Chi Xi at-Large Chapter
First Biennial Conference
Royal Swazi Convention Centre, Ezulwini Valley, Lobamba, SWAZILAND
9-11 August, 2017

Chi Xi at-Large Chapter

PROGRAMME AND ABSTRACTS

9-11 August 2017

Royal Swazi Convention Centre
Ezulwini Valley, Lobamba
SWAZILAND

Hosted by:
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Dear STTI Colleagues,

It is my honor and pleasure to extend a warm welcome to the First Biennial Conference hosted by the Chi Xi-at-Large Chapter in the Kingdom of Swaziland. The conference theme: *Advancing Global Health: The Voice of Nurses in the 21st Century*, highlights the critical role that we as nurses have in advocating for the health and well-being of the persons, communities and populations entrusted to our care. Given our knowledge of current evidence and relationship with the public, we need to have a strong voice at the policy table to advocate for needed change at the local, regional and international level.

This event represents a tremendous opportunity to network with and learn from our colleagues around world. The program is rich with information related to clinical practice and service, health policy, professional development and transformative action, and global health research. I know that the knowledge gleaned will have a strong impact on your current practice. Throughout the next three days, I encourage you to share conference highlights in the social media. In addition, I hope that you experience the excitement and comradery that is the hallmark of STTI events.

Wishing you all the best.

**Cathy Catrambone** (PhD, RN, FAAN)
President: 2015-2017 Sigma Theta Tau International
Congratulations to the Chi Xi at-Large Board and its members for reaching this milestone. As you are well aware, Chi Xi at- large-chapter was chartered during the 2015 43rd Biennial Convention of Sigma Theta Tau International (STTI) in Las Vegas, Nevada, USA. As one of the three at- large-chapters formed after the restructuring of the Tau Lambda at-large-chapter, you are the first to host a conference of this magnitude with speakers from different countries. This is a demonstration of commitment, hard work and intention to serve your members and the organisation at large. Having sat in one of your Board meetings, I am well aware of your dreams and plans as a chapter and I believe that you will achieve all that you set your minds on. Thank you for taking the lead and being an inspiration to the rest of us in the Africa region. Thank you for shining the light and demonstrating that you can still maintain the standard set by the Tau Lambda at-large-chapter since its inception in 2000 to its restructuring stages in 2014.

The Africa region committee and I are very proud of the strides you have made and your achievements of your set goals to this point.

I wish you all the best with your 1st Biennial Conference!

Deliwe Rene Phetlhu
Regional coordinator: Africa Region

On behalf the conference organizing committee it gives me great pleasure to welcome you to the Kingdom of Swaziland for the 1st Biennial Conference of the Chi Xi at-Large Chapter of Sigma Theta Tau International. In particular, I extend a warm welcome to all delegates who have travelled great distances to join us over the next few days.

The conference, with its theme: “Advancing Global Health: The voice of Nurses in the 21st Century” promises to be both informative and forward-looking. Among a fine selection of keynote speakers and presenters from Africa and abroad I am especially delighted to welcome our local esteemed keynote speakers, Dr Simon Zwane and Dr Rosemary Khosi-Mthethwa. Each will present their considered views of nursing’s position in advancing global health.

This 3-day event is an excellent opportunity for you to reconnect with Chapter members from across Africa and to meet new ones from across the globe. Embrace each moment and enjoy the camaraderie as we engage in matters important to the Chapter and to those it seeks to serves. It is important too, to find time to enjoy the natural, mountainous beauty of Swaziland and its surrounds.

I wish you a successful conference, fruitful networking and an enjoyable stay!

Judith Bruce
President: Chi Xi at-Large
Electronic devices
As a courtesy to presenters and conference delegates, all electronic devices must be switched off/silenced during oral sessions, workshops and official conference events.

Emergencies
In case of an emergency please contact Ms Bongekile Kunene Tel (Direct): +268 2416 5260 or the Royal Swazi Sun Convention Centre staff member who is assigned to the conference floor for the day.

Internet access
Internet access is included in the conference package. For further information please enquire at the front desk of the Convention Centre.

Name tags
You are requested to wear your name tag at all times as this provides you with access to all conference events. For your own safety please write on the back of your name tag, any important health information and emergency contact details.

No-smoking policy
No smoking is allowed in the conference venue, including foyers and surrounding spaces. Smoking is allowed only outside the hotel buildings.

Presenters
Presenters of oral papers are required to report to the allocated venue to load their presentations 15 minutes before the session commences. Presenters of posters are required to pin up their posters in the poster area provided in main hall, Banquet Hall 2, at the start of Day 1 of the conference. All posters must be removed at the close of Day 2. Neither Chi Xi at-Large nor the Royal Swazi Convention Centre is responsible for any materials left behind in the poster area.

Scientific programme summary

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<th>Day 1 – 9 August</th>
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<tr>
<td>Session 1: 09h00 – 10h00</td>
<td>Official opening and Plenary 1</td>
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<tr>
<td>Session 2: 10h30 – 13h00</td>
<td>Concurrent oral presentations</td>
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<td>Session 3: 14h00 – 16h00</td>
<td>Concurrent oral presentations</td>
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<td>Session 4: 16h00 – 17h00</td>
<td>Poster viewing</td>
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<th>Day 2 – 10 August</th>
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<tr>
<td>Session 5: 08h00 – 09h15</td>
<td>Plenary 2</td>
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<td>Session 6: 09h15 – 10h00</td>
<td>Poster viewing</td>
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<tr>
<td>Session 7: 10h30 – 12h30</td>
<td>Concurrent oral presentations</td>
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<tr>
<td>Session 8: 13h15 – 15h00</td>
<td>Concurrent oral presentations</td>
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<tr>
<td>Session 9: 15h00 – 17h00</td>
<td>Workshops 1 and 2</td>
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<th>Day 3 – 11 August</th>
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<tbody>
<tr>
<td>Session 10: 08h15 – 10h15</td>
<td>Chi Xi at-Large Annual General Meeting</td>
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<tr>
<td>Session 11: 10h30 – 12h15</td>
<td>Workshop 3 and concurrent oral presentations</td>
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<td>Session 12: 12h15 – 13h00</td>
<td>Plenary 3 and closure</td>
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In keeping with the STTI Presidential Call to Action (2015-2017) the conference theme is:

Advancing Global Health:
The Voice of Nurses in the 21st Century

The objectives of the conference are to:

- Share and identify ways to promote meaningful networks and collaborations to strengthen and advance nursing and global health.

- Share evidence and explore innovations in clinical practice, education, management and leadership.

- Explore ways that promote and deepen service in its diverse forms to promote nursing excellence and improve health outcomes.

- Deliberate on the transformation of nursing practice and education in the context of local, regional and global change and progress.
Conference Committees

Oslinah Tagutanazvo (Chairperson)
Nonhlanhla Sukati
Cynthia Dlamini
Colile Dlamini
Percis Khumalo
Nomathemba Nxumalo
Ruth Mkhonta
Sifiso Sithole
Charles Maibvise
Judith Bruce
Gisela van Rensburg
Hilary Thurling
Sanah Mataboge

Scientific Committee

Gisela van Rensburg (Chairperson)
Oslinah Tagutanazvo
Nonhlanhla Sukati
Nelouise Geyer
Sanah Mataboge
Rebecca Risenga
Hilary Thurling
Ida du Plessis
Lizeth Roets
Nokuthula Mafutha

Conference Finances

Tendani Ramukumba
Judith Bruce

Conference Administration

Judith Bruce
Oslinah Tagutanazvo
Irene Janse van Noordwyk
Karen Zagenhagen
We thank the following donors and sponsors for their generous support.
Keynote Speakers

Dr Simon Zwane was appointed by His Majesty King Mswati III to the position of Principal Secretary of the Ministry of Health on 1 April 2014. He is a medical doctor by profession having qualified from the University of Zimbabwe. He served as a general medical practitioner in Mbabane Government Hospital for three years before being appointed as Medical Superintendent in Mankayane Government Hospital. Before his appointment as Principal Secretary, Dr Zwane served as the Director of Health Services, a position that entails being a Chief Medical Advisor to the Government of Swaziland. In his medical and administrative career he has been exposed to serving in different organisations as well as leading committees and task teams in Swaziland and beyond. He served for three years as Chairman of the Swaziland Nursing Council, Swaziland Medical and Dental Council, Chairman of the Scientific and Ethics Committee, a member and Chairman of the Swaziland Standards Authority. He has been instrumental in the development of the Nursing and Midwifery professions in Swaziland through his unwavering support on nursing and midwifery issues. Currently, he is the Chairperson of the Advisory Committee of the Eastern Central and Southern Africa Health Community.

Professor Hester Klopper is an international academic leader with extensive networks globally. She is currently the Deputy Vice Chancellor: Strategy and Internationalisation at Stellenbosch University. Prior to this position she was the Chief Executive Officer at FUNDISA (Forum for University Deans of South Africa); she is also the Immediate Past President of Sigma Theta Tau International (2013-2015) - the first person outside of North America to be elected to the position of President of STTI. She holds a PhD from University of Johannesburg and a MBA from Luton University in the UK. As a scholar her research programme focuses on positive practice environments, patient safety and quality improvement. A continued interest is global health and the role nurses play in policy influence and strengthening health systems. In addition, she has been instrumental in developing nurse scientists in South Africa and other Africa countries and coordinates a funded post-doctoral programme, supporting 26 post-doctoral fellows to develop and establish research programmes. Hester has been the supervisor of 30+ PhD students and 45+ master's students; she has published 75+ peer reviewed publications, and presented her work at more than 100 international conferences. She is a Fellow of the Academy of Nursing of South Africa (FANSA), a Member of the South African Academy for Science and Art, an inductee into the Hall of Fame for Excellence in Nursing Research (FUNDISA) and a member of the Institute of Directors of South Africa (IODSA). Hester was the 1st South African to be inducted as a Fellow into the American Academy of Nursing (FAAN) and is also a Fellow of the Academy of Science of South Africa (ASSAf).

Dr Rosemary Khosi Mthethwa is the World Health Organisation, Health Systems Management technical advisor to the Ministry of Health, Swaziland. Dr.Mthethwa trained as a nurse before advancing herself and now holds PhD in Health Systems-Health Policies from the Atlantic International University-, USA. She has held this position since 2002 to date. As a technical advisor she is involved in Health System Development and Management; Human Resource Planning; Development and Management; Policy and Strategic Plan Development; Capacity development for health workforce and various aspects of health care delivery. She played a key role in reviewing and development of several National Health Policies including several operational plans and monitoring tools for internal management. Prior to joining the WHO, Swaziland country office, she worked as lecturer at the then Nazarene College of Nursing, teaching, Public Health, Leadership and management and Professional Practice. During this period she also served as the National External Examiner for Nursing in Swaziland, a member of the Nazarene College Management Committee and Senate as well as a member of the University of Swaziland Affiliated Colleges Board. She is instrumental in the development of the Nursing and Midwifery professions in Swaziland, in her capacity as the WHO, technical advisor to Swaziland. Recently she was appointed Chairperson of the Board for the Good Shepherd Hospital, which is one of the busiest referral hospitals in the Lubombo, Swaziland.
## Concurrent Workshops

<table>
<thead>
<tr>
<th>Workshop 1:</th>
<th>Title: “Share but be fair: reviewing manuscripts for publication”</th>
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<tbody>
<tr>
<td>Dr Nelouise Geyer</td>
<td><strong>Objectives:</strong></td>
</tr>
<tr>
<td>Prof Gisela van Rensburg</td>
<td>- Review a manuscript for consideration for publication in a</td>
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<tr>
<td>Thursday, 10 August 14h30-16h30</td>
<td>scientific journal</td>
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<tr>
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<td>- Prepare a review report</td>
</tr>
<tr>
<td>Workshop 2:</td>
<td><strong>Objectives:</strong></td>
</tr>
<tr>
<td>Prof Yvonne Botma</td>
<td>- Describe the thinking operations used in clinical practice</td>
</tr>
<tr>
<td>Ms Lizemari Hugo</td>
<td>- Apply various facilitation methods to guide students in their</td>
</tr>
<tr>
<td>Thursday, 10 August 14h30-16h30</td>
<td>thinking processes</td>
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<tr>
<td>Workshop 3:</td>
<td><strong>Objectives:</strong></td>
</tr>
<tr>
<td>Dr Sue Armstrong</td>
<td>- Recognise the significance of advocacy</td>
</tr>
<tr>
<td>Dr Nelouise Geyer</td>
<td>- Realise that every nurse educator has a role as an advocate</td>
</tr>
<tr>
<td>Friday, 11 August 10h30-12h30</td>
<td>- Identify steps you can take to advocate</td>
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## Preconference Programme

**Tuesday, 8 August 2017**

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<tr>
<td>16:00 – 17:00</td>
<td>Chi Xi at-Large Leadership Succession Committee Meeting</td>
<td>Boardroom, Royal Swazi Convention Centre</td>
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<td>17:00 – 18:30</td>
<td>Chi Xi at-Large Board Meeting</td>
<td>Boardroom, Royal Swazi Convention Centre</td>
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### Wednesday, 9 August 2017

<table>
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<th>Time</th>
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| 07:00 – 09:00 | **Registration:** Banquet Hall Foyer, Royal Swazi Convention Centre  
                    Tea and coffee; meet and greet                                    |
| 09:00 – 10:00 | **SESSION 1 – Plenary 1**                                                 |
| 09:00 – 09:15 | **Venue:** Auditorium  
                      **Moderator:** Professor Mavis Mulaudzi  
                      **Welcome:** Professor Judith Bruce – President, Chi Xi-at-Large (2015-2017) |
| 09:15 – 10:00 | **Keynote address:** Dr Simon Zwane, Principal Secretary in the Ministry of Health, Swaziland  
                      **Title:**                                                   |
| 10:00 – 10:30 | **TEA BREAK**                                                            |
| 10:30 – 13:00 | **SESSION 2**                                                            |
| 10:30 – 10:55 | **Theme:** Advancing the Health Policy Agenda  
                      **Venue:** Auditorium  
                      **Moderator:** Prof EJ Ricks  
                      **Ramalepa TN**, Matshoge GP  
                      The views of teachers regarding learner pregnancy: Integrated School health policy context |
| 10:55 – 11:20 | **Theme:** Clinical Practice and Service  
                      **Venue:** Indzaba  
                      **Moderator:** Prof C van der Walt  
                      **Alum AC**, Ndungtuse D, Callender D, Kizza S  
                      Perceived Ethical Practices and Quality of Service Delivery by Midwives among mothers attending antenatal clinic in Mulago Hospital Kampala, Uganda  
                      **Mahanya S**  
                      Factors affecting the adherence to focused antenatal care visits by para one gravida two and para two gravida three clients aged 20 to 35 at a Mission Hospital in Masvingo |
| 11:20 – 11:55 | **Theme:** Clinical Practice and Service  
                      **Venue:** Libandla  
                      **Moderator:** Ms A du Plessis  
                      **Msibi P**, Mogale R, De Waal M, Ngcobo N  
                      The use of e-Delphi to formulate guidelines on women’s health concerns at a selected coalmine in Mpumalanga, South Africa  
                      **Van Heerden C**, Maree CM, Janse van Rensburg ES, Leech R, Yazbek M  
                      Creating a platform for professional development and sustainable quality improvement in neonatal practice in Gauteng province, South Africa  
                      **Tlhabela D**, Peu MD, Mataboge LS  
                      The experiences of the community health nurses who provide termination of pregnancy services in Johannesburg metro sub-districts’ clinics |

**Scientific Programme**
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<tr>
<td>11:20 – 11:45</td>
<td>Nursing leadership strategies to facilitate the constructive management of nurse related adverse events in a regional hospital in Gauteng, South Africa</td>
<td>Ally H, Nel WE, Jacobs W</td>
<td>Auditorium</td>
<td>Dr A Msosa</td>
<td>Lifelong Learning for Transformative Action</td>
</tr>
<tr>
<td>11:45 – 12:10</td>
<td>Implementation of Bonny Method of Guided Imagery and Music (BMGIM) to complement care provided in selected cancer interim homes in Gauteng province</td>
<td>Bhana-Pema VM</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
<td>Clinical Practice and Service</td>
</tr>
<tr>
<td>12:10 – 12:35</td>
<td>Can nurses’ intrapersonal characteristics influence work performance?</td>
<td>Geyer N, Coetze S, Ellis S</td>
<td>Auditorium</td>
<td>Dr K Zagenhagen</td>
<td>Clinical Practice and Service</td>
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<td>12:35 – 13:00</td>
<td>Use of authority by health service managers in a public hospital</td>
<td>Maake T, Nkosi ZZ</td>
<td>Auditorium</td>
<td>Dr A Msosa</td>
<td>Lifelong Learning for Transformative Action</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Exploring caregiver burden experienced by Family Caregivers of Patients with End-Stage Renal Disease in Nigeria</td>
<td>Oyegbile YO</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
<td>Clinical Practice and Service</td>
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<tr>
<td>14:00 – 16:00</td>
<td>SESSION 3</td>
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<td>14:00 – 14:25</td>
<td>The role of the Advanced Practice Nurse: Questions and Answers</td>
<td>Crous L, Armstrong SJ</td>
<td>Auditorium</td>
<td>Dr A Msosa</td>
<td>Lifelong Learning for Transformative Action</td>
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<td>14:25 – 14:50</td>
<td>Strengthening midwives clinical reasoning skills for improved health outcomes</td>
<td>Baloyi OB, Mtshali N</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
<td>Clinical Practice and Service</td>
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<td>14:50 – 15:15</td>
<td>Perception of stress and ways of coping among nursing students in Swaziland</td>
<td>Dlamini AD, Tsai D</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
<td>Clinical Practice and Service</td>
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<td>Admission of potassium chloride to the central venous catheter</td>
<td>Mbalinda SN, Kiwanuka N, Eriksson LE, Kaye DK</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
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<td>Quality of care of sexual reproductive health services in antiretroviral treatment clinics attended by perinatally HIV-infected adolescents</td>
<td>Sefolosha A, Van Wyk NC, Van der Wath A</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
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<td>Bonding and attachment between prematurely born infants and their parents</td>
<td>Maree C</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
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<td>Facilitating LGBTI youth-inclusive primary health care by nurses in Tshwane district, South Africa: A constructivist grounded theory study</td>
<td>Sefolosha A, Van Wyk NC, Van der Wath A</td>
<td>Auditorium</td>
<td>Dr A van Wyngaarden</td>
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<tr>
<td>Time</td>
<td>Session</td>
<td>Presenters</td>
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| 15:15 – 15:40 | Dube BM, Mtshali N  
Implementation of a Competency-Based PHC Oriented Curriculum | Khoza SL, Njolomole AN, Sinyiza L  
Nursing opinions on mechanical ventilation protocols in PICU | Van Heerden C, Maree CM, Janse van Rensburg, ES  
Strategies to sustain a quality improvement initiative in neonatal resuscitation in a district hospital |
| 15:40 – 16:05 | Thurling CH, Armstrong SJ  
A blended learning programme of simulation training – a pilot study | Mavuso SC, Mkhonta NR  
Factors that contribute to the high prevalence of tuberculosis among adults in one of the peri-urban areas in Mbabane |
| 16:00        | **TEA BREAK**                                                          |                                                                                                         |
| 16:00 – 17:00 | **Poster viewing**  
**Venue: Auditorium Foyer**                                               |                                                                                                         |
| 17:30 - 19:00 | **Induction Ceremony**  
**Venue: Banquet Hall 1**  
**Welcome Cocktail**  
**Venue: Gigi’s (Main hotel)**                              |                                                                                                         |
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<tr>
<th>Time</th>
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| 07:30 – 08:00 | Registration  
Coffee and Tea, Networking                                         |
| 08:00 – 08:30 | Venue: Auditorium  
Moderator: Professor Nonhlanhla Sukati  
Session sponsor: Pearson Publishers                     |
| 08:30 – 09:15 | Title: "A Global voice for Nursing: GAPFON's contribution"            |
| 09:15 – 10:00 | Poster viewing  
Venue: Auditorium Foyer                                               |
| 10:00 – 10:30 | Tea Break                                                          |
| 10:30 – 12:30 | Theme: Clinical Practice and Service  
Venue: Auditorium  
Moderator: Dr M Chauke                                             |
Factors that influence the occurrence of medication errors in selected health care facilities in Botswana |
| 10:55 – 11:20 | Mohale H, Sweet L, Graham K  
Maternity health care: The experiences of Sub-Saharan African women in Sub-Saharan Africa and Australia |
| 11:20 – 11:45 | Kgositau M, Thuso D, Sabone MB, Kgatlwane J, Ntsayagae E, Tshiamo W  
The nature and extent of medication errors in selected health care facilities in Botswana |
| 10:30 – 10:55 | Theme: Clinical Practice and Service  
Venue: Indzaba  
Moderator: Dr C Maree                                             |
| 10:55 – 11:20 | Vilakati MM, Masuku SK, Tagutanaazvo OB  
Infection reduction during the second stage of labour: improving the practice of aseptic technique by midwives in a national referral hospital |
| 11:20 – 11:45 | Mashia EO, Van Wyk NC, Leech R  
A nursing theory for anticipatory guidance of adolescents to resist peer pressure and sexual coercion to sexual activity |
| 10:30 – 12:30 | Theme: Lifelong Learning for Transformative Action  
Venue: Libandla  
Moderator: Prof Y Botma                                           |
| 10:30 – 11:20 | Zagenhagen K, Van Rensburg GH  
A systemic and holistic approach on the influences of the elements of the hidden curriculum in the military teaching and learning environment on the professional socialisation of students |
| 11:20 – 11:45 | Moleki MM  
The knowledge of critical care nurses of evidence-based practice in their practice |
| 11:20 – 11:45 | Chilemba E, Bruce JC  
Nurse educators' perceptions of BSN education towards learning for practice |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
<th>Title</th>
<th>Room</th>
<th>Moderator(s)</th>
<th>Location</th>
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<tbody>
<tr>
<td>12:10 – 12:35</td>
<td>System structures in place for prevention and management of medication errors in selected health care facilities in Botswana</td>
<td>Khumisi ET, Aphere MS, Mogale SR</td>
<td>&quot;I am not mop and trolley, I have a name&quot;: The working relationships in the operating theatre at a selected tertiary hospital</td>
<td>Auditorium</td>
<td>Matahela VE, Van Rensburg GH</td>
<td>Royal Swazi Terrace</td>
</tr>
<tr>
<td>12:30 – 13:15</td>
<td>LUNCH: Royal Swazi Terrace</td>
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<tr>
<td>13:15 – 15:00</td>
<td>SESSION 8</td>
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<tr>
<td>13:15 – 13:40</td>
<td>Thapayagale-Tshweneagae G Transnational migration in academia: opportunities, challenges and prospects</td>
<td>Thupayagale-Tshweneagae G</td>
<td>Transnational migration in academia: opportunities, challenges and prospects</td>
<td>Auditorium</td>
<td>Dr. E Chilemba</td>
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<td>13:40 – 14:05</td>
<td>A formative assessment framework for innovative clinical teaching in resource constrained countries</td>
<td>Msosa AN, Bruce JC, Crouch R</td>
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<td>Auditorium</td>
<td>Prof N van Wyk</td>
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<td>14:05 – 14:30</td>
<td>The intra-partum learning environment: challenges faced by student nurses</td>
<td>Thapayagale-Tshweneagae G</td>
<td>The intra-partum learning environment: challenges faced by student nurses</td>
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<td>Dr CP Dlamini</td>
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<td>14:30 – 14:55</td>
<td>Perceptions of nurse educators regarding the information required by undergraduate nursing students for clinical decision making at the point of care</td>
<td>Thapayagale-Tshweneagae G</td>
<td>Perceptions of nurse educators regarding the information required by undergraduate nursing students for clinical decision making at the point of care</td>
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<td>Time</td>
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| 15:00 - 17:00| **WORKSHOP 1:** “Share but be fair: reviewing manuscripts for publication”  
Venue: Indzaba  
Moderator: Dr C Downing  
Presenters: Dr N Geyer and Prof G van Rensburg  

**WORKSHOP 2:** “Clinical teaching: techniques to promote clinical judgment”  
Venue: Libandla  
Moderator: Dr C van Heerden  
Presenters: Prof Y Botma and Ms L Hugo |
| 18:30 – 21:30| **Gala Dinner**  
Venue: Banquet Hall 2 |

**Gala Dinner - Guest Speaker**

**Dr Thembisile Khumalo** is the Chief Nursing Officer of Swaziland. She received her nursing education at the University of Swaziland. She is active in nursing matters and remains an advocate for the future of the profession.
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<td>Registration</td>
<td>Coffee and Tea, Networking</td>
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<td>08:15 – 10:15</td>
<td><strong>SESSION 10</strong></td>
<td><strong>ANNUAL GENERAL MEETING</strong></td>
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<td>08:15 – 10:15</td>
<td><strong>Venue:</strong> Auditorium</td>
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<td>10:30 – 12:15</td>
<td><strong>SESSION 11</strong></td>
<td><strong>Theme:</strong> Clinical Practice and Service</td>
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<td><strong>Venue:</strong> Libandla</td>
<td><strong>Moderator:</strong> Dr VM Bhana-Pema</td>
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<td>11:45 - 12:10</td>
<td>De Swardt HC</td>
<td>A positive clinical learning environment: A facilitator of professional socialisation</td>
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<td>12:15 – 13:00</td>
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<td>12:15 – 12:45</td>
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<td><strong>Moderator:</strong> Dr Oslinah Tagutanazvo</td>
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<td><strong>Keynote Speaker:</strong> Dr Rosemary Khosi-Mtethwa – WHO Health Systems Advisor for Swaziland</td>
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<td>12:45 – 13:00</td>
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<td>Professor Mavis Mulaudzi – President, Chi Xi at-Large (2017-2019)</td>
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NURSING LEADERSHIP STRATEGIES TO FACILITATE THE CONSTRUCTIVE MANAGEMENT OF NURSE RELATED ADVERSE EVENTS IN A REGIONAL HOSPITAL IN GAUTENG, SOUTH AFRICA

Ally H (hafisaa@uj.ac.za), Nel WE, Jacobs W

Introduction and background: Nurse related adverse events occur not because nurses intentionally hurt their patients, but because the health care system is so complex that the outcomes for each patient depends on a range of factors and not just an individual nurse’s competence. Some hospitals have a culture of individual blame, denial, abuse and punishment of staff involved in nurse related adverse events. Leaders and peers in such work environments target individual nurses and fail to question core beliefs, recognise systemic causes to the events or to implement system wide reforms. Reports suggest the need to rethink the existing management approaches used by removing the focus from nurses when these events occur and placing the focus directly on the shoulders of the nursing leadership through the development of innovative strategies.

Purpose: The purpose of this study was to explore and describe the experiences of operational managers regarding the management of nurse related adverse events in a regional hospital in Gauteng, South Africa in order to develop nursing leadership strategies to facilitate the constructive management of nurse related adverse events in this hospital.

Methodology: A qualitative, exploratory, descriptive and contextual research design was used. In-depth phenomenological individual interviews were conducted on operational managers who were willing to participate. Data was analysed using Giorgi and Collaizzi's stages of descriptive phenomenological analysis.

Findings: The central theme was that participants experienced a lack of caring from their management when nurse related adverse events were managed.

Conclusion: Nursing leadership strategies that address experiences of a culture of blame; second victim experiences; ineffective and inappropriate management practices were developed to facilitate the constructive management of the events based on the conceptual framework described from the findings. The findings of this study have relevance to nursing practice and policy, nursing education and nursing research.

PERCEIVED ETHICAL PRACTICES AND QUALITY OF SERVICE DELIVERY BY MIDWIVES AMONG MOTHERS ATTENDING ANTENATAL CLINIC IN MULAGO HOSPITAL KAMPALA, UGANDA

Alum AC (shethelma@yahoo.com), Ndungtuse D, Callender D, Kizza SS

General objective: To assess the level of perceived midwifery ethical practices and how this practices affects satisfaction of expectant mothers attending antenatal clinic in Mulago Hospital.

Methodology: The research was a descriptive cross-sectional design in which quantitative and qualitative approaches were used. Data were collected from 379 respondents using questionnaires and interview guides for key informants.

Results/Findings: The study found out that ethical practices of the midwives had a significant influence on quality of service delivery, confidentiality, non-Malicence, justice, autonomy and behavior significantly contribute to quality of service delivery (b = 0.24, p = 0.00; b = 0.20, p = 0.00; b = 0.28, p = 0.00; b = 0.15, p = 0.00; b = 0.47, p = 0.00) respectively. However, the study found out that; beneficence does not significantly contribute to quality of service delivery (b = 0.030, p = 0.447). Behavior contributes most (46.5%) and autonomy contributes least (14.9%) to quality of service delivery.

Conclusions: Ethical practices of the midwives had a significant influence on quality of service delivery. Behavior is more effective way of improving quality service delivery. This would help to provide information that can help obstetrics and gynaecology department to design strategies to improve midwifery ethical practices that can contribute to quality antenatal services

Recommendations: Strengthen Ethical practice during training of student midwives, induction course, continuous professional development and training in customer care. More midwives should be employed in antenatal clinic properly supervision by trained managers who will ensure quality.
WORKING RELATIONSHIPS BETWEEN NURSES AND GENERAL ASSISTANTS IN OPERATING THEATRE IN A SELECTED TERTIARY HOSPITAL

Aphane MS, Khumisi ET, Mogale SR

Introduction and background: In the operating theatre positive working relationships are linked to continuity and safety of patient care. In the selected tertiary hospital nurses and general assistants work closely in the operating theatre and should be conscious of a positive working relationship. There are factors associated with positive working relationship and these include collaboration, effective communication, commitment, team spirit, cohesion. In the operating theatre of the selected hospital there was lack of positive working relationships between nurses and general assistants.

Purpose: To explore and describe factors that promote positive working relationships between nurses and general assistants in the operating theatre.

Methodology: This was a qualitative, explorative, descriptive and contextual research which was conducted after obtaining approval from the Research Ethical Committee of the University of Pretoria and the hospital management. The accessible population for this study was all nurses and general assistants working in the operating theatre. The purposive sampling method was used to select the sample of 26 participants, 14 nurses and 12 general assistants. Focus group discussions were used for data collection. To ensure trustworthiness there was prolonged engagement, member checking, audit trail, reflexivity, and thick descriptions of the data. The collected data was analysed through the ten steps of content analysis as advocated by Morse and Fields.

Results/findings: The findings indicated that factors that are essential for maintaining positive working relationship (respect and trust as the core of working relationships, open channels of communication in healthcare teams, division of labour, teamwork in the provision of healthcare, and clarification of roles and responsibilities for each category) were lacking.

Conclusion: The study identified factors that promote positive working relationships between nurses and general assistants in the operating theatre in a selected tertiary hospital. The results of this study might raise awareness on the need for a positive working relationship between nurses and general assistants.

Recommendations: It is hoped that the identified factors will be considered by the operational managers and the area in the operating theatres where these two categories work together, and nurse managers of hospitals.

ASSESSING CLINICAL ASSESSMENT: SEEKING SOLUTIONS

Armstrong SJ, Crous L

Introduction and background: Criterion based clinical assessment is the most common method of assessing clinical skills in most nursing education institutions. Most use a Likert scale which ranges from a 2 point to a 7 point Likert scale. The pass mark for assessments based on these tools varies from one institution to another and scores are often exaggerated as a result of a narrow scale. The assumption is that this type of tool decreases subjectivity and enhances inter-rater reliability which is questionable.

Purpose: To compare the inter-rater reliability of a criterion based 2-point assessment tool with a 3 point assessment tool and to establish a fair pass mark for each of these tools.

Methodology: A video of a student testing urine was shown to 96 registered educators all of whom had experience of assessing clinical skills. The group was divided into 2 and each group viewed the video, and assessed the student, one using a 2-point scale and one a 3 – point scale. They were then ‘crossed over’ and asked to use the alternative scale after viewing the video once more. The results were then analysed using descriptive statistics to determine means, modes and standard deviations and the results of the two assessments were compared.

Results: There was a 7% average difference between the two tools with a standard deviation of 14 and 11 respectively. Individual assessor’s marks ranged between 30.8% and 92.8% for the same procedure. There was little inter- or intra-rater reliability.

Conclusions: As the future career prospects of students can be influenced by the results of their clinical assessments, it is essential to find more reliable methods of assessing them.

Recommendations: A qualitative element should be added to criterion based assessments which allows assessors to use judgement in determining a student’s competence. Effective ways of doing this need to be explored.
ASSESSING STAFF READINESS FOR SIMULATION IN A FACULTY OF HEALTH SCIENCES OF A UNIVERSITY IN SOUTH AFRICA

Awogbemila TA, Thurling CH

Purpose of the presentation: The purpose of this presentation is to enlighten nurse educators, administrators, researchers and practitioners on the readiness factors necessary for the planning and integration of simulation into the curriculum of health sciences institutions.

Introduction/background: Simulation has been considered a possible solution to the recorded disproportion between students, clinical instructors and clinical placements. It is learner centered and offers learning opportunity in a safe environment to hone skills (Aebersold & Tschannen, 2013; Galloway, 2009; McGrath et al., 2012; NLN, 2015). The perceived simulation benefits have led to an increase in investment by health sciences institutions through the purchase of equipment and set up of a simulation laboratory, but a lack of proper planning and structure for its integration into the curriculum (Foisy-Doll & Leighton, 2016; Dennis et al., 2016). Faculty challenges are related to fear of technology, time constraints, and how to incorporate simulation into the curriculum (Burns, 2008; Williams et al, 2016). Froitjold (2015) indicated that poor staff preparation and planning can inhibit the adoption of simulation thereby limiting its utilization.

Purpose: To examine the readiness of lecturers from the five departments within the School of Therapeutic Sciences of a University in South Africa to adapting simulation based education and identify factors preventing or promoting the successful use of the new methodology.

Methodology: A quantitative cross-sectional descriptive design will be adopted utilizing a validated Simulation Culture Organizational Readiness Survey (SCORS) 24 item, 5-point Likert scale. Sections of the survey will address: Defined need and support for change; readiness for culture change; time, personnel and resource readiness; and Sustainability practices to embed culture. A total population sampling method was adopted and lecturers identified were contacted electronically using the Redcap software.

Result/expected outcomes: The results of this study will provide administrators and educators with insight into readiness factors that will facilitate successful utilization of clinical simulations.

Conclusion/recommendation: It is recommended that institutions initiating simulation evaluate the readiness of their faculty and provide training to help empower staff for the implementation of the initiative.

STRENGTHENING MIDWIVES CLINICAL REASONING SKILLS FOR IMPROVED HEALTH OUTCOMES

Baloyi OB (baloyo@ukzn.ac.za), Mtshali N

Background: Maternity healthcare arena worldwide, including South Africa is in constant flux and turmoil, therefore, industry in the 21st century expect pre-licensure graduate midwives who are armed with high order cognitive skills necessary for such transformation (Levett-Jones et al., 2010). Consequently, literature emphasized that the most crucial need within South African industry is for graduate midwives who are able to interpret client’s cues by relating components of clinical reasoning to the process of clinical judgement, as some of the deaths and complications are preventable (Pinnock & Welch, 2014). Furthermore in order to be competitive in the 21st century, clinical reasoning skills has been recognized as one of the core competencies new graduate midwives must own to guarantee readiness for such contemporary practice (WHO, 2015). Therefore, education drivers are to foster the development of such skills in the students prior to graduation. With all that said, literature however accentuated that clinical reasoning is a multifaceted process with significant teaching and facilitation challenges expressly within healthcare undergraduate programs milieu.

Aim: This study aimed at analyzing the processes of developing clinical reasoning skills in an undergraduate midwifery programme.

Methodology: A Grounded Theory approach by Strauss and Corbin was adopted. Data collection included individual interviews from the nurse educators (6). Focus group interviews with the students (16), observations in the classroom and practice settings, as well as through document analysis. Ethical principles were observed throughout the study.

Results: The emerging categories include (a) Conceptualization of the phenomenon “clinical reasoning” (b) Conditions to developing clinical reasoning skills (antecedent, contextual and intervening), (c) Process of developing and assessing clinical reasoning skills, and (d) Consequences (short and long term).

Recommendations: The emerging recommendations highlighted the need for a framework that may serve as a guide to educators in under-resourced countries who are also using a primary health care approach in teaching and facilitation of learning.
IMPLEMENTATION OF BONNY METHOD OF GUIDED IMAGERY AND MUSIC (BMGIM) TO COMPLEMENT CARE PROVIDED IN SELECTED CANCER INTERIM HOMES IN GAUTENG PROVINCE

Bhana-Pema VM (Varshika.bhana@up.ac.za)

Introduction: With a projected global increase in incidence of cancer the need for supportive cancer care is on an increase. Nurses are tasked to care for the psychological and social needs of the patients. However, patients and nurses do not always perceive that these needs are being fulfilled. Bonny Method of Guided Imagery and Music (BMGIM) has physical, psychological, social and spiritual effects which can enhance supportive cancer care. However, no research could be found on the use of BMGIM in the care of cancer patients receiving chemo- or radiotherapy.

Aim: The aim of this study was to implement and evaluate the complementary effect of the BMGIM on the physical, psychological and spiritual wellbeing of patients in selected cancer interim homes in Gauteng.

Research design and methods: Within the research design of intervention research a prospective intervention study supported by a simultaneous qualitative approach, phenomenology was conducted. The population of the study was cancer patients receiving chemo- or radiotherapy while living in a cancer interim home or in their private home. The evaluation of the effect of BMGIM was conducted through administration of questionnaires. Qualitative data in the form of session summary forms, photographs of the mandala and unstructured interviews were also used. Data analysis in the quantitative domain included descriptive and inferential statistical methods. Coding and the development of constituents and the essence of the findings were used in the qualitative domain.

Results: BMGIM was found to bring about improvements in the physical, psychological and spiritual wellbeing of the participants. The quantitative domain indicated significant improvements in fatigue and quality of pain. Improvements were also found in psychological and spiritual wellbeing though the small sample size influenced the significance of the findings. The qualitative domain findings were encapsulated in six constituents. The BMGIM was found to be a method through which patients’ experienced holistic care.

WARFARIN HEALTH INFORMATION; ARE WOMEN WITH PROSTHETIC HEART VALVES ADEQUATELY INFORMED?

Chauke ME (chaukme@unisa.ac.za)

Introduction and background: Health information to patients is guaranteed in Patient’s Rights Charters worldwide, thus making it a legal and moral duty for nurses. Its effectiveness depends on adherence to quality standards of individualization, relevance and accuracy. Providing information that is congruent with patients’ needs is an important determinant for patient satisfaction and might also affect health-related quality of life. And if the information given to patients does not meet quality standards it becomes just a ritual that provides general and marginally relevant information. Quality health information prepares patients with prosthetic heart valves for Warfarin treatment which is the current recommended guideline for all patients with mechanical heart valves. Although men and women with prosthetic heart valves face the same risks of warfarin, women have unique issues associated with warfarin thereby creating an additional information challenge.

Purpose: The purpose of the study was to determine the extent to which Warfarin health information that nurses give meets the specific information needs of women with prosthetic heart valves.

Methodology: A quantitative descriptive design was used. Data was collected by means of a self-administered questionnaire from a sample 150 registered nurses working in one public hospital in the Gauteng province of South Africa. Registered nurses working in all eligible nursing units (n=5) provided care to women suffering from valvular heart disease before and after valve replacement surgery. SPSS 20.0 was used for data analysis.

Results: The results showed that Warfarin health information that nurses give was inadequate to meet the specific needs and individual circumstances of women with prosthetic heart valves.

Conclusions and recommendation: Gender differences must be considered when giving health information about warfarin to patients with prosthetic heart valves. A structured Warfarin health information programme for women with prosthetic heart valves was recommended.
NURSES’ EXPERIENCES OF CARING AND UNCARING NURSING ENCOUNTERS IN INPATIENT REHABILITATION SETTINGS IN KWAZULU-NATAL, SOUTH AFRICA

Cheruiyot JC, Brysiewicz P

Introduction and background: It is difficult to ascertain whether an encounter is caring or uncaring, however, nursing encounters have been described as the face to face interactions between the patient and the nurse. Nurses working in inpatient rehabilitation settings are caring for patients who are at distinct levels of regaining autonomy, thus have different speeds at learning things. This can make nurses vulnerable especially when they are not able to meet the patients’ needs and this makes them feel inadequate, ashamed and powerless.

Purpose: To describe the nurses’ experiences of caring and uncaring nursing encounters in inpatient rehabilitation settings.

Methodology: Individual in-depth interviews were conducted among 21 nurses (registered with the South African Nursing Council of South Africa) who were purposively sampled and invited to participate in the study. Data were analysed using qualitative content analysis to uncover the manifest content.

Results: Nurses reported caring nursing encounters as “keeping their hope alive” and “going the extra mile”. Uncaring nursing encounters were reported as “frustration with patients”, “not doing enough” and “ignoring”.

Conclusion and recommendations: Patients in rehabilitation units have a lot of needs and demands, therefore it can be very frustrating for the nurses caring for them. It was evident in the findings that nurses try their best to help the patients to go through the rehabilitation process with ease, but have a tough time when they encounter difficult or nagging patients or patients who require constant supervision.

NURSE EDUCATORS’ PERCEPTIONS OF BSN EDUCATION TOWARDS LEARNING FOR PRACTICE

Chilemba E (evelynchilemba@kcn.unima.mw), Bruce J

Background: Stakeholders’ growing concerns of and observations about graduate nurses’ low levels of clinical performance in the BSN programme at Kamuzu College of Nursing in Malawi formed the foundational basis for exploring educators’ perceptions on this programme. Educational level and quality makes a difference to how graduate nurses’ practice and learn for optimal practice.

Objective: The study sought to determine the nurse educators’ perceptions of the BSN educational processes towards learning for practice.

Methods: A descriptive, qualitative study, which was part of a two–phased, sequential, explanatory mixed methods research design, was deployed to investigate the educators’ perceptions on undergraduate nurses’ educational processes. Analysis of quantitative data from phase one informed the construction of an interview guide. Purposive intensity sampling strategy was utilized; while observing the principle of saturation, participants were invited to participate during phases one of the study; ten nurse educators (n=10) were recruited following a set criteria. Content analysis was used to analyze the data through systematic classification process coding, theme and pattern identification to interpret text data. Trustworthiness was ensured through the strategies of prolonged observation, peer debriefing and member checking. The safety, privacy and rights of participants were observed and respected.

Results: One major theme of “perceptions of own teaching” emerged with three sub-themes “lectures preferred”, “created student dependency” and “learner characteristics guide teaching”.

Discussion and conclusion: Nurse educators were sceptical about learners’ reliance on lecture notes, educators preferred teaching methods not based on curriculum benchmarks. Educator perceptions on the BSN programme are indicative of educational dissonance in terms of learner and teacher responsibilities in the learning for practice paradigm.
THE DEVELOPMENT OF AN ADVANCED CHILD HEALTH NURSE PRACTITIONER CURRICULUM FRAMEWORK FOR SUB-SAHARAN AFRICA: A SCOPING REVIEW

Christmals CD, Armstrong SJ

Introduction and background: Child mortality is a major healthcare challenge in Sub-Saharan Africa. Whereas the developed countries battle, mainly, with non-communicable and diseases of old age, Sub-Saharan Africa is dealing with communicable diseases to a large extent, thus, nursing curriculum and practice in SSA must be more preventative oriented than curative. Unfortunately, paediatric nursing training in Africa has been historically established on the western philosophy and education materials, making the nursing curriculum and nursing graduate less responsive to Sub-Saharan Africa needs.

Purpose: The aim of this review is to explore the state of Advanced Practice Nursing in Sub-Saharan Africa through a scoping review.

Methodology: This study applied the scoping review framework developed by Arksey & O’Malley (2005). A computerized search was conducted in Science Direct, PubMed, Wiley Online Library, Proquest and Google Scholar using combinations of the keywords: APN, child health, curriculum and Africa.

Results/findings: A total of 280 article titles were scanned and 81 full articles read. Thirty-three (33) full articles included in this study. Four key themes were identified and described in this study: contextual opportunities and challenges; regulation and practice of APN in SSA; resource mobilisation for training and Practice of APN in SSA and APN curriculum development, implementation, maintenance, and review in SSA.

Conclusion: The potential exists for the APN (Child Health Nurse Practitioner) to respond to the special healthcare challenges of SSA. The resistance from the medical profession to shift the practice boundaries, meagre resource allocation, rigid nursing council regulations and Eurocentric curricular implementation in the SSA context are some challenges.

Recommendations: We recommend that innovative ways be employed by nursing educationists, researchers, practitioners and leaders to overcome these challenges so as to create a fertile environment for APN to thrive in SSA.

NURSING RESEARCH CAPACITY OF GHANA: AN INTEGRATIVE LITERATURE REVIEW

Christmals CD, Armstrong SJ, Gross JJ, Aziato L

Introduction and background: For nursing education to have effective impact on the context in which nursing is practiced, nursing curricula must be contextual research-driven. Sub-Saharan Africa and other continents have resulted in leveraging the quantity and quality of nurses to improve access to quality healthcare at affordable cost and to meet national and international healthcare standards and targets through task shifting and introduction of Advanced Practice Nursing (APN).

Purpose: The purpose of this study is to quantify, critically evaluate and describe nursing research publication in Ghana from January 2007 to December 2016 with regards to the country’s research capacity to sustain the APN (Child Health Nurse Practitioner) programme.

Methodology: Integrative literature review framework (problem identification, literature search, data evaluation, data analysis and presentation) developed by Whittemore and Knaffl (2005) guided this review.

Results/findings: Sixty out of 749 articles identified from EBSCO host, ProQuest, PubMed, Science Direct, Scopus, Wiley online Library and Google Scholar using three keywords (nursing, health and Ghana) were included. 60778 human subjects were used in these studies. There were more quantitative (28) studies than qualitative (23) studies. These studies recorded 219 authors from 120 institutions, 55 of which are outside Ghana. 45% of the articles were published in journals with impact factor. There was a steady increase in publication in Ghana over the decade. Majority of the studies published in education are in curriculum implementation and evaluation.

Conclusions: The increasing number of peer reviewed nursing research publication in Ghana and the curriculum implementation and evaluation in Ghana signifies an increasing capacity of the country to implement and sustain the Child health Nurse practitioner curriculum.

Recommendations: It is recommended that regular research is conducted to evaluate the responsiveness to old and new nursing programmes in Ghana.
THE ROLE OF THE ADVANCED PRACTICE NURSE: QUESTIONS AND ANSWERS

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Introduction and background: The SANC has issued a position paper with generic competencies for advanced practice nurses, which provides a framework to address increasing expectations and responsibilities of the nurse. Current courses are largely content driven and do not equip nurses to deal with the changing health care environment. There is an urgent need to develop curricula for APN courses to ensure socially responsive practitioners that are competent to meet the health care needs of South Africa. In order to do this, evidence is needed of the roles, competencies and practice standards of APN to guide the development of concepts and to structure appropriate curricula.

Purpose: To review the role of the APN from an international perspective in order to develop an appropriate South African curriculum for the non-clinical aspect of the course.

Methodology: A scoping review was conducted using advanced practice nursing and roles as keywords. Databases used for the literature search were: CINAHL, Medline, ProQuest and ScienceDirect. Inclusion criteria were peer reviewed, English journal articles during 2012 to 2017. Twenty three articles were selected.

Results/findings: Four themes emerged namely: Role ambiguity and the impact of this on the practice of APNs, application of theory to practice including the difficulties APNs have in doing this, the role as change agent which results from minimal time spent on research and the implementation of evidence based practice and the importance of support of management without which, despite appropriate preparation makes implementation of the APN role impossible.

Conclusions: By identifying the roles, competencies and challenges experienced by other countries, SA universities can learn from their experiences and shape a curriculum that will provide for a responsive and relevant APN.

Recommendations: As no articles reviewed were written by South African researchers, further research is needed to guide implementation in South Africa.

YOUNG PEOPLE’S VIEWS ON SEXUAL AND REPRODUCTIVE HEALTH SERVICES: LESSONS FROM A DEVELOPED NATION

Collen LY

Introduction: Young people in Scotland still face unprecedented sexual and reproductive health (SRH) challenges which include; high levels of teenage pregnancies and abortions. They continue being exposed to HIV and sexually transmitted diseases and they still have limited access to SRH services. Although the government provides free SRH services in schools and community based facilities. Therefore, it was important to find out their understanding on SRH and what could motivate them to access and utilise these services. This abstract highlights the proposed strategies for improving the delivery of SRH services.

Methodology: An exploratory qualitative research method was used to seek young people’s views on what could motivate them to access and utilise SRH services. Ethical approval was obtained from the University's research and ethics committee. Six participants aged 18 – 24 were recruited for the study using a non-probability convenience sampling method. Face to face interviews were conducted after consent was sought, using an audio recorder and a non-validated semi-structured interview. Thematic analysis was undertaken to order to identify key meaning and interpretations.

Results: A number of recommendations emerged, such as strengthening the already existing strategies for instance school sexual health promotion programmes and the sexual health website. Other suggestions included starting the school sexual health promotion programmes should much earlier than high school. Service providers should sensitise the public that SRH clinics are not about sexually transmitted diseases and condoms, but there are other options of contraceptives and services such as human papilloma virus vaccine and implants as well as for their sexual wellbeing. They were also asked to be friendly and non-judgemental.

Conclusion: The results have demonstrated that with good approach and periodic awareness campaigns young people could access and utilise SRH services.
A POSITIVE CLINICAL LEARNING ENVIRONMENT: A FACILITATOR OF PROFESSIONAL SOCIALISATION

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Introduction: The clinical learning environment (CLE), which is irreplaceable in learning the skills, attitudes and knowledge of nursing, is unpredictable, complex and multidimensional. Novice nurses need to be well prepared to address these challenges. However, students are occasionally socialised in an environment where they witness verbal abuse, rudeness and neglect (Haskins, Phakathi, Grant, & Horwood, 2016) of patients. A positive CLE is an important component in their professional socialisation.

Purpose: This two-phased sequential explorative mixed-methods study's purpose was to explore and describe professional nurses' perceptions regarding their role in the professional socialisation of students, and students’ experiences of professional socialisation as members of the profession. These data assisted in determining nurse educators’ teaching and facilitation strategies in this regard. All evidence was used to develop and validate guidelines to support professional nurses and educators in the process.

Methodology: Qualitative data were collected from two purposively selected samples (professional nurses and student nurses), involved in seven focus group interviews, and field notes. Five themes emerging from the integrated data guided the instrument design to collect data quantitatively from 277 educators. All data and literature were utilised in the development and validation by field experts of these guidelines. The relevant guideline for this presentation addresses the creation of a positive CLE.

Findings and conclusions: The CLE is characterised by unpredictability, a high workload, limited resources, fragmentally assigned learning opportunities, interpersonal challenges, ineffective communication and lack of worthy role models. Professional socialisation of students occurs in an unsupportive CLE.

Recommendations: A positive CLE includes preparation of students for the CLE’s challenges, well-structured communication with stakeholders, assignment of meaningful learning opportunities, preceptor and professional nurses’ supervision and support, team participation, student responsibility and accountability. A positive CLE will enhance appropriate professional socialisation of students, which could ultimately support quality nursing care.

COMMUNICATION SKILLS INTERVENTION PROGRAMME TO ENHANCE NURSE-PATIENT COMMUNICATION IN INTENSIVE CARE UNITS

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Background: Communication with mechanically ventilated patients in the intensive care unit has been found to be difficult and in some instances non-existent.

Objectives: The paper emerged as a result of the findings by the researchers from a previous study which showed that very little communication takes place between nurses in the ICU and ventilated patients. The aim of this study was to develop an intervention programme in form of training seminars to enhance nurse-patient communication.

Methods: A purposive sample was drawn and case study design was employed, twenty intensive care nurses participated in the study. Data was collected through multiple sources, such as from transcripts of eight sessions of the workshops, nurses’ interviews and field notes from observations of nurses as they were practicing what they learned during the workshops. Data was analysed according to case record methods and Tesch's content analysis approach was used for the nurses’ interviews.

Results: The intervention was well-received by the nurses. This was evident during their practice with patients and from their interview after the workshops. The program had an influence on nurse-patient communication in the two units.

Conclusion: It is evident from the findings that the application of augmentation and alternative communication devices and methods can enhance nurse-patient communication in the in intensive care units.

Implications for nursing and health policy: Policy development and training of intensive care nurses on effective communication skills with ventilated patient is essential. Continuing education on nurse-patient communication is a necessity for enhancing good communication and as well as improved quality of care to patients.
PERCEPTION OF STRESS AND WAYS OF COPING AMONG NURSING STUDENTS IN SWAZILAND

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Introduction and background: Nursing students are confronted by stressors during classes and clinical practice. A study by Screevani (2007), revealed that one third of nursing students experience stress severe enough to induce mental health problems such as anxiety and depression.

Purpose: The aim of this study was to explore the perceptions of stress among nursing students and to examine ways they cope with it.

Methodology: This descriptive quantitative study was conducted with 191 nursing students in Southern Africa Nazarene University in Swaziland using survey questionnaires in February 2012 by Adam Dlamini. The students were selected through convenience sampling. They were all nursing students from level 1 through level 4. The SAS software and paired t-test technique were used to test the level of significance between demographic factors, ways of coping and perception of stress.

Results: Female students perceived more stress and sought more social support than male students. Seeking social support was statistically significant between level one and level three nursing students. Level one students sought more social support than level three students. Escape avoidance and positive reappraisal were statistically significant (p <0.001 and 0.001 respectively) predictors of stress. This finding corroborates results of a study by Judkins & Rind, 2005.

Conclusion: Stress is perceived in varying degrees among nursing students according to factors such as gender and level of study. Guidance and counseling should be structured and strengthened in the nursing schools in Swaziland. Nurse educators, clinical supervisors and everyone concerned should help nursing students to better cope with stressors.

DISCLOSURE OF HIV STATUS: WHO, WHEN AND WHAT?

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Introduction and background: HIV status disclosure may be perceived as simply the process of revealing a person’s HIV status, whether positive or negative. Despite the emerging evidence of the benefits of disclosure, who, when and what to disclose to the infected child remains a challenge.

Purpose: To describe the pattern of HIV status disclosure to infected children by their parents and caregivers.

Methodology: An exploratory and interpretive design was followed. The study was conducted in one referral hospital offering comprehensive HIV/AIDS care in the Lubombo region, Swaziland. Semi-structured individual interviews were conducted with parents and caregivers of children who are on ART. Content analysis was done.

Results/findings: The study revealed that parents and caregivers were faced with the intricate decision of HIV status disclosure to their infected children. The proposed person to disclose the HIV status to the infected child was the parent or caregiver involved. There was no appropriate age to disclose HIV status to an infected child; and the type and amount of information to disclose varied with the individuals depending on what prompted disclosure.

Conclusions: HIV disclosure in children can be used to improve health outcomes. However, it demands parents and caregivers’ participation, their knowledge of child development and insight into the emotional, cognitive and social well-being of the child following the child’s own knowledge of HIV status. The reality was the difficulty of disclosure when one does not understand when and what to disclose. Disclosure was dependent on various circumstances; and therefore parents and caregivers lacked consensus on the appropriate pattern of disclosure of HIV status to their infected children.

Recommendations: Country-specific or culturally-appropriate HIV disclosure guidelines, which can be adapted for use to ensure that a standard pattern is followed on disclosure of HIV status to infected children in general.
BEST PRACTICES OF CARING THROUGH THE EYES OF THE STUDENT NURSES

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The purpose of this presentation is to create a greater understanding of student nurses experiences of caring and is crucial to enable nurse educators and higher education institutions in caring moments and meaning of caring for the student nurse.

Caring is an integral part of nursing and demonstrated throughout practice and learning of nursing. The ability of the nurse educator to convey trust, confidence and caring through individualised attention to student nurses is core to a teaching and learning partnership. Nurse educators are committed to teaching student nurses about nursing and caring through the partnership and forming a teaching relationship. These result in a caring educational environment where learning, sharing and teaching related to knowledge, skills, science and art of nursing occurs.

In undertaking a four-year nursing programme at a university, students receive teaching in nursing that includes support and caring at various stages/phases of their training. Most individuals choose nursing as a profession because of their desire to care for other individuals (Maben, 2008) and are not aware of all the dynamics in nursing (Adamson & Dewar, 2015).

The acquiring of and learning to care is foundational to the caring relationship between the nursing students and the members of the Department of Nursing (Wade & Kasper, 2004). The value of caring experiences by students can positively enhance clinical judgement, increased skills and knowledge, empathy and a love for nursing (Wade & Kasper, 2004).

The research design is qualitative, exploratory, descriptive and contextual with an appreciative inquiry method. The research method strengths are to focus on affirmation, appreciation and positive dialogue of the caring experiences of the student nurses. Purposive sampling was used in the study. Data was collected via social media until data saturation was reached. The data was analysed using thematic analysis fitting with caring moments between student nurse and nurse educator, establishing transpersonal relationships and living the caritas processes (Watson, 2012). The findings of the study is applicable to enhance the student nurse and educator relationship to be a transformative process with positive results for all.

IMPLEMENTATION OF A COMPETENCY-BASED PHC ORIENTED CURRICULUM

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Background: Globally the World Health Organisation WHO (2014) is calling for the transformation of health professionals’ education, including nursing for universal health coverage Competency-based education programmes which are underpinned by a Primary Health Care approach are regarded as a tool towards this goal. WHO (2015) in the African Region has published prototype competency-based nursing education curricula to be adapted or adopted by those countries with a need. PHC principles are interlaced across these education programmes as part of preparing PHC oriented nurses. The Health Professionals Council in South Africa developed core competencies for health sciences’ undergraduate programmes and these were used as basis in the process of developing a competency framework to be adopted in the College of Sciences. The Nursing Discipline will be offering for the first time their new competency-based primary health care oriented programme. Implementation of a competency-based PHC oriented curriculum is different from the process of developing traditional nursing education programmes that are based on a medical model.

Study aim: This study aims to analyze the implementation of a competency-based; PHC oriented undergraduate nursing and midwifery education curriculum with the intention to inform programme review.

Methodology: This study was grounded on both the constructivist and the pragmatic paradigms. A mixed method approach concurrent triangulation strategy was adopted in this study. These preliminary results are from the data that was collected from nurse educator's focus group

Results: The results highlight the need for recurriculating with PHC philosophy, national priorities and service delivery needs driving the process. Specific PHC oriented competencies have to be threaded through out the curriculum and experiential learning sites to include traditional and none traditional clinical learning settings.

Expected outcome: This will depend on the nature of intervention in this study. A guiding framework detailing a process of implementing a competency-based PHC programme is one of the envisaged products.
CAN NURSES' INTRAPERSONAL CHARACTERISTICS INFLUENCE WORK PERFORMANCE AND CARING BEHAVIOURS?

Geyer N, Coetzee S, Ellis S

Introduction: Conflicting reports on the quality of nursing care highlighted the need to understand the influence of nurses' intrapersonal characteristics on the work performance and caring behaviours. The public media reports poor nursing care while patients indicate that they received good care from the same hospitals reportedly providing poor care. Globally there is evidence that intrapersonal characteristics do influence work performance but not locally.

Purpose: The aim of the research was to make predictions about the influence of selected intrapersonal characteristics of individual nurses on their work performance and caring behaviours in order to improve the understanding of practitioners' own influence on their delivery of care. The selected intrapersonal characteristics included professional values, personality, emotional intelligence, empathy, and job involvement.

Method: A quantitative, cross-sectional survey, predictive correlation model-testing design was used. Descriptive analysis, multiple regression and structural equation modeling were performed to determine whether selected intrapersonal characteristics influence the work performance and caring behaviour of nurses.

Results: Results indicated that there were statistically significant relationships between nurses' intrapersonal characteristics and their work performance and caring behaviours but that some of those relationships were weak which makes it not significant in practice. A strong positive relationship was found between professional values and work performance and caring behaviours.

Conclusion: Nurses' intrapersonal characteristics, in particular their professional values, do influence their work performance.

Recommendations: If nurses have high professional values, professional values as predictor for work performance is two to three times that of any other predictor that can be added to the equation at the 10% level of significance.

FACTORS THAT INFLUENCE THE OCCURRENCE OF MEDICATION ERRORS IN SELECTED HEALTH CARE FACILITIES IN BOTSWANA

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Introduction: Organization and individual factors such as heavy workload, disruptions during medication management, inadequate knowledge and poor intra/inter-professional communication have been associated with medication errors mainly among nurses in developed countries. Identifying factors influencing medication errors in resource-limited settings is vital for development of comprehensive interventions to prevent/reduce medication errors.

Purpose: The purpose of the paper is to share findings of factors that influence occurrence of medication errors in selected health facilities in Botswana.

Methodology: A descriptive cross-sectional, mixed-methods study at 18 purposively selected sites utilizing semi-structured questionnaires with various health professionals selected using stratified random sampling was conducted. Descriptive statistics are reported.

Results: 130 participants (78 nurses, 23 doctors, 20 pharmaceutical officers, 9 anesthesiologists anesthetic nurses) were interviewed. Factors reported to influence medication errors were: heavy workload (76.2%), poor inter-professional communication (60%), similar packaging/labelling (56.9%), distractions/interruptions during medication management (52.3%); procedure/protocol not followed (52.4%) and illegible handwriting (56.2%). Fewer participants (24%-47%) reported language barrier, inadequate pharmacological knowledge, inaccurate transcription, poor calculation skills, wrong medication label and lack of equipment to influence medication errors. Most doctors (65%-91%) compared to 37%-45% nurses reported most factors to contribute to medication errors.

Conclusion: Several factors similar to those identified in other studies were reported to influence occurrence of medication errors. Health professionals differed by extent to which factors influenced occurrence of medication errors.

Recommendations: Strategies targeting organizational and individual factors should be developed to prevent/reduce medication errors. Further studies to investigate reasons for differences between health professionals’ experiences are required.
THE NATURE AND EXTENT OF MEDICATION ERRORS IN SELECTED HEALTH CARE FACILITIES IN BOTSWANA

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Introduction: Medication errors are reported to be an issue of concern in health care delivery systems worldwide. No known study has examined the nature and extent of medication errors in Botswana.

Purpose: The purpose of this report is to share findings on the nature and extent of medication errors in selected health facilities in Botswana.

Methodology: The study employed a descriptive cross-sectional mixed-methods design. Informants were four cadres of health care providers. The study sites were purposely selected, while participants were selected through stratified random sampling. Data analysis was through the use of descriptive statistics.

Results: A total of 130 health care providers comprising of nurses (60%), doctors (17.7%), pharmacy staff (15.4%) and anaesthesiology staff (6.9%) responded to the questionnaire. Participants reported awareness of medication errors and making errors during all stages of medication management. Percentages of participants reporting awareness of incidents of medication errors were 33.9, 45.7, 26.9 and 30.1 for administration, prescription, transcription and dispensing, respectively. Percentages of participants reporting own medication errors were 7.5, 12.6, 3.5 and 4.8 for administration, prescription, transcription and dispensing, respectively.

Conclusion: The results suggest that medication errors do occur in Botswana. The errors occur at all levels of medication management, but seem to be more common during prescription. These results are comparable with those of prior studies.

Recommendations: Reporting and tracking of medication errors need to be strengthened so that causes can be identified and measures be instituted to reduce errors.

NURSING OPINIONS ON MECHANICAL VENTILATION PROTOCOLS IN PICU

Khoza SLT, Njolomole AN, Sinyiza L

Introduction: Mechanical ventilation is one of the major interventions in paediatric critical care which provides lifesaving support for children with respiratory failure. Improved ventilation and adequate oxygenation with minimal lung damage and compromise to the circulatory system are the main goals of mechanical ventilation in patients. As a treatment modality it has adverse effects (chronic lung disease) when not implemented effectively (Adam & Eichenwald, 2013). One of the factors influencing effectiveness is consistency in practice. Clinical protocols based on best available evidence have been proven to reduce variability in mechanical ventilation, provide a framework to guide patient care and minimise risk to patient (Ahmed, Soliman & Awad 2012). Observation and anecdotal evidence also revealed that the available protocols used in practice are developed by medical doctors according to their scope of practice, presenting a challenge for professional nurses responsible for continuing care of critically ill children.

Purpose: The purpose of the studies was to explore and describe the opinions of nurses concerning mechanical ventilation protocols.

Methodology: The study design adopted was qualitative. A purposive sample of 23 professional nurses working in the intensive care units participated in 3 focus group (n=15) and 8 individual (n=8) interviews where data saturation was realised. Data were analysed following the Braun and Clarke (2008) process of thematic content analysis.

Conclusion: The same 2 themes emerged from these studies: Current practice – inconsistent mechanical ventilation practice and recognition of a need for mechanical ventilation protocol developed by a multidisciplinary team. The current mechanical ventilation protocols do not guide nursing care. Protocol development should be collaboration between nurses, doctors and relevant allied health practitioners in PICU.

Recommendations: Recommendations for practice, education and research were: the collaborative development of mechanical ventilation protocols to standardise care; education of more critical care nurses, in service education on ventilation and pathophysiology and a protocol implementation study.
“I AM NOT MOP AND TROLLEY, I HAVE A NAME”: THE WORKING RELATIONSHIPS IN THE OPERATING THEATRE AT A SELECTED TERTIARY HOSPITAL

Khumisi ET, Aphere MS, Mogale SR

**Introduction and background:** Hospitals strive to build positive work relationships amongst employees who function in teams which exhibit several characteristics. Amongst these are; trust, mutual respect, collaboration, open and effective communication, commitment, team spirit, cohesion. Within these teams there are employees who are categorised as professionals in various disciplines and non-professionals. In this study there were multi-disciplinary health teams which included nurses and general assistants who must work together for better outcomes.

**Purpose:** To explore and describe factors that promote positive working relationships between nurses and general assistants in the operating theatre.

**Methodology:** This was a qualitative, explorative, descriptive and contextual study which was conducted in a tertiary hospital with 832 beds offering highly specialized services. The hospital has an operating theatre (OT) complex with 21 operating theatre rooms with a total of 520 nurses and 280 general assistants. A purposive sampling method was used to select 26 participants (14 nurses and 12 general assistants). Data collection was through focus group discussions and data analysis through the ten steps by Morse and Field. The ethical principles were adhered to and the criteria for trustworthiness was applied to ensure the integrity of the data.

**Findings:** The findings indicated that respect and trust as the core of working relationships is one of the factors that are essential for maintaining positive work relationship. This was found to be lacking in the OT complex.

**Conclusion:** The study identified five factors (respect and trust, communication, division of labour, teamwork, and responsibility and roles) that promote positive working relationships between nurses and general assistants.

**Recommendations:** It is hoped that the identified factors will be considered by the operational managers and the area in the operating theatres where these two categories work together, and nurse managers of hospitals.

USE OF AUTHORITY BY HEALTH SERVICE MANAGERS IN A PUBLIC HOSPITAL

Maake T, Nkosi ZZ

**Introduction and background:** Since the dawn of democracy in South Africa in 1994, there has been a dramatic restructuring of the health care system, which has affected organisational culture through the decentralisation of authority in the operation of these organisations. Authority is the right to command, the source of legitimate power that accompanies all management positions. For a leader to be able to influence his or her followers in an organisation, he or she must possess some form of authority, which entails the right to manipulate or change the behaviour of others.

**Purpose:** To report on a study exploring the registered nurse’s perception of authority in the workplace.

**Method:** A qualitative descriptive design was used. Data were collected by means of audiotaped individual interviews and field notes. Data were collected from June to August 2015. The sample included ten registered nurses, aged 25–45 years, each with more than two years’ experience. The data were analysed using content analysis.

**Results:** Four themes and fourteen subthemes emerged from the data. The findings revealed that the registered nurses were unhappy with the way authority was being used, including their non-involvement in decision-making; the lack of two-way communication between nurses and managers; and the poor relationship between nurses and health service managers, which hindered the registered nurses’ opportunities for growth and advancement.

**Conclusion:** Autonomy is a major determinant of a nurse’s job satisfaction, so failure to apply it may lead to high staff turnover and absenteeism.

**Recommendations:** Nurse managers should be empowered on the use of authority in the organisation.
FACTORS AFFECTING THE ADHERENCE TO FOCUSED ANTENATAL CARE VISITS BY PARA ONE GRAVIDA TWO AND PARA TWO GRAVIDA THREE CLIENTS AGED 20 TO 35 AT A MISSION HOSPITAL IN MASVINGO

Mahanya S

Introduction: Antenatal care (ANC) is a key strategy to improve maternal and infant health (Pell et al. 2013). Focused antenatal care is a World Health Organisation approach to management of at low risk antenatal clients, adopted after several proved it to be effective in reducing pregnancy related complications. At hospital practicing focused antenatal care it was noted that clients did not adhere to advised visits.

 Purpose: The purpose of the study was to examine the factors affecting adherence to stipulated focused antenatal care visits by the antenatal clients.

Methodology: A descriptive research design was used utilizing a structured questionnaire to collect data via face to face interviews (n=80). Data were analysed using SPSS version 20

Results: The findings of this study indicated that adherence to focused antenatal care is influenced by the knowledge that the clients have on the importance of focused antenatal visits. Fifty-one (51.2%) did not adhere to focused antenatal visits and sited lack of understanding as their major reason. Other factors were socioeconomic problems, and too little time spent with midwives; also supported by Ganga-Lamido & Gule 2005) Previous experiences and family support however, positively influenced adherence.

Conclusion: Pregnant related complications are a major cause of maternal and child morbidity and mortality. Provision of effective antenatal care is a pillar of maternal and this can be enabled through consistent focused antenatal care with the clients’ understanding. This would go a long way in reducing maternal mortality and morbidity.

Recommendations: Focused antenatal care protocol should be strengthened and adherence to recommended visits emphasized to ensure good results and that the clients appreciate its effectiveness. Health education should include explaining the focused ANC protocol and emphasis on signs of pregnancy related complications.

STUDENTS’ KNOWLEDGE, ATTITUDES, PRACTICES AND PERSONAL EXPERIENCES REGARDING HIV AND AIDS: AN AFRICAN UNIVERSITIES COLLABORATION STUDY: BOTSWANA, NAMIBIA, DRC, MAURITIUS AND SWAZILAND

Maibvise C, Dlamini PS, Masango SA, Maziya H, Mamba T, Mabuza TP

Introduction and background: HIV and AIDS continue to be the leading disease burden in Swaziland. The University of Swaziland has several initiatives meant to educate and empower students to prevent the spread of HIV among themselves and in their communities.

Purpose: This study aimed at assessing newly enrolled students’ baseline knowledge, attitudes, practices and personal experiences with HIV and AIDS in order to inform, and creating baseline knowledge for evaluating the effectiveness of, the HIV and AIDS initiatives in the institution.

Method: A quantitative descriptive cohort study design was used. All first year students enrolled for the August 2013 intake in all faculties were considered. Data were collected using self-administered structured questionnaires. A total of 628 valid questionnaires were collected. Data were analysed using SPSS version 20.

Results: Only 36% of participants had comprehensive knowledge about HIV and AIDS, yet 84.9% have either a friend or relative with HIV. About 6.3% got frightened or scared, while 10.4% panicked upon realising the HIV positive status of the friend or relative. Up to 18.1% of participants had never been tested for HIV, and 22.8% were last tested more than a year ago. Yet 73.7% of those in sexual relationships confirmed that they have not been faithful to their partners. About 23.9% confirmed that stigma and discrimination are highly prevalent in the University. Up to 17.6% and 30.4% said they would not go to a disco or board the same tax, respectively, with an HIV positive person, and 41.7% would not openly declare their HIV status.

Conclusion: Majority of participants lack comprehensive knowledge about HIV, yet they are either infected or affected by HIV. Bad attitude towards HIV and risky sexual behaviours are highly prevalent among participants.

Recommendations: There is need to educate University students about HIV and AIDS.
EXPERIENCES OF THE FIRST STAGE OF LABOUR OF FIRST TIME MOTHERS WHO DELIVER IN ONE HOSPITAL IN THE HHOHHO REGION

Mamba N, Tagutanazvo OB

Introduction: Women have different and varying experiences of labour hence the tolerance to pain and coping strategies are different. While some women can easily tolerate labour pain others have a tough time coping. Inadequate support from the midwives could lead to a negative birth experience where women feel abandoned, immobilized, and not prioritized by the professionals while empowerment results in an increased ability to feel control, strength of the body, satisfaction and reassurance, and a better ability to manage the pain and the way they will perceive future labour and delivery.

Purpose: The purpose of the study was to explore and describe the experiences of first time mothers of the first stage of labour.

Methodology: A qualitative, exploratory descriptive study was conducted. Data was collected from a purposive and convenience sample of nine participants 24 hours post childbirth and admitted in the postpartum ward. The sample size was reached through data saturation. Data was collected through in-depth face to face interviews by asking one central question. Data were thematically analysed, using the eight steps of Tesch (1990).

Results: Four themes emerged from the study findings namely, “Ignorance of the true signs of labour, Anxiety related to fear; maintaining nutrition during labour and coping with labour pain”.

Conclusions: Participants were ignorant of the how the first stage of labour manifests itself hence adopted some behaviours which were detriment to the health of their infants and their own health as well.

Recommendations: More health education has to be done in first time mothers on labour during antenatal period and intrapartum period taking into consideration that labour is unique to each individual. Pregnant women should also be oriented to the labour ward environment during pregnancy.

BONDING AND ATTACHMENT BETWEEN PREMATURELY BORN INFANTS AND THEIR PARENTS

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Introduction and background: Bonding and attachment between infants and their parents are crucial for long term well-being of the infants and their families. Lack thereof might result in complications such as development delays, neglect, abandonment and abuse, as well as depression and withdrawal from social activities. Early separation between a prematurely born infant and his/her parents after birth might interfere with the process of bonding and attachment, which is common when a baby is admitted for neonatal intensive care. Strategies should therefore be put into place to facilitate opportunities for bonding and attachment.

Purpose: The purpose of the study is to explain bonding and attachment between prematurely born infants and their parents in the NICU.

Methodology: A systematic review is done on studies related to bonding and attachment between prematurely born infants and their parents in order to describe the normal process, interruption or interference of the process, potential consequences thereof and possible strategies to facilitate bonding and attachment.

Findings: Bonding and attachment are natural processes in most cases, but needs contact and communication between infants and their parents. It can be prohibited by separation and can be enhanced by early introducing of parents to their babies and involving them in caretaking activities and decision making.

Recommendations: Bonding and attachment is crucial for long term well-being, and should be a priority in neonatal intensive care amidst the challenges.
A NURSING THEORY FOR ANTICIPATORY GUIDANCE OF ADOLESCENTS TO RESIST PEER PRESSURE AND SEXUAL COERCION TO SEXUAL ACTIVITY

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Leech R

Introduction and background: Peer pressure and sexual coercion are drivers of adolescents’ early sexual activity. Adolescent’ sexual activity is often unplanned and unprotected; it has dire consequences ranging from unplanned pregnancy, sexually transmitted infections, unsafe abortions and childbirth complications. Limited knowledge and information on sexual reproductive health (SRH) lead to uninformed choices. Innovative ideas are required to support adolescents to overcome peer pressure to sexual activity exerted by their friends.

Purpose: The study explored how peer pressure and coercion to sexual activity manifested among adolescents and to develop anticipatory guidance of adolescents to resist peer pressure and coercion to sexual activity.

Methodology: Conducted a qualitative research design using constructivist grounded theory methodology. Data collection and analysis occurred concurrently. Initial sampling of ten adolescents aged from 14 to 19 was done at six clinics at Tshwane District, Gauteng province, SA. Nine nurses and health experts were intensively interviewed. Data was transcribed verbatim, coded and clustered to develop categories. Theoretical sampling of five nurses and constant comparative analysis was done to confirm properties from the emerging data.

Results/findings: Study revealed that parents have incapability. Adolescents have trust issues with nurses and their parents. Thus the following concepts emerged “substituting for parental shortcoming; addressing negative peer pressure vulnerability; addressing risk behavior vulnerability; optimizing nurse-adolescent interaction and enabling responsible decision making”. These concepts were used to develop a theory.

Conclusions: Providing SRH information and education might enable adolescents to make right choices to improve their future prospects. Nurses need cooperation from the community to help parents and adolescents to address peer pressure.

Recommendations: Nurses as resourceful persons can play substitute role when parents are incapable or unavailable to provide guidance and information to adolescent children. Nurses should guide vulnerable adolescents to resist peer pressure to sexual activity. The theory is meant to anticipatory guide adolescents to resist peer pressure to sexual activity.
THE UPTAKE OF HIV COUNSELLING AND TESTING BY FEMALE CLIENTS IN A SELECTED PHC SETTINGS IN TSHWANE

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**Background:** It is commendable that HIV prevalence rate is stabilising in South Africa, however the country still has the highest number of people living with HIV and AIDS (PLWHA) within sub-Saharan region. Almost 5.3million of the population are living with HIV in South Africa, of which 17% are females of reproductive age. Most females are provided HIV counseling and testing (HCT) during ante natal care therefore it becomes their role to disclose the results to their partners. Fear of stigma acts as a barrier to test, disclose the results and for enrolment in the PMTCT programme.

**Purpose:** The purpose of the study was to explore and describe the uptake of HCT by female clients in a selected PHC settings in Tshwane.

**Methods:** A descriptive phenomenological design was used. Participants were purposively sampled and 15 individual interviews including four focus-group interviews were conducted. Four themes emerged during data analysis using Tesch's method. Trustworthiness was ensured and ethical principles were upheld.

**Results:** Themes that emerged from data indicated that females have diverse responses during HCT provision hence some consent to be tested while some refused to test or disclose positive HIV status in order to avert stigma. The four themes are: females with perceived stigma, females who become clinic hoppers, females who consent during HCT provision and females who benefit from HCT uptake.

**Recommendations and conclusions:** It was recommended that reproductive health care providers should spend adequate time with clients during the provision of HCT in order to clarify benefits of HCT and encourage its uptake.

PERCEPTIONS OF NURSE EDUCATORS ON THE FACILITATION OF SELF-LEADERSHIP IN NURSING EDUCATION INSTITUTIONS

Matahela VE, Van Rensburg GH

**Introduction and background:** The South African healthcare system is currently undergoing reforms, and nurse educators play a pivotal role in the preparation of nurses for their roles in the implementation of these reforms. Nurse educators are directly involved in the production of competent and caring nurses that will to address patient and population health priorities and improve the country's health system performance. They also have the demanding competencies of facilitation of theoretical and clinical teaching, as well as the fundamental and inevitable leadership roles in the classrooms and in their communities. However, if student nurses are trained by nurse educators who do not demonstrate self-leadership and model good behaviour, values and attitudes, then the visions of health care reforms such as the universal health care (National Health Insurance) will not be realised. Whilst nurse educators are expected to be role models and leaders who promote the professional development of student nurses and peers, there are instances where they fail to display the expected self-leadership attributes.

**Purpose:** This study was conducted with the purpose to understand the self-leadership within nurse educators so that guidelines that could facilitate nurse educator self-leadership are developed.

**Method:** The researcher sought to address the research question: How can the self-leadership of nurse educators in nursing education institutions be facilitated? This paper seeks to explore and describe the perceptions of nurse educators with regard to their self-leadership and how this can be facilitated in a nursing education institution, by employing an exploratory, descriptive sequential mixed-method design. The paper reports on Phase 1 sub-phase 2, a qualitative phase of a doctoral study that has three phases, with phase 1 having two sub-phases. The population for this qualitative phase was nurse educators teaching at a selected private nursing school, a public nursing college and a university in the Gauteng Province in South Africa. Focus group interviews were held with participants using a semi-structured interview guide.

**Findings:** Data obtained from the semi-structured focus group interviews was analysed by the researcher according to Tesch’s protocol. The themes that emerged were (1) Perception of self-leadership in nurse educators, (2) Engagement in self-leadership activities, (3) Motivational factors in self-leadership, and (4) Facilitation of self-leadership in nurse educators.

**Conclusion:** The data obtained in this sub-phase will be integrated into the next two phases to eventually address the research questions of the study.
EXPERIENCES OF PARENTS LIVING WITH HIV ON DISCLOSING THEIR HIV POSITIVE STATUS TO THEIR CHILDREN IN ONE OF THE ART CLINICS IN THE HHOHHO REGION

Matsebula X, Tagutanazvo OB

Introduction: Swaziland is one of the countries with the highest HIV prevalence in the world with 27.7 percent adults and 19,000 children living with HIV and there is still stigma attached to people living with HIV. People who test positive for HIV are expected to disclose their status to significant others while parents are encouraged to disclose to their children. Non-disclosure of a positive status to children by parents may cause stress, depression and anxiety for the parent as well as to children once they suspect that their parents are on antiretroviral treatment.

Purpose: The purpose of the study was to explore and describe the experiences of parents living with HIV on disclosing their HIV positive status to their children.

Methodology: A qualitative, exploratory, and descriptive research design was used. Data were collected from parents living with HIV with children aged 7 years and above. Data were collected from seven participants through face to face interviews using an interview guide. Purposive and convenience sampling was done and the sample size was reached through data saturation. Data were analysed using Ritchie and Spencer's analytic approach of the 1980s and presented according to themes.

Results: Six themes emerged from the study. Study findings indicated that the parents had difficulty with disclosing their HIV positive status to their children though disclosing to their children contributed to an improved quality of life.

Conclusions: Disclosure of an HIV positive status by parents to their children leads to improved health status as the children assist and provide support to their parents to live positively.

Recommendations: Parents should be empowered with knowledge and skills on disclosure of an HIV positive status to their children so that they can disclose their HIV stats as soon as they are aware of their HIV status.

FACTORS THAT CONTRIBUTE TO THE HIGH PREVALENCE OF TUBERCULOSIS AMONG ADULTS IN ONE OF THE PERI-URBAN AREAS IN MBABANE

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Introduction and background: Tuberculosis (TB) is a serious worldwide public health problem of great magnitude requiring urgent attention. The increase in prevalence of Tuberculosis in African countries including Swaziland is associated with environmental and socio-economic factors. It is third in ten leading cause of death in Swaziland and. The African Region aim at reducing the number of Tuberculosis deaths by 35%, the number of TB patients by 20% and attain 0% TB-affected families facing catastrophic costs due to TB by 2020( World Health Organization, 2016).

Purpose: The purpose of the study was to explore and describe factors contributing to the high prevalence of tuberculosis among adults and to develop preventive and control strategies that will reduce the prevalence in one of the peri urban areas in Mbabane.

Methodology: A quantitative, exploratory and descriptive design was used. A tuberculosis register from the referral hospital and the Rural Health Motivator was used to identify 30 TB cases that were treated previously and those who were currently on treatment and they formed the sample size. The data was collected and was analyzed quantitatively using descriptive statistics. Ethical clearance was sought from the research ethics committee of UNISWA and the National Health Review and Research Board of Swaziland as well as management of Mbabane municipality and participants.

Expected outcome: The finding of the study revealed that socio-economic and environmental factors contributed to the prevalence of Tuberculosis. The socioeconomic include 43.3% of unemployment, 56.5% low income ($35.7 per month). About 80% and 70% accounted for low nutritional status and HIV/AIDS respectively. Overcrowding where 53.3% people were sharing a room between 5-6. Poor sources of energy for cooking (wood), being an immigrant, and inadequate screening for mine workers contributed to prevalence of Tuberculosis.
QUALITY OF CARE OF SEXUAL REPRODUCTIVE HEALTH SERVICES IN ANTIRETROVIRAL THERAPY CLINICS ATTENDED BY PERINATALLY HIV-INFECTED ADOLESCENTS

Mbalinda SN, Kiwanuka N, Eriksson LE, Kaye DK

Introduction: Perinatally HIV-infected adolescents have the right to healthy sexual and reproductive lives like their HIV uninfected counterparts. The study assessed the quality of care in sexual and reproductive health (SRH) among perinatally-infected HIV adolescents attending antiretroviral therapy (ART) clinics in Uganda.

Methods: The study was guided by Judith Bruce and Anrudh Jain framework for conceptualizing quality as “client-oriented” care. Qualitative and quantitative methods were used to assess quality of care. We conducted facility assessment, evaluation of provider’s perspectives regarding the quality of SRH care, and evaluation of experiences of perinatally-infected HIV adolescents about the quality of SRH care provided in the ART clinics. We conducted 24 in-depth interviews with adolescents and 12 interviews with service providers. Furthermore, a survey of 624 adolescents aged 10-19 years was conducted, where information on socio-demographic profiles and access and utilization of RH services were collected. Survey data was analyzed descriptively to provide frequencies and percentages while qualitative data was analyzed by content analysis.

Results: Most adolescents (84.5%) were dissatisfied with SRH services provided by the clinics. None of the ART clinics offered comprehensive SRH services, which limits choices of clients. All units offered SRH information and education except post abortion care and mental health. Only three units had trained their staff in SRH and adolescent friendly services which impacts on technical competence of the service providers in provision of SRH services. The structure of the clinics was based on adult and pediatric care implying there were no adolescent-specific services.

PERCEPTIONS OF NURSE EDUCATORS REGARDING THE INFORMATION REQUIRED BY UNDERGRADUATE NURSING STUDENTS FOR CLINICAL DECISION MAKING AT THE POINT OF CARE

Mganto N, Ricks EJ, Williams M

Introduction: Some nursing students appear to lack the necessary knowledge and confidence in the clinical practice areas whilst accompanying students. Therefore the aforementioned gaps needed to be addressed to ensure that students developed more confidence in their clinical decision making skills. The researcher was of the opinion that the nurse educators would be the ideal persons to identify the information required by undergraduate nursing students at the point of care for clinical decision-making, because they are the primary teachers of nursing students and are the experts with regard to the content needed for clinical decision making at the point of care in the clinical areas. The aim of the study was therefore to explore and describe the perceptions of nurse educators regarding the information required by the undergraduate nursing students for clinical decision making at the point of care.

Methodology: A qualitative, explorative, descriptive and contextual research design was used to conduct this research. The study was conducted among the nurse educators who are employed by Nelson Mandela Metropolitan University, lecturing and accompanying students for at least 12 months. In-depth interviewing was conducted to obtain the data. The data analysis was done using Tesch’s method to make sense out of the text and data. Strategies to ensure trustworthiness and a high ethical standard were implemented throughout the study.

Conclusion: Three themes with eight sub-themes emerged, namely, the importance of students having sound basic knowledge of theory and practical skills before entering the practical field, students to have available, accessible and up to date information at the point of care and importance of mentorship when students are seeking information. Recommendations were made pertaining to areas of nursing practice, education and research.
THE INTRA-PARTUM LEARNING ENVIRONMENT: CHALLENGES FACED BY STUDENT NURSES

Mkhabela AN, Moloko-Phiri SS

Introduction: Clinical learning plays an important role in nursing education for this reason it provides opportunities for learner nurses to integrate theory with practice. Although SANC asserts that the accompaniment of learners in all clinical teaching by registered professional nurses, midwives and nurse educators is indispensable, the clinical learning environment in midwifery has challenges. The intrapartum clinical learning environment (CLE) often involves unfamiliar delicate procedures which require intensive supervision by skilled midwives, critical thinking and clinical problem-solving abilities. However sometimes learners experience challenges in realising their learning outcomes in the Clinical learning environment. This study is aimed at exploring the challenges encountered by nurses within the intra-partum clinical learning environment in a selected hospital in Mpumalanga province.

Purpose: This study is aimed at exploring the challenges encountered by nurses within the intra-partum clinical learning environment in a selected hospital in Mpumalanga province.

Methods: The study used qualitative, explorative, descriptive and contextual designs. All learners who were enrolled for the four-year diploma programme for registration as a nurse (General, Psychiatric and Community) and Midwife at the local Nursing College in Mpumalanga were included in the study. Twenty participants, constituting of eight third-year and twelve fourth-year learners, with four males and sixteen females, who have worked for more than three months in the intra-partum clinical learning environment were purposefully selected. Four focus groups which consisted of five participants in each group were conducted. Data analysis was done using Tesch method of analysis.

Results: Lack of supervision of intra-partum clinical learning environment and poor Interpersonal relationships emerged as themes.

Recommendations: The study recommends that more clinical preceptors be appointed, frequent accompaniment of learner nurses by nurse educators be done in order to support learners and enhance the integration of theory to practice.

Conclusion: Clinical teaching, which is an essential component in nursing education, necessitates that attention be paid to creating supportive clinical learning environments, strengthening supervision and mentoring of learners.

MATERNITY HEALTH CARE: THE EXPERIENCES OF SUB-SAHARAN AFRICAN WOMEN IN SUB-SAHARAN AFRICA AND AUSTRALIA

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Introduction and background: Increasing global migration is resulting in a culturally diverse population in the receiving countries. In Australia, it is estimated that about four thousand women from Sub-Saharan Africa give birth each year (Australian Bureau of Statistics 2009-2010). Despite greater availability of maternity health services in western countries, including Australia and the United Kingdom, research shows that African women experience problems accessing these services (Straus, McEwen & Hussein 2009). To respond appropriately to the needs of these women, it is important to understand their experiences of maternity care.

Purpose: The study aimed to examine the maternity experiences of Sub-Saharan African women who had given birth in both Sub-Saharan Africa and in Australia.

Methodology: Using a qualitative approach, 14 semi-structured interviews with Sub-Saharan African women living in Australia were conducted. Data were analysed using thematic analysis.

Findings: Four themes were identified; access to services including health education; birth environment and support; pain management; and perceptions of care. The issue of access came up in all the themes. The participants experienced issues with access to maternity care whether they were in Sub-Saharan Africa or Australia.

Conclusion: The study provided an understanding of Sub-Saharan African women's experiences of maternity care across countries. The findings indicated that these women have maternity health needs shaped by their sociocultural norms and beliefs related to pregnancy and childbirth. It is therefore, arguable that enhancing maternity care can be achieved by improving women's health literacy through health education, having an affordable health care system, providing respectful and quality midwifery care, using effective communication, and showing cultural sensitivity including family support for labouring women.
THE KNOWLEDGE OF CRITICAL CARE NURSES OF EVIDENCE-BASED PRACTICE IN THEIR PRACTICE

Moleki MM, Muller D

Introduction: Intuition, clinical experience and pathophysiologic rationale are valuable in intensive care units (ICU). However, patient care should be based on current and broadly based scientific knowledge. Studies conducted shows that critical care nurses are not fully cognizant of research findings that informs their clinical practice and lacks the knowledge to locate and evaluate the care rendered against the available evidence.

Purpose: The purpose of this study was to describe the knowledge that critical care nurses have and the extent to which they use Evidence-based Practice in their nursing care.

Methodology: A quantitative, descriptive non experimental research was conducted in 3 ICU of one international hospital. The population consisted of all registered nurses working in ICUs at the time of data collection. Data was collected through a structured questionnaire. A non-probability census sampling was used in view of the numbers of the population in ICU. A total of (n=40) respondents participated in the study.

Findings: The findings highlighted that although R/N's working in ICU are familiar with the term EBP, they are not considered ready to adopt EBP in their practice. It also revealed that they lack detailed information about its concepts and the skills to incorporate it into their practice.

Conclusion: The study recommended that ICU nurses have to develop research expertise from within their own ranks. Nursing management needs to play a proactive role in identifying cost-effective strategies in overcoming barriers that impede finding, promoting and integrating EBP.

THE USE OF E-DELPHI TO FORMULATE GUIDELINES ON WOMEN'S HEALTH CONCERNS AT A SELECTED COALMINE IN MPUMALANGA, SOUTH AFRICA

Msibi P, Mogale R, De Waal M, Ngcobo N

Introduction and background: Guidelines in health and nursing are defined as the statements that are orderly developed to assist practitioners to reach conclusions on suitable healthcare specific clinical situations. Techniques such as traditional Delphi, nominal group discussions and recently, e-Delphi are used to formulate the guidelines on issues related to nursing and health practices.

Purpose: To formulate guidelines to address women's health concerns of mineworkers at a selected coalmine in Mpumalanga, South Africa.

Methodology: The guidelines were formulated using e-Delphi platform through the University Blackboard. Twelve experts were purposively selected for the process. The experts were from the mining industry, women's health in the National Department of Health and academia. Brainstorming and exploration of the scope and purpose of the guidelines were held through online discussions forums and were enhanced by podcasting. The discussions and podcasting were followed by the drafting of guidelines. The drafted guidelines were scored on a 7-point Likert scale ranging from 1= Strongly disagree, to 7= Strongly agree; using AGREE tool II for consensus through the two e-rounds.

Results/findings: Three main themes emerged from the entire transformative process of using e-Delphi platform for guidelines’ formulation as: the generation of robust evidence, continuous reflexive evaluation and co-ordinated trans-disciplinary research efforts.

Conclusions: The Blackboard offered a virtual meeting place for experts and researcher to meet and formulate guidelines on women's health concerns at a selected coalmine. Through online platform and podcasting the researcher and experts brainstorm issues related to the guidelines until consensus was reached. The entire process yielded three main themes.

Recommendations: Online platforms can be used to conduct e-research which is cost effective and safe time. In order to transform nursing practice and education, the nurse practitioners and nurse educators can tap on e-research tools to transform nursing.
THE STRUCTURAL DESIGN OF E-DELPHI ON UNIVERSITY’S LEARNING MANAGEMENT SYSTEM: A CASE OF UNIVERSITY OF PRETORIA

Msibi P, Ngcobo N, Mogale R, De Waal M

Introduction and background: The e-Delphi techniques are the consensus methods widely used for guideline development in health-related research studies. The traditional Delphi technique is a face-to-face structured communication to reach consensus; whilst in e-Delphi the face-to-face part of the process is removed.

Purpose: The current study used e-Delphi technique to develop the guidelines for women health concerns in a selected coalmine in Mpumalanga South Africa.

Methodology: e-Delphi to reach consensus on formulated guidelines was designed through the use of University’s Learning Management System (LMS) with the assistance of Instructional designer and the System Administrator as part of Doctoral project. For those experts who were not affiliated to the University their email addresses and identity numbers were requested in order to provide them with access to the system. They were assigned the status of guest lecturers or extra-ordinary experts in accordance policy. Hands-on support was provided to the experts through e-mail messages and telephonic support throughout the project period. The platform had features such as: the Discussion Forum, Area to upload files, Contacts page, Communication tool (announcement and email) and Youtube link for podcasts. These features were used for the deliberation of formulation and refinement of guidelines on women health concerns in a selected coalmine.

Results/findings: The e-Delphi platform provided an online space where experts in mining, health and academia could deliberate on the process of guidelines’ development and reach consensus without face-to-face contact sessions. The LMS operated through an online platform was used to mobilise information technology tools for inclusive, responsive and sustainable research.

Conclusions: This poster describes e-Delphi platform that was design through the use of University’s LMS.

Recommendations: The use of different Learning management systems enhance e-research and consensus in different government and universities.

A FORMATIVE ASSESSMENT FRAMEWORK FOR INNOVATIVE CLINICAL TEACHING IN RESOURCE CONstrained COUNTRIES

Msosa AN, Bruce J, Crouch R

Introduction: A Formative Assessment Framework (FAF) is described as a clinical teaching, learning and assessment tool in simulation learning. It is characterized by regular supervised practice and individual feedback to improve clinical knowledge, skills, attitudes and competencies. The FAF was developed to improve clinical teaching, learning and assessment in simulation laboratories in Malawi. The process was preceded by a review of factors and issues affecting clinical teaching, learning and evaluation (OSCE) at Kamuzu College of Nursing. This abstract highlights the development process and the effect of Formative Assessment Framework on clinical teaching, learning and assessment.

Methodology: The process of development involved planning, actual development, validation and testing of the framework at Kamuzu College of Nursing skills laboratories. The major characteristics of the framework include demonstration, supervised practice, return-demonstration, deliberate practice and immediate feedback. The FAF was tested through a quasi-experiment among junior and senior students on 18 selected nursing, community and midwifery procedures.

Results: The results show that there were significant differences between the pre-test and post-test mean scores in the experimental group for the procedures of blood transfusion, catheterisation, health education, naso-gastric tube insertion, suctioning the airway and wound dressing with a p value of less than 0.05. Likewise, the results on physical examination of a pregnant woman, the triage process, implant insertion, implant removal, episiotomy repair, third stage management of labour, speculum examination and subsequent care of a new born baby.

Conclusion: The integration of a FAF into clinical teaching and learning in the skills laboratories has the capacity to improve students’ skill performance and competence. Improvements as a result of FAF can help students to be better prepared for the summative OSCE in the skills laboratories and ultimately, their clinical competence for better patient care.
KNOWLEDGE AND ATTITUDES OF ADOLESCENTS WHO ARE HUMAN IMMUNODEFICIENCY VIRUS (HIV) – INFECTED ON ANTIRETROVIRAL TREATMENT (ART) ADHERENCE IN THE HHOHHO REGION

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Introduction: The lack of age appropriate education and infrequent addressing of adherence has led to difficulty in understanding consequences of HIV and poor adherence among adolescents.

Purpose: The purpose of the study was to assess the knowledge HIV infected teenagers have towards adherence to ART, the importance of adequate knowledge and the consequences of defaulting doses. It further explored the attitudes of these teenagers towards lifelong taking of ART and ways in which negative attitudes can be influenced to favour adherence to medication.

Methodology: A quantitative approach with non-probability sampling was utilised. The participants (n=50) were interviewed individually using a questionnaire as a guide and SPSS version 20.0 was used to analyse the gathered information.

Results: The results showed that the highly knowledgeable adolescents about HIV had positive attitudes towards ART. Those who had negative attitudes towards ART had little or no knowledge about ART. Biographic data such as age, gender and educational level also played a role in knowledge of ART. With an increase in age, the participants became highly knowledgeable. Females were more knowledgeable than males, and with higher educational levels, most of the adolescents gained more knowledge and positive attitudes towards ART and the importance of adherence.

Conclusions: Being highly knowledgeable about ART leads to positive attitudes towards ART, minimises defaulting and favours adherence to therapy among adolescents.

Recommendations: It is recommended that health care professionals provide age-appropriate education to HIV positive young people about ART to keep them highly knowledgeable so as to prevent defaulting and promote adherence.

NURSE TUTORS CLASSROOM AND CLINICAL ASSESSMENT CHALLENGES ON STUDENTS

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Introduction: The abrupt change of student assessment methods in nursing colleges has caused increased challenges to nurse tutors in the implementation process of the assessment. There has been no study in Malawi that focus on determining the challenges that nurse tutors are encountering due to such student intake increase, for classroom and clinical assessment.

Methods: Mixed methods design was employed. Quantitatively, 129 students and 82 nurse tutors randomly selected were involved for the five ranked Likert Scale questionnaire, and 42 nurse tutors were involved in in-depth. Descriptive and inferential statistics were used quantitatively for predictive variable of nurse tutor work experience and student study experience to compare with different dependent variables of student assessment methods from the nursing assessment attributes.

Results: Both nurse tutors and students are have different challenges on various teaching assessment methods both in class and at the clinical area. There is a strong association between nurse tutor work experience and the use of the multiple choice questions during student teaching assessment in Malawi nursing colleges. OR≤2.837; 95%CI(0.372±21.607); p≥0.314.

Conclusion: Use of different assessment methods depend on the resources in the college and experience or skills of the nurse tutor.
SYSTEM STRUCTURES IN PLACE FOR PREVENTION AND MANAGEMENT OF MEDICATION ERRORS IN SELECTED HEALTH CARE FACILITIES IN BOTSWANA

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**Background**: Medication errors are a major threat to patient safety. They are complex as they involve interplay of multiple system factors and various health professionals. Deliberate system structures can play a critical role in preventing medication errors.

**Aim**: The paper presents participants’ responses to a question examining structures in place that participating health facilities had for the prevention and management of medication errors. The paper is part of a larger study that explored experiences and perceptions of health care providers about medication errors in selected health care facilities in Botswana.

**Design and methods**: A cross-sectional mixed method study was conducted on 130 health care providers selected by stratified random sampling from 18 purposively selected health care facilities. Data were collected through a semi-structured questionnaire and descriptive statistics were used for analysis.

**Results**: Strengths for medication error prevention and management were in personnel’s basic professional education, patient counselling especially during dispensing, and self-checking at medication dispensing and administration. However, supervision of students and new staff was uncommon during medication administration and dispensing.

**Conclusion**: The studied facilities had both strengths and weaknesses with regard to putting in place mechanisms for preventing and managing medication errors. However in-service and peer-checking were reported to be less common than it has been reported in prior studies.

**Recommendations**: Basic professional education that participants had on medication errors must be augmented and up-dated through continuing education. A culture of peer and self-checking needs to be encouraged in order to reduce errors.

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EXPLORING CAREGIVER BURDEN EXPERIENCED BY FAMILY CAREGIVERS OF PATIENTS WITH END-STAGE RENAL DISEASE IN NIGERIA

Oyegbile YO

**Introduction and background**: Family caregivers in many countries in Africa bear alone the burden of caregiving, as government policies relating to social support services are often non-existent. This makes caregiving overwhelming inflicting all forms of physical, emotional, financial and social burdens on family caregivers, and often hindering their ability to continue caregiving. End Stage Renal Disease is a problem in Nigeria; however, scarcity of research on the extent of caregiver burden among family caregivers of these patients has concealed the needs of these family caregivers.

**Purpose**: To measure caregiver burden and explore experiences of the burden of care for ESRD family caregivers in South-West Nigeria.

**Methods**: A complementary mixed method data collection strategy, a Zarit Burden Interview questionnaire and individual interviews, was used. Quantitative data (a questionnaire) measured the extent of caregiver burden, while the qualitative (in-depth, semi-structured interview) component explored the experiences of family caregivers, in order to complement the quantitative data.

**Result**: The mean burden of caregiving for the sample was 50.18 thus indicating that family caregivers experienced moderate to severe burden which is very high compared to the rest of the world. The interview component revealed that participants experienced burden in terms of the framework of the five domains: burden in the relationship, emotional well-being, social and family life, finances and loss of control over one’s life.

**Conclusion/recommendations**: The findings suggest that caregiver burden is high on all domains of care. For this reason, establishing a support group is imperative for family caregivers throughout the process of caregiving. This might allow them to continue caregiving to their loved ones.
THE VIEWS OF TEACHERS REGARDING LEARNER PREGNANCY: INTEGRATED SCHOOL HEALTH POLICY CONTEXT

Ramalepa TN, Matshoge GP

**Background:** The National Education Policy Act (27/1996), South African Schools Act (84/1996) and the Integrated School Health Policy do not provide guidelines for teachers on the management of pregnant learners at school. The researcher observed pregnant learners reporting late and some never attending antenatal clinics, with the risk of incurring complications during pregnancy and childbirth.

**Objectives:** To explore and describe the views and lived experiences of teachers towards learner pregnancy and to make recommendations to policymakers so that they include learner pregnancy management guidelines, as they are not included in the Integrated School Health Policy.

**Methodology:** This was a qualitative, exploratory and descriptive research with purposive sampling. The study was conducted in both primary and high schools. Self-report method was used for data collection using an interview schedule. Content analysis was done using open coding by Tesch’s approach. The research process was guided by ethical principles which were applied throughout the study.

**Results:** Participants were of the view that it was difficult to teach pregnant learners as they felt that they were not trained to deal with pregnancy-related complications. They expressed that they were not aware of learner pregnancy management policy. Those who were aware of the policy were dissatisfied because the policy is vague and unsupportive to teachers.

**Conclusion:** The compliance to the Integrated School Health Policy has not progressed to achieve the strategic objectives for health care reforms in schools. School health services should incorporate reproductive health and midwifery skills to address learner pregnancy in schools.

COMPLIANCE TO THE INTEGRATED SCHOOL HEALTH POLICY IN THE CITY OF TSHWANE: MULTI-SECTORAL COLLABORATION

Rasesemola RM, Matshoge GP, Ramukumba TS

**Background:** Holistic primary health care, integrated and comprehensive child health care, multi-disciplinary and collaborated health care approach has been central to World Health Organization's constitutional foundation. Yet in the City of Tshwane, there is poor compliance to the Integrated School Health Policy; guidelines for both the Department of Health and the Department of Basic Education. Basic school health services are not offered constantly, consistently and systematically.

**Objective:** The objective of the study was to describe the compliance to the integrated school health policy in schools in the City of Tshwane.

**Methodology:** This was a quantitative and descriptive study. Data were gathered from the school headmasters through self-administered questionnaire to assess compliance to the policy amongst 81 schools in the City of Tshwane. Data were analysed using inferential statistics.

**Results:** Seventy percent of schools lacked collaboration with learners' parents and communities within which the schools are found. More than 86% of schools didn't collaborate with mental health and social services agencies and 65% of schools had no collaboration with health service staff. Schools’ poor collaborative efforts with parents, community, mental health and social services and health service staff poses poor compliance to Integrated School Health Policy with undesirable consequences.

**Conclusion:** Poor compliance to the Integrated School Health Policy leads to fragmented and often unsuccessful approach to learners' development, health and safety. Drugs, violence, teenage pregnancies, failure to thrive, discrimination of sexual orientation and unsafe school environment are some of consequences which learners have to deal with due to poor compliance to Integrated School Health Policy.
FACILITATING LGBTI YOUTH-INCLUSIVE PRIMARY HEALTH CARE BY NURSES IN TSHWANE DISTRICT, SOUTH AFRICA: A CONSTRUCTIVIST GROUNDED THEORY STUDY

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Introduction and background: Youth years, are regarded as years of self-discovery, a time when young people experience physical, emotional, cognitive and psychological changes and start to explore and discover their sexuality and sexual orientation (Saewyc 2011:258). During this period of transition from adolescence to adulthood, the youth identify themselves as either heterosexual or LGBTI. However, LGBTI youth experience challenges that are unique to those of heterosexuals. For example, most LGBTQ youth experience health-compromising behaviours, poor health and psychosocial outcomes; and health inequalities due to stigma and discrimination (Saewyc 2011:262).

Purpose: To develop a substantive theory that will describe the basic social processes involved in facilitating LGBTI youth-inclusive PHC.

Methodology: Constructivist grounded theory was used. Interviews were held with an initial sample of 10 LGBTI youth and 4 registered nurses working in PHC and theoretical sample of 3 LGBTI youth and 3 registered nurses. Data analysis involved constant comparative analysis.

Results: The substantive theory that emerged explains three phases of facilitating LGBTI care by nurses. Phase 1: Recognizing barriers of facilitating LGBTI youth-inclusive care, Phase 2: Recognizing the need to change values and attitudes; and Phase 3: Employing strategies to promote nurse-patient interaction. These phases reflect the main concerns of participants and strategies they employ to resolve those concerns. For the nurses, facilitating care involved identifying and reflecting on barriers that hindered them from facilitating LGBTI inclusive care and developing strategies to mediate those barriers.

Conclusion: The substantive theory explains the process involved in facilitating LGBTI youth-inclusive PHC in order to enhance the care provided to LGBTI patients.

Recommendations: The substantive theory could be applied in other health care practices and could assist nurses to employ strategies that could facilitate care and support to LGBTI patients.

IMPLEMENTATION OF FAMILY INTEGRATED CARE IN A NEONATAL WARD OF A DISTRICT HOSPITAL IN LIMPOPO PROVINCE

Shokane A (shokanema@gmail.com), Maree C

Purpose: The purpose of the presentation is to discuss the implementation of family integrated care in a neonatal ward of a district hospital in Limpopo Province.

Introduction and background: When a neonate is sick and needs to be admitted to the neonatal ward, the parents are only partially included in the care of their neonate, reducing the opportunity for bonding and attachment. However, family integrated care has been introduced as a planned and structured approach to empower parents to be able to take care of their own neonate and to become primary caregivers already during hospitalization of their sick or preterm baby, and to become part of the multi-disciplinary team (Bracht, et al. 2013:116).

Purpose: The purpose of this study is to implement and evaluate the implementation of family integrated neonatal care in a district hospital of the Limpopo Province.

Methodology: Family integrated neonatal care is implemented and evaluated by means of action research (Piggot Irvine Problem Resolving Model): 1. To obtain baseline data of the current status; 2. To implement and monitor the strategies; and 3. To evaluate the change. The methods of data collection include review of records, focus groups and individual interviews with various stakeholders, review of records of the steering committee, and comparing data with baseline data. Descriptive and inferential statistics are used as well as qualitative content analysis.

Findings: Lessons have been learnt regarding implementation of family integrated care, including the importance of leadership, a steering committee, and buy-in of all stakeholders, as well as the value of action research as a research design.

Recommendations: Family integrated care is crucial to facilitate bonding and attachment and giving the primary caregiving role back to the parents.
POST-TRAUMATIC STRESS DISORDER EXPERIENCES OF SELECTED RESCUE TEAMS/WORKERS IN SWAZILAND: IMPLICATIONS FOR COUNSELLING

Sukati NA (caiphus119@hotmail.com), Matsebula CM

Introduction: In the face of man-made and natural disasters, rescue workers are called upon to attend emergencies, protect the public, and mitigate further disaster consequences.

Purpose: The purpose of the study was to examine the experience of post-traumatic stress disorder among rescue workers in the Mbabane-Manzini corridor and the role of counselling in alleviating the stress.

Methodology: A mixed methods research design was used utilising a questionnaire (n=195) and focus group interviews (n=3) to collect data. Quantitative data were analysed using SPSS version 20 and qualitative data were analysed using themes and narratives.

Results: One hundred and four (68.4%) of rescue workers responded to traumatic events once a week and while 12 (7.9%) attended to traumatic events, mostly road accidents, three times a week. Some of the symptoms experienced by rescue workers following their attending to the traumatic event included nightmares, general hyper-arousal and vivid memories of the unpleasant events and difficulty falling asleep. However, employing agencies did not provide opportunity for debriefing nor counselling to these workers. The rescue workers mainly relied on peers and family support.

Conclusions: Rescue workers have one of the most stressful jobs that affect their psychological wellbeing leading to post-traumatic stress disorder. However, most of the organisations in which rescue workers are employed have non-existent or inadequate counselling services for the workers, yet the workers frequently encounter traumatic experiences.

Recommendations: Professional counsellors be hired by the organisations in which rescue workers are employed to provide assistance to these workers thus averting the occurrence of post-traumatic stress disorder.

TRANSNATIONAL MIGRATION IN ACADEMIA: OPPORTUNITIES, CHALLENGES AND PROSPECTS

Thupayagale-Tshweneagae G

Introduction and background: Movement across borders is a common phenomenon. Economic and social market forces drive this movement, as well as competition for human resources and scarce skills; and socio-cultural events such as conflicts and displacement. Academia take full advantage of the benefits of longer or shorter periods of migration for both economic and intellectual reasons.

Purpose: The purpose of the presentation is to explore the opportunities, challenges ad prospects of migration in academia. The presentation further aims to facilitate debate on concepts such as the meaning of “home”; global health; potential tension between individual and country needs; the ageing of health care provider populations and the challenges related to recruitment for the health professions; the impact of new democracies, factors such as poverty and the need for policy reviews.

Methodology: An approach of concept analysis and literature review were used to explore and understand opportunities, challenges and prospects of transnational migration in academia with particular interest in the value added outcomes of this phenomenon.

Conclusion: Transnational migration has re-defined the world and work of academia resulting in new meanings of concepts and views, which in turn should be accommodated in recruitment practices; policies and human resource developments.
A BLENDED LEARNING PROGRAMME OF SIMULATION TRAINING – A PILOT STUDY

Thurling CH, Armstrong SJ

Introduction and background: Education stakeholders often perceive blended learning as an effective education approach to accommodating diverse learner groups, who cannot attend the traditional face-to-face education environment. The researcher developed a blended learning simulation programme based on best education practices in simulation. This presentation describes the piloting of the programme.

Purpose: To pilot the blended learning programme with a group of nurse educators.

Methodology: A cohort of second year postgraduate nurse education students were invited to participate in the blended learning pilot. They were given access to the seven week simulation training programme and were brought together for two discussions during the programme plus a one day workshop in module seven.

Results and findings: The initial feedback and evaluation of the programme indicated that many of the participants found the experience challenging due to their poor standards of computer literacy and lack of exposure to on-line learning. Only one student did not complete the course, and another student required individual remediation. All students successfully completed the programme. There was agreement amongst the participants that being engaged in an on-line programme course improved not only their knowledge of simulation but also of on-line learning.

Conclusion: The pilot has shown that the programme met its objectives but highlighted some areas of process and content that need amending.

Recommendations: The programme should be rolled out to nursing education institutions once amendments have been made.

THE EXPERIENCES OF THE COMMUNITY HEALTH NURSES WHO PROVIDE TERMINATION OF PREGNANCY SERVICES IN JOHANNESBURG METRO SUB-DISTRICTS’ CLINICS

Tlhabela D, Peu MD, Mataboge LS

Introduction: Healthcare systems worldwide regarding women’s health have become a focal point and include the right of women to make their own reproductive choices as entrenched in reproductive rights.

The aim: The aim of the study was to explore and describe the experiences of community health nurses who provided termination of pregnancy (TOP) services in Johannesburg Metro sub-districts’ clinics.

Method: Qualitative, explorative and descriptive research study was conducted to explore and describe the experiences of community health nurses who provided termination of pregnancy (TOP) services. Purposive sampling was used to select the participants who were community health nurses and provided TOP services in the 5 clinics of the sub-districts in Johannesburg Metro. Data was collected through individual face to face interviews. The interviews were audio recorded and transcribed verbatim. Data was analyzed according to Tesch’s method of data analysis was used by the researcher with the assistance of an independent co-coder.

Results: The discussion was based on the following categories: attributes of the TOP providers, requirements for TOP services, challenges met by TOP providers and coping strategies for TOP providers. The findings revealed that even though TOP is an essential service that is aimed at reducing maternal deaths, the community health nurses were experiencing various challenges such as lack of human and material resources, lack of support from colleagues, reduced bed capacity at referral hospitals, lack of debriefing sessions, stigma, stress and burnout.

Conclusion and recommendation: It was evident that TOP is a sexual reproductive health and rights service which is essential in order to reduce the maternal deaths of women from unsafe abortions. Therefore it was recommended that the clinic TOP supervisors need to be available at all times in addressing the lack of resources.
PARENTS PERCEPTIONS OF THE SAFETY CLIMATE IN A CHILDREN’S’ WARD

Tshabalala A

**Purpose:** Is to identify aspects that parents are concerned about regarding safety of their children in hospital. The information can be used to strengthen current existing practices or for the development of recommendations for improving care or safety in a children's ward as these experiences are linked to outcomes such as satisfaction.

**Introduction:** A child’s admission in the hospital brings anxiety to any parent. This is due to the fact that children are highly vulnerable to medical error due in part to the dependence upon adults’ communication and other parent behaviours to prevent errors. A number of studies have been conducted to assess safety related issues in hospital however; no studies have been conducted exploring parents’ perceptions of safety in a paediatric ward in South Africa.

**Purpose:** The purpose of the study was to explore and describe parents’ perceptions of the safety climate in a children’s ward.

**Methodology:** A quantitative, descriptive survey using a 14-item Children’s Hospital Safety Climate questionnaire as well as one open ended question was conducted on a sample size (n=165) parents. Descriptive and inferential statistics were conducted as well as constant comparison and coding approach for the open-ended responses.

**Results:** Neutral responses were obtained from three domains namely: overall safety and safety procedures (3.38), staff communication openness (3.61) and parent's perception of handovers and transitions (3.36). The responses on parent communication openness (4.02) had a slight positive mean. The longer the duration of stay in the hospital, the more negative perception of; the overall perception of safety, parent communication openness and staff communication openness of the ward. Parents who were employed or had a higher level of education had a more negative perception of handover and transition. Six themes identified were: job performance; staff attitude; information and communication, safety; physical environment and ward policies.

**Conclusion:** Safety climate surveys offer an opportunity to identify specific areas that can be improved to ensure safety in children's ward.

**Recommendations:** Introduction of children’s ward safety climate evaluation tools where parents can share their perceptions. Handover and transitions should include the multidisciplinary team whilst engaging parents and demonstrating organisational commitment to communication openness.

CREATING A PLATFORM FOR PROFESSIONAL DEVELOPMENT AND SUSTAINABLE QUALITY IMPROVEMENT IN NEONATAL PRACTICE IN GAUTENG PROVINCE, SOUTH AFRICA

Van Heerden C, Maree CM, Janse van Rensburg ES, Leech R, Yazbek M

**Purpose statement:** The purpose of the presentation is to share how a platform is created for professional development and sustainable quality improvement in neonatal practice in Gauteng province, South Africa

**Introduction and background:** Nurses are imperative to the health system (including neonatal practice). The quality of nursing care has an impact on patient outcomes. Evidence-based neonatal intensive care is ever-changing and evolving. Professional development can address the demand for competent and quality evidence-based neonatal nurses to benefit ill and preterm neonates and their families.

**Purpose:** The purpose was to create a platform for professional development and sustainable quality improvement in neonatal practice.

**Methodology:** Action research was used to create a platform for professional development through sharing information at workshops; establish awareness and provide access to evidence-based neonatal practice in social media, and empowering quality improvement champions for neonatal practice.

**Findings:** Evidence-based neonatal workshops are held every three months for any person with an interest in neonatal care, on topics identified by attendees. Reasons for attendance include a need for improvement of competence, knowledge, quality of care, personal- and professional development. Social media (NNASA Gauteng Branch’s Facebook Page) is used to establish awareness and providing access to evidence-based articles, recent research, trends and inspirational stories related to neonatal care. Self-identified quality improvement champions were provided with leadership tools to implement quality improvement initiatives in their units. The platform used for personal and professional development and to enhance evidence-based neonatal care for the most vulnerable and fragile patients, were perceived as a valuable contribution.

**Recommendations:** Platforms for personal development to enable nurses to implement sustainable quality improvement initiatives in practice should be created and supported in all areas of neonatal care.
STRATEGIES TO SUSTAIN A QUALITY IMPROVEMENT INITIATIVE IN NEONATAL RESUSCITATION IN A DISTRICT HOSPITAL

Van Heerden C, Maree CM, Janse van Rensburg ES

Introduction and background: Neonatal deaths can be prevented through effective resuscitation. South Africa (SA) initially committed towards attaining the Millennium Development Goal 4 (MDG4) (Bradshaw et al 2008) and is now committed to the Sustainable Development Goal 3 (WHO:2015). However, district hospitals have the highest early neonatal mortality rates in SA. Modifiable and avoidable causes include patient-related, administrative and health care provider factors (Pattinson 2011). A quality improvement initiative in neonatal resuscitation could contribute towards decreasing neonatal mortality, but should be sustainable.

Purpose: The purpose of the study was to obtain a situation analysis regarding neonatal resuscitation in the district hospital; to develop strategies to sustain a neonatal resuscitation quality improvement initiative to decreased neonatal mortality; and to evaluate the changes and sustainability of the strategies.

Methodology: The Problem Resolving Action Research model was applied and the study was conducted in three cycles, entailing quantitative and qualitative methods (Piggot-Irvine 2009) in the hospital areas where neonates might be resuscitated. The National Health Service (NHS) Sustainability Model formed the theoretical framework for the study.

Findings: The quality improvement strategies to address factors related to neonatal resuscitation (training, equipment and stock, staff shortages, staff attitude, neonatal transport and protocols) had probable sustainability and contributed towards a reduction in neonatal mortality in the hospital.

Recommendations: The mentioned strategies to improve neonatal resuscitation should be implemented in all district and other hospitals to reduce neonatal mortality in SA.

FACILITATING CHANGE IN ORDER TO IMPROVE EDUCATIONAL PRACTICES

Van Wyngaarden A (annavwyngaarden@hotmail.com), Leech R, Coetzee I

Purpose: The purpose of this presentation is to describe the action research process of a longer action research study and to present the findings of the action research process.

Introduction and background: Clinical reasoning is the ability to reason as a clinical situation changes and is an essential component of competence in nursing practice. However, some traditional teaching and learning strategies do not always facilitate the development of the desired clinical reasoning skills in nursing students (Levett-Jones, et al 2010:515).

Aim: The aim of the study was to facilitate a process of change towards improving educational practices in order to promote the development of student nurses’ clinical reasoning skills.

Methodology: Action research was used to conduct the research study. During Phase 2: the Action Research Process phase, an action research group was established to co-construct an action plan to address nurse educator challenges. Four action research cycles each comprising four steps, namely plan, act, observe and reflect was implemented.

Results: The challenges identified during Phase 1 were prioritised by the action research group into four strategies: teaching, learning and assessment strategies; the clinical learning environment; continuous professional development; and support and selection of students and nurse educators. An action plan was co-constructed by the action research group. The action research process contributed to the professional development of the nurse educators and resulted in the utilisation of more student-centred teaching, learning and assessment strategies.

Conclusion: Addressing nurse educator challenges in collaboration and empowering them with the means, opportunity and skill to utilise student-centred teaching and learning strategies may contribute to the development of student nurses’ clinical reasoning skills.

Recommendations: Recommendations are proposed for nursing education and training, practice and, lastly, for future research.
INFECTION REDUCTION DURING THE SECOND STAGE OF LABOUR: IMPROVING THE PRACTICE OF ASEPTIC TECHNIQUE BY MIDWIVES IN A NATIONAL REFERRAL HOSPITAL

Vilakati MM, Masuku SKS, Tagutanazvo OB

**Background:** Puerperal sepsis following childbirth constitutes the second leading cause of maternal mortality world-wide and has been partly attributed to contamination during the process of childbirth. Puerperal infection emanating from poor practice of aseptic technique among midwives during the birth of the baby is one of the factors underlying the tenacious rates of maternal deaths in Swaziland. Interventions such as promoting birth of babies under skilled attendants, improving nutrition education and practices of maternal women have been explored in Swaziland. However, initiatives towards reduction of infection during birth in particular, practising aseptic technique are poorly explored among midwives.

**Aim:** To explore the contributory factors leading to contamination during the process of childbirth and develop strategies towards reducing infections during the second stage of labour.

**Methodology:** Baseline data was collected using self-administered questionnaires to explore the challenges faced by midwives in practicing aseptic technique during the process of childbirth. The baseline findings were used to build the capacity among midwives. Topics covered during training sessions included infection reduction methods and use of proper aseptic technique during delivery. Post intervention data was collected in April 2017 using an audit tool adapted from the standard operating procedures (SOP) for normal deliveries.

**Results:** Aseptic technique training as well as introduction of midwifery procedure manual improved compliance to infection reduction SOP by 6 percent, from 81% to 87%. However, aseptic technique audits showed that midwives rarely wear a mask before opening a delivery pack.

**Implications for Midwifery practice:** Contaminations that occur during maternal delivery are a result of negligence more than lack of knowledge. Provision of enough delivery packs will improve and significantly contribute to reduction of puerperal sepsis attributed to contamination during the process of childbirth.

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A SYSTEMIC AND HOLISTIC APPROACH ON THE INFLUENCES OF THE ELEMENTS OF THE HIDDEN CURRICULUM IN THE MILITARY TEACHING AND LEARNING ENVIRONMENT ON THE PROFESSIONAL SOCIALISATION OF STUDENTS

Zagenhagen K, Van Rensburg GH

**Introduction and background:** The need for a model with which to address the hidden curriculum in a military teaching and learning environment arose from evidence that a clear correlation exists between factors in the teaching and learning environment and the process of professional socialisation.

**Purpose:** The purpose of the study was to explore the nature of the hidden curriculum within a military teaching and learning environment and its influence on the professional socialisation of student nurses.

**Methodology:** A constructivist grounded theory methodology was applied. Data were collected by means of focus groups and critical incident narratives. Charmaz's (2014) constructivist approach to data analysis was utilised.

**Findings:** The findings revealed that the military teaching and learning environment is extremely complex, and that it contains a multitude of covert elements which play an unintentional role in the professional socialisation of students. These findings led to the development of the components of the model.

**Conclusion:** The model highlights the various components of the hidden curriculum as well as how they influence the professional socialisation of students.

**Recommendations:** The model is transferrable to other teaching and learning contexts, each with its own hidden curriculum. It is therefore recommended that the model be adapted and implemented, based on the unique characteristics of a particular context in order to overcome the negative aspects and embrace the positive aspects of the hidden curriculum as to facilitate the process of professional socialisation.
WHAT STUDENTS ARE LEARNING WITHOUT BEING TAUGHT: ‘SIDE EFFECTS’ OF THE HIDDEN CURRICULUM IN NURSING EDUCATION

Zagenhagen K (kzagenhagen@gmail.com), Van Rensburg GH

Introduction and background: Members of society are subjected to unwritten rules and expectations of behaviour that they all seem to know, but were never taught. Likewise, students are exposed to learning which is not openly intended, such as the transference of norms, values and beliefs conveyed in the teaching and learning environment. This presentation offers an overview of the influences of the hidden curriculum present in a military teaching and learning environment on the professional socialisation of students as revealed by military nursing students and educators of the South African Military Health Service (SAMHS) Nursing College.

Purpose: The purpose of the study was to explore the nature of the hidden curriculum within a military teaching and learning environment and its influence on the professional socialisation of student nurses.

Methodology: A constructivist grounded theory methodology was applied. Data were collected by means of focus groups and critical incident narratives. Charmaz’s (2014) constructivist approach to data analysis was utilised. During data analysis, numerous concepts related to the influence of the hidden curriculum were identified. The researcher used inductive reasoning to extrapolate these influences into broader conceptual categories.

Findings: Two main categories of influences were identified. The first category comprised influences that develop or enhance professional socialisation, while the second included the influences that inhibit or impede professional socialisation. It was also apparent that some hidden elements could either enhance or impede professional socialisation.

Conclusion: The process of professional socialisation is influenced by a range of factors related to the teaching and learning environment referred to as the hidden curriculum. These influences can however either enhance or impede students' professional socialisation.

Recommendations: Making nurse educators in particular, but also all other healthcare professionals who deal with students aware of the influences of the hidden curriculum on the professional socialisation of students, will enable them to close the gap between what is supposed to be learned and what is actually learned. Furthermore, the impeding aspects can potentially be overcome or be countered and the positive aspects be embraced as a viable alternative with which to facilitate the process of professional socialisation to the benefit of both the student and the health profession.
IMPROVING NURSING CARE FOR CHILDREN ADMITTED IN HIGH DEPENDENCY AREA IN ACUTE CARE UNIT MULAGO HOSPITAL, UGANDA

Akao MG (akaomg22@yahoo.com), Ayebare E, Mbalinda SN

Background/context: Acute Care Unit is an emergency unit for children which admits 800 children monthly. The patients are initiated on treatment, stabilized and later transfer to the specialized wards. According to unit data for 2015, the rate of death was high at 4.6% mainly within 24 hours of admission. Very sick children are admitted in the High Dependency Area (HDA) for close monitoring. Majority of the children died in the HDA where close monitoring and care is expected. This prompted the development of this quality improvement project.

Aim: To improve nursing care rendered to children in High Dependency Area so as to facilitate recovery and reduce mortality.

Measures: Baseline survey was conducted to identify common diseases and the causes of death of children admitted in High Dependency Area. A check list was used to review records of 83 children admitted in HDA during a two weeks period in December 2016.

Results: The median age of children was 18 (0-156) months. Most of the admissions (76.6%) occurred during the day. Mothers constituted 87.2% of the care takers. Medical conditions of children admitted were; severe pneumonia 34.2%, severe malaria 13.9%, and sickle cell disease 11.4%. The percentage of deaths in unit in December 2016 was 6.9% and majority aggravated by hypoglycemia and aspiration pneumonia. None of the case files had nursing care plan however, doctors’ orders were present.

Interventions: Nurses allocated to HDA in all 3 shifts daily. All children in HDA monitored for hypoglycemia. Care takers were taught and facilitated on how to effectively feed their children to prevent aspiration pneumonia and hypoglycemia. The end line data collection is still ongoing.

Conclusion: Care takers involvement and proper nursing care can reduce death in critically ill children in a low resource setting.

IMPROVING ACCESS TO LONG TERM FAMILY PLANNING FOR POST-ABORTAL WOMEN IN MULAGO HOSPITAL

Alum AC (shethelma@yahoo.com), Nabacwa ON, Mbalinda S

Introduction: Globally about 800 women die every day from complications in pregnancy and child birth. Sub Saharan Africa is the riskiest region in the world and 99% of the maternity related death occurs in developing countries. Abortion accounts for about 13% of all maternal death in the world. The risk of death from unsafe abortion in Africa is 1 in 150. One of the main causes of maternal mortality is unsafe/unplanned pregnancy. In Uganda maternal mortality has increased from 435 to 438 per 1,000 live births. In Mulago Hospital, records from January to March 22nd 2016 a total of 580 clients were admitted due to abortions.

General objective: To strengthen long term family planning methods provision in emergency gynecological ward and reduce the number of abortion due to unplanned and unintended pregnancy

Measures: Number of midwives trained in provision of long term family planning methods; Number of women who receive post abortal long term family planning method before discharge.

Improvement/innovation and change ideas: Midwives in the unit trained in provision of long term family planning methods; Women received post abortal long term family planning method before discharge; Number of post abortal admissions reduced.

Impact: Increase in family planning uptake among post abortal patients from 12 to 297

Discussion: Post abortion care and family planning is a major component in provision of post abortal care so as to prevent recurrence and complications due to unsafe abortion.
LISTENING TO STORIES - AN EXERCISE IN UNDERSTANDING FOR ADVANCED PRACTICE NURSING STUDENTS

Armstrong SJ (sue.armstrong@wits.ac.za)

Introduction and background: Nurses are stressed as a result of problems in the health care system and the burden of disease. Efforts to bring relief and improve quality of care tend to be reactive and centre on measurable criteria and technical solutions. Nurses often find it easier to complain rather than being instrumental in bringing about improvement in the health sector.

Purpose: To provide students the opportunity to deepen their knowledge of the nursing profession and understand issues causing problems in nursing and develop a fresh and in depth understanding and possible solutions to problems, plaguing the profession.

Methodology: A story telling design was used which followed Smith and Liehr’s (2008) five steps to guide research enquiry viz.: gathering the story; deciphering the challenge; describing the story; identification of movement towards resolution and synthesizing the findings. Twelve students each collected a story from a purposively selected nurse whom they asked “to tell a story about an experience they had in nursing at some stage during their career which caused them distress.” The stories and their follow up interviews were subjected to a thematic content analysis.

Results: Three themes emerged from the stories viz. nursing unit management failures; inter- and intra- personal difficulties and health system failures. A total of 16 categories emerged. Solutions related to improved delegation, improved communication, establishing ward routines, role clarification, education and caring for the carers.

Conclusions: The reflections from the students of the experience indicated that they found the experience disturbing but they gained insight into the problems in nursing, the importance of sharing and speaking out, and supporting one another.

Recommendations: This was a most valuable exercise which should be replicated with each class of advanced practice nurses.

THE LIVED EXPERIENCES OF SELF-CARE AMONG PROFESSIONAL NURSES

Bezuidenhout A

Introduction: The concept of self-care is synonymous with caring attitudes and self-knowledge among professional nurses, which plays a crucial role in the performance of physical and emotional self-care (Schofield, Allan, Jewis, Hunter, Sinclair, Diamond & Sidwell, 2013:267). Self-care is imperative to the health and wellness of professional nurses, and forms part of personal and professional growth and development (Blum, 2014:1). Self-care activities aimed at improving personal wellbeing along with adaptive coping mechanisms, lead to reduced stress levels, depression and burnout, while at the same time reducing depersonalisation and improving feelings of personal accomplishment (Kravits, McAllister-Black & Kirk, 2010:130). The American Nurses Association has provided states that nurses have the same obligation to themselves as they have towards others. Emphasising the responsibility that professional nurses should promote and preserve their own health, safety and wellness, however, this is not included in the code of ethics for South African nurses (Lachman, Swanson & Winland Brown, 2015:364, SANC Code of Ethics for Nursing Practitioners in South Africa, 2013:1-9). It is important to support and encourage positive self-care practices among professional nurses in order to promote and enhance their physical, emotional and spiritual wellbeing (Lachman et al, 2015:364).

Purpose: To gain a deep, rich understanding of professional nurses lived experiences of self-care and to make recommendations to promote a culture of self-care among professional nurses in Johannesburg.

Research methodology: A qualitative, exploratory, descriptive and contextual research design is used. As part of the research methodology a descriptive phenomenological approach is implemented. Purposive sampling was used to select professional nurses as participants for the study.

Results/findings: At present the research study is in the data collection phase where in-depth, individual, phenomenological interviews are being conducted with knowledgeable professional nurses. The study is in progress and no conclusions or recommendations can be made yet.
STRATEGIES IMPLEMENTED TO REDUCE PARENTAL STRESS IN THE NICU

Coertze T (tanya.coertze@gmail.com), Van Heerden C, Maree C

Purpose: The purpose of the presentation is to explain parental stress in a NICU and the implementation of a quality improvement initiative to reduce their stress to healthcare professionals interested in infants, families, stress and/or quality improvement in a clinical setting.

Introduction and background: Parents of infants admitted to the NICU experience stress. The stress emanating from the NICU experience, might influence parental mental health and potentially produce long term emotional and relationship problems. The project aimed to implement strategies to reduce parental stress in the NICU as a collaborative effort.

Methodology: The project was introduced on the principles of the Kouzes-Posner Model of Leadership. The nursing staff collaborated in formulating and implementing strategies to reduce parental stress in the NICU. The strategies included provision of information on NICU during antenatal classes; patient photos on a digital photo frame in the NICU; diaries for parents; grandparent day once a week; video presentations of CPR, baby bath and breastfeeding; preemie day and milestone cards.

The staff described their observations of parental stress in a questionnaire prior and 24 months after implementation. Parents had an opportunity throughout the project to write comments on their stress experiences in a book.

Findings: The Kouzes-Posner Model of Leadership was a valuable guide during the development and implementation of the quality improvement initiative. The strategies were perceived to have a positive outcome on reducing parental stress in the NICU and motivation of staff involvement. All strategies implemented are sustainable.

Recommendations: Staff should be given opportunities to take initiative to improve parents' experiences in a NICU, applying the principles of the Kouzes-Posner Model of Leadership.

KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS PROSTATE CANCER SCREENING AMONG MEN IN ONE GOVERNMENT HOSPITAL IN THE HHOHHO REGION

Dlamini S, Dlamini PS

Objective: To assess the knowledge of prostate cancer and screening practices among males aged 18 to 60 years.

Design: Descriptive survey

Setting: The study was carried out in one government hospital in the Hhohho region, the study participants were drawn from the hospital outpatient department.

Methods: A total of 40 (n=40) males aged 18 years to 60 years who attended the hospital outpatient department who had no previous prostate cancer diagnosis were interviewed in April 2017. A simple random sampling was used and a sample of 40 adult males aged between 18 – 60 years who were then given a questionnaire each. SPSS version 20.0 was used to analyze the data. The Health Belief Model was used based on the assumption that knowledge of prostate cancer will influence men to seek screening early.

Results: The result of the study indicates that men have no adequate knowledge regarding prostate cancer screening. Despite the fact that 70% of the respondents had heard about prostate cancer screening 27.5% of the participants did not know about the screening methods and 68% did not know where to go for screening. Half (50%) of the participants did not know about self-prostate examination.

Conclusion and recommendations: A total of 55% of the participants got the information from family, friends and the newspapers. Newspapers do not contain detailed information; and family and friends may report inaccurate information. This resulted in men not having adequate knowledge on screening procedure. It was recommended that Institutions should have Well Men Clinics, where men can go and get counseling on health issues and be taught about the benefits of prostate cancer screening. Men usually do not frequent health institutes like hospitals and clinics; it is difficult to come into contact with a health man at these institutes, so promotion of prostate cancer screening can be done through the media. Using churches as well as social networks health personnel education should be engineered more towards educating the cadres on the benefits of primary prevention of diseases such as prostate cancer. Nurses should be able to initiate programs to promote early detection of diseases. Screening for prostate cancer results in early detection of the disease hence early treatment resulting in reduction of complications and deaths.
GAINING ACCESS INTO AN INFORMAL SETTLEMENT: RELEVANCE TO MOTHERS AND PRETERM INFANTS

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Introduction and background: Infants born prematurely in public hospitals are discharged when they become hemodynamically stable and their weight has reached a certain mass. Mothers take their infants home to informal settlements: communities in South Africa well known to be poor with resources like suitable housing, water, electricity, decent roads and adequate transportation. Conditions are not ideal for the caring of a preterm infant, as the infant remains to be in a fragile physiological condition due to prematurity.

Purpose: To provide recommendations for researchers to gain access into informal settlements within a South African context so to ensure researcher-participant trust as well as safety of the researcher.

Methodology: A qualitative, exploratory, descriptive and contextual research design will be used in this study.

Results/findings: The researcher found that preparation of gaining access into an informal settlement is essential, as communities hold their own unique culture and hierarchy of communication. Not only was the researcher perceived as an outsider on entering the informal settlement the very first time, but the researcher's safety was at risk due to being unfamiliar to the setting. It was mandatory for the researcher to explore better ways to gain access into the informal settlement so to ensure her own safety, but simultaneously be received into the settlement by the community members.

Conclusions: The manner in which the researcher enters the specific informal settlement is vital as it builds respectful relationships between researchers, participants and the community. The researcher acknowledges that entry into the community is a privilege as the researcher needs to gain access into the homes of the community members and acquire specific personal information. Therefore, the researcher have a duty to respect the present-day processes.

QUALITY IMPROVEMENT INITIATIVE TO IMPLEMENT FAMILY-INTEGRATED CARE IN A NEONATAL INTENSIVE CARE UNIT

Greyling-Halvorsen A (ankehalvorsen@gmail.com), Shokane A, Maree C

Purpose of the presentation: The purpose of the presentation is to explain the introduction of family integrated care in a neonatal intensive care unit to facilitate bonding and attachment between the baby and his/her parents.

Introduction and background: Parents and premature or sick infants are commonly separated when the babies are admitted in a neonatal intensive care unit. This might influence bonding and attachment negatively, which might have detrimental long term effects for the babies and their parents. Family integrated care is introduced in the neonatal intensive care unit to guide the parents through a structured plan to be involved in caretaking and decision making activities and to empower them as primary caregivers in the NICU.

Purpose of the project: The purpose of the project was to implement family integrated care in the NICU.

Methodology: The project was introduced on the principles of family integrated care as described by Bracht et al (2013), including involving parents in a structured manner from simplest and least invasive caretaking activities to complex activities, being part of the doctor's round and decision making, and partake in record keeping.

Findings: Staff had to make a mind shift in their manner of caring for sick and premature babies to become mentors and educators for the parents. Enhanced bonding and attachment were observed with improved breastfeeding and reduced stress levels of parents.

Recommendations: The Kouzes-Posner Model of Leadership can be very helpful during the process of implementation of a project to overcome resistance to change. Implementation of family integrated care should become the golden standard in neonatal care.
Anecdotal evidence suggests that private midwifery is becoming more popular in South Africa. Midwives Exclusive is a midwifery practice in Pretoria with the philosophy of offering women-centered maternity care. Women-centered, holistic care can only be carried out if there is good collaboration between midwives and medical specialists when needed (Heatly & Kruske, 2011:54).

In the interest of evidence based practice and to improve doctor-midwife collaboration the team from Midwives Exclusive chose to appraise and update the practice’s clinical guidelines. ‘Prelabour rupture of membranes at term’ was chosen as the first topic. The midwives identified mutual concern in the correct management thereof.

The team reviewed current evidence and discussed how to implement it within the practice’s scope and circumstances. The AGREE instrument (The AGREE collaboration, 2001) was used to review the practice’s existing guideline. The Ontario Midwives’ (2010) guideline on pre-labour rupture of membranes at term was the main source for the updated guideline.

A draft of the updated guideline was reviewed by referral obstetricians in the private and public sectors as well as by a pediatrician. Through this process midwife-doctor relationships were strengthened.

The new guideline was appraised by the team using the AGREE instrument. Where the previous guideline scored 60%, the new guideline scored 96%. An audit form was developed to assess each pre-labour rupture of membranes case against the guideline requirements and criteria. Any deviation from the guideline requirements, if applicable, would be explained and outcomes for mothers and infants would be assessed.

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**THE ESTABLISHMENT OF A HIGH CARE WARD IN MATERNITY DEPARTMENT OF A DISTRICT HOSPITAL**

Kgeswa B, Zondi S, Adams C

*Introduction and background:* Maternal and neonatal statistics revealed that most of complications leading to maternal and neonatal morbidity and mortality can be avoided if the primary healthcare system is strengthened, and close monitoring with prompt management is offered to all high risk pregnancies and post-delivery. At a level 2 District Hospital situated at UThukela District, the nursing personnel screens all patients entering the maternity department to identify high risk cases. These cases are then referred to a dedicated doctor for further management.

*Purpose:* The purpose is to establish a High Care Ward to provide close monitoring and prompt treatment to all high risk women during pregnancy, labour, delivery and post-delivery at the hospital. It further strives to identify relevant nursing procedures and review protocols for managing high risk pregnancies.

*Methodology:* Meetings were conducted with the hospital management in consultation with nurses and doctors to address the need for a high care ward in the maternity department. The high care ward was established in the maternity ward and started functioning in November 2016. A weekly programme was established to improve staff knowledge and skills in monitoring closely and managing obstetrical emergencies, including drills, audits and death reviews.

*Outcome:* Staff’s knowledge and confidence is gradually improving. An adverse event committee was established and this committee meets on a monthly basis. There has been a noticeable improvement to reduce maternal and neonatal mortality. There is a need for further improvement in specialised equipment and skills to maximise the high care ward’s utilization.

*Conclusion:* Through a team effort, careful negotiations and a plea to be included in the budget, a high care ward was established in November 2016. Statistics reveal a noticeable improvement, but more specialised equipment and skills are still needed to maximise its utilization.

*Recommendations:* It is recommends that the service continues and is improved on, staff training is strengthened and that services such as family planning is added.
IMPROVING INTRAPARTUM CARE USING THE PARTOGRAPH

Malatji M, Hatting N, Van der Walt C

Background: In labour ward routine patient satisfaction surveys shows exceptional satisfaction. However, on documentation auditing of the partograph scored poorly. The project was chosen by team members to foster ownership and a shared vision.

Aim: To improve the use of the partograph.

Methods: Prior implementation audits of the partographs showed 34% completion. Pre-implementation questionnaire of knowledge of intrapartum care and partograph use was 80% and showed staff shortage resulting in time constraints, negative attitudes, lack of knowledge, and differences in how to complete the partograph as factors contributing to poor completion. The mentee led and enabled midwives to give short presentations to the staff on various aspects of the use of the partograph every two weeks. The midwives were encouraged by presenting a certificate of successful presentation and a positive personal note.

Findings: The staff implemented routine audits of the partograph and discussions on improvement during CPD sessions. This led to an improvement of the use of and correct recording on the partograph and the use of the intrapartum nursing protocol.

Discussion: The project allowed improvement of midwifery care and life-long learning. The midwives employed self-leadership skills.

THE GENERATIONAL SILENCE REGARDING SEXUAL AND REPRODUCTIVE HEALTH PROMOTION IN FAMILIES: AN INTEGRATED LITERATURE REVIEW

Mataboge MS (Sanah.mataboge@up.ac.za)

Background: The incidence and prevalence of teenage, unintended and unwanted pregnancies, STIs, HIV and AIDS are sustained globally, continentally and nationally at alarming rates. To mitigate these SRH problems alarming rates, interventions such as communication, coaching and mentoring in order to facilitate knowledge and skills acquisition by all sexually active people to prevent sexual and reproductive health (SRH) problems need to be implemented. However there is a protracted silence from generation to generation on SRH issues.

Purpose: The purpose of this paper was to explore and describe the generational silence on SRH promotion in families.

Method: An integrated literature review was conducted, primary concepts used during literature review were: silence on SRH, communication on SRH, factors predisposing to teenage, unintended and unwanted pregnancy, STIs, HIV and AIDS. Secondary concepts were: Technology advancement, media, education institution, health institution, parents and children communication on SRH. Sites used for searching included google scholar, CINAHL, Medline. Data was skimmed and streamlined, four themes emerged and were discussed.

Results: It emerged from the results that the generational silence was impacting on unintended and unwanted pregnancies, STIs, HIV and AIDS high rates especially among teenagers and sexual partners. Generational silence is perpetuated by technological advancement, culture of silence on SRH in families and sexual relationships, inclusion of SRH in the school curriculum and assuming that health facilities are equipped to provide SRH promotion programmes.

Recommendations: Sexual and reproductive health promotion need to be central during family members and sexual partners’ communication. Support is however needed to ensure the communication is initiated.

Conclusion: The conclusion made is that generational silence in families on SRH need to be addressed.


**INTRODUCTION AND BACKGROUND:** Disclosure of HIV status involves a process of decision-making, based upon numerous factors. Pregnant women as well as other individuals diagnosed with HIV often have difficulty disclosing their status to others yet disclosure is associated with adherence to antiretroviral treatment and support. Women are usually subjected to domestic violence following disclosure to their partners; hence have to decide to whom they can disclose in anticipation of a positive outcome.

**PURPOSE OF THE STUDY:** The purpose of the study was to explore and describe the reasons for disclosing and not disclosing a positive HIV status to sexual partners among Swazi women enrolled in a PMTCT programme.

**METHODOLOGY:** The researcher employed the qualitative descriptive phenomenological methodology. Convenience and purposive sampling were utilized, and the data collection methods were in-depth interviewing methods (Burns & Grove 2009; Polit & Hungler 2011). Sample size was and it was determined by data saturation. Thematic analysis was used for data analysis.

**RESULTS:** The main reasons for disclosure of the HIV status by pregnant women attended to for the PMTCT program were that of the need to practice safer sex and to protect their unborn babies and reduce the chances of re-infection. Participants also reported that they were so hurt by finding themselves HIV positive yet and needed somebody to share the pain with as they feared violence from their partners.

**RECOMMENDATIONS AND CONCLUSION:** Programs and policy approaches should be developed and recommended to increase HIV status disclosure rates and support individuals through the disclosure process. HIV counselors should: Address the possibility of domestic violence when discussing disclosure, and have referral structures in place such as the Swaziland Action Group against Abuse (SWAGAA). There should development of support groups for infected women to curb the fear of disclosure.

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**PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG ADOLESCENTS IN SWAZILAND**

Nxumalo-Magagula N, Chauke ME, Tshweneagae G

**PURPOSE OF THE PRESENTATION:** The presentation seeks to engage academicians, researchers and implementers in a process that identifies the core positive strengthens of research participants in changing their life situations.

**INTRODUCTION AND BACKGROUND:** Parents have a primary role of educating adolescents about life issues including avoidance of risky behaviours which could lead adolescents to contract HIV. However, in the country it is not clear how the parenting role facilitate HIV prevention among adolescents given that prevalence rate is estimated to be 37.7% among young people of age 10 – 24 years and about 60% new infections occur among this age group (Muna and Kiirya, 2011)

**PURPOSE:** The study aims to engage parents of adolescents in a process that will enable them to initiate interventions for preventing HIV among adolescents within the framework of Appreciative Inquiry (AI).

**METHODOLOGY:** A qualitative participatory method using Appreciative Inquiry (AI) will be conducted among 60 parents of adolescents residing in Manzini city. An AI summit by means of appreciative interviews will be used to collect data according to different phases of the 4-D cycle of AI. The approaches to be used for collecting data will be paired interviews and focus group discussions. Data will be analysed thematically because it is recommended as a useful method for working within a participatory research approach. The approach allows participants to be collaborators in the analysis. Permission to conduct the study was sought from the Research Ethics committee of the Department of Health Studies at UNISA and the National Health Review and Research Board of Swaziland as well as management of Manzini Municipality and participants.

**EXPECTED OUTCOME:** Communication on HIV prevention will be promoted through the intentional involvement of parents. This will be facilitated by development of parents - initiated interventions and action plans on HIV prevention among adolescents.
REDDUCING POST SURGERY INFECTIONS AT CHIKWAWA DISTRICT HOSPITAL MATERNITY UNIT

Phuziwa M, (mphuziwa@gmail.com), Nyirongo T, Chirwa E

Introduction and background: Chikwawa District hospital maternity unit registered a total of 42 cases of post surgery infections (PSI) representing 6.4% of all cases (653) conducted in 2015. These infections contributed to three hysterectomies and one maternal death (MD). Chikwawa District Hospital implemented an eighteen months (April 2016 to August 2017) project to reduce the infections.

Study aim: The aim was to reduce the rate of the infections from 6.4% to 3.2% (50%). The project was implemented in maternity and theatre departments. It was spearheaded by a multidisciplinary taskforce committee comprising staff from maternity, theatre, pharmacy, laboratory, administration and laundry departments.

Methods: The measures employed in the project included reinforcement of infection prevention (IP) standards, ensuring availability of sterile instruments for procedures, administration of pre-operative and post-operative antibiotics, daily wound dressing and training of staff in IP standards. Other measures included development of protocols for prevention of PSI and monitoring tool for post surgery mothers to ensure early detection of infections. Mobilisation of IP equipment and supplies and regular staff meetings also contributed to the success of the project.

Results: The project reduced the rate of the infections from 6.4% to 0.8% (5 out of 603). Number of hysterectomies reduced from three to one and no MD was reported in the implementation period. For patients with longest hospital days, the length of admission reduced from 42 to 9 whilst for those with shortest stay the days reduced from 5 to 3, with most of them staying for 6 to 10 days in both periods (14 in 2015; 3 in 2016-17). The results have shown that simple measures such as following IP standards, involvement and commitment of all cadres working in maternity and theatre departments can tremendously reduce the rate of PSI. It is therefore recommended that theatre and maternity staff should work together to reduce PSI.

ESCALATING CERVICAL CANCER SCREENING WITH VISUAL INSPECTION USING ACETIC ACID (VIA) AMONG WOMEN OF CHILDBEARING AGE

Shabangu N, Dlamini C, Tagutanazvo OB

Background: The screening of cervical cancer using the Visual inspection with acetic acid (VIA) is cheaper and allows for early treatment and uptake of VIA in the country.

Purpose: To improve the quality of life of women of child-bearing age through early detection of and treatment of cervical cancer.

Methods: Kouzes and Posner’s Leadership Model guided the project. A team of nurses, midwives, and rural health motivators (RHM) were involved in a quality improvement project that ran for 18 months. Fourteen (n=14) nurses were trained on VIA while 60 RHMs and 14 community leaders were sensitized to create awareness on VIA in their communities. The males in the communities were encouraged to support their partners. The women who responded were screened for cervical cancer. A tool for capturing data was developed by the team and has since been adapted at national level.

Impact: A total of 234 women aged 16-39 were enrolled in the project and 17% (n=42) had VIA positive results and 95% of these (n=40) received cryotherapy. The ninety-eight women aged above 40 had a pap smear done. VIA has now been integrated into maternal and child health services at the facility and partners continue support their partners to be screened for cervical cancer.

Mentee Impact: The mentee gained leadership skills and has learnt how to negotiate and work effectively in a team. The completion of the program has helped me believe in myself and realise that quality care begins with a shared vision.

Discussion: The screening and early detection of cervical cancer using VIA has seen women with suspected cancer cells referred for further management to reduce the morbidity and mortality related to cervical cancer. Leadership skills and collaboration between clinical staff and the community were strengthened. The next step involves the project team continuing and extensively involving the Sexual Reproductive Unit, extending to schools, surrounding clinics and other communities.
STRENGTHENING PRACTICES THAT REDUCE HYPOTHERMIA AT BIRTH: A CASE OF QUEEN ELIZABETH CENTRAL HOSPITAL (QECH), BLANTYRE, MALAWI

Tewesa E (etewesa@gmail.com), Kapito E, Chirwa E

**Background:** Hypothermia at birth contributes significantly to neonatal morbidity and mortality in developing countries yet the most neglected aspect of care. In the absence of thermal protection at birth, the neonate may lose considerable heat resulting in a drop of body temperature. January and February 2016 neonatal unit records showed that 47% of neonates that were admitted had hypothermia with Temperatures below 36°C. The project was conducted in labour ward. It started in May 2016 to date.

**Aim of the project:** To reduce cases of hypothermia in neonates born at QECH through strengthening practices that reduce heat loss and promote warmth at birth.

**Methods (Activities):** We reinforced thermal protection practices at birth which were immediate drying at birth, keeping babies warm and skin to skin contact for 1hour after birth. Through funding from PACHA, the hospital and well-wishers, trainings of midwives and support staff were conducted, resources were mobilised which were receiving towels, hats, bed sheets and posters that enhance practice of reducing hypothermia were developed. Prevention of hypothermia was included in antenatal lessons. The Kouzes Posner model of change was used throughout the project.

**Results and discussion:** Neonatal unit admission temperatures were checked for neonates born at QECH from December 2016 to February 2017. Cases with temperatures below 36°C kept decreasing, 27.9% in December, January 26 and February 18.9%. Improved practices at birth were observed; these were thorough drying, routine practices of skin to skin contact for stable neonates: availability of receiving towels, hats, and posters in labour ward. Ongoing effects of these interventions will be measured through case review of all neonates born at QECH

**Conclusion:** Leadership skills and mentorship are very vital if quality care is to be achieved. The practices strengthened in this project will assist in improving survival rates of neonates.

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RESEARCH CAPACITY DEVELOPMENT: THE NEED FOR SKILLED AND CONFIDENT EDUCATORS TO SUPPORT STUDENTS

Van Rensburg GH (Vrensgh@unisa.ac.za), Geyer N, Armstrong SJ

**Introduction and Background:** Research capacity development supports the production of evidence for decision-making, education and practice and is considered vital for cost-effective and quality healthcare and well-prepared healthcare professionals. Bates et al. (2006) and Lansang and Dennis (2004) explain research capacity development as the improvement of the abilities of individuals, organisations and systems to conduct research and disseminate quality reports.

**Purpose:** To explore and describe the research capacity development of educators in preparation for knowledge translation.

**Methodology:** An exploratory case study design was used to gain insight into the contributions that a novice researcher programme makes towards research capacity development. Data were collected from reports to the Board of a professional organisation and three reflection workshops. The case was deductively analysed using the literature on research capacity development as the point of departure. The Cooke's integrated framework for research capacity building in healthcare was used to evaluate the development that took place.

**Findings:** The findings of the analysis are described and discussed according to the eight dimensions of the Cooke's integrated framework indicating that the research development programme fulfilled all the dimensions of the framework. The dimensions are: skills and confidence of the participants; research applicability; linkages, partnerships and collaboration; dissemination and knowledge translation; continuity and sustainability; infrastructure; leadership; and empowerment.

**Conclusion:** The term, research capacity development, is subjective and tends to be context-specific and therefore difficult to define. The motivation for engaging in such programmes varies from attempting to promote research in specific, seen to be under-researched, areas in the field to much broader motives such as increasing research output for professional recognition purposes. For educators it has become vital in their role to support students in research consumption, knowledge translation and transfer of learning.

**Recommendations:** Research capacity development of educators is necessary to ensure optimal student support and facilitation of knowledge translation. A sound research culture and necessary knowledge will enable educators to develop strong leadership in research, strengthen motivation of students and promote evidence-based practice.
INFECTION REDUCTION DURING THE SECOND STAGE OF LABOUR: IMPROVING THE PRACTICE OF ASEPTIC TECHNIQUE BY MIDWIVES IN A NATIONAL REFERRAL HOSPITAL

Vilakati MM (sbnsmgg169@gmail.com), Masuku SKS, Tagutanazvo OB

**Background:** Puerperal sepsis following childbirth constitutes the second leading cause of maternal mortality world-wide and has been partly attributed to contamination during the process of childbirth. Puerperal infection emanating from poor practice of aseptic technique among midwives during the birth of the baby is one of the factors underlying the tenacious rates of maternal deaths in Swaziland. Interventions such as promoting birth of babies under skilled attendants, improving nutrition education and practices of maternal women have been explored in Swaziland. However, initiatives towards reduction of infection during birth in particular, practising aseptic technique are poorly explored among midwives.

**Aim:** To explore the contributory factors leading to contamination during the process of childbirth and to develop strategies towards reducing infections during the second stage of labour.

**Methodology:** Baseline data was collected using self-administered questionnaires to explore the challenges faced by midwives in practicing aseptic technique during the process of childbirth. The baseline findings were used to build the capacity among midwives. Topics covered during training sessions included infection reduction methods and use of proper aseptic technique during delivery. Post intervention data was collected in April 2017 using an audit tool adapted from the standard operating procedures (SOP) for normal deliveries.

**Results:** Aseptic technique training as well as introduction of midwifery procedure manual improved compliance to infection reduction SOP by 6 percent, from 81% to 87%. However, aseptic technique audits showed that midwives rarely wear a mask before opening a delivery pack.

**Implications for Midwifery practice:** Contaminations that occur during maternal delivery are a result of negligence more than lack of knowledge. Provision of enough delivery packs will improve and significantly contribute to reduction of puerperal sepsis attributed to contamination during the process of childbirth.

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ESTABLISHING AND STRENGTHENING HEALTH EDUCATION PROGRAMMES FOR MOTHERS AND FATHERS ON FATAL KICK COUNTS DURING ANTENATAL CARE TO REDUCE FATAL MORBIDITY AND MORTALITY RATE IN A DISTRICT HOSPITAL IN UMGUNGUNDLOVU

Xaba M, Adams C

**Introduction and background:** The fetal kick count monitoring tool is a valuable tool to reassure a mother of the health of the foetus. It was unknown if parents understand and use the kick count chart correctly. The purpose of this project was to improve the knowledge of pregnant women on foetal monitoring, the use of foetal kick count chart and its importance in reducing foetal morbidity and mortality rate. The findings were used to develop and strengthen the content of a health education programme in ANC.

**Purpose:** To determine the knowledge of mothers regarding monitoring of fetal movements using fetal kick count chart.

**Methods:** A questionnaire and focus group interviews were used to obtain information from the pregnant mothers. Sixty (60) pregnant mothers and four (8) nurses working in the antenatal care and antenatal ward participated in the project.

**Findings:** At this hospital most pregnant women regarded foetal monitoring as important but had little knowledge of the importance of foetal monitoring and recording on the foetal kick count chart. They confirmed that they received information about foetal monitoring by the staff but were unsure when they are alone at home. It was also difficult to feel the movements which made it difficult to record. The other challenge was that there were many foreign pregnant women who find it difficult to understand the language and there is usually no one to interpret for them. Few women did not have pens to record with, others recorded wrong and others did not record at all. Women with not attend ANC regularly did not recall receiving this information and they did not know how foetal monitoring is done.

**Conclusion:** There is room for improvement in this area of patient education where patients will take part in teaching other mothers, demonstrations and encouraging fathers to accompany the mothers when attending ANC and involving them during health education. Content on contextual health education for mothers on foetal movement monitoring was proposed.
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