

the Nuremberg Code with its emphasis on informed consent. Nurses today need an understanding of how nurses were drawn into the abrogation of their code of ethics.

Final Year Student Nurses' Readiness for Practice

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Background / Aims: Nursing students require access to relevant, quality clinical education and clinical placements to feel prepared, confident and ready to competently care for patients in a practice environment. This study aimed to examine factors that influence nursing students' perceptions of preparedness for practice and to ascertain their level of confidence performing key practice skills independently. **Methods:** A cross-sectional study design. All third-year nursing students at a regional Australian university were emailed a link to an online version of the Casey-Fink Readiness for Practice Survey following their final practicum. Demographic data and survey items were summarised using descriptive statistics. Analysis of variance was performed to compare results with demographic data. Correlation analysis was performed to test relationships between continuous variables. **Results:** Overall, students reported a high level of confidence and preparedness for clinical practice. The areas in which students lacked confidence were: managing multiple patient care assignments, independently performing venepuncture and assisting with intubation. The students did not feel simulation experiences adequately prepared them for clinical practice. The areas identified to enhance confidence and readiness for practice include: expanded practicum placements, more simulation or clinical skills practice, smaller clinical skills class sizes and the use of up-to-date equipment during training. **Conclusion:** The results highlighted that students perceive placements and clinical skills practice as keys for enhancing readiness for practice and to facilitate a successful transition into professional nursing practice. The marked difference in hours of clinical practicum between Australian students and US students may explain differences in confidence levels upon graduation.

Do Patients Receiving Radiation Treatment for Breast Cancer in a Tropical Setting Prefer to Use a Barrier Cream or a Moisturising Cream as Part of Their Skin Care Regimen? Results from a Randomised Controlled Trial

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Background / Aims: Radiation oncology nurses routinely recommend preventative skin care products to patients receiving treatment. Despite many trials related to acute radiation skin reactions, few have explored the patients' acceptability of recommended products. A nurse-led randomised controlled trial comparing two products in patients receiving radiation treatment for breast cancer sought this perspective. The aim of this study was to ascertain if a barrier cream is more acceptable than a moisturising cream to patients receiving radiation treatment. **Methods:** Patients recruited to the Radiation Therapy Skin Care Trial (N=255) were randomised to receive either the moisturising cream or a barrier cream. Participants completed an Acceptability Survey each week during treatment, and one month after treatment ended. Acceptability was operationally defined as a score of at least 4 on five specific questions on the Acceptability Survey (ease of application, smell, whether the cream felt comfortable, built up on the skin or affected clothing). The patients' perspective on additional attributes of the creams was also ascertained. **Results:** Participants preferred the barrier cream over the moisturiser (p=0.02); both creams were equally

comfortable on the skin. Whilst the moisturiser was more likely to build up, it was better at relieving skin dryness. **Conclusion:** Although the barrier cream was preferred overall by the participants, both creams were highly acceptable and on this basis either product could be offered to patients. Future patients may need to consider other factors, such as the product cost, availability, and effectiveness in reducing the severity of acute radiation skin reactions when choosing skin care products.

An Intensive Care Unit Admission During Pregnancy or in the Postnatal Period: an Integrative Review of the Literature

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Background / Aims: While the need for critical care support in an intensive care unit during pregnancy or in the postnatal period is relatively uncommon in the developed world, recent epidemiological studies have reported rising rates of maternal morbidity. This morbidity is associated with obstetric complications of postpartum haemorrhage and pre-eclampsia along with other causes such as respiratory failure, cardiac disease and trauma. The aim of the integrative review is to explore the reasons for admission to an intensive care unit during pregnancy or in the postnatal period and the outcomes of the admission. **Methods:** An integrative literature review using the words antenatal, postnatal, perinatal, obstetric, intensive care unit, critical care unit, outcomes and quality of life in combination to search the data bases CINAHL, Medline, OvidSP, ProQuest and PsychINFO. **Results:** Fifteen journal articles met the review criteria: one systematic review, two population based cohort studies, seven case series reviews, two retrospective cohort studies, one comparative study, one metasynthesis and one literature review. **Conclusion:** Maternal outcomes are primarily described by morbidity and mortality rates. There is limited published research on outcomes other than biomedical outcomes. There is paucity of literature relating to critically ill women during the antenatal, intrapartum or postnatal period. More research is needed to explore and describe the outcomes of these women.

Is a Barrier Cream More Effective than a Moisturiser in Preventing Moist Desquamation in Patients Receiving Radiation Treatment for Breast Cancer? Results of a Randomised Controlled Trial

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Background / Aims: Patients receiving radiation for breast cancer potentially develop severe radiation dermatitis, most frequently manifested as moist desquamation. Internationally, there is inconsistency about what products patients are advised to use to prevent this. Additionally, there is no literature about skin care products and the development of moist desquamation in tropical climates. The aim of this study is to compare the effectiveness of two creams at minimising the incidence of moist desquamation in a tropical setting. **Methods:** A nurse-led randomised controlled trial recruited participants from the Townsville Radiation Therapy Unit between June 2010 and July 2012 (N=255). Participants were stratified according to breast or chest wall radiation treatment areas and randomly allocated to use a moisturising or barrier cream. Nursing staff scored radiation dermatitis weekly by using a standardised grading system, and patients were phoned one month after completing treatment for a final skin assessment. **Results:** At treatment completion, 15% of participants had moist

desquamation. An additional 22% self-reported this at one-month follow up. Risk factors for moist desquamation included increased breast size and body mass index. The barrier cream significantly reduced the incidence of moist desquamation in patients receiving radiation to the chest wall but not in patients receiving radiation to the breast treatment area. **Conclusion:** The incidence of moist desquamation following radiation treatment has important implications for radiation oncology nurses' clinical practice. These findings highlight the need for structured discharge planning and education incorporating identified risk factors. Patients undergoing radiation treatment to the chest wall may benefit from using a barrier cream.

Pain is What the Patient Says It Is, But...: An Ethnographic Study of the Factors Which Influence Nurses When They Make Pain Management Decisions in a Clinical Setting

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Background / Aims: Barriers to effective postoperative pain management mean patients suffer needless pain. Few studies have observed nurses as they manage postoperative pain in a clinical setting; those who used observation have demonstrated the importance of context to pain management practice. **Methods:** This ethnographic study aimed to examine what factors influenced nurses when they made pain management decisions. One hundred and fifty seven hours of observation, semistructured interviews with thirty-six staff, field-notes, and document analysis were used to investigate the culture of pain management in one postoperative ward. **Results:** Analysis identified three themes with sub-themes. First, the revealing of a pain management culture, and a new finding of a silence of routine pain management communication. Second, nurses' decision-making responses to pain management opportunities including a new finding of a single pain management action. Finally, the nurses' expectations of patient behaviours, including how patients should look, what they should say and know, and nurses' responses to patients who do not conform to expectations. **Conclusion:** The findings suggest culturally mediated pain management behaviours, linked to a ward culture where pain was not a priority. Using Social Identity Theory these behaviours are presented as in-group pain management social norms; part of the culture of how pain management is done around here. These pain management in-group behaviours are submitted as the critical factors influencing nurses pain management decision-making in a clinical setting. These behaviours are not targeted through traditional education and their explication may indicate pain management education should be directed more towards cultural change.

POSTER ABSTRACTS

Nursing Research Symposium

Monday, 14 October, 2013

12:30-4.30 pm (lunch from 12 pm)

Robert Douglas Auditorium, The Townsville Hospital

Women's treatment decision-making and psychological distress related to early breast cancer

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Background / Aims: Shared-decision making for medical treatment of cancer is now an accepted practice in western countries. Women following a diagnosis of early breast cancer often require decision support and usually experience severe psychological distress. If this psychological distress remains undetected and untreated in these women it may develop into more serious affective disorders such as anxiety and depression. **Methods:** This prospective cross-sectional study investigated Queensland women's (N=132, M=58 years) treatment decision-making and psychological distress related to early breast cancer. Women were surveyed following diagnosis, with the Decision Treatment Process questionnaire and the Brief Symptom Inventory-18 (BSI-18). The Decision Treatment Process questionnaire consisted of 23 items and the BSI-18 instrument included 18 items, which both were scored on a 5-point Likert scale. The data were analysed using descriptive and inferential statistics. **Results:** Most women (94.7%) rated to follow the doctor's advice as important when making treatment decisions. The majority (87.8%) of women indicated information and 98% control as other important factors in the treatment decision-making process. Over a third (28.8%) of women were identified as positive cases for Anxiety and 23.5% for Depression. Women who were positive cases for Anxiety were more likely to be younger ($p=0.006$). Also, younger women ($p=0.04$) and those who lived alone ($p=0.04$) were more likely to have higher Depression scores. **Conclusion:** Women after diagnosis often require decision support when choosing early breast cancer treatment. Screening for psychological distress is required so these women can be supported and referred for specialist assessment and treatment if needed.

MEDICAL RESEARCH SYMPOSIUM PROGRAM

Tuesday, 15 October, 2013 12:30-4.30 pm (lunch from 12 pm)

Robert Douglas Auditorium, The Townsville Hospital

TIME	TOPIC	SPEAKERS
12:00	LUNCH	
12:30	Introduction and Overview	Associate Professor Lynden Roberts
12:35	Rural Doctor Training In Emergent Care: What They Want and What They Need	Dr Carl O'Kane
12:40	Audit of Unplanned Admissions after Elective Day Case Surgery	Dr Alistair Hustig