body Murdoch University College of Science, Health, Engineering & Education Small Grant 2019

Funding amount \$15,000

Project title The influence of patient characteristics on the assessment and management of pain: Creating new resources to enhance graduate nurses' insights and practices

Investigators **Slatyer, S.**, Kelly, M., Osnain, J., Kemp, J., Hopkins, M., & Ledger, S.

Grant title / Funding body WA Nurses Memorial Charitable Trust

Funding amount \$14,980

Project title The influence of patient characteristics on the assessment and management of pain: Creating new resources to enhance graduate nurses' insights and practices

Investigators **Slatyer, S.**, Kelly, M., Osnain, J., Kemp, J., Hopkins, M., & Ledger, S.

Grant title / Funding body ECU Master Research Program

Funding amount \$11,065

Project title Staff perceptions of effectiveness of hospital wide communication during the COVID-19 pandemic

Investigators O'Connell, B., Doleman, G., Coventry, L., Towell-Barnard, A., & Gent, L.

Grant title / Funding body ECU Master Research Program

Funding amount \$11,065

Project title Evaluation of a new After-hours Medical Care Model at SCGH (CAT Model) Doctors and nurses' perceptions (Practice Improvement Project)

Investigators O'Connell, B., Coventry, L., Saunders, R., Towell-Barnard, A., Ghosh, M., Krishnasivam, D., Lee, Francis, L., Paterson, T. & Gent, L.

Grant title / Funding body Nursing & Midwifery Office WA

Funding amount \$7,535.50

Project title Identification of strengths and weaknesses of nurse change-of-shift handovers at Sir Charles Gairdner Hospital (Practice Improvement Project)

Investigators O'Connell, B., Coventry, L., Saunders, R., Towell-Barnard, A., Ghosh, M., House, A., Walker, M., & Gent, L.

Grant title / Funding body Sir Charles Gairdner Hospital

Funding amount \$7,500

Project title Evaluation of Residential Care Line service education on knowledge, confidence and perceived practice of nurses working in residential aged care facilities

Investigators Douglas, C., Slatyer, S., Yuile, C. & O'Connell, B.

Grant title / Funding body SCGOPHCG RAC Grant, Charlies Foundation for Research

Funding amount \$5,000

Project title Optimising Patient Care Assistants' (PCAs) capacity to deliver safe patient care A participatory action research approach

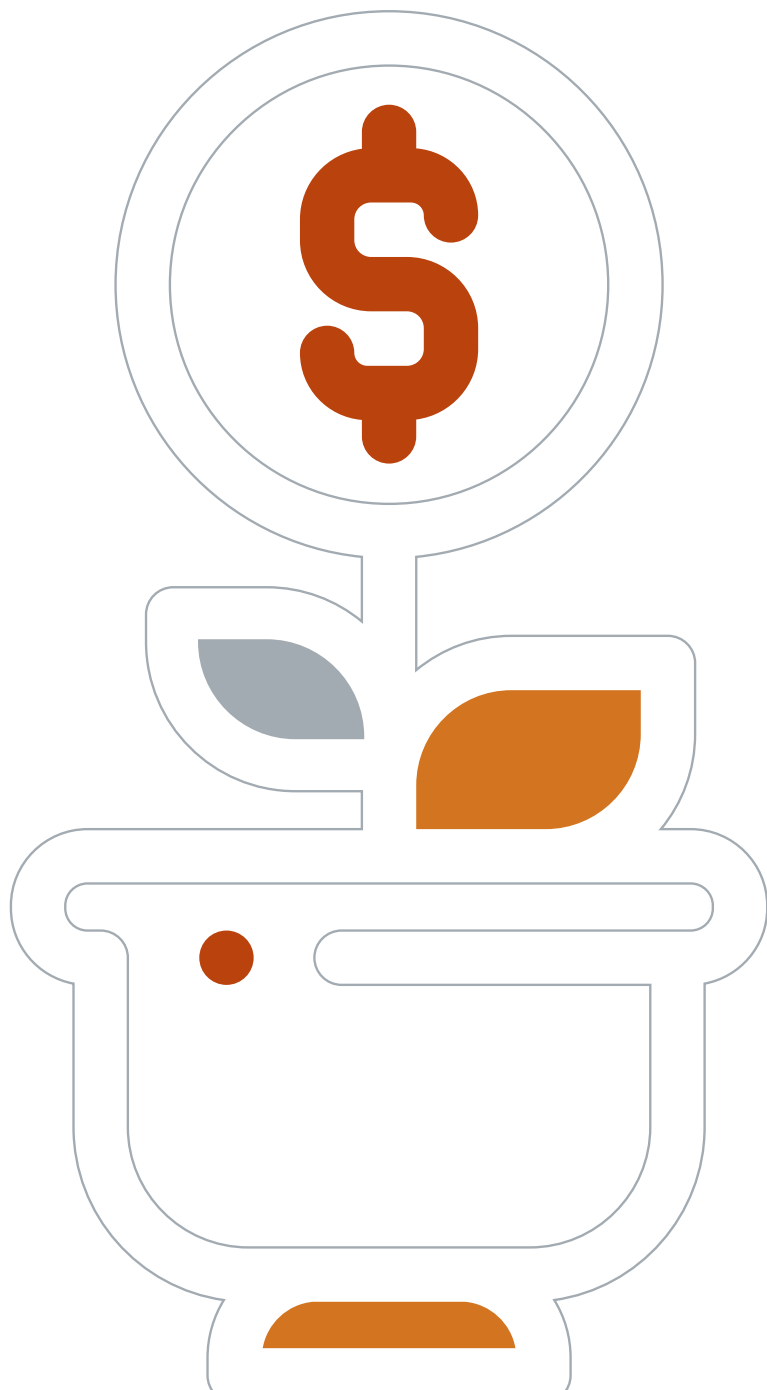
Investigators O'Connell, B., Kitchen, S., & Coventry, L.

Grant title / Funding body Francis Jones Trust

Funding amount \$3000

Project title The COVID-19 pandemic Nurse leaders' experiences of decision-making to prepare four public hospitals in Western Australia: A qualitative study

Investigators Matthews, A., Yuile, C., Slatyer, S., Keogh, P., Sequeira, A.R. & Bruce, M.



Grant title / Funding body:
ECU Vice Chancellor Research Fellowship

Grant recipient:
Linda Coventry

Year awarded:
2020

Funding amount:
\$652,414



2019

Arabiat, D.H., Whitehead, L., Al Jabery, M., Towell-Barnard, A., Shields, L., & Abu Sabah, E. (2019). Traditional methods for managing illness in newborns and infants in an Arab society. *International Nursing Review*, 66(3), 329-337.

Bloxsome, D., Ireson, D., Doleman, G., & Bayes, S. (2019). Factors associated with midwives' job satisfaction and intention to stay in the profession: An integrative review. *Journal of Clinical Nursing*, 28(3-4), 386-399. doi:10.1111/jocn.14651.

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Nour, V., & Williams, A.M. (2019). "Theory becoming alive": The learning transition process of newly graduated nurses in Canada. *Canadian Journal of Nursing Research*, 51(1), 6-13. doi:10.1177/0844562118771832.

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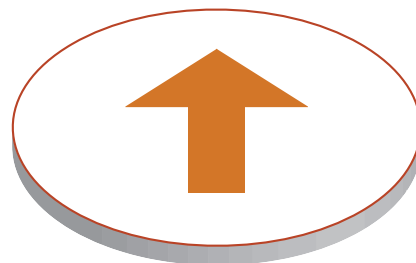
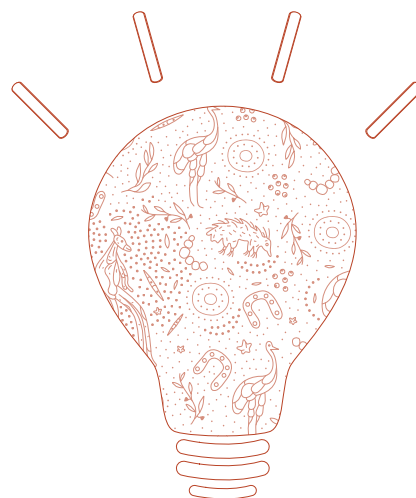
In 2020, the CNR team commenced development of a CNR research strategy. The research strategy documents four pillars for research — capacity, influence, teams and support.

Enhancing **Capacity**, by growing research across the Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG)

Raising the **Influence** and impact of research across the SCGOPHCG

Building cohesive inter-professional research **Teams**, and

Support, building infrastructure to support research sustainability.



As we look to the future, with the reconfiguration of the SCGOPHCG to one service, two sites, this research strategy will promote opportunities to strengthen collaboration across sites, and connect with clinicians working in wide and diverse specialities who are able to engage in research.

We also look forward to enhanced opportunities to collaborate across health services with the establishment of the Nursing and Midwifery Research & Practice Network at Fiona Stanley Fremantle Hospitals Group, which now has strategic partnerships with Murdoch University and Edith Cowan University.

Opportunities for multidisciplinary research collaborations will also increase, with the appointment of a Director Allied Health Research in 2021, co-located with the Centre for Nursing Research in the Harry Perkins Institute of Medical Research building. As CNR explores new horizons, the future of research looks bright and exciting.





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