

3rd Hong Kong Nursing Forum

5-6 JUNE 2009



DEPARTMENT OF NURSING STUDIES
THE UNIVERSITY OF HONG KONG



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Co-organizers



3rd Hong Kong Nursing Forum

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3rd Hong Kong Nursing Forum

The 3rd Hong Kong Nursing Forum aims to share research and clinical practice among nursing academics and clinicians, and to highlight our commitment to providing quality education for practice and disseminating scientific discovery.

The forum includes The Grace Tien Lecture and we have invited local and international renowned scholars to be our keynote speakers. The theme of the forum is “Promoting the Health of Well and at Risk Populations: Policy, Practice & Research”, which provides a focus for us to discuss nurses’ leadership in health policy, improvement of the health outcomes and quality of care, and to strengthen collaborative partnerships with international peers. Local nurse academics and clinical nurse specialists will also present their outstanding research and latest work of clinical practice.

Organizing Committee

Honorary Adviser:

Prof Sophia S.C. Chan

Director:

Dr Sharron S.K. Leung

Co-director:

Dr Winnie K.W. So

Scientific Sub-committee:

Prof Jeanette B. Lancaster (Coordinator)

Dr Winnie K.W. So

Prof Sophia S.C. Chan

Dr Marie A. Tarrant

Dr Sharron S.K. Leung

Dr Agnes F.Y. Tiwari

Promotion & Publication Sub-committee:

Dr Vico C.L. Chiang (Coordinator)

Dr Athena W.L. Hong

Dr Angel C.K. Lee

Reception and Registration Sub-Committee:

Dr William H.C. Li (Coordinator)

Ms Idy C.Y. Fu

Ms Polly S.L. Chan

Ms Veronica S.F. Lam

Ms Maureen M.L. Chui

Dr Yim Wah Mak

Finance and Sponsorship Sub-committee:

Ms Joyce O.K. Chung (Coordinator)

Ms Bronya H.K. Luk

Ms Cecilia H.M. Kong

Ms Eliza M.L. Wong

Dr William H.C. Li

Co-organizers

 School of Nursing Peking Union Medical College	 School of Nursing Shanghai Jiao Tong University
 School of Nursing Sun Yat-sen University	 School of Nursing Third Military Medical University
 Faculty of Nursing Chiang Mai University	 Faculty of Nursing Mahidol University
 School of Health Sciences Ngee Ann Polytechnic	 College of Nursing Kaohsiung Medical University
 Department of Nursing College of Medicine National Taiwan University	 College of Nursing Taipei Medical University
 Praboromarajchanok Institute, Ministry of Public Health, Thailand	

Welcome Messages



I take great pleasure, on behalf of the Department of Nursing Studies, to welcome you to the 3rd Hong Kong Nursing Forum. With the success of the 1st and 2nd Hong Kong Nursing Forum, I am delighted to announce the continuation of this annual scientific meeting, to highlight our commitment to providing quality nursing education and disseminating scientific discovery, aiming at improving health outcomes.

The 3rd Hong Kong Nursing Forum is an international meeting organized by the Department of Nursing Studies with 11 co-organizers from the region including China, Taiwan, Thailand and Singapore. The theme this year is "Promoting the Health of the Well and at Risk Populations: Policy, Practice & Research", which is also the overall research mission of the Department. We are honoured to have invited local and international renowned speakers to address the existing challenges and global strategies on healthcare issues.

The Department has a strong mission in advancing nursing and health care and to generate and disseminate knowledge to promote clinical practice. Through this Forum, I believe we can provide a platform to promote collaboration and exchange between nurse academics and clinicians, which is important in improving nursing education, research, clinical practice and policy. I strongly believe these exchanges and collaborations will be synergistic in providing better health care for the community.

I would like to take this opportunity to thank the Tien's family, for supporting the Grace Tien Lecture in the Forum. We are also grateful to the distinguished speakers for sharing their knowledge and science with us at the Forum. My heartfelt thanks also go to the co-organizers and the colleagues of the organizing committee, for their concerted effort and commitment in making this Forum a great success.

Professor Sophia Chan

Professor and Head
Department of Nursing Studies
The University of Hong Kong



On behalf of the University, I would like to offer a very warm welcome to all those participating in the 3rd Hong Kong nursing Forum.

The Forum will bring together international and local leaders in nursing research, education and clinical practice, providing them a platform to exchange ideas on innovations in nursing developments and to foster collaborative partnerships. I hope that both overseas experts and local speakers will take advantage of this occasion to share information with their international peers, advance their knowledge in their respective areas of expertise and ultimately improve the quality of care for all those who depend on them.

Let me commend all those who have worked so hard to make this Forum possible, and my congratulations to the Department of Nursing Studies on what promises to be a productive and successful event.

A handwritten signature in black ink, appearing to read 'Lap-Chee Tsui'.

Professor Lap-Chee Tsui
Vice-Chancellor and President
The University of Hong Kong



On behalf of the LKS Faculty of Medicine, I extend my warmest congratulations to our Department of Nursing Studies and the co-organizers on the occasion of its 3rd Hong Kong Nursing Forum.

Built on the overwhelming success in the inaugural and Second Forums, the 3rd Hong Kong Nursing Forum has achieved a more global profile. I am proud to say that albeit at its relatively young age, the Nursing Forum has offered substantial contribution in promoting nursing and healthcare research, education, among healthcare professionals and to the community.

Following the thematic discussions on "Prevention and Care of Chronic Illness" last year, this year's Forum will explore issues relating to "Promoting the Health of Well and at Risk Populations: Policy, Practice & Research", for nurse academics and clinical nurse specialists to discuss nurses' leadership in health policy, and improvement of the health outcomes and quality of care.

In promoting the health of well and at risk populations and improving the quality of patient care, the role of healthcare providers, namely, nurses, is becoming increasingly all the more vital. Indeed, the rapid development of the healthcare sector is changing the roles of professional healthcare providers. In order to meet the challenges brought about by the ever-changing, complex healthcare system, the role of the nurse is no longer confined to the delivery of comprehensive and appropriate levels of patient care.

The professional nurse, nowadays, must not only adapt to the changing role of the nurse, but also must provide input into the development of health policy that shapes the role of the professional nurse. Professor Gabriel Leung, Under Secretary for Food and Health, will share his views on this subject in his keynote speech at the Forum.

I am sure the Nursing Forum will, in the years ahead, evolve to be an internationally renowned academic signature event, and grow into a central platform for the internationally prominent healthcare academics, practitioners and policy makers to exchange expertise and knowledge for the benefit of the healthcare community. It will also serve as an effective venue where collaborations will be formed to advance on the new frontiers of excellence in healthcare education, research and clinical practice.

May I take this opportunity to wish the 3rd Hong Kong Nursing Forum every success, and all the participants a rewarding time at the Forum.

A handwritten signature in black ink, appearing to read 'Sum Ping Lee'.

Professor Sum Ping Lee
Dean
Li Ka Shing Faculty of Medicine
The University of Hong Kong



Welcome you to the 3rd Hong Kong Nursing Forum! This is the third of our exciting annual event organized by the Department of Nursing Studies, The University of Hong Kong. This annual event demonstrates our commitment to the mission of generating and disseminating knowledge to advance the practice and discipline of nursing.

This year, our Forum raised the platform to the international audiences. We are privileged to gain the support of 11 co-organizers from China, Taiwan, Thailand and Singapore. Our theme entitled "Promoting the Health of Well and at Risk Populations: Policy, Practice & Research" facilitates the exchanges of nursing practice and research in various health care settings. Those exchanges will no doubt lead to further enhancement of quality nursing care, education and research.

Renowned speakers are invited including Professor Gabriel Leung, the Under Secretary for Food and Health of HKSAR as well as international scholars and top health care executives from U.S., Canada, Taiwan, China and Hong Kong. They will enlighten the audience with discussions on nurses' contribution to the health care policy and advancement of health promotion with perspectives from different countries. Delegates from 10 countries will be presenting pioneer research and services related to the six subthemes that covers a wide range of clinical areas. The subthemes include Maternal and Infant Health, Child and Adolescent Health, Tobacco Control, Family and Community Health, Chronic Disease Care and Management, and Translating Research into Practice/ Evidence-based practice. I am very confident that you will find the Forum content attractive and relate closely to your specialties.

We sincerely hope you find this Forum a fruitful event for exchanges and networking and enjoy the visit in Hong Kong.

Dr Sharron Leung
Director
The 3rd Hong Kong Nursing Forum
Department of Nursing Studies
The University of Hong Kong



Allow me to convey my heartiest congratulations on the opening of the 3rd Hong Kong Nursing Forum. It is my honor to be able to co-organize this meeting, which will set a platform for both nursing scholars and clinicians to disseminate their scientific discoveries.

The increasing pressure on the health care system is calling for changes in both the practice and the education of nurses; it is, therefore, important for the nursing community in mainland China and Hong Kong to strengthen networking and communication with our international peers.

On behalf of all the faculty members of PUMC School of Nursing, I wish the 3rd Hong Kong Nursing Forum a great success and look forward to closer cooperation with the Department in the future.

Huaping Liu
Dean
School of Nursing, Peking Union College, China



Congratulations on conducting the 3rd Hong Kong Nursing Forum. My fellow of Shanghai Jiao Tong University School of Nursing and I are very delighted to join in sending you our very best wishes for the forum of which research theme focus on the risk populations.

Through the past two years, the Hong Kong Nursing Forum has been regarded as an excellent scientific meeting. Many of us are well aware of how much the Forum has contributed in providing quality education for nursing practice and nursing scientific discovery.

Once again, I would like to thank you for inviting us to be co-organizer and hope the 3rd Hong Kong Nursing Forum a big success.

Wu Beiwen
Vice Dean
School of Nursing, Shanghai Jiao Tong University, China



The 3rd Hong Kong Nursing Forum is coming soon. As one of the co-organizers of the forum, on behalf of School of Nursing at Sun Yat-sen University, I would like to take this opportunity to express my best wishes and congratulations to the forum.

The forum, organized by the Department of Nursing Studies at the University of Hong Kong, serves the goal of promoting health outcomes, quality nursing care and education, and provides a wonderful platform to promote knowledge sharing, academic collaborations and exchange between nursing academics and clinicians. Since the previous two forums have been very fruitful, inspiring and influencing, I believe the coming 3rd forum, with the theme of "Promoting the Health of Well and at Risk Populations", will be a great success as well.

Professor You Liming
Professor and Dean
School of Nursing, Sun Yat-sen University, Guangzhou, China



Congratulate to the 3rd Hong Kong Nursing Forum! Over the past two years, the Department of Nursing Studies has made very important contributions to provide a platform to promote collaboration and exchange between nursing academics and clinicians. As a co-organizer, we are very glad to accompany with you to do some contributions to providing quality education for nursing practice and disseminating scientific discovery.

Wish this inspiring and influencing scientific meeting a great success!

Zhu Jingci

Professor and Dean
School of Nursing, Third Military Medical University, China



On behalf of the Faculty of Nursing at Chiang Mai University, allow me to extend a warm welcome to you all. This 3rd Hong Kong Nursing Forum is addressing key global issues in "Promoting the Health of Well and at Risk Populations" and I am confident that this forum will strengthen our common efforts to improve the quality of health of people from all nations.

This is a wonderful time for sharing and networking with our international colleagues and we anticipate that the forum will be stimulating and enriching for students, educators, clinicians and researchers alike.

At this forum we will all have a wonderful chance to make a difference.

Thanaruk Suwanprapisa

Dean
Faculty of Nursing, Chiang Mai University, Thailand



On behalf of Faculty of Nursing, Mahidol University, I am very grateful and feel prestigious to be a co-organizer for the 3rd Hong Kong Nursing Forum organized by the University of Hong Kong. As we all know the great success of the past two Hong Kong Nursing Forums, I would like to congratulate for the upcoming success of the 3rd Forum which bring professional nurses, educators, researchers and health care personnel from many schools of nursing to join the forum. I am certain that the attractive theme of "Promoting the Health of Well and at Risk Populations" along with the Grace Tien Lecture "Nursing Involvement in Health Policy: Why and How Should be Nurses be Involved?" will result in some fruitful conclusions to guide nurses to contribute to the better health of people around the world.

Fongcum Tilokskulchai

Associate Professor and Dean
Faculty of Nursing, Mahidol University, Bangkok, Thailand



Heartiest congratulations to the University of Hong Kong, Department of Nursing Studies for the successful organization of this Forum!

The meeting has lined up an excellent group of speakers who would share the emerging trends in the healthcare sector. The sharing will challenge various stakeholders to pursue excellence in their areas of influence.

The good networking from this Forum will help foster collaboration across various countries and institutions.

I wish all participants to a great time of learning and sharing!

Phang Chiew Hun

Director
School of Health Sciences, Ngee Ann Polytechnic, Singapore



Congratulations to The University of Hong Kong for hosting the 3rd Hong Kong Nursing Forum on June 5-6, 2009 in Hong Kong, a very charming and vigorous city. The theme "Promoting the Health of Well and at Risk Populations: Policy, Practice & Research" reflects the needs of our changing society. Through sharing of the evidence-based researches and policies, I believe that we together can build-up a healthier world.

As one of the co-organizers, I would like to extend my sincerest appreciation to those who have contributed your valuable time to the conference-organizing. Finally, I wish the Conference a great success and each of participants a very enjoyable and informative time during the two-day conference.

Lian-Hua Huang

Professor and Director
Department of Nursing, College of Medicine, National Taiwan University, Taiwan



Sharing knowledge is important to move our profession toward prospectives. We admire The University of Hong Kong in holding the Nursing Forum for nursing scholars and clinicians to share knowledge. Taipei Medical University College of Nursing is very honored and happy to be the co-organizing institution of this Forum. We wish the Forum a successful one and all the participants enjoy the academic atmosphere and the exchange of individual experience.

Chao Yann-Fen

Professor and Dean
College of Nursing, Taipei Medical University, Taiwan

3rd Hong Kong Nursing Forum



On behalf of College of Nursing of Kaohsiung Medical University (Kaohsiung, Taiwan), it is my pleasure to give you my warmest welcome to the 3rd Hong Kong Nursing Forum titled "Promoting the Health of Well and at Risk Populations: Policy, Practice & Research." This Forum will bring together scholarly and practice based nursing professionals with an interest of making the international community a healthier place.

This forum will be talking about the importance of nursing involvement in health policy making, women's health and other critical issues in health promotion. As a nursing and health policy making professional myself, I see this as a great opportunity to learn and collaborate with outstanding international peers. I believe through this Forum all the participants will bring about their valuable experiences so that we can all benefit from that.

As the Dean of one of the co-organizing colleges, I wish you a fruitful trip in this exceptional Hong Kong Nursing Forum.

Hsiu-Hung Wang

Professor and Dean
Kaohsiung Medical University, College of Nursing, Kaohsiung, Taiwan



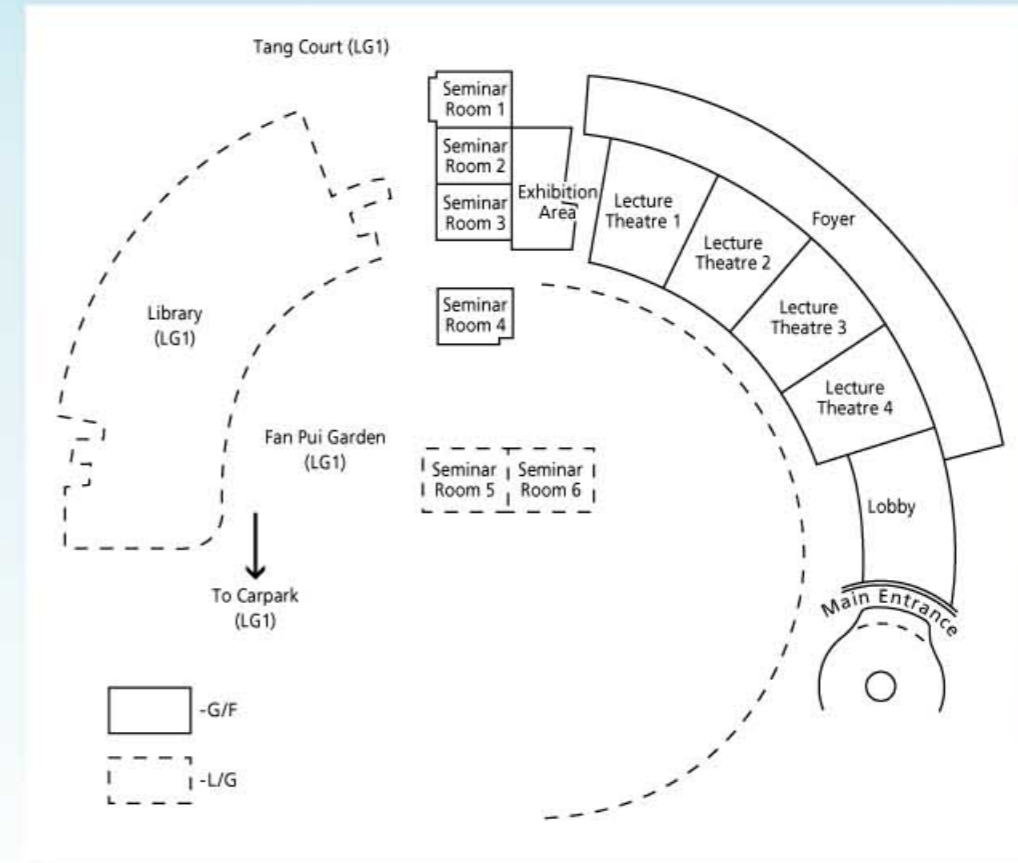
On behalf of Praboramarajchanok Institute, Ministry of Public Health Thailand, it is an honor to participate as a co-organizer of the 3rd Hong Kong Nursing Forum on 5-6 June 2009. It was a great feedback that there were many faculty members from our colleges applied in the forum to share their research and clinical practice among international nursing academics and clinicians. We believe that the opportunity of participation in this meaningful forum will be a good way to help our members to improve their competency, knowledge and perspective. We are looking forward to a successful and fruitful forum. If there are more activities in the future, we believe that our institute could have a good chance of being part of them like this time.

Somkuan Hanpatchaiyakul

Director
Praboramarajchanok Institute for Health Workforce Development, Ministry of Public Health, Thailand

Forum Venue

William M.W. Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong



REGISTRATION & ENQUIRY COUNTERS

Lobby, G/F William M.W. Mong Block, 21 Sassoon Road, Pokfulam

KEYNOTE & PLENARY SESSIONS

Lecture Theatre 2-3, G/F William M.W. Mong Block, 21 Sassoon Road, Pokfulam

CONCURRENT SESSIONS

Lecture Theatre 1-4, G/F William M.W. Mong Block, 21 Sassoon Road, Pokfulam
Seminar Room 5, L/G, William M.W. Mong Block, 21 Sassoon Road, Pokfulam

POSTER PRESENTATION

Exhibition Area, G/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam

SPEAKER & PREVIEW ROOM

Seminar Room 4, G/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam

TEA BREAK

Exhibition Area and Foyer outside Lecture Theatres, G/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam

FORUM LUNCH

Seminar Room 1-3, G/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam

FORUM DINNER

Hong Kong Country Club (188 Wong Chuk Hang Road, Deep Water Bay, Hong Kong)

Transportation is available to take delegates to the venue at 6:00pm at the main entrance of William M.W. Mong Block

Programme

5 JUNE 2009, FRIDAY

08:30 - 09:00	Registration
09:00 - 09:30	Opening Ceremony
09:30 - 10:30	<p>KEYNOTE ADDRESS 1 <i>Rethinking Health Care: Nurses as Partners, Change Agents and Leaders</i> Professor Gabriel M Leung, JP <i>Under Secretary for Food and Health Government of the Hong Kong Special Administrative Region</i> Moderator: Professor J Lancaster</p>
10:30 - 11:00	Tea Reception & Poster Presentations
11:00 - 12:00	<p>GRACE TIEN LECTURE <i>Nursing Involvement in Health Policy: Why and How should Nurses be involved?</i> Professor Joyce Fitzpatrick <i>Elizabeth Brooks Ford Professor of Nursing Frances Payne Bolton School of Nursing, Case Western Reserve University, U.S.</i> Moderator: Professor S Chan</p>
12:00 - 13:30	Lunch
13:30 - 15:00	<p>PLENARY SESSION Ms Guo Yan Hong <i>Nursing Involvement in Health Policy: China Perspectives</i> <i>Director Nursing Division, Department of Medical Administration, Ministry of Health, China</i> Ms Sylvia Fung <i>Nursing Involvement in Health Policy: Hong Kong Perspective</i> <i>Chief Manager (Nursing) / Chief Nurse Executive Hospital Authority, Hong Kong Special Administrative Region</i> Professor Hsiu-Hung Wang <i>Nursing Involvement in Health Policy: Taiwan Perspectives</i> <i>Dean College of Nursing, Kaohsiung Medical University, Taiwan</i> Moderator: Dr S Leung</p>
15:00 - 15:30	Tea Reception & Poster Presentations
15:30 - 17:30	<p>CONCURRENT SESSION I : Child and Adolescent Health CONCURRENT SESSION II : Chronic Disease Care and Management CONCURRENT SESSION III : Combined Themes</p>
19:00 - 21:30	Forum Dinner

6 JUNE 2009, SATURDAY

08:30 - 09:00	Registration
09:00 - 10:00	<p>KEYNOTE ADDRESS 2 <i>Why are Quality, Safety and Staffing Issues Essential in Health Promotion?</i> Dr Sean Clarke <i>The RBC Financial Group UHN Chair in Cardiovascular Nursing Research Lawrence Bloomberg Faculty of Nursing, University of Toronto, Canadian</i> Moderator: Dr M Tarrant</p>
10:00 - 10:30	Tea Reception & Poster Presentations
10:30 - 12:30	<p>ROUNDTABLE DISCUSSION: Translating Research into Practice CONCURRENT SESSION IV : Chronic Disease Care and Management CONCURRENT SESSION V : Translating Research into Practice/ Evidence-based Practice</p>
12:30 - 14:00	Lunch
14:00 - 15:00	<p>KEYNOTE ADDRESS 3 <i>Women's Health: Promoting Health through Effectively Managing Stress</i> Professor Margaret M. Heitkemper <i>Professor School of Nursing, University of Washington, U.S.</i> Moderator: Dr A Tiwari</p>
15:00 - 15:30	Tea Reception & Poster Presentations
15:30 - 17:30	<p>CONCURRENT SESSION VI : Maternal and Infant Health CONCURRENT SESSION VII : Family and Community Health</p>

5 JUNE 2009

CONCURRENT SESSION I : Child and Adolescent Health	
Lecture Theatre I	Moderators: Ms Chen Jingli, Ms Priscilla WY Chan
15:30 - 15:45	Psychometric Assessment of the Parental Bonding Instrument (PBI) in Thai Adolescent of Depressed Mothers Dr Nopporn Vongsirimas
15:45 - 16:00	Sex Related Issues: What Thai Adolescents Really Want to Know from Their Parents? Dr Atittaya Pornchaikate-Au Yeong
16:00 - 16:15	Using an Internet-based Program to Promote Healthy Eating Behavior among Thai Early Adolescents Mrs Nongkran Viseskul
16:15 - 16:30	Unintended Thai Adolescent Pregnancy: A Grounded Theory Study Dr Wanwadee Neamsakul
16:30 - 16:45	Validity of the SF-12v2 in Chinese Adolescents Dr Daniel Fong
16:45 - 17:00	A Meta-Analysis of the Clinical Effectiveness of School Scoliosis Screening Mr Lee Chun Fan
17:00 - 17:30	Q & A Session

CONCURRENT SESSION II : Chronic Disease Care and Management	
Lecture Theatre 4	Moderators: Professor Chiu-chu Lin, Ms Maggie MK Chan
15:30 - 15:45	The Chinese Schizotypal Personality Questionnaire-brief: Screening Scale for Young Adults Predisposed to Prodromal Schizophrenia Dr Ma Wei Fen
15:45 - 16:00	Development of an Oncology Nursing Competency Scale for General Professional Nurses Ms Hunsa Thienthong
16:00 - 16:15	The Relationship between Family Function and Disease Control in Diabetics Mr Babak Motamedi
16:15 - 16:30	Exploring the Expanded Role of Nurses in Coronary Care Ms Caroline WL Yang
16:30 - 16:45	The Quality of Life of Family Carers with a Chronic Condition: An Australian Study Professor Desley Hegney
16:45 - 17:00	The Impact on the Family Providing Care for Stroke Survivors at Home Dr Roshinee Oupra
17:00 - 17:30	Q & A Session

5 JUNE 2009

CONCURRENT SESSION III : Combined Themes	
Seminar Room 5	Moderators: Ms Zhang Li-feng, Ms Jessica YY Cheuk
15:30 - 15:45	Quality of Care in Rural Hospitals in United States Dr Marianne Baernholdt
15:45 - 16:00	Predicting Factors of Dependent Care Behaviors among Mothers of Toddlers with Congenital Heart Disease Ms Pornsiri Chaisom
16:00 - 16:15	Risk Factors for Falls in a Hospital: A Case-control Study Professor Huang Hui-Chi
16:15 - 16:30	Perception of Stress in Laotian Migrant Workers in Thailand Dr Kessarawan Nilvarangkul
16:30 - 16:45	A Development of Professional Competency standard of Occupational Health Nurses in the Industrial Enterprises Mrs Pimpat Chantian
16:45 - 17:00	Gender Difference among Youth Smokers who Called Youth Quitline Dr Angela YM Leung
17:00 - 17:30	Q & A Session

6 JUNE 2009

ROUNDTABLE DISCUSSION: Translating Research into Practice	
Seminar Room 5	Moderators: Dr Marie Tarrant, Dr Sharron SK Leung, Dr Angela YM Leung
10:30 - 12:30	The Most Effective Method to Improve Antiretroviral Drug Adherence Miss Chan Wai Kit
	Preventing Adolescent Depression in Hong Kong: A School-Based Programme Miss Angelin SC Wong
	Depression among Community Dwelling Older Adults Miss Maggie WM Pun

6 JUNE 2009

CONCURRENT SESSION IV : Chronic Disease Care and Management

Lecture Theatre I		Moderators: Professor Zhu Jingci, Ms Caroline WLYang
10:30 - 10:45	Leg Ergometry Provides an Effective and Safe Exercise Opportunity during Hemodialysis for ESRD Patients and Improves their Physical Activity Levels Professor Chao Chiou Yann-Fen	
10:45 - 11:00	Development of a Home Rehabilitation Handbook for Stroke Caregivers Professor Buntawan Hirunkhro	
11:00 - 11:15	Symptoms Experience and Quality of Life in Breast Cancer Survivors Professor Jin Hee Park	
11:15 - 11:30	Health Belief Model in Diabetes Mellitus at a Primary Care Unit Dr Theranun Wannasiri	
11:30 - 11:45	Effects of Symptom Management Activities on Characteristics and Severity of Auditory Hallucinations in Schizophrenic Patients Miss Thidarat Kanungpairn	
11:45 - 12:00	Promoting Hospital Nurses' Practice in Smoking Cessation in Hong Kong: A Cross Sectional Survey Professor Sophia SC Chan	
12:00 - 12:30	Q & A Session	

**CONCURRENT SESSION V :
Translating Research into Practice/ Evidence-based Practice**

Seminar Room 5		Moderators: Professor Thanaruk Suwanprapisa, Professor Liu Ke, Ms Rebecca SW Lee
10:30 - 10:45	Developing the Process of Building Sense of Willingness among Nursing Student at Boromarajanani College of Nursing Chiang-Mai (BCNC), Thailand Mrs Waraporn Wanchaitanawong	
10:45 - 11:00	Network Development for Preventing Bird Flu in Banpue District Udonthani Province, Fiscal Year 2006 Miss Amornrat Akkarasetasakul	
11:00 - 11:15	Improving the Surveillance System in Health Centers of North-Eastern, Thailand through Action Research Ms Kesorn Thaewngiew	
11:15 - 11:30	Thoughts on Translating Evidence into Practice - Why are we so Resistant to Restraint Free Care? Dr Claudia KY Lai	
11:30 - 11:45	Transcultural Self-efficacy: Path to the Promotion of Health with Population at Risk: The Hawaiians Professor Patricia M. Burrell	
11:45 - 12:00	How to Initiate the First Quitting Intention among Youth Smokers? Mr David CN Wong	
12:00 - 12:30	Q & A Session	

6 JUNE 2009

CONCURRENT SESSION VI : Maternal and Infant Health

Lecture Theatre I		Moderators: Professor Fongcum Tilokskulchai, Ms Nicole LM Yuen
15:30 - 15:45	Evaluating Effects of a Prenatal Breastfeeding Education Programme on Women with Caesarean Delivery in Taiwan Mrs Lin Chien Hui	
15:45 - 16:00	Decision Making Process regarding Continuing or Terminating Pregnancy in Women with HIV Infection Professor Atirat Wattanapailin	
16:00 - 16:15	Impact of Breastfeeding on Hospitalizations from Infectious Diseases in Hong Kong Chinese Children up to Eight Years of Age Dr Marie Tarrant	
16:15 - 16:30	Nurses and Family Health Dr Angel CK Lee	
16:30 - 16:45	Perception of Risk Factors Associated with Bone Mineral Density of At-risk Females with Family Histories of Osteoporosis Professor Chang Shu Fang	
16:45 - 17:00	How Midwives Empower Women to Decide on Place of Birth Miss Tareewan Chaiboonruang	
17:00 - 17:30	Q & A Session	

CONCURRENT SESSION VII : Family and Community Health

Lecture Theatre 4		Moderators: Dr Phang Chiew Hun, Ms Anna HY Ngan
15:30 - 15:45	Improving Rural Mental Health Care Dr Elizabeth Merwin	
15:45 - 16:00	The Effect of Self-efficacy Theory-based Community Walking Intervention on Promoting Physical Activity among Older People Dr Lee Ling Ling	
16:00 - 16:15	Health Knowledge Assessment of Community Health Volunteer in Northeast of Thailand Dr Kesinee Saranrittichai	
16:15 - 16:30	The Way of Family Life Among Thai Women and Their Foreign Husbands: Case Study of the Rural Village in Udon Thani Province Mrs Kanchana Panyathorn	
16:30 - 16:45	An Intervention to Increase Safety-Promoting Behaviours of Abused Chinese Women Dr Agnes FY Tiwari	
17:00 - 17:30	Q & A Session	

Keynote Speakers and Abstracts



Professor Gabriel M Leung, JP

Under Secretary for Food and Health, Government of the Hong Kong Special Administrative Region

Prior to his appointment as Under Secretary for Food and Health, Professor Leung was Professor in Translational Public Health at the University of Hong Kong from 1999 to 2008. His research and teaching focused on high impact public health issues in Hong Kong SAR, the mainland and East Asia.

Professor Leung was Vice President and Censor in Public Health Medicine of the Hong Kong College of Community Medicine, and served as consultant to various national and international agencies including the World Health Organisation and World Bank.

As a Fulbright Scholar, Professor Leung trained in health policy and management at Harvard University and later returned on sabbatical as Takemi Fellow in International Health. He earned a higher research doctorate from the University of Hong Kong, majoring in paediatric epidemiology and health services research. He is a medical graduate of the University of Western Ontario and completed family medicine residency at the University of Toronto.

KEYNOTE ADDRESS I

Rethinking Health Care: Nurses as Partners, Change Agents and Leaders

Professor Gabriel M Leung, JP

Under Secretary for Food and Health, Government of the Hong Kong Special Administrative Region

Hong Kong's demographic challenge and the associated epidemiologic transition to a double burden of emerging and reemerging infections cum chronic conditions have been well rehearsed. Additionally there are two lesser discussed "epidemics" that will continue to confront any health system - those of inequity and environmental hazards. Common to responding to all four sets of challenges is of course the need for a robust, multidisciplinary human resource infrastructure. Nurses rank foremost in this enterprise, not only because of the absolute (wo)manpower involved but more importantly the profession's longstanding caring attitude.

Nurses as partners

A team-based approach is the emerging modus operandi in health care delivery, especially in systems with a strong history of traditional medicine provision alongside allopathic care such as Hong Kong. Nursing is steeped in a collaborative culture, preferring the collective over individual heroics. Therefore the profession can and should become the lynchpin of this team, playing the vital role of advocacy as the patient's agent and advisor on the one hand and that of a full partner and coordinator in the health care team.

Nurses as change agents

Government has articulated a vision for the future in the form of a primary care-led system that better utilizes and unites both private and public providers. Supplementary finances would be required to sustain and improve such a system. As the single largest health care profession that is in closest touch with users of the system, nurses have a moral duty to proactively engage in the discourse over the what, who and how in this evolutionary reform journey.

Nurses as leaders

From Nightingale to local trailblazers of the profession, nurses have led from the front. While 2009 Hong Kong cannot be compared to the fields of Crimea a century and a half ago, the challenges are no less formidable. We face a continuing shortage of nurses to staff hospital wards and at once demand for nursing services in the ambulatory setting, the home and the community as well as from social work is soaring. Effective leadership is required not only for issues within the profession but in the broader sphere of the whole health sector. A background in nursing can be a very useful asset for it lends credibility and sapiential authority, if deployed judiciously. It is time for Hong Kong nurses to seize this opportunity to exercise leadership in service of the sector.

To fulfill these espoused roles however nursing education and continuous professional development after formal training must progress to be fit for purpose. While acknowledging the immediacy of health care needs and other pragmatic considerations, the longer term goal should be towards universal baccalaureate-based basic training, although it is important that the core skills of an apprenticeship curriculum be retained or enhanced under the newer academic framework. This objective can be accomplished via different routes including direct entry, conversion programmes or otherwise. The idea of a postgraduate Academy of Nursing, modeled on the mostly successful experience of the medical colleges, is becoming ripe and should be put forward for accelerated development.

The public has put their health and wellbeing in the hands of nurses and the entire health care team: theirs is a trust we must honour.



Professor Joyce J. Fitzpatrick

Elizabeth Brooks Ford Professor of Nursing, Frances Payne Bolton School of Nursing, Case Western Reserve University, U.S.

Joyce J. Fitzpatrick, PhD, MBA, RN, FAAN, FNAP, is the Elizabeth Brooks Ford Professor of Nursing, Frances Payne Bolton School of Nursing, Case Western Reserve University (CWRU) in Cleveland Ohio where she was Dean from 1982 through 1997. She holds an adjunct position as Professor in the Department of Geriatrics, Mount Sinai School of Medicine, New York, NY. She earned a BSN at Georgetown University, a MS in Psychiatric-Mental Health Nursing at The Ohio State University, a PhD in Nursing at New York University, and an MBA from CWRU in 1992. In May, 1990, Dr. Fitzpatrick received an honorary doctorate, Doctor of Humane Letters, from her alma mater, Georgetown University.

She has received numerous honors and awards; she was elected a Fellow in the American Academy of Nursing in 1981 and in 1996 a Fellow in the National Academies of Practice. She has received the American Journal of Nursing Book of the Year Award 18 times; the Midwest Nursing Research Society Distinguished Contribution to Nursing Research Award; The Ohio State University Distinguished Alumna Award; Sigma Theta Tau International (STTI) Elizabeth McWilliams Miller Founders Award for Excellence in Nursing Research; and New York University Division of Nursing Distinguished Alumna Award. In 1994-95 she was a Distinguished Scholar at the Institute of Medicine and American Academy of Nursing, and in 1995 was a Primary Care Fellow through the Bureau of Health Professions. In 2002, Dr. Fitzpatrick received the American Nurses Foundation Distinguished Contribution to Nursing Science Award for her sustained commitment and contributions to the development of the discipline. In 2003 she received the STTI Lucie Kelly Mentor Award and in 2005 she received the STTI Founders Award for Leadership. For 2007-2008 she served as a Fulbright Scholar at University College Cork, Cork, Ireland.

Dr. Fitzpatrick is widely published in nursing and health care literature having over 300 publications. She is coeditor of the Annual Review of Nursing Research series, now in its 26th volume; editor of the journals Applied Nursing Research, Archives in Psychiatric Nursing, and Nursing Education Perspectives, the official journal of the National League for Nursing. Dr. Fitzpatrick edited two editions of the classic Encyclopedia of Nursing Research (ENR), and a series of nursing research digests. Her latest book, The Doctor of Nursing Practice and Clinical Nurse Leader, was published by Springer Publishing as of October, 2008.

Dr. Fitzpatrick founded and led the Bolton School's World Health Organization Collaborating Center for Nursing; she has provided consultation on nursing education and research throughout the world, including universities and health ministries in Africa, Asia, Australia, Europe, Latin America, and the Middle East. With the CWRU School of Medicine, she designed a series of educational interventions focused on HIV/AIDS prevention in Uganda. She led the Bolton School in its development of innovative academic programs, community initiatives, and clinical partnerships. From 1997-99 she served as President of the American Academy of Nursing. From January 1998 through August 1999, while on sabbatical from CWRU she was a Visiting Scholar at New York University, editorial consultant to Springer Publishing Company, and consultant to Mount Sinai Hospital Department of Nursing and Institute for Medicare Practice. She served as project director for a Nursing Care Quality Initiative, a multi-system, 10-hospital project focused on improving the care provided to hospitalized elders and their families funded by the New York Health Alliance and the Brookdale Foundation. In Summer, 2008, she was appointed the first Spratt Center for Nursing Education and Research Visiting Scholar at Danbury Hospital in CT.

While dean of nursing at CWRU she was responsible for increasing the endowment from approximately \$8.5M to \$50+M from 1982-1997. During this time she led two successful campaigns for nursing, a \$5.5M campaign for acute and critical care and a capital campaign in which \$26M was raised for the Bolton School of Nursing. During her tenure as dean, 10 endowed chairs were obtained for the School of Nursing.

Dr. Fitzpatrick's research has been focused on several dimensions of meaningfulness in life, including the meaningfulness of nurses' work life as related to satisfaction, turnover, and empowerment. In 2007-2008 she conducted a national study of empowerment and intent to leave among specialty certified and non-certified critical care nurses funded by the American Association of Critical Care Nurses.

GRACE TIEN LECTURE

Nursing Involvement in Health Policy: Why and How should nurses be involved?

Professor Joyce Fitzpatrick

Elizabeth Brooks Ford Professor of Nursing, Frances Payne Bolton School of Nursing, Case Western Reserve University, U.S.

With the current crisis in global health care, nurses are in a key position, both by nature of their frontline position in care delivery and their status as the largest group of health professionals worldwide, to influence health policy at the local, national, and global levels. Also nurses have direct knowledge and experience of the needs of individuals, families, and communities, and they are strongly valued by consumers of health care services. This presentation will focus on identification of strategies for involving nurses in health policy and delineation of the necessary skills for nurses to develop to assume leadership roles in policy development, implementation, and evaluation. Key dimensions of the policy-making process will be addressed. Particular attention will be paid to the leadership skills necessary for success, including speaking with a united voice, support through professional and community-based organizations, and development of networks within and outside of health care. Exemplars of nurses' successes in health policy development will be highlighted, and opportunities for future influence will be stressed. And, importantly, nurses will be encouraged to raise their voices in the global and national policy debates.



Dr Sean Clarke

The RBC Financial Group UHN Chair in Cardiovascular Nursing Research, Lawrence Bloomberg Faculty of Nursing, University of Toronto, Canada

Dr. Sean Clarke is the inaugural holder of the RBC Chair in Cardiovascular Nursing Research at Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto and University Health Network. A graduate of McGill University in Montreal, Dr. Clarke's research has dealt primarily with organizational aspects of acute care nursing (with a particular emphasis on staffing levels, work environment factors, patient outcomes and nurse occupational health). His current program of work focuses on factors influencing the quality and safety of inpatient nursing care for patients with cardiovascular disease. From 2001 to 2008, he served as the Associate Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania in Philadelphia, and also held an endowed term chair recognizing contributions to undergraduate education at the School of Nursing. He has authored or co-authored over 50 articles, 10 book chapters and co-edited a volume on medication safety for nurses. A co-investigator on over \$10 million dollars in funded grants, many of which have involved international collaborations, he has been a principal investigator on grants from the National Institute of Nursing Research (NIH), the Centers for Disease Control (CDC) and the Robert Wood Johnson Foundation. He serves on the editorial boards of a number of journals and is currently Associate Editor of the Canadian Journal of Nursing Research (CJNR) and a Deputy Editor for the leading health services research journal Medical Care. A fellow of the American Academy of Nursing, he holds adjunct appointments at the Université de Montréal and the University of Pennsylvania, and a visiting appointment at University College Dublin.

KEYNOTE ADDRESS 2

Why are Quality, Safety and Staffing Issues Essential in Health Promotion?

Dr Sean Clarke

The RBC Financial Group UHN Chair in Cardiovascular Nursing Research, Lawrence Bloomberg Faculty of Nursing, University of Toronto, Canada

Over the past decade, an international health care workforce crisis has emerged, in particular, a maldistribution of health care workers within and across countries, and labor shortages in highly-specialized tertiary care as well as public health. The cumulative impact of economic cycles that have affected demand for workers, has influenced entry over time into the health professions and occupations. However, demographic shifts, population health trends and public expectations have also been major drivers of the problem. Much energy in education, service and leadership in health care is devoted to service to meet today's realities, as well as minimizing contact and maintaining sharp divisions between groups of service providers and across sectors. To meet tomorrow's needs, clinicians across the continuum of care must see common purpose in their work, and learn to collaborate more effectively in interdisciplinary teams and with non-professionals (including laypeople and family members). Health care quality must be reframed as increasing the long-term ability of patients and their families to cope with day to day stresses of chronic conditions, building patient autonomy and self-reliance, and reducing greatest threats to patients' lives and independence. In this talk, a number of different perspectives on these issues will be raised, along with data regarding trends and selected research evidence. Major themes will include refocusing health care quality in population health terms, addressing safety issues connected with highly technical and potentially hazardous treatments for potentially preventable conditions, and planning for health human resources capable of addressing societal imperatives.



Professor Margaret M. Heitkemper

Professor, School of Nursing, University of Washington, U.S.

Margaret Heitkemper is Professor and Chairperson, Department of Biobehavioral Nursing and Health Systems, and Adjunct Professor, Division of Gastroenterology, at the School of Medicine at the University of Washington. She is also Director of the National Institutes of Health-National Institute for Nursing Research-funded Center for Women's Health and Gender Research at the University of Washington. In the fall of 2006, Dr. Heitkemper was appointed the Elizabeth Sterling Soule Endowed Chair in Nursing. Dr. Heitkemper received her Bachelor of Science in nursing from Seattle University, her Master of Science in gerontologic nursing from the University of Washington, and her doctorate in Physiology and Biophysics from the University of Illinois at the Medical Center, Chicago.

She has been on faculty at the University of Washington since 1981 and has been the recipient of three School of Nursing Excellence in Teaching awards and the University of Washington Distinguished Teaching Award. In addition, in 2002 she received the Distinguished Nutrition Support Nurse Award from the American Society for Parenteral and Enteral Nutrition (ASPEN), in 2003 the American Gastroenterological Association and Janssen Award for Clinical Research in Gastroenterology and in 2005 she was the first recipient of the Pfizer and Friends of the National Institutes for Nursing Research Award for Research in Women's Health. In 2006 Dr. Heitkemper received the American Academy of Nursing Council for the Advancement of Nursing Science Outstanding Nurse Scientist Award. She is currently the Chair of the Council for the Advancement of Nursing Science organization.

KEYNOTE ADDRESS 3

Women's Health: Promoting Health through Effectively Managing Stress

Professor Margaret M. Heitkemper

Professor, School of Nursing, University of Washington, U.S.

Stress is ubiquitous in the everyday lives of women. Today women face multiple stressors related to family responsibilities (childcare to eldercare) and the work environment. The work of my research team has focused on understanding the role of stress on symptoms from a biobehavioral perspective. The goal of these studies has been to first identify those most at risk to develop symptoms and second to design and test therapies to reduce symptoms and enhance quality of life. In our research we have utilized models of both acute and chronic stress. Acute stress is defined as any immediate threat to the homeostasis of the organism. Acute stress is further defined as exposure to a limited environmental stressor (e.g., noxious light, noise), physiological stressor (e.g., hand immersion in ice water), or psychological or interpersonal stressor (e.g., public speaking). Other investigators have demonstrated gender differences in stress reactivity using a variety of different standardized laboratory models. When examining the impact of stress on symptoms, however, it might be argued that chronic or long term stress has a greater effect than acute or even daily stressors.

Women report a number of functional conditions including irritable bowel syndrome, chronic fatigue syndrome, headaches, and fibromyalgia as compared to men. Psychological distress including depression and anxiety is also found to be more prevalent in women. Women also report greater health care utilization. For example, approximately 75% of women with irritable bowel syndrome (a condition characterized by abdominal pain and alterations in bowel patterns) report that stress exacerbates their symptoms. Many of these women (30-50%) report a history of childhood abuse or trauma suggesting that early environmental influences may result in a hyperarousal or hypersensitivity to stimuli. Emerging evidence suggests that the impact of stress may be different based on an individual's genetic makeup. Thus, the role of gene-environment is an important focus for understanding the etiology of chronic health problems such as mood disorders and somatic complaints.

Plenary Speakers and Abstracts



Ms Guo Yan Hong

Director, Nursing Division, Department of Medical Administration, Ministry of Health China

Professor Yanhong Guo has been working in the Nursing Division, Ministry of Health since 1991. She received BSN from Peking Union Medical College in 1989, and studied in the Nursing College of University of Arizona in the States in 1998. She has been the director of Nursing Division since 2003.

Nursing Involvement in Health Policy: China Perspective

Ms Guo Yan Hong

Director, Nursing Division, Department of Medical Administration, Ministry of Health China

China is the most populous country in the world, with an estimated 1.3 billion citizens. Population growth rates have slowed and life expectancy has risen in recent decades. Health outcomes continued to improve. Overall, people in China are living longer and healthier lives. The disease profile resembles that of a developed country, with some 85% to 90% of deaths due to noncommunicable diseases and injuries. Cerebrovascular disease, chronic obstructive pulmonary disease and heart disease account for nearly 50% of all deaths. Among the remaining infectious diseases, hepatitis B infection, TB and lower respiratory infections still account for significant mortality and lost DALYs. National averages, however, mask considerable regional variations and disparities across socioeconomic groups, genders and geographic localities.

China's population is ageing rapidly. One in four people living in the country in 2035 will be aged 60 years or older. Population ageing leads to a shift towards chronic diseases and disabilities and pressures on the health system to address more complex health conditions that generate higher costs. In addition, the tradition of providing long-term care at home for elderly parents and grandparents will be challenged in the light of the one-child policy.

China government began to implement a much-anticipated reform to fix the ailing medical system and to ensure fair and affordable health services for all 1.3 billion citizens. with an investment plan of 850 billion yuan (124 billion U.S. dollars) for the reform in three years. The reform will covered medical insurance systems, medicine supply system, primary health system, public health service and reform of public hospital.

In order to develop nursing to improve the health service, China State Council issued the Nurses Ordinance in 2008. Ministry of Health began to implement the Strategic Plan on Nursing Development, Which is focused on the following points:

- To increase the quality and quantity of nurses;
- To encourage the nurses work in the community areas;
- To train the nursing specialist and nursing managers;
- To establish the evaluation system for care quality both in hospitals and other institutions;
- To upgrade the nurses' educational levels;
- To develop nursing service of the Chinese traditional Medicine.



Ms Sylvia Fung

Chief Manager (Nursing) / Chief Nurse Executive, Hospital Authority, Hong Kong Special Administrative Region

Being a clinical nurse in the first half of her career and subsequently a nurse teacher for 6 years, Ms Fung continues her career in management. She has been the Chief Manager (Nursing) / Chief Nurse Executive of Hong Kong Authority since December 2008. She is also currently the adjunct professors of several universities.

Ms Fung is a general nurse, a registered midwife and also a certified nurse teacher. Her academic qualifications include a Master in Business Administration (U.K.) and a Master of Science in Hospital & Healthcare Management (U.K.).

Ms Fung is the President of the Hong Kong Midwives Association and now the representative for Asia Pacific region in the Management Board of International Confederation of Midwives. She is one of the editors of the Journal of Obstetrics, Gynaecology and Midwifery and the Journal of Chinese Nursing Management.

Ms Fung received the Best Staff Award of Hospital Authority in 2004 and Florence Nightingale Award of the International Red Cross in 2005.

PLENARY SESSION

Nursing Involvement in Health Policy: Hong Kong Perspective

Ms Sylvia Fung

Chief Manager (Nursing) / Chief Nurse Executive, Hospital Authority, Government of the Hong Kong Special Administrative Region

The International Confederation of Nurses' Position Statement on Scope of Practice¹ (1998, reviewed 2000) stated that "The scope of practice (of nurses) is not limited to specific tasks, functions or responsibilities but ... advocating for patients and for health, ... and developing health policy for health care systems."

From the Floor to the Board Room

Nurses are in close contact and long term relationship with patients and their significant others. Hence, we have in-depth appreciation of their needs. Our niches of practice cut across various sectors of the health care environment. Thus, we are aware of the responses and perceptions of clients to the services deliveries and strategies. Moreover, nurses are acquainted with the constraints to quality and efficiency in delivering care. Nurses have the expert knowledge and experience to input into and shape the health policy. However, the voice of nurses is seldom heard or taken seriously.

Individual Representation to the Government

In policy consultation process, nurses have input the information gathered from clients, their own ideas and opinions of health care and health policy by virtue of their official position or through their institution. Nurses also have our views represented through the elected member in the Legislative Council.

Collective Representation to the Government

Continual dialogue to policy makers can also be made collectively through nursing associations or trade union. Nurses associations should lobby the government and policy makers to include nurses in policy development. Associations should also advocate from our profession and clients through publishing position statement, publications, research findings to substantiate the views of the profession. Associations also seek for representation on committees or lobby influential members or make submission to consultative documents.

In addition to health policy, there are policies that have immense impacts on health and healthcare, such as housing, social welfare, tobacco control, environmental protection etc. We could contribute from a nursing or client perspective for a seamless collaboration and interface between the health and these services.

Conclusion

Nurses are feeling the pulse of the healthcare system as part of their day-to-day lives. In order to participate effectively in policy development, nurses should acquire the understanding of how health policy is developed. We must prepare ourselves to be articulated and support our views with data and evidence. We should also develop visible leadership, gain credibility from the public, and use media appropriately to voice out our opinions.

¹ International Council of Nurses, Position Statement in Scope of Nursing Practice, 2000.



Professor Hsiu-Hung Wang

Dean and Professor, College of Nursing, Kaohsiung Medical University, Taiwan

Professor Hsiu-Hung Wang has dedicated her career in bringing the best of nursing profession nationally and internationally. During her life-long career in nursing profession and governmental services, her accomplishment has been excellent in both fields of academic and health administration.

Professor Wang graduated from Kaohsiung Medical College, School of Nursing in 1979, and got her Master Degree in Public Health from Kaohsiung Medical College, Graduate Institute of Tropical Medicine. Professor Wang was appointed as the dean of Kaohsiung Medical College, School of Nursing since 1994. During that period, she devoted herself to the enhancement and innovation of nursing education. After earned the doctoral degree from the University of Texas at Austin, School of Nursing in 1998, Prof. Wang was reappointed as the dean.

In addition to leadership and management, Professor Wang persistently devotes herself to academic research. She has been funded by the National Science Council and Department of Health in Taiwan to conduct many research projects. Her research interests mostly focus on women's health, elderly and long-term care. Until now, Professor Wang has published more than 100 articles in both national and international journals. In collaboration with some famous nursing and medical elites, she wrote and edited or co-edited 4 books including: Women's Health-Theory and Practice, Health Promotion and Nursing- Theory and Practice, Faith in Nursing, and Nursing Care in Taiwan.

Being acknowledged by the Government of her outstanding achievements, Professor Wang was appointed to be the Deputy Minister of Health in 2004. She is the first and only nurse scholar who has taken this high-ranking health authority in Taiwan. She has elevated Taiwan's nursing status to an ever-higher level. During the post of Deputy Minister, she was the one who advocated and escorted nursing policies in government. During these years, she initiated and facilitated quite a few of innovative nursing policies and programs in Taiwan.

In 2008, she returned to her academic career and reappointed as the dean of Kaohsiung Medical University, College of Nursing, Taiwan.

Nursing Involvement in Health Policy: Taiwan Perspective

Professor Hsiu-Hung Wang

Dean and Professor, College of Nursing, Kaohsiung Medical University, Taiwan

Conventionally, Nurses in Taiwan are considered the minority in the policy making process, even though nurses are at the frontline of medical care system and occupy the majority number of employees. Until recently, more and more nursing leaders realize participating in the political spectrum is a vital part for nursing issues to be addressed. With this kind of comprehension, the Bureau of Nursing and Health Care Service under the highest health authority, Department of Health in Taiwan was founded in July 2004 because of the collective voices of nursing leaders. Until October 2004, when I was appointed as deputy minister of the Department of Health where at those two remarkable places, I have the chance to advocate that nurses should have more opportunities in participating in health policy making. Such a significant change gives a wide scope for nursing professional to be part of the health policy making community. During that time, nursing was always my first priority in making or facilitating health policy. It has been recognized as a milestone and a great step of the development of nursing profession.

The aims of this presentation are to share my experiences in policy making process and encourage nursing colleagues to actively participate in health policy making process by collective power and voice. The insights and contribution of nursing professional is indispensable. They are vital part of the health policy making process. It is essential to include them in that process. Health promotion, nursing, women's health, and long-term care policies, those are highly related with nursing profession and my academic background are to be elaborated. The presentation will propose some strategies for nurses to get involved in health policy making process. Henceforth, nurses and nursing leaders can participate in health policy making to make a difference in the lives of people we care about, so does in our own lives and for the future of our professional development.

Concurrent Sessions

CONCURRENT SESSION I : Child and Adolescent Health

Psychometric Assessment of the Parental Bonding Instrument (PBI) in Thai Adolescent who have Depressed Mothers

Nopporn Vongsirimas¹, Yajai Sitthimongkol¹; Linda Beeber², Nonglak Wiratchai³, Sopin Sangorn⁴

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³ Department of Educational Research and Psychology, Chulalongkorn University, Thailand

⁴ School of Nursing, Faculty of Medicine, Ramathibodi, Mahidol University, Thailand

Adolescents who have mothers with depressive symptoms are well documented as a vulnerable group who are at risk to develop depressive symptoms. They have twice the rate of depressive symptoms as adolescents of never-depressed mothers. Evidence revealed that perceived maternal parenting is an important factor in the variation of depressive symptoms severity in adolescents of depressed mothers. Perceived maternal parenting can be measured by the Parental Bonding Instrument (PBI). The PBI is a self rating scale designed to measure two dimensions of perceived relationships and experiences with parents on the basis of children's memory of their parents during their first 16 years. Even though this instrument has been widely used in Western culture, it has never been used in Thai adolescents of depressed mothers. Assessment of this questionnaire requires reliable and valid assessment indices. The objective of this study is to describe the psychometric assessment of the PBI. Data from 460 adolescents of depressed mothers were used to assess the reliability, homogeneity, representativeness, and discriminative ability of the PBI. The alpha reliability coefficients in 460 adolescents were .868. The confirmatory factor analysis (CFA) was conducted by using the LISREL program to test for construct validity, the results yielded chi-square = .02, df = 1, p-value = .90094, RMSEA = .000, GFI = 1.00, AGFI = 1.00. Cronbach's alphas for the PBI total and subscales were greater than .80. Inter-item correlation coefficients, item-total correlation coefficients, and discriminative ability in all items were acceptable. Findings indicated that the PBI is a reliable measure of perceived maternal parenting provided to Thai adolescents. Research results will benefit nursing students and nursing faculty in terms of research instruments available to be used for future research in the area of depressive symptoms in adolescents of depressed mothers.

Sex Related Issues: What Thai Adolescents Really Want to Know from Their Parents?

Atittaya Pornchaikate-AuYeong¹, Aphichat Chamratrithirong²; Acharaporn Seeherunwong¹; Prapa Yuttatri¹

¹ Faculty of Nursing, Mahidol University, Bangkok, Thailand

² Institute for Population and Social Science Research, Mahidol University, Bangkok, Thailand

Purpose of the Study: There is an increasing rate of sexual interactions among Thai adolescents. Though family is perceived as the first place to socialize children, in regard to sex-related education, much less is known about what parents communicate to their children. The purposes of this study were to (1) describe sex-related issues parents normally communicate to their adolescent sons/daughters, (2) describe sex-related issues that adolescents initiated with their parents, and (3) compare sex-related issues between those communicated by parents and those that adolescents would like to talk about with.

Methodology: Participants were 782 Thai students (553 females) with an average age of 16.2 years from two schools in Bangkok, Thailand. They were asked to complete 2 questionnaires: personal information questionnaire and parent-adolescent communication about sex scale (PACS). Students were asked to fill in open ended questions regarding sex-related issues that parents communicated to them, that they initiated with their parents, and that their parents had never talked to them about but they wanted to discuss with their parents. Content analysis was used to analyze all open ended data.

Results: Preliminary analysis revealed that over 18% of parents had never discussed any sex-related topics with their sons/daughters and almost 40% had not talked to their teens for more than 6 months about the topic. Findings indicated the gap in sex-related issues that parents communicated to their teens and those that teens wanted to know from their parents. With respect to sex-related issues parents normally talked to their teens about general hygiene care, prohibition of having sex during school age, and caution about sexual assault and sexual abuse. Regarding sex-related issues that teens initiated to talk to their parents, many adolescents reported that they had never talked to their parents about sex issues. Those who initiated conversations with parents, talked about general issues such as hygiene care and development of secondary sex characteristics. Though some talked about sexual behaviors such as sexual intercourse or pregnancy issues, they talked in a socially desirable ways such as having sexual intercourse during adolescents is not good and should not be done. Teens reported that they want their parents to openly talk with them about relationships with boyfriend/girlfriend (e.g., how to maintain the relationship), sexual intercourse issues (e.g., how it looked like to have sex, how did people feel when having sex), contraceptive and condoms use, and methods to prevent sexually transmitted infections and pregnancy.

Conclusion: Findings indicated the gap in sex-related issues parents talked about with teens compared to what those that teens wanted to know from their parents. Thus, understanding of adolescents' needs and communicating appropriate messages to teens are important in promoting sexual health of adolescents.

Using an Internet-based Program to Promote Healthy Eating Behavior among Thai Early Adolescents

Nongkran Viseskul¹, Warunee Fongkaew¹, Ouyporn Tonmukayakul¹, Barbara Burns McGrath²

¹ Faculty of Nursing, Chiang Mai University, Thailand

² School of Nursing, University of Washington, Seattle, USA

Thailand is similar to many other countries where unhealthy eating behavior among adolescents is an important contributor to nutritional problems among youth. Because of the unique developmental and lifestyle issues experienced by adolescents, health promotion programs that are designed for adults are not effective with this younger group. Innovative and effective strategies are needed to promote healthy eating behavior among adolescents, particularly in the urban areas.

This aim of this study was to develop and implement an Internet-based program for promoting healthy eating behavior among Thai early adolescents based on a participatory approach.

Participatory action research (PAR), conducted over a period of 16 months, was used to develop an Internet-based health promotion program targeting urban adolescents. The study was conducted in a private school in Chiang Mai, Thailand, and included 100 adolescents between the ages of 12 and 13. Other stakeholders also participated in the research including 15 teachers, the school nurse, and 7 parents. The PAR process of this study included eight steps: 1) establishing contact; 2) recruiting adolescent participants and other stakeholders; 3) assessing eating behavior issues and needs; 4) recruiting and preparing adolescent leaders; 5) planning and developing the Internet-based program; 6) implementing the Internet-based program; 7) evaluating outcomes and the process of implementing the Internet-based program; and 8) critiquing the Internet-based program and its implementation. Both qualitative and quantitative data were collected from May 2007 to August 2008 by using various methods.

The findings of this study revealed that:

1. The components of the Internet-based program (F-Club program) developed by adolescent leaders were composed of six critical elements: 1) content for promoting healthy eating behavior, 2) webboard discussions, 3) animations, 4) quiz exercises, 5) a game, and 6) video clips.
2. The outcomes of implementing the Internet-based program were: 1) positive changes of the adolescent participants including knowledge of healthy eating behavior, attitude towards healthy eating behavior, eating behavior, and nutritional status; and 2) improving leadership competency of adolescent leaders.

The research findings suggest that using PAR to develop an innovative Internet-based program has the potential to promote healthy eating behavior among Thai early adolescents.

Unintended Thai Adolescent Pregnancy: A Grounded Theory Study

Wanwadee Neamsakul

Boromarajonani College of Nursing, Uttaradit, Ministry of Public Health, Thailand

The purpose of the study was to discover the social processes used by Thai adolescents with unintended pregnancies throughout the childbearing years.

Grounded theory was employed as a methodology and the study took place in Uttaradit Province situated in the Northern region of Thailand. Semi-structured interviews were conducted at 3 different points during pregnancy and through 8-12 weeks postpartum.

The participants included 20 Thai adolescent girls who experienced an unintended pregnancy. The ages of the participants ranged from 14 to 19 years old with a mean of 16.4 years and a standard deviation of 1.69. All were Buddhists and unemployed. The majority finished junior high school. More than half dropped out of school when they became pregnant. Most lived in an extended family and more than half got married after pregnancy. 30% reported they never used any birth control and 70% used it irregularly. Nearly half attempted abortion. "Kwa ja ru diang sa: A life journey of Thai adolescents from unintended pregnancy to motherhood" was identified as the basic social psychological process for adolescents who decided to carry an unintended pregnancy. The process was shaped within the contexts of family, life styles and values, traditions, religion, education, gender roles, and law. The life journey began with "surrender (Yom jum non) to an unintended pregnancy" and reflected the causal conditions. It started in the chronological order of events during pregnancy. "Preparation to become a new mother" comprised the action/interaction strategies used to cope with changes during pregnancy. "Support from their close circle is like nourishment for their soul (Yad nam tip chalom jai) and helps them through difficult times (Tee peung yam yak)," were the intervening conditions that helped facilitate and balance the strategies used to cope with changes during pregnancy on the journey to motherhood. The journey ended with "Adolescent mom: I can do this mission." which described the consequences of the use of different strategies and the support from people surrounding them.

Needs and sources of support during pregnancy and transition to motherhood were identified. Specific strategies for clinicians and research questions were also identified. These findings hold the potential to inform the health care community on how best to meet the adolescents' needs during pregnancy and to foster them as new mothers.

Validity of the SF-12v2 in Chinese Adolescents

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Purpose of the Study: Previous clinical and psychometric evaluations of the SF-12 or SF-36 focused on the adult population and none had been performed specifically in adolescents. Nevertheless, the SF-12 has been used as a health indicator of adolescents and even as a criterion in validating another quality of life instrument in a group consisting of both adolescents and adults. Therefore, we aimed to evaluate the construct validity of the standard Chinese SF-12v2 in a large population-based cohort of adolescents.

Methodology: Data collected from the Hong Kong Student Obesity Surveillance project conducted in 2006-2007 were used. The standard Chinese SF-12v2 was first evaluated against clinical criteria previously used for the evaluation of SF-12 or SF-36. The data were then randomly split into training and validation halves for exploratory and confirmatory factor analyses (CFA), respectively.

Results: A total of 31,357 adolescents with a mean age of 14.8 years (SD=1.9; range = 11.0 to 18.9) were included. The standard Chinese SF-12v2 distinguished groups differing in doctor-diagnosed health problems, self-reported illnesses in the past 30 days, gender, perceived health in the past 3 months and health compared to 12 months ago. The exploratory factor analysis identified three factors by scree plot. The first factor included all positive items on a 5-point scale. The second factor included all negative items and the third factor included all items on a 3-point scale. The basic two-factor CFA without any correlated errors was inadequate (RMSEA=0.09, SRMR=0.18, CFI=0.89 and NNFI=0.86). Correlated errors with the largest modification index and substantive rationale were incorporated. The final CFA model for the SF-12 was consistent with the hypothesized latent structure (RMSEA=0.05, SRMR=0.07, CFI=0.97 and NNFI=0.95).

Conclusion: The standard Chinese SF-12v2 is an appropriate health indicator for Chinese adolescents. Using the tool could streamline the use of health indicators in clinical studies, especially those on a large scale, which include both adolescents and adults.

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A Meta-Analysis of the Clinical Effectiveness of School Scoliosis Screening

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Purpose of the Study: To evaluate the best current evidence on the clinical effectiveness of school screening for adolescent idiopathic scoliosis.

Methodology: Data sources included Pubmed (2008), Google scholar (2008), CINAHL database (2008), and references of identified reviews and studies. Studies were included if they adopted a retrospective cohort design, considered a screening programme that utilised either the forward bending test (FBT), angle of trunk rotation, or the Moiré topography, reported results of screening tests and radiographic assessments, screened adolescents only, reported the incidence of curves with minimum Cobb angle of 10° or higher, and reported the number of referrals for radiography. Reviews, comments, case studies and editorials were excluded. Thirty-six studies, including 34 (4.4%) from the 775 initially identified studies and 2 from the references, met the selection criteria. Data extraction was performed by two authors independently using a standardized template. All discrepancies were discussed and resolved.

Results: The pooled referral rate for radiography was 5.0%, and the pooled positive predictive value (PPV) for detecting $\geq 10^\circ$ curves, $\geq 20^\circ$ curves and treatment were 28.0%, 5.6% and 2.6% respectively. There was substantial heterogeneity across studies. Meta-regression showed programmes that used FBT alone reported a higher referral rate (odds ratio [OR] 2.91) and lower PPV for $\geq 10^\circ$ curves (OR 0.49) and $\geq 20^\circ$ curves (OR 0.34) than programmes used other tests. Only one small study followed students up to their skeletal maturity and reported the sensitivity of screening, but the specificity was not reported. No severe publication bias was noted.

Conclusion: The use of FBT alone in school scoliosis screening is insufficient. We need large retrospective cohort studies with sufficient follow-up of students to properly assess the clinical effectiveness of school scoliosis screening.

CONCURRENT SESSION II : Chronic Disease Care and Management**The Chinese Schizotypal Personality Questionnaire-brief: Screening Scale for Young Adults Predisposed to Prodromal Schizophrenia**Wei-Fen Ma¹, Chia-Wei Liu²¹ School of Nursing and Nursing Department, China Medical University and Hospital, Taiwan² School of Nursing and Nursing Department, China Medical University, Taiwan

Purpose of the Study: The purpose of this study was to test a screening instrument, the Schizotypal Personality Questionnaire-Brief (SPQ-B), for finding individuals in a high-risk population disposed to the prodromal phase of schizophrenia in Taiwan. This goal was achieved by translating the SPQ-B from English to Chinese, the Chinese version Schizotypal Personality Questionnaire-Brief (CSPQ-B), and testing it on a sample of Taiwanese undergraduate students. Most patients with schizophrenia (80%) experienced a prodromal period of changes in cognitive, emotional, and behavioural functions. Some phenotypic features of prodromal schizophrenia are also found in patients with schizotypal personality. The SPQ-B has been widely used to screen high-risk populations for the prodromal phase of schizophrenia. This study examined the use of the CSPQ-B, to identify Taiwanese undergraduate students predisposed to prodromal schizophrenia.

Methodology: The SPQ-B was developed (Raine & Benishay 1995) from the 74-item Schizotypal Personality Questionnaire, which was designed to screen for schizotypal personality disorder in the general population. The SPQ-B is a self-report scale with 22 dichotomous items to assess three dimensions: cognitive-perceptual deficits (8 items), interpersonal deficits (8 items), and disorganisation (6 items). The CSPQ-B was translated from English to Chinese and tested in a purposive sample of undergraduate students at a medical college in central Taiwan. A two-stage, cross-sectional survey design was used to collect data from students. Participants' self-report scores collected in Stage I were used to identify the highest 5% scoring participants for psychiatric interviews in Stage II.

Results: In Stage I, 650 undergraduate students agreed to participate. Of these, 60 completed the CSPQ-B 2 weeks later to evaluate its test-retest reliability. Among the questionnaires completed by these students, 39 (4.92%) were dropped from analysis because of missing data. Thus, 618 undergraduate students completed the CSPQ-B, and 54 of them completed the CSPQ-B 2 weeks later (2-week test-retest). The CSPQ-B had a 2-week test-retest reliability of 0.70 (Pearson's *r*). The internal consistency for 22 scale items was 0.76 (Kuder-Richardson formula 20 test). In stage II, 40 students with the scores in the top 5% (CSPQ-B > 15) were designated as the high-score group. They were interviewed by two psychiatrists who diagnosed the students as having prodromal schizophrenia, potentially prodromal, and probably normal using the structured clinical interview for the *Diagnostic and Statistical Manual of Mental Disorders-IV* (American Psychiatric Association 1995, 2000). Finally, the optimal cut-off score was 17, with odds ratios of 24.4 and area under receiver operating characteristic curves of .83. The instrument had a sensitivity of 80.0% and specificity of 85.9% as a screening criterion for populations predisposed to prodromal schizophrenia.

Conclusion: The CSPQ-B is a reliable self-report instrument, with a cut-off score of 17 for screening Taiwanese undergraduate populations predisposed to prodromal schizophrenia. Finding people with prodromal schizophrenia is the first and crucial step to engaging them in the health service system.

Development of an Oncology Nursing Competency Scale for General Professional NursesHunsa Thienthong, Sujitra Tiansawad, Ouyporn Tonmukayakul, Tipaporn Wonghongkul
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Propose of the Study: In Thailand, general professional nurses provide most of the nursing care for cancer patients and their families. They, however, have limitations in training and continuing education. To develop their abilities for providing quality care, oncology nursing competency needs to be identified and assessed by using a valid and reliable scale. This study aimed to develop and test a valid and reliable scale to measure general professional nurses' oncology nursing competency.

Methodology: The methodology was the instrument developmental research design including two phases and six steps.

Results: In phase one of the construction of the Oncology Nursing Competency Scale (ONCS), the meaning and the dimensions of oncology nursing competency were identified based on a comprehensive literature review. Items were generated based on the data from in-depth interviews and focus group discussions among oncology nursing experts. The first draft of the ONCS was a 5-point rating scale consisting of six dimensions with 73 items. The two rounds of content validity review were performed which resulted in three deleted items and eleven additional items. The CVI of 81 items ranged from 0.83 to 1.00 and CVI of the overall scale was 0.987. The clarity and readability of the scale with 81 items were determined. Pre-testing with general professional nurses (*n* = 82) was conducted for testing internal consistency reliability in which Cronbach's coefficient alpha of six dimensions ranged from 0.849 to 0.963, and of the overall scale was 0.984. In phase two, the psychometric properties of the scale were evaluated with the large number of general professional nurses (*n* = 769). Item analysis for discrimination power of items, item correlation, and coefficient alpha revealed that all items were good discriminators. To test the construct validity, principal component factor analysis with direct oblimin rotation was applied. Ten dimensions were extracted with 79 items and total variance explained by 74.54 %. In addition, the contrast group approach was used to test the different scores of the final ONCS between general professional nurses and the fourth year nursing students.

Conclusion: The development of the ONCS for assessing oncology nursing competency among general professional nurses shows good psychometric properties. Therefore, it can be further used in nursing practice and nursing research.

The Relationship between Family Function and Disease Control in Diabetics

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Purpose of the Study: To evaluate whether the family system variables of adults with diabetes relate to the adequacy of metabolic control or the psychosocial adaptation to the illness. This study also introduced some useful measurement tools that facilitated nursing interventions and outcomes for insulin-treated adults with diabetes too.

Methodology: A sample of insulin-requiring adults was assessed on a single occasion. They completed two family system measures (the family Environment Scale [FES] and the Diabetes Family Behavior Checklist [DFBC]), two quality-of-life measures (the Diabetes Quality of Life Scale and the Medical Outcomes Study Health Survey-36), and one measure of cognitive appraisal (the appraisal of Diabetes Scale). Glycemic control was assessed using HbA1c results. Demographic data (age, sex, diabetes type, duration of diabetes, and number of diabetes-related medical complications) was gathered from the patients' charts. The sample included subjects who were > 18 years of age, diagnosed with diabetes for > 1 year, had no current psychiatric disorder, and was able to read the forms and provide written informed consent. Only subjects currently on an insulin regimen were included in order to minimize potential effect of type of treatment. The subjects completed questionnaires after their visit or at home and returned them by mail.

Results: Concerning glycemic control, none of the Quality of life and family system measures were significant predictors of HbA1c. Older age and longer duration of diabetes predicted higher HbA1c values. For psychosocial adaptation, when family members behaved in ways that supported the diabetes care regimen (measured by the DFBC), the individual with diabetes was more satisfied with his or her adaptation to the illness and reported less interference in role function due to emotional problem. Family cohesion (measured by the FES) also related to better physical function. Woman reported higher levels of diabetes satisfaction. The Appraisal of Diabetes Scale predicted glycemic control and psychosocial adaptation.

Conclusion: For insulin-treated adults with diabetes, Quality of life and family system variables do not relate to glycemic control, but they do relate to psychosocial adaptation.

Exploring the Expanded Role of Nurses in Coronary Care

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Coronary heart disease is a significant cause of mortality in Hong Kong. Coronary care nurses are expected to take on extended and expanded roles in critical care settings, so to enhance the potential and delivery of nursing.

Purpose of the Study: The purpose of this study was to explore and described the lived experiences of coronary care nurses, who expanded their role and practice in critical care. The findings of the study inform about the current and future development of nursing roles in coronary care and provide valuable insight about the preparation of further role development, support needs on role expansion and the development of advanced practice in coronary care.

Methodology: A purposive sample consisted of 8 coronary care nurses and 4 general medical ward nurses. The subjects were recruited from a district hospital. Semi-structured interviews with an interview guide which focused on the topic of extended role, expanded role and advanced practice nursing was used to explore nurses' experiences of expanded role in coronary care. The study was guided by the essential elements of phenomenological inquiry which included bracketing, intuiting, analysis and description as identified by Spiegelberg and Colaizzi-style data analysis was chosen as the method of data analysis.

Results: Eighteen formulated meanings were identified and further clustered into 5 main themes to describe the lived experience of nurses who expanded their practice and roles in coronary care. These themes were: 1) the role of critical care nurses; 2) interpretation of extended and expanded role; 3) further role expansion; 4) support needs for role expansion; and 5) practice of expanded roles. The thematic data revealed that the study participants identified the role of critical care nurses as including providing intensive care to patients; having specific knowledge and skills; enjoy autonomy; using a holistic care approach in care delivery and able to have further expansion on existing role. However, the participants were unable to define the meaning of extended and expanded roles, as well as the advanced practice role. The encountered barriers in practicing an expanded role, included knowledge deficit, lack of support, authority and autonomy. It was found that the participants intend to further expand and achieve advanced levels of practice but they required more support from peers, medical staff and the organization. They emphasized that critical care nurses needed to be more competent and wanted consistent level of autonomy for advanced practices.

Conclusion: The implications for the health care professionals centered on developing the solid theoretical knowledge and skills for critical care nurses before further role expansion, and to clearly redefine and promote the meaning of expanded or advanced practice roles to the whole healthcare settings and the community.

The Quality of Life of Family Carers with a Chronic Condition: An Australian Study

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Purpose of the Study: This paper reports on the findings of a sub-study into the quality of life of family carers who have chronic illnesses. The sub-study sits within a larger study examining the acceptability, feasibility and cost-effectiveness of nurse-led models in the management of patients with chronic diseases attending general practice (family physicians).

Methodology: This mixed method prospective study involves the collection of both qualitative and quantitative data. The study has involved:

- the randomization of patients with chronic diseases into a nurse-led model of care or usual GP care
- data collection pre and post intervention of clinical data from patient records
- a survey pre, during and post intervention of the quality of life of patients
- interviews with patients and health professionals pre and post intervention on the acceptability of this model of care within general practice.
- Collection of economic data to ascertain if the model is cost-effective.

Results: A total of 249 patients were recruited into this study. All of these patients were currently being treated for type two diabetes mellitus and/or hypertension and/or ischemic heart disease. The data from the pre-intervention survey were then analysed to identify those patients who were also carers and those who were not. Of these, 38 were currently carers and 19 had previously been a carer (within the last two years). To ascertain the quality of life of the carers versus non-carers, the self-reported data from the survey were analysed. Specifically the data from the SF12 and the EQ5D. Analysis of current carers and previous carers were undertaken separately and were also analysed as a combined carers group. These data were then compared to the patients who did not identify themselves as a carer.

The data suggest that carers are more likely to have a poorer quality of life than non-carers (EQ5D index 0.087). They are also more likely to have high levels of anxiety and depression ($p < 0.001$) and state they have 'felt down' ($p=0.013$) in the last four weeks. They also believe they have accomplished less due to emotional problems ($p=0.006$). These findings are particularly evident in the past carers who are more likely to self-report anxiety and depression than current carers. Bereavement may be a major contributing factor for this finding.

Conclusion: While the study numbers are small, the data suggest that similar to previous studies, these family carers (who are patients with chronic diseases) are more likely to report a poorer quality of life, and higher levels of anxiety and depression than patients with chronic disease who are non-carers. Nurses who care for people with a chronic disease should ascertain if the person has a current or past caring role, and if so, should screen these patients for signs of anxiety and depression and other signs of mental illness.

The Impact on the Family Providing Care for Stroke Survivors at Home

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Purpose of the Study: The sudden, devastating effects of stroke often undermine an individual's status and identity and reduce their capacity to perform their usual roles. This impact is particularly marked as the survivors and their families' had no time to prepare for such changes. As results, stroke survivors and their entire family are fundamentally affected. However, each family varies in the degree to which such events challenge them.

The objective of this qualitative study was to determine and explain the impact on the family providing care for stroke survivors at home in Chiangmai province, Thailand.

Methodology: In-depth Interviews were conducted with 10 families who have been providing care for stroke survivors for at least six months or more post stroke. Each interview were conducted at the participant's home and lasted from 45 to 90 minutes. There were at least three interviews for each family. The study was conducted over five months. Data relevant to impact on family providing care for stroke survivors at home were analyzed, grouped and major themes were presented.

Results: The study revealed that the five impacts on the family providing care to stroke survivors at home were: on the primary caregiver or main family caregivers, on other family members, on interpersonal relationships, on the family life cycle and in facing new financial hurdles .

Results from this study could be used to improve home health care systems in Thailand as well as provide support for the family providing care to stroke survivors at home. In addition, nurses can use the findings from this study to initiate therapeutic conversations with family members during home visits, develop care pathways for stroke patients at home and provide more relevant information and training for the family. Finally, the results of this study could also be integrated in nursing studies such as family and community nursing studies.

CONCURRENT SESSION III : Combined Themes

Quality of Care in Rural Hospitals in United States

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Purpose of the Study: In its report from 2005 the Institute of Medicine concludes that there is very limited research looking at quality of care in rural hospitals. In addition a review of more than 300 United States (US) quality measures by an expert panel on rural health concluded that only 20 of the measurers used were appropriate for rural hospitals.

Using results from studies on rural patients and nurses in the US this presentation will examine what factors influence patients' ratings of quality of care in larger rural and urban hospitals (99-450 beds) and how quality of care is defined in small rural hospitals (25-130 beds)

Methodology: Quantitative and qualitative approaches were used to answer the research questions. The first study was a secondary data analysis using regression analysis and general estimating equation with hospital as the clustering variable examining differences in rural and urban patient satisfaction ratings. Data were from a national random sample of 194 nursing units in 22 rural and 75 urban hospitals (99-450 beds) in the US. The study examined the association between 18 explanatory variables covering community, hospital, and nursing unit characteristics, and the nurse work environment and the quality of care indicator, and patient satisfaction.

The second study was a content analysis examining rural nurses' perceptions of quality care. The data were collected using focus groups with staff nurses and interviews with chief nursing officers (CNOs) from four hospitals in the Southeastern US.

Results: The rural patients were more satisfied than their urban counterparts but only one of 18 explanatory variables was significant suggesting that the study did not capture what rural patients deem important for quality of care. The second study revealed that both staff nurses and their CNOs defined quality care similarly according to two themes: "Patients are what matters most" and "Community connectedness is both a help and a hindrance". The first theme reflects traditional definitions of quality care such as quality and safety indicators and patient centeredness. The second theme is different and exemplifies how the rural community and hospital converge into a family of sorts, creating expectations for how care is delivered that are not typically addressed in urban settings and larger hospitals.

Conclusion: Although many traditional quality indicators are considered important in rural hospitals, the dominant feature of quality is how care is delivered so that all interactions are patient focused in a way that reflects an understanding of the patients as people and an understanding of their lives. This understanding is possible because of community connectedness. The rural nurses use their relationships with patients and each other and their knowledge of the community and rural culture as the foundation for providing quality care. Future studies of rural hospitals should use quality of care measures incorporating broader definitions that include the rural context of care such as rural culture and poverty levels, transit time to larger facilities, and the way care is delivered.

Predicting Factors of Dependent Care Behaviors among Mothers of Toddlers with Congenital Heart Disease

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Body of Abstract: Congenital heart disease (CHD) is a defect that is present at birth in the structure of the heart and/or in one or more of the large blood vessels that lead to and from the heart. The alteration of the hemodynamic pattern caused by a cardiac defect can place the affected children at risk of morbidity and mortality. Since the toddlers rely on their mothers for taking medication, feeding, and monitoring of complications, the care of mothers is particularly important for toddlers with un-repaired CHD.

Purpose of the Study: This study aimed to describe the relationships between dependent care behaviors among mothers of toddlers with CHD and parenting stress, perceived social support, perceived self-efficacy, CHD knowledge, educational background, and family income. Also, the abilities of those study variables in predicting dependent care behaviors of the mothers were identified.

Methodology: A total of 95 participants from two tertiary public hospitals in Chiang Mai and Phitsanulok were enrolled into the study. Six questionnaires were used for data collection including; the Demographic Data Form, the Thai version of the Parenting Stress Index-Short Form (PSI-SF), the Personal Resource Questionnaire (PRQ-85-Part II), the Maternal Perceived Self-efficacy Scale, the CHD Knowledge Scale, and the Dependent Care Behaviors in Mothers of Toddlers with CHD Scale. Data were analyzed using descriptive statistics and multiple regression.

Results: The results showed that there were positive relationships between perceived self-efficacy, perceived social support and dependent care behaviors of mothers of toddlers with CHD ($r = .66, p < .01$; $r = .33, p < .01$, respectively). In contrast, parenting stress negatively correlated with dependent care behaviors of mothers of toddlers with CHD ($r = -.21, p < .05$). When the effects of other variables were controlled, perceived self-efficacy and family income were positively correlated with dependent care behaviors of the mothers ($r = .62, p < .01$; $r = .21, p < .05$, respectively). Moreover, perceived self-efficacy was the only predictor accounting for 43.80 % of the variance in the mothers' dependent care behaviors.

Conclusion: The results of this study provide a better understanding of dependent care behaviors among mothers of toddlers with CHD. These findings also serve as foundational knowledge for developing more effective interventions to strengthen the mothers' dependent care behaviors.

Risk Factors for Falls in a Hospital: A Case-control Study

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Purpose of the Study: The aim of this research was to identify the relative significance of patient fall factors to help facilitate future preventive work.

Methodology: The study was designed as a prospective case-control study and conducted over a consecutive nine-month period at a teaching hospital with 757 beds in Taipei, Taiwan from February to October 2007. The case group was defined to include subjects with diabetes, hypertension, CVA, arthritis, parkinsonism or osteoporosis. The control group included subjects free of such conditions. The number of non-fall subjects was arranged to be twice that of fall subjects in both case and control groups. The data collected was limited to 12 hours when nurses report the patients fall. There were 5 nurses who were trained for data collectors. Before data collection, the inter-rater reliability was nearly 1. The tool for this study was developed by Huang et al. (2008), and it had good reliability and validity.

Results: Prospective evaluations of fall risk were made of the 84 subjects who had fallen and the 160 who had not fallen during the research period. Cumulative fall incidence was nearly 19%. There were no significant differences between case and control groups. The age mean of participants was 67.2 in both groups. Only the test of ADL, the score of Fear of Falling, the muscle power of right foot and leg were significant different between fall and non-fall groups. The fall group had lower scores for ADL, poor muscle power of right foot and leg, of fear of falling, and worse functional reach than non-did the fall group, these were no significantly difference between the two groups.

Participants had sleep disturbance or urinary incontinence were significantly easy falling into fall group comparing with non-fall group. And, participants in the fall group significantly easy took oral antidiabetic and antidepressive, comparing with non-fall group. There were no significant differences on the condition of nutrition and footwear of the two groups. The place of fall in the hospital was usually at the bedside, n=58 (86.6%) in case fall group, n=15 (88.2%) in control fall group. The activities when patient fall were moving, go to toilet and walking, 51.2% 22.6% and 20.2%, respectively. Most of patients who had a fell 1st level injury, only the case-fall group had serious injury such as fracture, and in control-fall group, subjects only had 1st level injury such as soreness, bruise and chafe. Fracture were to upper limbs (n=3, 50%), lower limbs (n=1, 16.7%), and the hip (n=2, 33.3%).

The fall in past 3 month and Fear of Falling were the risk factors of fall in this research. The higher score of Fear of Falling can prevent 6% occurrence of a fall. If the patient did not have any fall in the past 3 months can prevent 82.4% occurrence fall. Participants who took antidiabetic (oral) medication were more than as at risk for fall compared to those did not take this medicine.

Conclusions: When participants in the case group, if they had fall, the injury condition would be more serious than the control group. Incorporating findings relating specific patient conditions to fall risk may help improve hospital fall prevention programs.

Perception of Stress in Laotian Migrant Workers in Thailand

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Purpose of the Study: Globalization and the movement of workers across borders seeking a better life style or employment is presenting health care systems and researchers with problems of increasing complexity. This study focused on how migrant workers from Lao People's Democratic Republic in Thailand conceptualized their stress and stressing factors.

Methodology: In-depth interviews, participant observation and field notes were used to collect data for six months. Audio recordings were used in this study. All seventy in-depth interviews took place at the workers' workplace. Participant observation was used to collect information throughout the research process during in-depth interviews and working in the field. Field notes were used as a reflective journal research data archive and throughout the study. The data from 70 subjects were analyzed through qualitative content analysis.

Results: The data indicated that the majority of the workers perceived stress as "Dukkha" (suffering) which is a Buddhist concept arising from the Nobel truths of Buddhism (14). "Dukkha" was the state which the workers were not able to fulfill their goals and faced negative experiences. As a result they were suffering, sad, unhappy, worried, lonely, frustrated and experienced sleeplessness. Several stressing factors were identified from the data evolving around issues of: living with poverty, non standard wages and having limited choices, loneliness, poor relationships, competition in the work place combined with job uncertainty and invisibility and living as invisible person.

Conclusion: Migrant workers are subject to difficult conditions which impact on their well being. There are no easy answers to the problems that have been identified however taking no action violates our humanity. Laws are in place that control basic wages and should be enforced. In the Thai context healthcare providers need to urgently develop systems of supporting migrant workers quality of life.

A Development of Professional Competency Standard of Occupational Health Nurses in the Industrial Enterprises

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Purpose of the Study: 1) to study the perceived performance level in operating and managing occupational healthcare services and capacity expectations of occupational health personnel in today's Thai industrial-sector workplaces. 2) to study the competency need of occupational health Nurses in today's Thai industrial-sector workplaces 3) Develop professional competency standards of Occupational Health Nurses in the Industrial Enterprise in Thailand.

Methodology: This study has three-stages:

Stage I: Explore occupational health services and competency needs for occupational health in the industrial enterprises. Samples were conducted using stratified random sampling. Recruitment of 200 occupational health personnel including administrators, nurses, and staff from 40 industrial-sector workplaces from 76 provinces of Thailand. Five-level Likert-type rating scales with 0.82 reliability level were used as data-collection instruments. Percentages, mean values, standard deviations and factor analysis were used for data analysis.

Stage II: Develop professional competency standards for occupational health nurses in the industrial enterprise by using data from the literature and the results of the first stage and sent to 19 occupational health experts. Median, inter-quartile range and content analysis were used for data analysis.

Stage III: To examine the final lists of a development of professional competency standard of occupational health nurses in the industrial enterprises using a focus group with seven nursing experts and in-depth interviews with a panel of three experts about strategy and implication.

Results: The samples perceived the industrial-sector workplaces' performance level as moderate to high in operating and managing operational healthcare and workplace safety services. Regarding competency need, most respondents held a strong view that occupational health nursing personnel really need to possess all these competencies for excellent performance. Interestingly, all occupational experts pointed out the need for ten important capacities for the professional level. Seven nursing experts agreed with the Nursing Council that research and academic capacities should be combined. Also, a panel of nursing experts suggested that overall competence should be divided into five main competencies and four sub-main competencies. Main competencies consisted of nursing care, prevention, promotion, rehabilitation, and teaching & counselling. Sub-main competencies were composed of administration, teamwork, academic and research, and finally occupational health nursing development. A panel of experts proposed a strong recommendation to apply this professional competency standard of occupational health nurses in the Industrial enterprise in Thailand. The results from this study should support the need to increase competencies of the occupational health nurses that are relevant to the present situation and meet the goal of succeeding.

Gender Difference among Youth Smokers who Called Youth Quitline

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Purpose of the Study: To describe the baseline characteristics of male and female youth smokers who called a Youth Quitline and received telephone counseling

Methodology: This is a cross-section study, based on the youth smokers who called a peer-led smoking cessation hotline (the Youth Quitline) in Hong Kong between August 2005 and December 2007. The callers included in the study were youth and young adults aged 12 – 25, who smoked at least 1 cigarette in the past 30 days, were able to communicate in Cantonese, called the Youth Quitline proactively, and were willing to leave contact telephone numbers for follow up. Descriptive statistics were used to compare the gender difference in smoking and quitting history; stage of readiness to quit smoking; perceived confidence and level of difficulty to quit smoking; alcohol drinking; presence of depressive symptoms; and demographics.

Results: A total of 308 youth smokers (220 males and 88 females) called the Youth Quitline proactively, of which 36% were below 18 years and 44% were full time students (Male: 42% vs. Female: 50%; $P = .24$). Male callers had slightly higher daily cigarette consumption than females (Mean for male = 13.4, SD = 8.2 vs. Mean for female = 11.6, SD = 7.8; $P = .06$), although the level of nicotine dependency were similar between the two groups ($P = .94$). A higher proportion of male callers had quit attempts in the preceding 12 months (Male: 54% vs. Female: 37%; $P < .01$). Nearly three-quarters (74%) of callers planned to quit smoking within 6 months (Male: 76% vs. Female: 69%; $P = .20$). Male callers were slightly more confident they would quit successfully (Mean for male = 5.7, SD = 2.2 vs. Mean for female = 5.2, SD = 2.3; $P = .09$), and they perceived a bit less difficulty to quit smoking (Mean for male = 7.3, SD = 2.1 vs. Mean for female = 7.5, SD = 2.1; $P = .36$). A higher proportion of male callers had ever been a binge drinker in the past month (Male: 30% vs. Female: 20%; $P = .07$); however, female callers experienced a higher level of depression than males (Mean for male = 2.1, SD = 0.7 vs. Mean for female = 2.4, SD = 0.8; $P = .02$).

Conclusion: Male and female smokers who called Youth Quitline had different characteristics in their smoking and quitting history. While the majority had intention to quit and planned to quit within 6 months in both groups, females were a little bit less confident to quit smoking, and they perceived a little bit more difficulty to quit successfully. While males and females have different barriers to quit smoking, gender-specific smoking cessation intervention is suggested.

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ROUNDTABLE DISCUSSION : Translating Research into Practice

The Most Effective Method to Improve Antiretroviral Drug Adherence

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Purpose of the Study: The use of Highly Active Antiretroviral Therapy (HAART) has greatly reduced the morbidity and mortality associated with human immunodeficiency virus (HIV). However, many patients in clinical settings in the community do not comply with the drug regimen and hence are at high risk for poor clinical outcomes.

Methodology: I searched the major health research electronic databases from August 2000 to August 2007. Included studies were limited to the adherence intervention; focusing adherence rates in the general HIV positive population and reported outcome data on adherence or viral load. Eleven studies met the selection criteria. They suggested that adherence interventions can have a significant positive effect on adherence behaviour and biological indicators. Some potentially effective strategies were derived from the reviewed studies. After reviewing the transferability and feasibility of this intervention, these strategies can be implemented in local settings.

Results: Therefore, a protocol is developed with evidence from those reviewed studies. The protocol is a 6 step intensive intervention to improve antiretroviral drug adherence. The outcome is measured in terms of adherence percentage and viral load. The intervention will be evaluated yearly and focus on maintenance of good adherence and undetectable viral load. The advantage of this protocol is that it provides an opportunity for reinforcing adherence behaviour.

Conclusion: Finally, a successful adherence programme is led by greater engagement among healthcare professionals and by a lifetime's professional experience.

Preventing Adolescent Depression in Hong Kong: A School-Based Programme

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Purpose of the Study: Adolescent depression has a chronic, episodic course and is associated with many negative outcomes. At its worst, depression can lead to suicide. Early recognition and intervention of depression is critical to a successful and long-lasting recovery. The aim of this study was to review the literature on the effectiveness of school-based programmes in reducing the prevalence of adolescent depression, and using the best evidence to develop a school-based adolescent depression prevention programme in Hong Kong. As the cognitive-behavioural approach was consistently reported to be an effective approach, the search was limited to studies using this approach to design the intervention. The intervention is based on cognitive-behavioural therapy (CBT) that aims to correct negatively distorted depressive thoughts and think more realistically in the cognition level, enhance the ability in managing negative emotions in the mood level, use the relaxation techniques to calm bodies in the physiological level, and use behavioural techniques to behave in more constructive ways.

Methodology: A comprehensive literature review was undertaken on four databases in the electronic searching: PsycINFO, ProQuest, Medline and CINAHL from 1982 to July 2007. Inclusion criteria were: 1) primary studies on CBT; 2) reporting the results of a depression prevention programme for adolescents; and 3) adolescents studying in secondary schools as participants. Studies were excluded if: 1) participants were adolescents studying in universities; and 2) participants were adolescents who had already dropped out of school. Relevant articles were critically assessed based on the tool of Scottish Intercollegiate Guidelines Network (SIGN), and only high quality studies were selected to generate evidence for designing the intervention. Transferability and feasibility of the intervention in applying the Hong Kong were also assessed.

Results: One hundred and eighty eight articles were identified from the electronic databases. These articles were reviewed against the inclusion and exclusion criteria, nine of them fulfilled the criteria and were identified for the review. The quality of these studies was assessed by using the tool of SIGNs, seven studies deserved high rating whereas two studies deserved moderate rating because of no randomisation or high drop out rate in 12 months follow up.

The literature confirmed that a school-based adolescent depression prevention programme was developed. The programme consisted of 4 weekly 80-minute sessions within school hours. Target participants were Form 1 to Form 4 students in groups of 8-10 in a class.

A communication plan was developed to propose the programme to target potential users which included the Adolescent Health Programme Office (AHP) administrators, AHP facilitators and school administrators before launching the programme to gain collaboration and cooperation.

Pilot testing will be performed in order to assess the feasibility and receptiveness of the programme and determine whether refinement is needed before implementation. The assessments include the satisfaction of participating students, school administrators and AHP facilitators and also the change of outcome measures of participating students by using the same assessment tools of the programme. The measures include dysfunctional automatic thought, understanding about adolescent depression, depressive symptoms and confidence on emotional management. Evaluation will be conducted before and after implementation of the programme, thereafter every 6 months for one year. Significant reduction of depressive symptoms and dysfunctional automatic thoughts will be considered as key indicators of the programme effectiveness.

Conclusion: Empirical evidence showed that school-based cognitive-behavioural approach interventions can significantly reduce the prevalence of depression for adolescents. School-based adolescent depression prevention programme could be developed and implemented in Hong Kong.

Depression among Community Dwelling Older Adults

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Purpose of the Study: The prevalence of depression among community-dwelling elders in Hong Kong is about 20% (Chou et al., 2006). The purposes of this study are to identify interventions that can effectively reduce depressive symptoms through literature reviews; and to develop an evidence-based protocol for use in the Hong Kong community.

Methodology: Searching was done through MEDLINE, CINAHL, PubMed, Proquest and the British Nursing Index by looking for randomized controlled trials and high quality quasi-experimental studies that were conducted from 2000 to 2007. "Older adults", "geriatrics", "depression", "behavioral intervention", "multidisciplinary intervention" and "collaborative intervention" were used as medical subject heading (MeSH) terms or keywords. Abstracts of the articles were reviewed for eligibility.

Results: Eleven studies that matched the inclusion criteria were reviewed. A collaborative care approach was found to yield the best result to lower older adults' depression versus the single discipline approach. The *Improving Mood, Promoting Access to Collaborative Treatment (IMPACT) model* was a good example that provided positive outcomes in social, physical, and mental functions of depressed older adults. The key component of collaborative intervention was the Depression Care Manager (DCM) who worked with the primary care physician and multidisciplinary depression care team. The DCM was responsible for screening, assessing the severity of depressive symptoms, providing problem solving therapy, monitoring treatment compliance, preventing for relapse and making referral whenever necessary. A protocol was set up to guide the operation of a collaborative model and the responsibilities of the DCM in primary care settings in Hong Kong.

Conclusion: A collaborative care model with the DCM as the key person in the model seems to be an effective way to help older adults with depressive symptoms. In view of the growing trend of depression prevalence in Hong Kong, the proposed protocol is recommended for implementation.

CONCURRENT SESSION IV : Chronic Disease Care and Management

Leg Ergometry Provides an Effective and Safe Exercise Opportunity during Hemodialysis for ESRD Patients and Improves their Physical Activity Levels

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Purpose of the Study: Patients with end-stage renal disease have poor exercise tolerance, persistent fatigue, and poor quality of life. The purpose of this study is to investigate the safety and effectiveness of conducting leg ergometry exercise during hemodialysis for improving fatigue and physical activity levels of ESRD patients.

Methodology: The study used a quasi-experimental clinical trial. The leg ergometry exercise was performed within the first two hours of each hemodialysis for 30 minutes for 8 weeks with a safety protocol for the screening and monitoring of BP, HR, SPO₂, Borg score, and any physical discomfort. Patients were enrolled as experimental and control subjects according to their bed assignment. Measurement on the fatigue scale and physical activity log were done at the time of enrollment, and then on the 4th week and 8th week.

Results: Subjects who developed an exercise habit demonstrated significant less fatigue and higher physical activity levels than those who were with sedentary. During the 8 weeks of intervention, subjects in the experiment group (N=36) reduced their fatigue levels significantly. In the control group (N=35), subjects with an exercise habit also presented significant reduction in their fatigue scores. Only subjects in the experimental group with exercise habit demonstrated an increment in activity level. The 36 subjects performed 3456 leg ergometry exercise sessions with only 3 early terminations (< .01%).

Conclusion: Regular exercise is beneficial for hemodialysis patients to reduce fatigue and to improve physical activity levels. Leg ergometry can be a safe exercise modal for ESRD patients to perform exercise during hemodialysis.

Development of a Home Rehabilitation Handbook for Stroke Caregivers

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Cerebrovascular disease leaves survivors with debilitating ADL limitations and dependency. Home rehabilitation is one means of recovery and improvement of self-care ability. Therefore, instruction about home rehabilitation is essential.

Purpose of the Study: The purpose of this research was to develop the Home Rehabilitation Handbook for Stroke Caregivers; and use the handbook as a guideline for providing rehabilitation services for caregivers of stroke patients.

Methodology: Based on a Research and Development design, this study was conducted from October of 2007 to October of 2008 at hospitals in Ratchaburi, Thailand. The research methods were as follows: Phase 1: collecting data on the home rehabilitation problems and needs of stroke patients and caregivers; Phase 2: developing the Home Rehabilitation Handbook for Stroke Caregivers based on data from Phase 1 and Phase 3: handbook testing with 30 pairs of purposively selected stroke patients and caregivers. The research instrumentation comprised: [1] The illustrated Home Rehabilitation Handbook for Stroke Caregivers formed by the observation of 200 pairs of stroke patients and home-based caregivers. [2] The home rehabilitation record form for stroke patients. [3] The 10-item evaluation form on ADL capacity from the Neurological Institute of Thailand modified for compatibility with the study. The instrumentation for data collection comprised forms on the background data of stroke patients and home-based caregivers and the open-ended questionnaire on home rehabilitation problems and needs of stroke patients and home-based caregivers. The effectiveness of the handbook was evaluated by comparing the patients' ADL capacity before and after participating in the program. Data were analyzed by descriptive statistics and simple pair t-test.

Results: Analysis showed that the mean scores for the ADL capacity of the stroke patients before and after receiving home rehabilitation care with the Home Rehabilitation Handbook for Stroke Caregivers were 52% and 70.267%, respectively, thus indicating that patients' ADL post-program mean scores were significantly higher their pre-program scores ($p < 0.05$). Standard deviation scores for the ADL capacity of the stroke patients were 7.733% before using the Home Rehabilitation Handbook for Stroke Caregivers and 4.916% afterward. Therefore, it was indicated that the Home Rehabilitation Handbook for Care Givers increased knowledge and skills for rehabilitation among stroke caregivers which further resulted in improved self-care ability.

Conclusion: The Home Rehabilitation Handbook for Stroke Caregivers can be a guideline for education in other groups of chronic disease patients and improvement of nursing management quality by organizing home rehabilitation for caregivers of stroke patients. The handbook can also be used to develop community service for stroke patients, thus improving the quality of life in this patient group. For these reasons, further use of the Home Rehabilitation Handbook for Caregivers is highly recommended.

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Symptoms Experience and Quality of Life in Breast Cancer Survivors

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Purpose of the Study: Quality of life (QOL) is becoming more important in regard to breast cancer as treatment advances extend the period of survivorship. The purposes of this study were to evaluate symptom experience and QOL and identify the predictors of QOL among breast cancer survivors in Korea.

Methodology: A cross-sectional study was conducted on 200 disease-free breast cancer survivors at two hospitals between December 2007 and July 2008. Functional Assessment of Cancer Therapy Scale-B, Memorial Symptom Assessment Scale-Short Form and the Linear Analogue Self Assessment Scale were used to assess symptom experience and QOL in these patients. Data was analyzed using the Pearson correlation, t-test, ANOVA, and stepwise multiple regression with SPSS/WIN 12.0.

Results: The mean score of overall QOL for breast cancer survivors was 95.81(± 18.02). The highest scores among physiological and psychological symptoms were sexual interest and anxiety. Year since treatment completion was significantly associated with QOL in sociodemographic variables. Physiological and psychological symptoms have a significant negative association with QOL. The results of the regression analyses showed that physiological and psychological symptoms were statistically significant in predicting patients' overall QOL.

Conclusion: This research suggests symptom experience and QOL are essential variables that should be acknowledged when delivering health care to breast cancer survivors. More attention to the reduction and management of psychological distress could improve QOL among breast cancer survivors.

Health Belief Model in Diabetes Mellitus at a Primary Care Unit

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Purpose of the Study: This descriptive qualitative research aimed to investigate health status data and health beliefs among diabetes mellitus patients.

Methodology: A sample of 30 patients with non-Independent diabetes mellitus was selected by purposive sampling from May to July, 2007 at the Muang Primary Health Care Unit, Banpong Hospital. The instruments consisted of demographic data profiles, health status questionnaires and in-depth interviews using Glance's health belief model on knowledge of diabetes mellitus, perceived susceptibility, perceived severity, perceived benefits, perceived barriers and health motivation or cue to action.

Results: Most of the respondents were married women aged 50-69 with elementary education levels. In terms of health status, the samples had diabetes mellitus with other chronic diseases, higher fasting blood glucose levels and higher Body Mass Index. The health belief model comprised 6 components. The first component was knowledge about the causes, signs, symptoms, treatment and self-care behavior for control of the disease. The causes of the disease are divided into 2 themes: 1. knowledge and improper behavior regarding food and exercise, heredity, obesity and liver dysfunction and 2. lack of knowledge. Two themes also emerged regarding signs and symptoms: 1. Signs and symptoms i.e. weakness and abnormal signs due to high or low blood glucose levels and 2. No signs and symptoms. Treatment was another significant theme involving medication from a physician. There were two themes in self-care behavior for disease control: 1. Appropriate dietary and exercise behavior modification, regular medication and sufficient rest and 2. Lack of knowledge in practice i.e. no diabetic instruction programs from healthcare providers and discouragement. The second component, perceived susceptibility, involved two themes: Lack of knowledge and minimal knowledge i.e. dietary self-control, no complications and risk of disease severity. The third component was perceived severity with two themes: 1. Perceived threat to life i.e. shock at abnormal blood glucose levels, possibilities of death, disability, heart problems and renal disease and 2. Lack of knowledge. The fourth component was perceived benefits where two themes emerged: 1. Good healthcare behavior and 2. Self-care behavior i.e. adjusting behavior and keeping doctors' appointments, while the fifth component was perceived barriers where two themes emerged: 1. Agitation at dependence on others and 2. Failure to practice certain activities due to burden and health problems. The sixth and final component was cue to action with a theme of anxiety about health i.e. fear of threat to life, and fear of no medical cure.

Conclusion: Health belief is a perception or expression of thoughts or feelings on health regarding knowledge of diabetes mellitus, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and health motivation or cues to action wherein patients who are aware of the disease will have good disease control. The findings of the study provide a foundation for health professionals to promote self-care behavior and manage the healthcare system. This study can also be applied to nursing education.

Effects of Symptom Management Activities on Characteristics and Severity of Auditory Hallucinations in Schizophrenic Patients

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Purpose of the Study: This quasi - experimental research aimed to evaluate the effectiveness of symptom management activities on the characteristics and severity of auditory hallucinations in schizophrenic patients.

Methodology: This quasi - experimental research was conducted on 20 schizophrenic patients who attended the Outpatient Clinic at Surin Hospital, Thailand, and who met the eligibility criteria as follows: Inclusion criteria: 1. Over 18 years old 2. Inpatient who is discharged with remaining auditory hallucinations 3.No legal suit 4. No pathology in brain or memory impairment 5. Able to read and write in Thai 6.Willing to participate in this research. Exclusionary criteria: The treatment of the patient with ECT during the research and uses drugs or addictive substances causing hallucination such as marijuana, amphetamines, cocaine, and heroin during the research. The sample was divided into experimental and controlled groups by matched pair patients in the experimental group with ones in controlled group in gender and age with the age interval not over 5 years. The experimental group attended the symptom management activities, while the control group received standard care from the hospital services. Research instrument consists of 3 parts as follows: 1. Questionnaire for personal data established by the researcher. 2. 10 question questionnaires for characteristics and severity of auditory hallucination of schizophrenia patients in pre and post participation with these activities is modified from the Auditory Hallucination Questionnaire of Bucherri, et. al. (2002). 3. The self-symptom management activities on the forementioned patients from the integration of psycho-education and concept of self-symptom management of The Center for Symptom Management Faculty of the University of California at San Francisco (Dodd, et. al., 2001) took 60 minutes per patient as follows: 1. Establishing relationship between patients and researcher and collecting data combined with developing knowledge/ understanding on psychotic symptoms and symptom management, Evaluating experience on auditory hallucination 2. Monitoring self-symptom management on auditory hallucination and 3. Psychoeducation for Using a word "Stop" or ignoring/ or doing against ,watching television, reading a book, humming songs whatever the voice said in self-symptom management on auditory hallucination. 5. Evaluation and suggestion by telephone and home visit. The Symptom Management Model, developed by Dodd and her colleagues, was used as a framework of this study. Data were analyzed by using paired t - tests to compare the difference between the mean score of characteristics and severity of auditory hallucination symptoms before and after the intervention in the experimental group and using t - test to compare the difference between the mean score of characteristics and severity of auditory hallucination symptom after the intervention of patients in the experimental and control groups.

Results: The results reveal that after participation in the activities the score of characteristics and severity of symptom in the experimental group was lower than that prior to participation in the activities which are significantly reduced at the statistical level .05 ($p < .05$). The score for characteristics and severity of symptoms in the experimental groups were lower than that of the control group which are significantly reduced at the statistical level .05 ($p < .05$).

Conclusion: The findings of this preliminary study have implications for clinical practice in developing a symptom management program to attenuate the distress from hallucinations in schizophrenic patients by changing their cognitive perceptions and encouraging them to use their own management strategies. Case in point, when a patient was having an auditory hallucination, he was encouraged to tell his close family members and do a breathing exercise or watch television to distract their mind.

Promoting Hospital Nurses' Practice in Smoking Cessation in Hong Kong: A Cross Sectional Survey

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Purpose of the Study: To identify the profiles on knowledge (K), attitudes (A), and practices (P) of tobacco dependency treatment interventions; and to identify their perceived facilitating factors in delivering cessation counselling among Hong Kong hospital-based nurses.

Methodology: This is a territory wide cross-sectional survey conducted between January and March 2001, and we recruited 3676 nurses working in the clinical units of 12 randomly selected acute care public hospitals in Hong Kong. The survey questionnaire consists of 89 items measuring knowledge on smoking, attitudes towards tobacco promotion and nurses' role and responsibility in smoking cessation, practices on smoking cessation of 5As (Ask, Advise, Assess, Assist, Arrange), education about tobacco or health during their RN training, confidence, facilitating and hindering factors and demographics of the participants. We performed a two-step cluster analysis including three main variables (1) knowledge, (2) attitudes, and (3) practices of tobacco control and smoking cessation. The Log-likelihood distance and Schwarz's Bayesian Information Criterion (BIC) were selected as the similarity measure and to determine the number of clusters. Fisher's exact tests were used to compare differences in perceived facilitating factors between clusters.

Results: A total of 1843 nurses (50.1%) completed the survey. 88% were female, 84% were younger than 40 years old, 79% were registered nurses, only 3.4% had prior training in smoking cessation, and 3.7% were current smokers. 65 nurses with missing items in the KAP variables were excluded from the cluster analyses. Two clusters were yielded with Cluster 1 and Cluster 2 which consisted of 46.5% (n=827) and 53.5% (n=951) subjects respectively (BIC=7998.33 and the ratio of distance measure=1.068). Subjects in Cluster 1 had practised the 5As on an occasionally basis, positive attitudes, but limited knowledge. Cluster 2 was characterized by low levels in practising the 5As, relatively poor disease-related knowledge and negative attitude towards their role and responsibility in smoking cessation. Significant differences in KAP were found between clusters except their general knowledge on smoking (p=0.33), and attitudes towards tobacco advertisement and promotion (p=0.06). Striking significant differences (>8%) were observed in the five facilitating factors including 'delivery of cessation counselling as an expected role and responsibility' (Cluster 1 vs Cluster 2) (52.1% vs 39.2%), 'delivery of cessation counselling is of high priority in nursing care (30.2% vs 14.6%)', 'support from colleagues' (34.0% vs 22.1%), 'confidence in helping patients to quit' (36.3% vs 27.7%), and 'physician's request for nursing involvement' (20.7% vs 12.5%) with p-values <0.001.

Conclusion: This study showed two sets of tobacco dependency interventions-related profiles among hospital-based nurses. Nurses in both clusters had limited knowledge of smoking but cluster 2 nurses practiced less frequently and had less positive attitude towards their role and responsibility in smoking cessation. The results may benefit healthcare educators in planning and developing appropriate educational programmes to promote clinical practice in smoking cessation. In particular, developing nurses' confidence, roles and responsibilities in providing cessation interventions, and understanding the importance of quitting smoking to health, need to be addressed.

This study was funded by Committee on Research and Conference Grants, The University of Hong Kong

CONCURRENT SESSION V : Translating Research into Practice/ Evidence-based Practice

Developing the Process of a Building Sense of Willingness among Nursing Students at Boromarajonani College of Nursing Chiang-Mai (BCNC), Thailand

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Purpose of the Study: This research had two main objectives which were to develop the process of building sense of willingness among nursing student at Boromarajonani College of nursing Chiang-Mai (BCNC) and to compare the sense of willingness among nursing students who had attended this project with those who did not attend.

Methodology: This research is a Participatory Action Research (PAR) form that consisted of five stages as follows: Stage one: assessment of the status or situation: The students were assessed at this stage for their sense of willingness; stage two: building teamwork between BCNC and any other teams working together; stage three developed volunteer camp that provide knowledge or academic services as well as developed the nursing student's sense of willingness; stage four: implementation by working at the volunteer camp and stage five: evaluation of the learning process. The target groups in this study were 207 nursing students. Data were analyzed by using statistical tests which were frequency, percentages, paired t-test and independent t-test. Qualitative data were analyzed by using content analysis. The results of the study were compared between the nursing student in both groups at two time points which were before participating in the volunteer camp and after participating in the volunteer camp.

Results: The results of the study revealed that there were no differences in the average score of senses of willingness between nursing students in both groups before participating in the volunteer camp. However, after attending the project the nursing students in the intervention group or the nursing students who had participated in the volunteer camp had significantly higher scores on senses of willingness when compared to those who did not attend the camp (p-value =0.01). In addition, the nursing student who had attended the volunteer camp mentioned that they had improved their latency in all dimensions which were knowledge, mental and social. They had also developed their leadership skills in providing knowledge in health care, improved their management skills, improved skills in solving problems, team work, collaboration, social adjustment as well as characteristics adjustment. They mentioned that after attending this project their self-confidence improved and felt more confident in working in the community or working with other people in the community. The student thought that this volunteer camp built up their latency and attending this project could help them to provide health care now as well as in the future.

Conclusion: This study demonstrated that the volunteer camp which aims to improve the nursing students' sense of willingness were effective and could help to improve the nursing students' sense of willingness and encourage them to desire to provide health care to the population.

Network Development for Preventing Bird Flu in Banpue District Udonthani Province, Fiscal Year 2006

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Purpose of the Study: The purpose of this participatory action research (PAR) was to develop bird flu networks in Banpue District. Five sub-districts (Kambong, Haisok, Kaosarn, Nongwang, Jampamong) and two high schools (Jampamongwittayakarn school and Banpuepittayasan school) were included in this study.

Methodology: Participants were 150 health volunteers from 5 sub-districts and community leaders and 77 youth leaders from 2 high schools. Four steps of PAR were performed: 1) Developing networks which included health volunteers, veterinarian volunteers, housewife groups, poultry groups, fighting cock groups and community leaders, 2) Planning for implementation, 3) Implementation, and 4) Evaluation.

Results: Findings show that Bird Flu networks in each sub-district were developed by gathering farmers, health-promotion groups, combined with communities and Youth leaders. Each network met to set up prevention plans using a focus group. Consequently, the networks had learned from each other regarding Bird Flu prevention. The networks created communication patterns using the wheel network process. Networks also implemented their action plans which included brochure distributions, Broadcasting via mass media, online health education in schools and villages, local media, a media advocacy campaign (Boon Bang Phai), slogans and waved banners bearing a few simple facts on how to prevent the spread of H5N1. Compartmentalization teams of 'Bird Flu Busters' regularly visit schools in areas considered at especially high risk of an outbreak, in the fighting cocks groups, and passports for fighting cocks were distributed. Also local governments such as health centers, Banpue community hospital, and the veterinarian office supported the prevention suits and antiseptic substances for controlling the spread of H5N1, as well as, practice for emergency situations were conducted. In at the policy level, all networks reported dead poultry cases using a diary zero report form.

Conclusion: This study provided useful information for other communities. Each community showed how to develop a bird flu net work in order to prevent bird flu. Furthermore, PAR was also helpful in developing bird flu networks since people in the communities participated in the program. Therefore, all activities will be sustainable.

Improving the Surveillance System in Health Centers of North-Eastern, Thailand through Action Research

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Purpose of the Study: The aim of this study was to improve the public health surveillance system in health centres of northeastern Thailand.

Methodology: Participatory action research was employed in this study. The process of participatory action research enabled the health officers to design, implement, and evaluate a program of public health surveillance in health centres. There were two distinct sets of observations. The first was based on medical records from 11 local health centres: 649 for sensitivity, positive predictive value, and representativeness, and 433 for timeliness and data quality. The second was 50 local officers from 11 health centres, 1 district health office, 1 community hospital, and 8 Sub-district Administrative Organizations. Quantitative data were collected through reviewing medical records. Qualitative data were obtained through focus groups and in-depth interviews, and analysed by qualitative content analysis. Using quantitative data, the situation of surveillance system was evaluated by descriptive statistics and proportional differences before and after intervention.

Results: The results in the early stage of the study showed that health officers lacked knowledge of diagnostic criteria and definitions of notifiable diseases. They also lacked skill, confidence, and knowledge of how to analyze data before reporting to a community hospital. They perceived that case reporting for public health surveillance was not important and was inconvenient. They diagnosed and reported diseases based on their own experience without any reference to standard case definitions of the surveillance system. The health officers were selective about which cases to report, and there were errors in reporting. In addition, support for the surveillance system in the local area was at a low level. However, through participating in this study, the health officers gained vital knowledge of the public health surveillance system. They also learned how to report cases, diagnose disease and provide knowledge to do their work. Moreover, they demonstrated a greater sense of consciousness raising and were able to improve the public health surveillance system for health centres. They learned to communicate and cooperate with others in order to strengthen the networking of the public health surveillance, also, to detect and provide rapid response. Finally, the health officers were continually trained, monitored and supervised the reporting of cases. The administrative staff provided the budget allowing the launch of an internet system for reporting cases to a community hospital.

Conclusion: The surveillance system must be improved if it is to become an important mechanism for sustainable prevention and control of diseases in the community. Health officers such as community health nurses could adapt their own techniques to be suitable to the local setting in order to increase the potential to detect outbreaks of infectious diseases, to monitor responses, and to provide information for policy decisions.

Thoughts on Translating Evidence into Practice - Why are we so Resistant to Restraint Free Care?

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Purpose of the Study: The evidence reported in the literature informs us that restraint reduction programs will not increase serious falls. Yet it has been difficult to change clinical practice in relation to restraint use. This paper discusses the current practice of physical restraint use in Hong Kong across acute, rehabilitation, and long-term care settings, examines the barriers and facilitating factors in order to advance a least restraint, if not restraint-free, policy, and explores how best to translate evidence into practice.

Methodology: The report will be a synopsis of the series of local studies conducted by the author and her students. First, the oral paper will report a prospective clinical trial on the implementation of a restraint reduction program in two rehabilitation hospitals – one as the intervention and the other a control site. In conducting this study, we used Grol et al.'s model to help the team to evaluate whether or not we had attained our goals and could move on to the next level of implementing the intervention. The model consists of the steps of determining goals, identifying possible obstacles, developing a strategy, implementing it, and evaluating the results. The result of this study was mostly positive but its effect moderate. The second study to be reported is a successful case of translating research evidence into practice. It was also conducted in a rehabilitation setting but adopted an action research approach. The third study to be presented was an observational study in acute care. Among 34 observation sessions, only five patients were observed to be agitated and restless. The use of physical restraint in many cases was unnecessary, prompting the researchers to wonder about the reasons for the pervasiveness of the use of physical restraint. Last, a pilot study that surveyed a convenient sample of nursing students about their knowledge and attitudes on restraint use will be presented. Surprisingly, nursing students recalled more of the correct way to apply restraints and the observations required when physical restraints were being applied as what were taught in class, rather than the misconceptions of restraint use that teachers taught them in class.

Results: As shown in the findings of the studies conducted from diverse angles, implementing evidence-based care with regard to restraint reduction is complex. All members of the health care team, and particularly nurses, must be involved. Educators need to work closely with administrators and clinicians in order to realize restraint free care. Moreover, different models will be needed for different settings.

Conclusion: A multitude of factors must be present in order to translate evidence into practice. Often the steps and the required links are overlooked by health care teams. The use of physical restraint is a complex phenomenon and in order to introduce a restraint free environment, it is high time that nurses must take the lead.

Transcultural Self-efficacy: Path to the Promotion of Health with Population at Risk: The Hawaiians

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Purpose of the Study: What is the self-efficacy of an ethnically and culturally diverse student body in their utilization of basic transcultural nursing skills among ethnically and diverse student client populations? What are the perceptions of practitioners in the care of a vulnerable group, the Hawaiians? Transcultural Nursing has forged the path in the preparation of culturally appropriate health care practitioners (Andrews & Boyle, 2003 and Leininger & McFarlane, 2002). A successful career in healthcare equates with knowledge about culture and cultural competence. Part of our nursing program goal has been to expand students' knowledge base and consciousness about the culture of nursing, their own cultures, and the cultures of others.

The School of Nursing at Hawaii Pacific University received a three year grant from the US Department of Health and Human Services Administration (HRSA) to assist in developing culturally competent practitioners. A research agenda to measure the effectiveness of the Transcultural nursing threads was established throughout the curriculum by measuring the students' perceptions of self-efficacy/confidence in Transcultural Nursing issues (Bandura, 1986 and Jeffreys, 2006); and a community education program was also started.

Methodology: Two hundred and forty students were surveyed at the start of their clinical nursing courses. Approximately 200 students have completed the incoming and exiting survey. Six practitioners attended the cultural competence workshop focused on the Hawaiians. Jeffrey's Transcultural Self-Efficacy Tool (TSET) (2006), an 83-item questionnaire was used to collect data on the students' confidence in using basic transcultural nursing skills. The cognitive scale focuses on knowledge about culture, practical focuses on interviewing skills and the affective scale focuses on attitudes, beliefs and values toward culture and nursing. Students scoring low will have poor self-efficacy and will need assistance. Students scoring medium have self-efficacy in the culture arena and students scoring high may be over confident and will benefit from some correction. A review of cultural competence, a history of the Hawaiians, their health issues, and working with this group was presented. A simple 10 item survey was utilized for the workshop participants.

Results: In the affective area, attitudes and beliefs about culture and nursing were higher upon graduation from the program for the students. The practitioners, some of whom were our graduates, perceived themselves as having expanded their knowledge about Hawaiian health issues and felt comfortable utilizing a cultural assessment with their Hawaiian patients.

Conclusion: Although our practitioner group was small, it would appear that Transcultural self-efficacy is an important aspect in the preparation of culturally competent practitioners. A larger sample of practitioners is needed to further explore this area.

How to Initiate the First Quitting Intention among Youth Smokers?

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Purpose of the Study: To examine the psycho-socio factors to predict intention to quit among youth smokers with and without past quit attempts in Hong Kong

Methodology: A cross-sectional school-based survey was conducted in 2003/04 to measure the intention to quit smoking, current cigarette consumption, quitting history and other psycho-socio variables among Chinese Secondary 1 - 5 students. A two-stage cluster sample design was used to obtain representative sample schools in the region. The sampling frame consisted of all secondary schools (except international and special schools) with Form 1 to 5 students (equivalent to U.S. grade 7 to 11 students) in Hong Kong (n = 502). Out of a total of 133 schools sampled, 85 agreed to participate in the survey. The second sampling stage consisted of classes within the participating schools. All form 1 (grade 7) classes of the participating schools were surveyed. In addition, two classes in forms 2 to 5 (grades 8 - 11) of the participating schools were randomly selected and surveyed among the 36 newly participating schools, and all classes in forms 4 or 5 (grade 10 or 11) were surveyed among the 49 schools which participated the 1999 survey. The survey results were weighted by sex, age, grade of study, and school districts in order to proxy the student population in Hong Kong. Taking account to the sampling design, we used Generalized Estimating Equation (GEE) model to identify the predicting factors associated with the intention to quit smoking. The estimates were adjusted by sex and grade of education.

Results: This study included 618 current students who smoked at least 1 cigarette in the past 30 days and did not have any quitting history. Adjusting for the sample weight, 63% were males and 59% were Secondary 1 - 3 students. About one-third (35%) were daily smokers, and 80% smoked 10 cigarettes or less on average for smoking days. Only 20% had intention to quit smoking. Youth smokers who perceived prohibition of smoking from parents/teachers; social support to quit; and more benefits of smoking, were more likely to have intention to quit smoking.

Conclusion: The study suggested that strengthening prohibition of smoking and providing social support are key to motivate youth smokers and predict their first quitting intentions. Parents, no matter if they smoke or not, should always encourage and support their children to quit smoking. Apart from the smoke-free legislation which prohibits smoking in most indoor areas including schools and public places, we also encourage smoke-free households, by asking non-smoking family members to enforce household smoking bans, placing a no smoking sign at the front entry, removing ashtrays, and prohibiting visitors from smoking in the home. Understanding the psychosocial factors that predict smoking intention is also important for health care professionals to develop acceptable and appropriate strategies to promote smoking cessation among youth smokers who had never attempted to quit smoking.

Acknowledgement: The study was supported by the Hong Kong Council on Smoking and Health and the Department of Health, Hong Kong SAR Government.

CONCURRENT SESSION VI : Maternal & Infant Health

Evaluating Effects of a Prenatal Breastfeeding Education Programme on Women with Caesarean Delivery in Taiwan

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Purpose of the Study: (1) to evaluate the effectiveness of a prenatal breastfeeding education programme for primigravida women who have elected caesarean section as a model of delivery and (2) to evaluate its effectiveness for encouraging a positive attitude to breastfeeding and rooming-in and to increase exclusive breastfeeding rates within hospital and at one month postpartum.

Methodology: A quasi-experimental design was used. The targeted population was primigravidas at 36-39 weeks who had chosen to deliver by caesarean section. The study consisted of approximately 100 individuals; the control group consisted of 46 subjects and the following 54 made up the experimental group. The study was conducted at a hospital in Taiwan.

Results: The results of the study show that the subjects of the experimental group exhibited a more positive breastfeeding attitude, a higher 24 hours rooming-in rate and a higher exclusive breastfeeding rate during hospital stays and a higher exclusive breastfeeding rate for the one month postpartum period.

Conclusion: Results suggest that providing education booklets, videos and telephone interviews on breastfeeding prior to a caesarean delivery may contribute to breastfeeding attitude and improved rooming-in and exclusive breastfeeding rates.

Decision Making Process regarding Continuing or Terminating Pregnancy in Women with HIV Infection

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Purposes of the Study: The purpose of this study was to explore and understand the decision-making process of women with HIV infection as to whether to continue or to terminate their pregnancies.

Results: Participants were 31 women with HIV infection who had experience in making decisions about continuing or terminating their pregnancies. They were between the ages of 19-35 years old with an average age of 28 years old. All participants did not have a pre-marriage blood test for sexually transmitted infection including HIV/AIDS. After learning of their HIV positive results, 17 women decided to continue their pregnancies (three were pregnant at the time of the interview) and 14 women decided to terminate their pregnancies. Four important findings were reported. First, regarding the meaning of pregnancy to women's life, participants reported that they were glad to be pregnant because having a baby was very meaningful to their life. A baby would be a bonding of husband-and-wife relationship, would provide willpower and hope in living to them and their families, would be an heir to continue the family's last name, and would fulfil their lives as a mother. Secondly, when asked their perceptions of HIV infection, most women perceived HIV infection in a negative way. That is, HIV infection occurred with persons having free sex, was socially unacceptable, was incurable, and could cause people to die in a short period of time.

Third, considering the decision for continuing or terminating the pregnancy, factors which influenced women's decision were the desire to have a baby or the bonding to the embryo, own health conditions during pregnancy, husband's health conditions, a risk for transmission of HIV from a mother to a baby, own financial status, influences from significant persons, and social supports for taking care of the baby at the present time and after the death of the mother. Finally, concerning feelings toward their decisions, women who decided to continue their pregnancies had mixed feelings. On the one hand, they felt very joyful when seeing their baby's face and felt able to take care of herself for the sake of the baby. On the other hand, they were worried about their babies that the babies might get HIV infected. For women whose babies had negative HIV blood test, they were happy and planned for future of the babies. On the contrary, women whose babies got HIV positive felt worried about their babies' current condition and future. For women deciding to terminate their pregnancy, they were miserable at the time of making the decision. However, when the time went on, some thought they had made the right decision while others remained depressed and guilty about their decision.

Conclusion: Women with HIV infection face emotional distress in making decisions about continuing or terminating their pregnancies. Counselling should be provided to women and their families before making any decision. Pre-marriage HIV testing should also be encouraged to all couples.

Impact of Breastfeeding on Hospitalizations from Infectious Diseases in Hong Kong Chinese Children up to Eight Years of Age

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Background: Infectious disease is a leading cause of morbidity and hospitalization in Hong Kong children over one year of age. During infancy, breastfeeding protects against infectious diseases, in particular respiratory infections, gastrointestinal (GI) infections, and otitis media but little research has examined the impact of breastfeeding on infectious disease in older children.

Purpose of the Study: We investigated the relationship between infant feeding method and childhood hospitalizations from respiratory and gastrointestinal infections in a population-based birth cohort of 7568 children born in 1997.

Methodology: Infant feeding history was collected prospectively from birth to 18-months of age. Hospitalization episodes and mortality up to 8 years of age were ascertained by record linkage from Hospital Authority data to the birth-cohort data set. The main outcome measures were hospital use between 0 and 8 years of age, considered as any admission, number of admissions and total length of stay overall and stratified by age group and infectious disease diagnosis.

Results: Breastfeeding was associated with maternal age, parental education, delivery method, birth order, and environmental tobacco smoke exposure. After adjustment for confounders, breastfeeding > 3 months was associated with a reduced risk of hospitalization for respiratory (OR=0.68; 95% CI=0.49-0.96) and GI infections (OR=0.39; 95% CI=0.20-0.78) from 0 – 6 months of age. There was no association, however, between any amount of breastfeeding and reduced hospitalization for infections beyond 6 months of age.

Conclusion: Even in a highly developed country like Hong Kong, breastfeeding provides substantial protection against infectious disease hospitalizations in young infants. Breastfeeding does not appear to provide a large protective effect against hospitalization for infectious disease beyond 6 months of age.

Nurses and Family Health

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Many nurses have interacted with families to identify and foster available resources to promote the health of clients in hospitals and community settings. Pursuing the perception and competences of such a role through baccalaureate preparation is important but rarely examined.

Purpose of the Study: The study aims to identify graduating nursing students' knowledge and perceived competence in working with families after taking the elective course "Families in Health and Illness (FHI)".

Methodology: A cross-sectional survey on 'Readiness and Perceived Competence in working with families' was conducted among a group of graduating baccalaureate nursing students in 2008 of whom 49 had completed an elective course in that year. Eighty-eight students responded to both pre-test and post-test questionnaires, 46 having taken FHI and 42 not. Survey questions included a 10-item validated 'Practicing Family System Nursing Competence Scale', an assessment of level of interest in family nursing, and perceived knowledge and skills before and after taking the course. An independent sample t-test was used to compare the case-control difference and a paired-t test was used to identify differences in students' confidence and competence in working with families before and after taking FHI respectively. A Pearson correlation was conducted to assess the relationship between level of interest in family nursing assessment and other variables among graduating students.

Results: Most students admitted a fair interest in FHI before taking the course (neutral level of interest=74%). About 14% were keen on learning family nursing. Compared with the control group, students who had taken FHI reported significant improvement in confidence ($p<0.001$), level of satisfaction ($p<0.001$), knowledge level of family system nursing ($p<0.001$) and skill in working with a family system ($p<0.001$), and level of interest in doing family nursing assessment ($p<0.001$). The students' interest in family nursing correlated highly with the item 'involvement with families is mostly rewarding' ($r=0.545$, $p<0.001$) and with their ability to avoid bias when collecting, interpreting and communicating data about patients and families ($r=0.542$, $p<0.001$). Students' perceived competence in working with families did not relate to 'planning interventions in consultation with patient and family' or to 'families always approach me about their ill relative', suggesting uncertainty about family nursing in clinical applications.

Conclusion: FHI helps to enhance the level of interest, confidence and competence among graduating nursing students in working with families in health and illness. Future work should concentrate on evidence and consolidation of teaching and learning about family nursing and on intervention in practice.

Perception of Risk Factors Associated with Bone Mineral Density of At-risk Females with Family Histories of Osteoporosis

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Purpose of the Study: Strong evidence demonstrates that genetics is a significant determinant of peak bone mass, with a heritability of 50–90%. However, few studies have examined the bone mineral density of at-risk females with family histories of osteoporosis, particularly in an Asian population. This paper is a report of a study to investigate the relationships among bone mineral density, demographics, knowledge of osteoporosis, beliefs concerning osteoporosis, and preventive behaviors of at-risk females with family histories of osteoporosis.

Methodology: The study population ($n=2890$) was recruited from a radiology department at a national university medical center in northern Taiwan during 2005–2006. In total, 886 females completed a questionnaire via the telephone; the participation rate was 30.7%.

Results: The bone mineral density of at-risk females was close to osteopenia status (T score of -1 to -2.49). Most subjects were aware of osteoporosis-related information; however, few clearly understood osteoporosis. Furthermore, subjects reported difficulty implementing strategies to improve bone mineral density. Variation in bone mineral density was correlated with self-rated health ($r=.56$, $p<.05$), knowledge of osteoporosis ($r=.66$, $p<.05$), and preventive behaviors ($r=.68$, $p<.05$).

Conclusions: This study examined risk factors associated with bone mineral density of females with family histories of osteoporosis. Early identification of risk factors for osteoporosis and development of prevention programs are required to halt the increasing incidence of osteoporosis and improve the bone mineral density of at-risk females.

How Midwives Empower Women to Decide on Place of Birth

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² Middlesex University, London, England, UK

Purpose of the Study: The purpose of this qualitative study is to explore how midwives empower women to decide on place of birth.

Methodology: The phenomenological study was conducted in London, the United Kingdom between June and September 2007, with six qualified midwives undertaking a Masters degree and working with women who would be making a decision on place of birth. This study is grounded in well established theories of empowerment, particularly women's empowerment, and decision-making on place of birth. A semi-structured, open-ended interview was conducted with each midwife to investigate their experiences. Data gathered from the interviews were analyzed by using both hermeneutical phenomenological analysis and thematic content analysis.

Results: Five themes derived from data analysis included: midwives' conceptions of women's empowerment; midwives' presumptions of place of birth; midwives' supporting decisions; problems in supporting a decision and solutions; and factors influencing women's decisions. The findings indicate that all participants see decision-making about place of birth as a very important issue in encouraging women's empowerment. Providing accurate, unbiased and research-based information, and giving time for discussion including back-up with leaflets and websites are the popular approaches used by midwives. However, midwives find themselves having to adhere to hospital guidelines and protocols which sometimes threaten the midwifery practice. In addition, poor communications with health professionals and limited time for discussion have been found to undermine women's empowerment.

Conclusion: By understanding empowerment and having in-depth childbirth knowledge, midwives are able to facilitate individual women to meet their real needs. More research into both women's and midwives' experiences of empowerment and their attitudes towards empowerment approaches is required, in order to develop more understanding and consistent approaches to empowering women about decision-making on place of birth.

Note: This study was funded by the Nursing Council of Thailand.

CONCURRENT SESSION VII : Family & Community Health

Improving Rural Mental Health Care

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Purpose of the Study: This presentation reports on a series of studies of rural mental health care in the United States that aim to improve the availability of mental health services. Findings and experiences will be integrated from research conducted on the shortages of providers in rural areas, the lack of mental health services and an innovative electronic screening tool for mental health developed to enhance mental health care in rural areas. The experience of the investigators as Director and as a pilot study PI of a National Institute of Nursing Research funded Rural Health Care Research Center will provide the basis for presenting strategies for linking academic researchers with practitioners to translate research into practice to improve rural mental health care.

Methodology: Findings from several quantitative studies of rural mental health care will be integrated and will identify barriers to rural mental health care and potential solutions offered through technology and collaboration between academia and practice.

Results: A major barrier to access to rural mental health care is the shortage of providers. A study of all counties in the USA showed that 65% of the counties were non-metropolitan (Rural) counties with 35% being metropolitan (urban) in 2007. Seventy-nine percent of non-metropolitan counties were designated as having whole county mental health shortages as compared to 39% of metropolitan counties. Non-Metropolitan counties had an average of 0.25 psychiatrists per 10,000 census in 2006 compared with 34 per 10,000 census in metropolitan areas. Interviews with clinical directors of Community Health Centers in 2000 showed few of these centers had mental health professionals on staff and few consistently provided mental health screening. A pilot study developed an electronic screening tool to use for mental health screening which offers promise for improving mental health care in resource limited rural health care settings.

Conclusion: Although shortages of mental health professionals is a major barrier to access to mental health services in the USA, technology such as electronic screenings offer the potential to enhance services. Additional strategies to increase the preparation of mental health professionals, to increase reimbursement for their services and to link mental health providers located in urban areas with their rural counterparts through use of technology and by forming research and practice partnerships may overcome provider isolation, facilitate patient outcome evaluations and facilitate the translation of evidence based care into resource poor rural environments.

The Effect of Self-efficacy Theory-based Community Walking Intervention on Promoting Physical Activity among Older People

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Background: The health benefit of physical activity is well-documented. However, only a fourth to a fifth of older people undertake a level of physical activity sufficient to lead to health benefits. Many of the barriers to engaging in physical activity among older people are attitudinal. It is important to take into account the non-physical aspects of physical activity intervention programmes, such as increasing confidence. Self-efficacy is a widely applied theory used to understand health behaviour and facilitate behavioural modification, such as the increase of physical activity.

Purpose of the Study: This paper aims to examine the effect of a self-efficacy theory-based community walking intervention on promoting physical activity among older people.

Methodology: A design of randomized controlled trial was applied to evaluate the walking intervention. Participants randomized to the intervention group received a six-month theory-based walking intervention based on self-efficacy theory and stages of change model. Both face-to-face and telephone support designed to assist participants to increase their exercise self-efficacy and walking were carried out by the researcher who has a Public Health Nursing background. Control group participants received usual community health care. Study outcomes were self-reported walking frequencies and changes in exercise self-efficacy scores.

Results: Intervention group participants were more likely to report walking more during the six-month intervention period. There were more participants in the intervention group who reported an increase in their regular walking (n=48, 51.6%) than participants in the control group (n=8, 8.6%). Between baseline and outcome interviews, the proportion reporting walking more than three times a week and for more than 20 minutes on each occasion increased from 31.4% to 79.1% among intervention group participants compared with a slight decline among control group participants from 45.0% to 34.4%. Mean improvement in exercise self-efficacy scores was found to be greater among intervention group participants. The mean change in exercise self-efficacy scores was an increase of 2.1 and 0.8 in the intervention and control group, respectively.

Discussion and conclusion: The theory-based community walking intervention appeared to have an effect on promoting physical activity and improving exercise self-efficacy among older people. Public health nurses can play an important role in enhancing older people's confidence in adopting and maintaining regular walking as exercise through a community walking intervention using self-efficacy theory and stages of change model. Future work is warranted to investigate the feasibility of the intervention program when applied by public health nurses in various community settings.

Health Knowledge Assessment of Community Health Volunteer in Northeast of Thailand

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Major medical problems in developing countries like Thailand nowadays are Non Communicable Diseases (NCDs) such as cancer, hypertension, and diabetes. Although previous studies showed the varieties of health knowledge implemented with people, the incidence of these diseases continue to increase. This study aimed to assess health knowledge regarding non communicable diseases (NCD) of health volunteers before setting the training curriculum and beginning the practical program for health volunteers (disease characteristics and risk factors, preventive measures, etc.).

Methods: This cross sectional study was a part of the project titled "Multi-Professional Intervention and Training for Ongoing Volunteer-Based Community Health Programs in the North-East of Thailand". The project was approved by the Khon Kaen University Ethics Committee for Human Research, faculty of Medicine Khon Kaen University. Study areas were stratified into 3 areas: urban, semi-urban and rural areas in northeast of Thailand. Community people in 3 areas were informed about health volunteers and asked for being a health volunteer in the project. A total of 56 health volunteers were willing to participate in the project. NCDs knowledge of health volunteers was assessed by using interview questionnaires performed by experts in the areas of medicine, public health and nursing. Contents of the questionnaires regarding NCDs included risk factor, signs and symptoms, treatment, prevention strategies for mouth cancer, lung cancer, cervical cancer, breast cancer, diabetes and hypertension. The interview questionnaires were edited by 5 experts in each area. Data were analyzed by using mean and standard deviations for the overall health knowledge. Frequency and percentages were used to analyze the incorrect knowledge regarding NCDs

Results: The over all mean of health knowledge were 22, the standard deviation was 2.67, with a minimum score of 9, and the maximum score was 26. The content that the sample mostly misunderstood were risk factors for CA breast, followed by when to start doing breast self examination, cervical CA prevention, complications of diabetics, cause of cholangio CA and mouth cancer prevention respectively.

Conclusion: This study suggests that health volunteers need to gain more knowledge on risk factors and preventive strategies for each NCD. The established program needs to have specific knowledge for health volunteers not only about preventive strategies but also how to reduce risk factors as well. Providing health knowledge for volunteers will contribute to them having self confidence and promoting accurate knowledge for community people.

The Way of Family Life Among Thai Women and Their Foreign Husbands: Case Study of the Rural Village in Udon Thani Province

Kanchana Panyathorn

Boromarajonani College of Nursing Udon Thani, Thailand

Purpose of the Study: To describe the way of family life among Thai women and their foreign husbands in a rural village in Udon Thani province.

Methodology: Qualitative study -

Population - 12 Thai women in the village who have foreign husbands.

Samples - Purposive sampling of 2 families in which the foreign husbands were living in their own countries and 1 family in which the foreign husband lives with his Thai wife in the village.

Instruments - In depth interview guidelines and observation.

Analysis - Content analysis

Results: Thai women become foreigner's wife for 3 reasons: poor income and desire for a better economic life, the foreigners understand them, please well and they were disappointed with Thai husbands. The Thai women and foreign men were impressed with each other. Thai wives impressed their husbands with understanding and high responsibility to the families and the foreign husbands impressed their wives by giving them good care, patience, loyalty, being easy to live with, not making many demands and the foreign men like their skin colour. They all expected financial support and looking after their families. The problems from living together were the different cultures such as the language, and the way they think and act makes conflict with each other.

The way of family life was different between the families whose foreign husband was staying in the Thai village. Specifically, he lived his life the same as he did in his own country in the families whose foreign husbands didn't stay together with their Thai wives the families lived their life by mixed culture Thai and western. This study revealed that the differences between the couple's cultures might cause them conflict, but if they could adjust themselves to each other, then they could have a happy life together.

Conclusion: (1) Individual Difference: All humans were different from each other. These different things were very important when they lived together. If the couple could accept what and how they were different from each other and adjust themselves then they could have a happy life together. (2) Cultural Difference: Cultures can influence people by the way they think, believe, their attitudes and how they act. Eastern and western cultures are different. The problem between the couples who have different cultures can cause conflict to each other. If they can understand, realize, accept and adjust themselves to these differences, they have a greater chance for a happy life. (3) Adjustment: The key to live with happiness in the changing world is adjustment. It is important to be open to the new things and adjust to each other not only for the couple who were in the different culture but also the couple in the same culture.

Expectation: We all have expectations. Problems can happen if the couple has more expectations than the other can meet. Eastern people expect the couple take care of their families especially the parents while the Western people expected only take care of their own families so it is important to adjust and have appropriate expectations to each other.

An Intervention to Increase Safety-Promoting Behaviours of Abused Chinese Women

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Purpose of the Study: Despite the prevalence of intimate partner violence and the recognition of the need to empower abused women, few interventions have been evaluated using robust research designs. The purpose of this study was to conduct a clinical trial to test the effectiveness of a telephone social support and empowerment intervention in increasing the safety-promoting behaviours of abused women in a Chinese community.

Methodology: In a randomised controlled trial involving 200 abused Chinese women, 100 women received a telephone social support and empowerment intervention intended to increase their safety-promoting behaviours. The intervention was provided on a one-to-one basis over a period of 12 weeks during which the women received empowering training (15 minutes) and weekly telephone calls (12 x 10-minute telephone call) from trained researchers. A control group of 100 women received usual community services for women. Women in both groups were assessed for their safety-promoting behaviours at entry to study and also at three and nine months after intake. A 15-item Safety-promoting Behaviour Checklist was used to determine each woman's experience with taking actions that could protect her from her abusive partner. Additionally, an individual interview was conducted on completion of the study to assess (a) the satisfaction of women in the intervention and control groups in terms of the usefulness of the intervention/usual community services for women to help them strategise for personal safety and (b) how women in the control group acquired safety-promoting knowledge relating to partner violence.

Results: Women in the intervention group practiced significantly more safety-promoting behaviours than women in the control group at each assessment ($p < 0.01$). Significantly more women in the intervention group rated the intervention as "very useful" in terms of helping them to strategise for personal safety compared to the control group's rating of the usual community services for women ($p < 0.05$). Women in the control group acquired their safety-promoting knowledge mainly from the media, friends and family violence-related publications but their retention of the knowledge deteriorated with time.

Conclusion: This is the first clinical trial of an intervention to increase safety-promoting behaviours among abused Chinese women. The findings clearly demonstrate that the intervention is effective and the effectiveness remains substantial for at least six months. Future research should determine whether the adoption of safety-promoting behaviours by abused Chinese women reduce intimate partner violence.

Poster Presentations

Venue: Exhibition Area, G/F, William M.W. Mong Block

5 JUNE

MATERNAL AND INFANT HEALTH

A Qualitative Research on Living Experience of Vietnam Immigrant Mother in Taipei Area

Shu-fen Kuo, Ching-min Chen, Ying-Chih Chuang, Yu-Hua Chou
School of Nursing, Taipei Medical University, Taiwan

Nursing Experience of a Case with Lymphangiomyomatosis in Women Reproductive Age

Chu-li Tu, Department of Thoracic Surgery, Chi-Mei Medical Center, Tainan, Taiwan

Congenital Gastrointestinal and Urinary Abnormalities Related to Insufficient Antenatal Screening

Hoi-yan Wan, Queen Mary Hospital, Hospital Authority, Hong Kong

Developing a Sexual Health Self-Efficacy Scale for Postpartum Women (SHSES-P)

Shu-ling Ou, Department of Nursing, Chang Gung Insiyute of Technology, Taiwan

CHILD AND ADOLESCENT HEALTH

The Effectiveness of SP6 Acupressure on Primary Dysmenorrhea

Cho-lee Wong, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong

A Study of Facilitating School-aged Children's Interaction with his/her Mothers who have Cancer

Chun-chun Chung, En Chu Kong Hospital, Taiwan

Determinants of Activity Performance and Participation in Preschool Children with Developmental Delay

Po-kam Leung, Marco YC Pang, Chetwyn CH Chan
The Government of The Hong Kong Special Administrative Region

The Knowledge-creating Pediatric Ward

Ruri Kawana, Rina Emoto, Mayumi Tsutsui, Keiko Hirayama, Tomoko Yamauchi, Michiko Matsuo
The Japanese Red Cross College of Nursing, Japan

A Study of Drawing up the Score, Practice Competence and Continuing Education of Pediatric Nursing in Taiwan

Lu-i Chang, Chou-Fen Lin, Yue-Kuei Lin, Ching-Yin Yang, Kee Hsing Chen
Taipei Medical University, Taiwan

A Study of the Effectiveness on Relieving Primary Dysmenorrhea by Acupressure and its Ethics Issues

Lee-mei Chi, Hui-Ju Chiu
Tzu Chi college of Technology, Taiwan

Impact of Physical Activity on Heart Rate Variability in Children with Type I Diabetes

Su-ru Chen, Yann-jinn Lee, Hung-Wen Chiu, Chii Jeng
College of Nursing, Taipei Medical University, Taiwan

Factors Influence Eating Behavior of Early Adolescents in Bangkok

Parnnarat Sangperm, Aroonrasamee Bunnag, Weeraya Jungsomjatepaisal, Yuwadee Pongsaranunthakul, Venus Leelahakul, Doungrut Wattanakitkrileart
Faculty of Nursing, Mahidol University, Thailand

Selected Youth Development Asset and Health Promoting Behaviors among Early Adolescents in Southern Taiwan

Ruey-hsia Wang, Shan-Mei Tang, Li-li Shu
College of Nursing, Kaohsiung Medical University, Taiwan

TOBACCO CONTROL

The Effectiveness of Participation in the Counselling Program for Smoking Cessation among the Workers of Sirindhorn Collage of Public Health, Khon Kaen

Kalaya Taksinachanekij, Tusnaporn Kunthonluxmee, Jiranan Parkpien, Baisre Sabangbal, Chompoonuth Siriprohmpathara
Ministry of Public Health Thailand

Knowledge of Cigarettes and Instruction for Cigarette Prevention in Thailand

Winai Sayorwan, Kanchanapisek Public Health Collage, Thailand

A Study on the Tobacco Smoking Condition, Knowledge and Attitude in University Students

Tae-kyung Kim, Mal-Soon Kang, Yeong-Mi Seo, Hwa-Jung Kang
Jinju Health College, South Korea

FAMILY AND COMMUNITY HEALTH

Stress, Factors Related Stress, and Stress Management in Nurses

Doungrut Wattanakitkrileart, Chuchuen Cheewapoonphon,, Kakanang Naksawadi, Wanee Satayawiwat
Medical Nursing Department, Faculty of Nursing, Mahidol University, Thailand

Health of Migrant Women in Hong Kong and Their Counterparts in China: A Comparative Study

Denise MK Chow, Zakia Hossain, Kate O'Loughlin
Department of Nursing Studies, The University of Hong Kong, Hong Kong SAR

Tai Chi and Resistance Training Exercise - Would These Really Improve the Health of the Elderly?

Athena WL Hong, Lau EMC, Chan KM, Woo J, Critchley JAJH
Department of Nursing Studies, The University of Hong Kong, Hong Kong SAR

The Relationship Between Social Support and Adherence of Dietary and Fluid Restrictions in Hemodialysis Patients

Shahnaz Ahrari, Farzaneh Hassan Zadeh, Abbas Heydari, Hosain Karimi Moonaghi
Nursing Department, Mashad College of Nursing-Midwifery, Iran

The Effect of Stroke Support Group Provided by Community Health Centers

Ching-min Chen, School of Geriatric Nursing and Care Management, College of Nursing, Taipei Medical University, Taiwan

The Care Belief and Care Burden in Caregivers of the Overstay Patients

Hui-ya Chan, Wen-Lin Tsay, Yu-Tzu Dai
Department of Nursing, College of Medicine, National Taiwan University; Department of Nursing, National Taiwan University Hospital, Taiwan

Verification of the Relationships among Menopausal Women's Living Distress , Resilience, Family Support and Health by Structure Equation Model

Chao-ying Hsiang, Taipei Medical University Hospital, Taiwan

The Relationships Between Leisure Participation and Depression in the residents in LTC facilities—A Recursive Model

Li Li, Nursing Home of Mackay Memorial Hospital, Taiwan

Falls Hospitalization among the elderly in Taiwan

Yu-ling Hsiao, Ching-Min Chen
College of Nursing, Taipei Medical University; Graduate Institute of Nursing, Taipei Medical University, Taiwan

The Relationships among Relatedness, Autonomous Motivation, and Persistence in Community Physical Activity Participants

Yeong-mi Seo, Tae-kyung Kim, Hwa-jung Kang, Mal-soon Kang
Jinju Health College, South Korea

CHRONIC DISEASE CARE AND MANAGEMENT

Relationships between Rehabilitation Needs and Quality of Life for Chronic Psychiatric Patients in the Community

Chia-jung Hsieh, School of Geriatric Nursing and Care Management, College of Nursing, Taipei Medical University, Taiwan

The Need for Developing Health Education Pamphlete for Secondary Osteoporosis: The prespectives of High-risk Hospitalized Secondary Osteoporosis Patients

Chin-yun Tsai, Shi-Che Shen, Ching-Min Chen

Taipei County Hospital, Taiwan

A Project in Increasing the Self-monitoring Rate of Out-patient Adult Aathma Patients at Home

Chia-ling Hsieh, Chin-Chain Huang, Mei-Chuan Wu

Department of Nursing, Hsin Chu Mackay Memorial Hospital, Taiwan

The Result of Discuss for the Timing Influence on the Primary Stroke with Hemiplegia Patient Getting Involved in Passive Movement Opportunity

Yu-wen Wang, Pi Hui Chen

China Medical University Hospital, Taiwan

Consultation Satisfaction and Medication Adherence in Older Adults with Hypertension

Hoi-shan Lo, Janita PC Chau, Jean Woo

The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong

Oral Care of Intubated Patients: An Observational Study

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