Together we can strengthen the nursing theory and the practice landscape

3RD SOUTH AFRICAN NURSES’ CONFERENCE 2016

24-26 FEBRUARY 2016
THIRD SOUTH AFRICAN NURSES’ CONFERENCE 2016

DENOSA is honoured to host the 3rd South African Nurses’ Conference 2016 under the theme: Together we can strengthen the nursing theory and practice landscape. DENOSA aspires to inspire unity in seeking solutions to challenges facing the nursing profession and the Health System.

The biannual conference was born out of a need to build capacity and create an enabling environment for South African nurses to effectively and positively influence health policy and it affords the nursing community an opportunity to critically analyze the South African health system and propose solutions.

The first South African Nurses’ Conference 2011: Theme: Delivering Quality Care emulated the nursing communities commitment to serving the South African population.

The second South African Nurses’ Conference 2013: Theme: It is our right to care, affirmed nurses commitment to give the best of care.

This third conference promises thought provoking plenary sessions, workshops and networking opportunities as outlined in the program.

Together we stand towards service excellence.

SPECIAL THANKS TO THE ORGANISING TEAM:

Daniel Kwena Manamela
Wanda Monoa
Thokozile Kgongwana
Heather Sam
Peggy Motswatswa
Sibongiseni Delliлаazo
Paul Owomugisha
Bongane Nxokweni
OrangeXtreme
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WELCOME MESSAGE

The conference: Looking at the state of nursing in the country.

This 3rd SA Nurses’ Conference gives the nursing fraternity an ample opportunity to reflect on the successes and how much of a groundwork still needs to be covered.

While it remains our hope that every nursing practitioner from all disciplines gets an opportunity to experience this conference of nurses, we are certain that those fortunate enough will do all in their power to impart the knowledge gained from the conference onto their subordinates, readers, colleagues and superiors in the workplace for the improvement of this ever-evolving profession.

This conference is renowned for the rare opportunity that it provides to nurses: time to pose direct nursing-specific relevant and clarity-seeking questions to decision-makers in health, from the minister at the top to senior managers beneath him. For the first time in the history of the democratic South Africa, we are happy that the conference will be addressed by the first country’s Government Chief Nursing and Midwifery Officer, Dr N. Makhanya. We appreciate her appointment as it was one of the achievements of the nursing strategic goals that has been successfully realized. This is a position that we have lobbied for to government since 2006, so that nursing matters would have an accounting officer in government. We are most proud that Dr Makhanya has been an avid participant and leader of these conferences since their inception. As Chief Nursing Officer, we welcome her with warm hands.

Furthermore, we are honoured that the Minister of Health, Dr A. Motsoaledi, will make a presentation on the National Health Insurance (NHI). This is the concept that, as healthcare service practitioners, we support wholeheartedly as it will completely change landscape of healthcare provision to all South Africans, particularly those who have been deprived of quality healthcare service on the basis of their poor economic standing.

The timing of this conference is also taking place during the time that we are experiencing the changing landscape in nursing education. We really appreciate the involvement of the South African nursing council under the leadership of the Acting registrar Mrs T. Manganye for availing themselves to provide workshops that will enlighten all of us regarding the future of nursing education in our country. Prof Mulaudzi, the chairperson of FUNDISA will also add the nursing education voice when she addresses issues of transformation in nursing education.

Leadership in nursing is also very critical to strengthen the quality of nursing offered in the country. Prof Rispeel will share with us the authentic values that are required to take nursing forward. We are pleased with the high number of abstracts received from Nurses who are members from Practice, Education and Regulation.

We would like to thank all our sponsors for making this conference a success. Your assistance is having a positive impact on the profession.

With the fully-packed programme, we hope that attendees will find the content of the conference very fruitful and worth sharing with seniors, colleagues, subordinates and student nurses so that the whole nursing population is on par with the developments in the profession.

Enjoy.

Simon Hlungwani
DENOSA President
WELCOME MESSAGE

It is that time again that as a profession we converge to share information to enrich ourselves and the profession under the theme “Together we can strengthen the Nursing Theory and the Practice landscape”. During the three days nurses from different spheres will be showcasing research done to strengthen and grow our profession.

Conferences like this are important as it ensures that nurses update themselves regarding new trends in the profession. Nursing evolves all the time and it’s through this scientific knowledge generated that the nursing theory and practice is strengthened.

To all nurses presenting papers in this conference, DENOSA wants you to be the source of information that nursing can tap from to enrich our profession. Nurse researchers must ensure that all nurses participate in research wherever they might be working to bring about change in their respective clinical areas.

I am wishing all participants of the 3rd Nurses Conference good deliberation, and to safeguard that all contacts made in this conference translate into a fountain of knowledge that nurses can refer to in the future. We have to always remember that: “The growth of any profession is dependent on the research it generates”.

Madithapo Masemola
DENOSA Acting General Secretary
PLENARY SPEAKERS

Dr Pakishe Motsoaledi | Honourable Minister of Health

Aaron Motsoaledi (born 7 August 1958 in Transvaal) has been the Minister of Health of South Africa since 11 May 2009 to date. He was formerly an MEC in the Limpopo province for (in chronological order) transport, agriculture and environment, and education.

Prior to his appointment as Minister of Health of the Republic of South Africa, Motsoaledi has served in various positions of leadership from 1986 to 1994.

Motsoaledi has also served as a member of the Limpopo Provincial Legislature from 1994 to 2009; as a member of the Limpopo Provincial Executive Council (MEC) for Education from 1994 to 1997; MEC for Transport from 1998 to 1999 and MEC for Agriculture, Land and Environment in 1999.

Dr. N Makhanya | Chief Nursing Officer, NDoH

Dr Makhanya has worked in various settings within the health sector. Initially as a professional nurse providing clinical nursing care, a community health nurse and educator in Higher education sector.

Her current involvement with the professional matters is through her position as Chief Nursing officer responsible for providing expert policy and technical advice on nursing and midwifery’s contribution to meeting population health goals of the country. Previously, Dr Makhanya was the President of the South African Nursing Council (2004-2008) and a Chairperson (2008-2013).

Dr. K Naidoo | Counsel of Higher Education

Professor Kethamonie Naidoo joined the CHE in August 2012 as Director: Accreditation. She was previously a Director of Centre for Academic Development Services at Medunsa and Director of the Centre for Academic Excellence at the University of Limpopo and has worked extensively in the area of quality assurance. Her qualifications include a D.Ed.; M.B.A (cum laude); M.A.; B.Ed.; B.A (Hons.);U.D.E, Diploma in Special Education and a Certificate in Higher Education Management.

Prof. L Rispel | Wits School of Public Health

Laetitia Rispel is Professor and Head of the Wits School of Public Health and also scientific director of the Medical Research Council Health Policy Research Group at Wits. She has published extensively on different aspects of health policy and health systems research, central to many of the issues involved in the re-structuring and transformation of the South African health system. In September 2015, she was awarded one of 42 new DST/NRF SARChI chairs for South African women. Laetitia has won several awards, and serves on the boards of national and international public health organisations. She is the deputy chair of the Board of the Office of Health Standards Compliance, and also chairs the Certification and Enforcement Committee of the Board.
# Programme

## Day 1 | 25 February 2016 | Wednesday

<table>
<thead>
<tr>
<th>Session 1</th>
<th>PLENARY Programme Director (MC)</th>
<th>Mr. L Modise</th>
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<td>Registration, Tea and Exhibition Viewing</td>
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<td>9:30</td>
<td>House rules and Safety</td>
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<td>Opening Ceremony: National Anthem</td>
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<td>10:00</td>
<td>Welcome</td>
<td>Clr M. Ngungubele</td>
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<td>10:15</td>
<td>Setting the Scene</td>
<td>Ms. M Masemola</td>
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<td>10:20</td>
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<td>Mr. S Hlungwani</td>
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<td>10:30</td>
<td>Tea Break</td>
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**Session 2**

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<th>Mr. L Modise and Ms. H Ally</th>
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<tr>
<td>11:00 From a Strategy to Program Action</td>
<td>Dr. N Makhanya</td>
<td>The Terminal</td>
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<td>11:30 Progress on accreditation of new nursing qualifications</td>
<td>Dr. K Naidoo</td>
<td>The Terminal</td>
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<td>12:00 Progress in the implementation of the Nursing Act</td>
<td>Ms T Manganye</td>
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<td>12:30 Traditional Circumcision and Nursing</td>
<td>Dr. M Ntsaba</td>
<td>The Terminal</td>
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<td>13:00 The Role of Nurses in Demystifying Albinism Myths</td>
<td>Ms. N Mazibuko</td>
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<td>13:30 Questions and Comments</td>
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<td>13:45 Break for Lunch</td>
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<td>SERENGETI &amp; OR TAMBO</td>
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<tr>
<td>14:30 NESTLE: Nutrition</td>
<td>14:30 UNILEVER: Tackling the Salt habit: It's a Marathon, not a Sprint</td>
<td>14:30 HEALTH SYSTEM TRUST: Wellness in Leadership</td>
<td>14:30 NDoH: Primary Healthcare - An Ideal Clinic</td>
<td>14:30 NDoH: MomConnect</td>
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<td>Cape Town International</td>
<td>King Shaka</td>
<td>Marco Polo</td>
<td>Auditorium</td>
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<td>Registration and tea</td>
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<td>8:00</td>
<td>Recap of Day 1</td>
<td>Dr. S Mkhize</td>
<td>The Terminal</td>
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<td>8:10</td>
<td>The Progress of Health Standards Compliance in Health Care Facilities (Theoretical and Clinical)</td>
<td>Prof. L Rispel</td>
<td>The Terminal</td>
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<td>8:40</td>
<td>Questions and Remarks</td>
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<td>The Terminal</td>
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<td>8:50</td>
<td>Introduction of the Minister</td>
<td>MEC Health Gauteng: Ms Q Mahlangu</td>
<td>The Terminal</td>
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<td>9:00</td>
<td>Address</td>
<td>Honourable Minister of Health: Dr. A Motsoaledi</td>
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<td>Questions and Remarks</td>
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<td>10:00</td>
<td>Tea Break &amp; Poster Presentations</td>
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<td>EXHIBITION AREA</td>
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<tr>
<td>10:30</td>
<td>Abstract Presentations 1</td>
<td>TRACK 1: Advancing Holistic Nursing practice</td>
<td>The Terminal</td>
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<td>10:30</td>
<td>Abstract Presentations 2</td>
<td>TRACK 2: Contemporary Nursing Issues</td>
<td>King Shaka</td>
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<td>10:30</td>
<td>Abstract Presentations 3</td>
<td>TRACK 3: Investing in Nursing-The Human Capital in health</td>
<td>Auditorium</td>
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<td>10:30</td>
<td>Abstract Presentations 4</td>
<td>TRACK 4: The Threshing floor: Teaching and learning</td>
<td>OR Tambo 2</td>
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<tr>
<td>10:30</td>
<td>Abstract Presentations 5</td>
<td>TRACK 5: Students voice as the rising nurse leaders</td>
<td>OR Tambo 1</td>
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<td>Break for Lunch</td>
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<tr>
<td>13:30</td>
<td>Interactive presentation</td>
<td>NDoH: TB HIV AIDS</td>
<td>OR Tambo 2</td>
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<td>13:30</td>
<td>Abstracts</td>
<td>Track 1 and 2</td>
<td>King Shaka</td>
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<td>13:30</td>
<td>Interactive presentation</td>
<td>Dr. N Makhanya and Prof. T Ramukumba: Leadership</td>
<td>The Terminal</td>
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<td>13:30</td>
<td>Abstracts</td>
<td>TRACKS 3 and 4</td>
<td>Auditorium</td>
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<td>13:30</td>
<td>Interactive presentation</td>
<td>Ms. Y Uys: Evidence Based practice in the undergraduate nursing curriculum</td>
<td>OR Tambo 1</td>
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<td>Tea Break &amp; Poster Presentations</td>
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<td>Certificate of Attendance collection for day visitors only</td>
<td>The Terminal</td>
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<td>18:30</td>
<td>Cocktail Evening</td>
<td>Entertainment; Motivational Speaker; Refreshments</td>
<td>The Terminal</td>
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### DAY 3 | 26 February 2016 | Friday

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<tr>
<td>7:30</td>
<td>Registration and tea</td>
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<td>The Terminal</td>
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<td>8:00</td>
<td>Recap of Day 2</td>
<td>Ms. S Mchunu</td>
<td>The Terminal</td>
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<td>8:10</td>
<td>Key Sponsor</td>
<td>Old Mutual</td>
<td>The Terminal</td>
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<tr>
<td>8:20</td>
<td>Gender Equity in the Nursing Environment</td>
<td>Mr. M Shozi</td>
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<td>(Training and Practice)</td>
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<td>8:50</td>
<td>Integrating traditional and indigenous</td>
<td>Dr. C Tsiane</td>
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<td>medicine into the health system</td>
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<td>9:20</td>
<td>SANC as a Regulator</td>
<td>Ms S. Vathusevan</td>
<td>The Terminal</td>
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<td>9:50</td>
<td>Questions and remarks</td>
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<td>Tea Break &amp; Poster Presentations</td>
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<td>10:50</td>
<td>Decolonisation of Nursing</td>
<td>Prof. M Mulaudzi</td>
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<td>11:30</td>
<td>Questions and Remarks</td>
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<td>The Terminal</td>
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<td>11:50</td>
<td>Summary of the Conference</td>
<td>Prof NG Mtshali and Prof T</td>
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<td>Ramukumba</td>
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<td>12:20</td>
<td>Closing Ceremony: Nurses Pledge</td>
<td>2nd Deputy President: Ms. R</td>
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<td>Msibi</td>
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<td>12:50</td>
<td>Vote of Thanks</td>
<td>Deputy General Secretary:</td>
<td>The Terminal</td>
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<td>Mr. D K Manamela</td>
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TRACKS AND SUB-THEMES

**Track 1**
Advancing Holistic Nursing practice

- Innovations and Technology enhancing nursing and midwifery practice
- Evidence-based and evidence-informed practice
- Environmental and occupational health and safety in nursing
- Continuous Professional Development towards improved sustainable nursing practices
- Multidisciplinary and collaborative research

**Track 2**
Contemporary Nursing Issues

- Ethics/human rights and palliative care-euthanasia
- Social and Health matters (Gender, Abuse, sexuality)
- Outside western medicine practices-Traditional healers
- Non Communicable and communicable diseases.

**Track 3**
Investing in Nursing-The Human Capital in health

- Leadership in nursing
- Models for promoting positive change
- Organising, regulating and enforcing good conduct future Nurses and Midwives
- Research initiatives in human development.

**Track 4**
The Threshing floor: Teaching and learning

- Transformative teaching and learning: e.g. problem based learning (PBL), OBL etc.
- Quality assessment; examination and invigilation
- Work integrated Learning (WIL)
- Innovation and Technology in student learning, assessment and support.

**Track 5**
Students voice as the rising nurse leaders

- Innovative curriculum allowing closer sequencing of theory and practice;
- The community service of registered nurses experiences (positive and negative) in health services
- The alignment of theory to practice
- How unique is the training and education of student nurses?
- Improving collaboration between clinical areas and educational institutions and developing preceptors’ lecturing roles.
# MORNING SESSION: ORAL PRESENTATIONS

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<td>OR-Tambo 1</td>
<td>OR-Tambo 2</td>
<td>OR Tambo</td>
<td>King Shaka</td>
<td>Dr. S Moloko-Phiri and Dr. N Mabuza</td>
<td>The Terminal (Plenary Area)</td>
<td>Prof T Ramukumba and Ms. S Mchunu and Ms. Y Uys</td>
<td>Ms L Tshikosi</td>
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<td>Prof T Ramukumba and Dr. H Rahdudi</td>
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<td>OR Tambo</td>
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<td>Mr. S Khoza</td>
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<td>Ms V Fransman –Henricks</td>
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10:30 Strengthening The Occupational Health Clinic For The Management Of Tb in The District At University Hospital
10:40 Assessment Of Total Quality Management Implementation At University Hospital
10:50 The Perceptions Of Family Members With Regard To Raising Hiv And Aids Awareness Within Families
10:55 Assessment Of the Provision of Educational Materials on HIV/AIDS prevention among boys who underwent circumcision at Hospitals in the Vhembe district, Limpopo province, South Africa
11:00 The Experiences Of Operational Managers in the Management Of Poor Performance Of Nurses in A Regional Hospital in Ekurhuleni
11:05 The Experiences of Operational Managers in the Management Of Poor Performance Of Nurses in A Regional Hospital in Ekurhuleni
11:10 Role Of Impairment Committee Feedback
11:15 The Experiences Of Tb/Hiv Co-Infected Patients Regarding The Provision of Tb/Hiv Integrated Services
11:20 The Experiences Of Tb/Hiv Co-Infected Patients Regarding The Provision of Tb/Hiv Integrated Services
11:25 Determining The Knowledge And Skills In Financial Management Among Professional Nurses In Community Health Care Centres
11:30 Determining The Knowledge And Skills In Financial Management Among Professional Nurses In Community Health Care Centres
11:40 LOOP - A Web-Based Tool To Facilitate Curriculum Development
11:45 Utilising a Cell Phone To Facilitate Research on Pregnancy Amongst Secondary School Learners in Limpopo Province, South Africa
12:00 Gender Affirming Patient Care
12:05 Comments, Questions & Answers
12:10 Gender Affirming Patient Care
12:15 Comments, Questions & Answers
12:20 Gender Affirming Patient Care
12:25 Comments, Questions & Answers
12:30 Gender Affirming Patient Care
12:35 Comments, Questions & Answers
12:40 Gender Affirming Patient Care
12:45 Comments, Questions & Answers
13:00 Lunch
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<th>TALK 4 and 5</th>
<th>WORKSHOP</th>
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<tr>
<td>13:30</td>
<td>Contemp. Nursing Issues and Advancing Holistic Nursing Practice</td>
<td>Leadership</td>
<td>TB HIV AIDs Workshop</td>
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<td>13:50</td>
<td>Threshing floor and Students' voice</td>
<td>Closing the gap in research: nurses' research skill preparedness</td>
<td>OR Tambo 2</td>
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<td>14:10</td>
<td>The Well-Being of the Lesbians in South Africa: Vulnerability and Discrimination by the Society</td>
<td>First Year Student Nurses' experience with death and dying of a patient during clinical practice</td>
<td>Mr. L. Makhado</td>
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<td>14:30</td>
<td>Comments, Questions &amp; Answers</td>
<td>Evidence-Based Practice in the undergraduate curriculum</td>
<td>Dr. S. Moloko-Phiri</td>
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<td>15:30</td>
<td>Tea Break &amp; Poster Presentations</td>
<td>Comments, Questions &amp; Answers</td>
<td>Mr. C. Lekgoathe</td>
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**THEMES**
- Contemporary Nursing Issues and Advancing Holistic Nursing Practice
- Leadership
- TB HIV AIDs Workshop

**VENUE**
- OR Tambo 1
- Auditorium
- Plenary: Terminal
- King Shaka Plenary: Terminal Auditorium
- OR Tambo 1

**CHAIR(S)**
- Prof A. Halisa
- Dr S. Moloko-Phiri
- Dr N. Dlamini
- Ms S. Mchunu
- Ms N. Dlamini
- Prof A. Halisa
- Mr. S. Mogotsi
- Mr. S. Khoza
- Mr. S. Mchunu
- Mr. S. Mogotsi
- Mr. S. Gada

**SCRIBES**
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- Mr. N. Dladla
- Mr. S. Khoza
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- Mr. S. Khoza
- Mr. S. Mogotsi
- Mr. S. Gada
- Mr. S. Gada
- Mr. S. Gada

**WORKSHOP**
- OR Tambo 2
- King Shaka
- Mr. C. Lekgoathe
- Dr. L. Makhado
- NDH: TB HIV/AIDS Workshop
- TB HIV AIDs Workshop

**VENUE**
- OR Tambo 1
- Auditorium
- Plenary: Terminal
- King Shaka Plenary: Terminal Auditorium
- OR Tambo 1

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- Mr. S. Gada

**WORKSHOP**
- OR Tambo 2
- King Shaka
- Mr. C. Lekgoathe
- Dr. L. Makhado
- NDH: TB HIV/AIDS Workshop
- TB HIV AIDs Workshop
POSTER PRESENTATIONS PER TRACK

Track 1
Advancing Holistic Nursing practice

- Nursing Ethical Code
- Evaluating the Impact of Positive Practice Environment (PPE) strategy on Retention of Professional Nurses in Johannesburg Public Clinics: A Case Study of Johannesburg Health District (A) Clinics, Gauteng
- Factors influencing the implementation of infection prevention and control measures in a public hospital in Gauteng, South Africa

Track 2
Contemporary Nursing Issues

- Continuous Impeccable Assessment
- Primary Health Care nurses’ management practices of common mental health conditions in KZN, South Africa
- Adolescents’ substance use prevention programmes focusing on resilience as a protective factor: A systematic review
- Non Communicable and communicable diseases.
- Policy position of Lesbian Gay, Bisexual, Transgender, Queer and Asexual as health care users within South African health care system
- Palliative Care – A Human Right for Children with Life Limiting and Threatening Illnesses
- The Views of Midwives regarding the Implementation of PMTCT Programmes in Public Health Centres In Soweto

Track 3
Investing in Nursing-The Human Capital in health

- Researching SA Registered Nurses’ perceptions and experiences of Personal and Professional development
- Models for promoting positive change
- Reviving the SP - Authentication breathes life into the SP

Track 4
The Threshing floor: Teaching and learning

- No Submissions Received

Track 5
Students voice as the rising nurse leaders

- Socio-cultural perception of nursing and its influence on the recruitment and retention of male nurses in NEIs - KZN province
- Improving collaboration between clinical areas and educational institutions and developing preceptors’ lecturing roles.
- The clinical experience of nursing students in an accredited rural hospital in Kuruman –Northern Cape
TRACK 1

ABSTRACT PRESENTATIONS

Oral and Poster
Strengthening The Occupational Health Clinic For The Management Of Tb In The Health Care Work Place At Universitas Hospital

Presenter: Ntlannts William Phandle
Institution: Department of Health
Presentation Type: Oral
Time: 10h30 | Venue: The Terminal (Plenary)

L Benson, DA Kololo, NJ Sidiyio, MW Moliko, J Nkhatho, NW Phandle, H Langfoot
Group 7, Universitas Hospital, Free State Province South Africa

Introduction and Objectives: TB is a major public health problem with a global incidence of 128/100 000, 341/100 000 in Sub-Saharan Africa and 971/100 000 in South Africa. Within the healthcare system, occupationally acquired TB is one of the leading occupational diseases in HealthCare Workers (HCWs), and is fuelled by the HIV epidemic in South Africa. Health care work increases the risk of TB by 5.8% (range 0-11%). Currently there is limited or no data for Free State Province (FS) and Universitas Hospital (UH) on the burden of TB in HCWs. The main objective of this project was to strengthen the TB workplace programme in the Occupational Health Clinic (OHC) at UH.

Methods: We conducted a feasibility study for the development of a cough registry at UH in the FS, South Africa. The following activities were conducted: 1) consultation with stakeholders (unions, employer, workers, practitioners), 2) information sessions and distribution of information, education and communication (IEC) materials, 3) development of a cough registry tool and permission slip, 4) training of operational managers on the use of cough registry, 5) development of a plan for diagnosis and treatment of TB in HCWs (adapting national guidelines), and 6) monitoring the use of the cough registry within the OHC for TB services.

Results: The feasibility study was conducted from April 2011 - April 2012. The stakeholder consultation revealed a positive reaction to the proposal. The information sessions had a high attendance, with positive responses from participants, but on follow-up information sessions concerns were raised about confidentiality and it was recommended that self-referral be promoted as well as universal TB testing should be offered. IEC materials were distributed (e.g. posters) and OHC started receiving calls from staff enquiring about the OHC TB services. A number of tools were developed; including the cough registry, permission slips, a plan for diagnosis and treatment of HCWs with TB was modified and adapted from existing national guidelines. The operational managers were trained on the use of the cough registry, and all these activities led to a subsequent increase in the utilisation of the OHC, from only one sputum sent April 2010 to April 2011 to 22 sputa taken from April 2011 to April 2012, of which 2 were AFB positive, resulting in the HCW being treated.

Conclusion and Recommendations: Confidentiality is a major impediment in the implementation of a cough register; HCWs in the hospital do not trust their operational managers to maintain confidentiality regarding their medical conditions. Also the information sessions revealed that there was uncertainty about confidentiality in the OHC. Changes are needed at the OHC to improve privacy and confidentiality. Implementing a cough registry with self-referral is desirable as well as the OHC offering universal TB screening. And finally there is a need for more data to be gathered with regard to TB and HIV services.

Appraisal of the South African Nursing Structures for Successful Implantation of the NHI

Presenter: Letennwe Josephine Morudu
Institution: CHBNC - Baragwanath
Presentation Type: Oral
Time: 10h50 | Venue: The Terminal (Plenary)

Background: Successful implementation of the National Health Insurance (NHI) policy would require efficient and effective nursing services. The study aimed at determining whether the South African nursing structures were in a position to support the required nursing services.

Objectives: Study objectives included: identifying models of good practice; developing a criteria for an ideal nursing structure; assessing existing structures; proposing an ideal nursing
Strengthening The Occupational Health Clinic For The Management Of Tb In The Health Care Work Place At Universitas Hospital

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Objectives: Study objectives included: identifying models of good practice; developing a criteria for an ideal nursing structure; assessing existing structures; proposing an ideal nursing structure for the South African context; consulting key stakeholders on
the proposed structure; and consolidating stakeholder inputs.

**Methods:** The study adopted a qualitative approach. Literature was reviewed to establish existing knowledge and to inform the design of an ideal nursing structure and the Key Informant Interview (KII) guideline. Data gathered through desktop research and KIIs produced a draft nursing structure for consulting with relevant stakeholders. Stakeholder inputs were incorporated to produce study recommendations.

**Results:** Findings showed poorly coordinated nursing services and lack of uniformity in how nursing is managed. Nursing activities were managed under various directorates including Clinical Services, Health Priority Programs, Nursing and Human Resource Development. Nursing structures were, in most cases, not clearly defined, not standardized, poorly resourced and varied with provinces. Furthermore, these structures were not always involved in piloting the NHI. Hence, the prevalent limited knowledge, among nurses, on what constitutes their role in NHI implementation.

**Conclusion:** The nursing structures, stipulated in the national policy, were not fully implemented and therefore not in a position to enable successful implementation of NHI in South Africa. The study recommends the need to define, standardize and fully resource nursing structure in all provinces.

**Progress on the development of a CPD System for nurses and midwives in SA**

**Presenter:** A. Mnguni & S. Langa  
**Institution:** South African Nursing Council (SANC)  
**Presentation Type:** Oral  
**Time:** 11h10 | **Venue:** The Terminal (Plenary)

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**Innovation & Collaboration – The Future of Training & Education**

**Presenter:** Kathy Bodmer and Claire van het Bolscher  
**Institution:** Prof Portal Africa  
**Presentation Type:** Oral  
**Time:** 11:30 | **Venue:** The Terminal (Plenary)

**Background:** Classroom-based learning is time-consuming, expensive, limited to one topic and inadequate for the learners' varied needs and backgrounds in the class at the time. Our budget realities in South Africa result in massive constraints allowing for approximately 10-15% of a hospital's staff to be trained annually! Resulting in too little upskilling. The result is that an implementation of a new protocol could take 10 years.

**Purpose:** Evidence shows that e-learning reduces the time needed in the classroom by about 50%. Putting the need for learning together with available technology results in staff staying on the job while patient care is improved.

**Method:** Prof Portal Africa will offer a library of generic modules, referenced and evidence-based, covering the basics for every category, a band of specific modules for the different specialities and the unique issues to fix a learning gap as it is identified. This library of learning opportunities is hosted on a platform available 24 hours a day for staff to learn at a convenient time! Once staff are loaded on the system, a CSF then allows access to relevant modules to a ward or category of staff. Practical skills sessions are planned; Work Place Assessors are appointed to manage the assessment process. Then management has an automated learner management system, where progress and process is tracked, CPD points issued and certificates are issued.

**Conclusion:** The only way to provide appropriate learning opportunities to 100% of our staff is blended learning. The vision of Prof Portal Africa is to become a strategic partner, in moving our Healthcare updating and refreshing from classroom based only to a powerfully adaptive Blended Learning platform for Health. A platform collaboration of both public and private health that could benefit the staff, institutions and every patient across South Africa.
POSTER PRESENTATIONS: EXHIBITION HALL

Nursing Ethical Code

Presenter: F.C.G. Baartman, A. Brown & K. Ruiters
Institution: Western Cape Government
Presentation Type: Poster
Venue: Exhibition Hall

Evaluating the Impact of Positive Practice Environment (PPE) strategy on Retention of Professional Nurses in Johannesburg Public Clinics: A Case Study of Johannesburg Health District (A) Clinics, Gauteng

Presenter: Paul Potsane
Institution: Witkoppen Health and Welfare Center
Presentation Type: Poster
Venue: Exhibition Hall

Factors influencing the implementation of infection prevention and control measures in a public hospital in Gauteng, South Africa

Presenter: Ananias T. Magadze
Institution: 
Presentation Type: Poster
Venue: Exhibition Hall
TRACK 2
ABSTRACT PRESENTATIONS
Oral and Poster
The Perceptions Of Family Members With Regard To Raising HIV And AIDS Awareness Within Families

Presenter: Christina Linky Manthipa Ratshwafo
Institution: South African Nursing Council (SANC)
Presentation Type: Oral
Time: 10h30 | Venue: King Shaka

CO AUTHORS: Dr M.L.S MATABOGE (U.P) and Dr S.S MOLOKO-PHIRI (U.P)

INTRODUCTION: HIV and AIDS is a major health concern affecting people of all age groups. These people are family members who are living together and are in a continuous communication with one another about matters affecting them (Stanhope and Lancaster 2008:561). The silence on HIV and AIDS among family members hinders health promotion which is important for families.

AIMS AND OBJECTIVES:
• To describe and explore the perceptions of families with regard to raising HIV and AIDS awareness within families.
• To describe and explore the communication that takes place among family members with regard to raising HIV and AIDS awareness within families.

METHODOLOGY: A qualitative, exploratory, descriptive and contextual research design was followed. Data collection was done by means of family interviews and field notes. The sample consisted of seven families who met the inclusion criteria. A non-probability purposive sampling method was used. Techs method of data analysis was followed.

FINDINGS: Results revealed a diverse perceptions created by family communication. It emerged that families do communicate and the importance of family communication with regard to raising HIV and AIDS awareness was very important. Negative perceptions revealed barriers to open communication about HIV and AIDS awareness within families. Both parents and children acknowledged the importance of open communication with regard to raising HIV and AIDS awareness. Factors leading to lack of open communication about HIV and AIDS awareness within families were identified and sources of information with regard to raising HIV and AIDS awareness within the family were also identified.

RECOMMENDATIONS:
• Identification of gaps to strengthen family communication about HIV and AIDS awareness within families
• Further research need to be conducted to find the extend of knowledge about HIV and AIDS among parents, guardians and children
• Programmes to support and empower grandparents about HIV and AIDS awareness
• Peer education programmes
• Emphasise ABC strategy
• Teachers (Life orientation) need to be supported with regard to empowering school going children with HIV and AIDS awareness.

CONCLUSION: The findings indicated that the is a need to support family communication with regard to raising HIV and AIDS issues and to overcome barriers that hinders open communication about HIV and AIDS within families.

Key concepts: Awareness, child, family, HIV, AIDS, perceptions, communication.

Contacts:
082 263 0342/072 274 5977/012 420 1088 | linky.ratshwafo@gmail.com/ Cratshwafo@sanc.co.za

Assessment of the provision of educational materials on HIV/ AIDS prevention among boys who underwent male circumcision at hospitals in the Vhembe district, Limpopo province, South Africa

Presenter: Lufuno Malala
Institution: National Department of Health
Presentation Type: Oral
Time: 10h50 | Venue: King Shaka

Background: HIV/AIDS remains a major obstacle against the achievement of the Millennium Development Goals. Male circumcision as one of the HIV prevention strategies endorsed by the World Health Organization can be of great assistance in the reduction of the high HIV statistics as well as aiding in the achievement of the MDGs. The
educational role played by traditional male circumcision seems missing in the medical male circumcision. Health education coupled with educational material is an important tool towards HIV/AIDS prevention. Little is known regarding the provision of educational materials on HIV/AIDS prevention during medical male circumcision.

**Objective:** This study aimed to assess if the boys undergoing medical male circumcision were provided with educational materials regarding HIV/AIDS prevention. The study further aimed to determine their knowledge of HIV/AIDS and STIs prevention including male circumcision.

**Method:** A quantitative descriptive survey was used to conduct the study. Data was collected amongst 50 males aged between 12 and 21 years through a self-designed standardised questionnaire, administered through face-to-face interviews. Convenience sampling was applied to select the participants and to identify hospitals were data was collected. STATISTICA and Microsoft Excel were used as software to analyse the data.

**Results:** The results revealed that there is limited provision of educational materials regarding HIV/AIDS prevention among boys who undergo male circumcision at a hospital setting. Nonetheless, the results also revealed that they have basic knowledge of HIV/AIDS and STIs prevention.

**Conclusion:** The development of a culture sensitive educational package for HIV/AIDS prevention for boys, who undergo medical male circumcision, is recommended.

**Key Words:** HIV/AIDS, male circumcision, health education, educational materials, sexually transmitted infections.

**Corresponding Author:** Ms. Lufuno Charity Malala (M Cur Student, University of Pretoria): Assistant Director; STI prevention, HIV/AIDS & STIs Cluster; National Department of Health; South Africa. E-mail address: lufuno.malala@gmail.com or malal@health.gov.za. Cell: 076 219 7671. Tel: 012 395 9579.

Prof Mavis Fhumulani Mulaudzi (Supervisor): Head of Department; Department of Nursing Science; University of Pretoria, South Africa. E-mail address: Mavis.mulaudzi@up.ac.za

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**Role of Impairment Committee of the SANC**

**Presenter:** Prof. AJ Pienaar & G Ash

**Institution:** South African Nursing Council (SANC)

**Presentation Type:** Oral

**Time:** 11h10 | **Venue:** King Shaka

**TITLE: Voices of grandmothers raising their orphaned adolescent grandsons**

**Presenter:** Lindiwe Buyisile Mthembu

**Institution:** Department of Health

**Presentation Type:** Oral

**Time:** 11h30 | **Venue:** King Shaka

The gradual change in the family as a unit has been noticed in uMkhanyakude district in Kwa-Zulu Natal characterised by families headed by grandparents as a result of passing on of parents. Raising grandchildren has impact on physical, social, mental and spiritual wellbeing on grandparents characterised by conditions such as anxiety, depression, anger, hypertension, and diabetes mellitus. These conditions can be prevented by promotion of mental health.

The aim of this qualitative study is to explore, describe the experiences of grandmothers raising grandsons whose parents have passed on and describe the recommendations to facilitate grandmothers’ mental health.

A purposive sample of 10 (9 Zulu and 1 English speaking) participating grandmothers was drawn from uMkhanyakude district. The criteria included the following:

- Grandmothers aged 50 -70 years and above, speaking either IsiZulu or English, raising 13-18 years orphaned adolescent grandsons with one or both parents having passed on.

Ethical clearance was obtained from Health Sciences Research, ethics committee measures to ensure trustworthiness was applied throughout the research process. All the interviews were audio- taped in isiZulu and one in English, until data saturation was reached, transcribed verbatim and analysed by means of open coding.

Findings revealed that few grandmothers...
were satisfied with raising their grandsons, the majority of grandmothers caring for their grandsons experienced severe stressors and hardships on daily life, tension within the family members, inadequate knowledge in provision of support and they also experience lack of resources and services.

Recommendation is form a model of reference that would facilitate dialogical communication in grandmothers.

PRESENTER: Lindiwe B Mthembu, D Cur Psychiatric Nursing Student
SUPERVISOR: PROF M. Poggenpoel, University of Johannesburg
CO-SUPERVISOR: PROF C. P. H Myburgh, University of Johannesburg
Email address: mthembua@unizulu.ac.za

Gender Affirming Patient Care

Presenter: Immaculate Mugo
Institution: Gender DynamiX
Presentation Type: Oral
Time: 11h50 | Venue: King Shaka

Background: The HIV prevalence rate in the country is steadily on the rise, the country is a long way from meeting its target of Getting to Zero by 2020. Key populations, among which transgender persons are, is one of the groups identified as being at greatest risk. However, health programmes and care is not geared to this population and their medical needs, leading to their not accessing medical care that puts them at greater risk of health related complications.

Purpose: The health system is very heteronormative and all initiatives are geared towards male and female and as such services are targeted at these two groups. This presentation is aimed at getting nurses to look beyond the dichotomy of male and female and understand the concepts of: sex, gender identity, gender expression, and sexual orientation in order to understand their patients and provide targeted care that takes these aspects, individual needs and bodies into consideration.

Method(s): The presentation explores concepts around gender and the binaries within by taking the audience through the continuums of: biological sex, gender identity, gender expression and sexual orientation. These are meant to take the listeners through a journey of a person’s self-discovery and their coming into being.

Results and conclusion/discussion: The presentation thus walks the listener through a journey to allow them to get an understanding albeit brief into different binaries beyond the ‘accepted norm’. This then leads into gender affirming care and how to look and address transgender bodies and their needs.

Conclusion: The presentation is aimed at giving the listener a glimpse into other binaries and their individual health needs.

Unintended Pregnancy, Contraceptive use and child bearing desires among HIV-infected and HIV-uninfected women in Botswana: across-sectional study

Presenter: Gloria Mayondi
Institution: Botswana-Harvard Partnership
Presentation Type: Oral
Time: 13h30 | Venue: King Shaka

Background: Little is known about the impact of knowledge of HIV serostatus on pregnancy intention and contraceptive use in high-HIV-burden southern African settings in the era of widespread antiretroviral treatment availability.

Objectives: To assess knowledge of HIV status prior to pregnancy, intendedness of the pregnancy, contraceptive use, and future childbearing desires among women participating in a child health and neurodevelopment (Tshipidi) study in Botswana.

Methods: We analyzed interview data collected among 473 HIV-uninfected and 468 HIV-infected pregnant and recently postpartum women at two sites in southern Botswana.

Results: The median age of the 941 women was 27 years, median lifetime pregnancies was 2, and 416 (44%) of pregnancies were unintended, with 36% of women not using a contraceptive method prior to conception.
Among contraception users, 81% used condoms, 13% oral contraceptives and 5% an injectable contraceptive. In univariable analysis, women with unintended pregnancy had a higher number of previous pregnancies (P=<0.0001), were less educated (P=0.0002), and less likely to be married or living with a partner (P<0.0001). Thirty-percent reported knowing that they were HIV-infected, 48% reported knowing they were HIV-uninfected, and 22% reported not knowing their HIV status prior to conception. In multivariable analysis, women who did not know their HIV status pre-conception were more likely to report their pregnancy as unintended compared to their counterparts (aOR=1.7; 95%CI: 1.2-2.5). After controlling for other factors, unintended pregnancy was not associated with knowing one’s HIV positive status prior to conception. There was no association between knowing their HIV status and contraceptive use prior to pregnancy in adjusted analyses. Sixty-one percent of women reported not wanting any more children after this pregnancy, with HIV-infected women significantly more likely to report not wanting any more children compared to HIV-uninfected women (aOR=3.9; 95%CI: 2.6-5.8).

Conclusions: Our results underscore the need to improve access to effective family planning for all women who do not wish to become pregnant at the time in Botswana, and to promote long-acting reversible and dual contraceptive method use strategies among women who require condoms for HIV/STI prevention. It also highlights the need to explore whether and how healthcare providers in Botswana are supporting and counseling HIV-infected women who intend to conceive.

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The Well-Being Of The Lesbians In South Africa: Vulnerability And Discrimination By The Society

Presenter: Sanah Mataboge
Institution:
Presentation Type: Oral
Time: 14h10 | Venue: King Shaka

Lesbians are vulnerable to discrimination, violence and hatred by the community as they step into a territory promoting patriarchy and masculinity which gave birth to homophobic and heterosexist society. Same sex community is legalised in South Africa however social, physical and emotional exclusion coupled with violence and discrimination persist. The heterosexist society marginalises lesbians resulting in stress and social exclusion as they hide their gender identity from the society to avert probable discrimination, homophobia and violence. This paper explored how lesbian community’s social, physical and emotional wellbeing is violated in Southern Africa. An integrated literature review was conducted using the definition of health by WHO and Maslow’s basic needs model. Maslow’s hierarchy of needs was used to discuss the wellbeing of lesbians in Southern Africa. The results indicated that the wellbeing of LGBT community is undermined as they experience stress, identity exclusion, physical injuries and emotional abuse as the society do not accept them due to heterosexism, patriarchal system and the prevailing violence and abuse inherent in South African context.

Conclusion: It is eminent that violence and hatred attacks affect the wellbeing of lesbians as such their health is undermined.

Recommendations. There is a need to raise awareness of the impact of exclusion and discrimination on the wellbeing of lesbians.

Key words: lesbians, homophobic, heterosexist, wellbeing, society
POSTER PRESENTATIONS: EXHIBITION HALL

Continuous Impeccable Assessment

Presenter: Sheryl Newman
Institution: Stepping Stone Hospice
Presentation Type: Poster
Venue: Exhibition Hall

Primary Health Care nurses’ management practices of common mental health conditions in KZN, South Africa

Presenter: Faith Nana Dube
Institution: Eshowe Hospital
Presentation Type: Poster
Venue: Exhibition Hall

Adolescents’ substance use prevention programmes focusing on resilience as a protective factor: A systematic review

Presenter: Leepile Sehularo
Institution: NWU-FAST-Nursing Department
Presentation Type: Poster
Venue: Exhibition Hall

Policy position of Lesbian Gay, Bisexual, Transgender, Queer and Asexual as health care users within South African health care system

Presenter: Seepaneng Salaminah Moloko-Phiri
Institution: University of Pretoria
Presentation Type: Poster
Venue: Exhibition Hall

Palliative Care – A Human Right for Children with Life Limiting and Threatening Illnesses

Presenter: Busi Nkosi
Institution: International Children’s Palliative Care Network
Presentation Type: Poster
Venue: Exhibition Hall

TITLE: The Views of Midwives regarding the Implementation of PMTCT Programmes in Public Health Centres In Soweto

Presenter: Dorothy Loti
Institution: Community Primary Health Care Services
Presentation Type: Poster
Venue: Exhibition Hall
TRACK 3
ABSTRACT PRESENTATIONS
Oral and Poster
Assessment of Total Quality Management implementation at Dr J S Moroka District Hospital

Presenter: Ntombi Motseke  
Institution: Department of Health  
Presentation Type: Oral  
Time: 10h30 | Venue: Auditorium

Background: Dr J S Moroka District Hospital (DJSMDH) caters for an impoverished rural community that has no health insurance and could benefit from an equitable health care system like the National Health Insurance (NHI) fund. The NHI funds will be availed to institutions that meet the National Core Standards (NCS) of Health requirements (National Department of Health, 2010). In order to ensure that DJSMDH benefits from the proposed NHI fund a study to evaluate its capacity to comply with the NCS was done.

Purpose: To assess Total Quality Management (TQM) implementation at Dr J S Moroka District Hospital (DJSMDH) in terms of Yang's TQM implementation model (Yang, 2003:98).

Methodology: Permission to conduct study was obtained from the Free State Department of Health and from The Chief Executive Officer of DJSMDH. An institution wide questionnaire survey was conducted during the period 20 October to 11 November 2011. A sample of permanently employed health care workers (n=242) willing to participate was obtained.

Results: DJSMDH has capacity to implement the NCS. The basic systems for TQM implementation are in place. DJSMDH is performing well on patient related issues but needs to improve on staff related issues. Though employees feel empowered, trained, informed on quality issues and committed to provide quality care they also feel that they are not supported in coping with the new changes.

Conclusion: Problems experienced in DJSMDH are common in health sectors due to their bureaucratic nature. In order to overcome this, managers at DJSMDH need to use a more open-minded managerial style and to cultivate a facilitation role to use in the hierarchal setup. In order to provide better support, managers should ensure that staff members meet periodically to discuss progress, assess barriers to change and develop new responses.

Operational Managers experiences of a culture of blame following nurse related adverse in a regional hospital in Gauteng

Presenter: Hafisa Ally  
Institution: University of Johannesburg  
Presentation Type: Oral  
Time: 10h50 | Venue: Auditorium

Background: Nurse related adverse events occur not because nurses intentionally hurt patients, but rather that the health care environment is so complex that outcomes for each patient are affected by a range of factors and not just the competence of an individual nurse. Some organisations have been found to have a culture of individual blame, denial, punishment of staff involved in adverse events. Leaders and peers in such work environments target individual nurses, fail to care for them in times of need. Effects of the “sharp end” where nurses find themselves being vulnerable to errors occurring must be removed from nurses and put squarely on the shoulders of the nursing leadership who must focus on systems factors and not individual nurses to blame, as a strategy to constructively manage nurse related adverse events.

Aim and Objectives: To explore and describe the experiences of operational managers regarding the management of nurse related adverse events in a specific hospital in Gauteng in order to develop a just, blame free culture as a strategy to facilitate the constructive management of the events.

Methods: A qualitative, exploratory, descriptive and contextual research design was used. A purposive sample of operational managers working in the hospital who had experienced the management of nurse related adverse events and willing to participate was selected for the study. Data collection was by means of in depth phenomenological individual interviews and data were analysed using Tesch’s open coding method.

Results: All participants experienced being
blamed as a given response in the management of all adverse events.

**Conclusion:** The researcher is of the opinion that everyone makes mistakes, and no nurse goes to work with the intention to harm a patient. Facilitation of a transition from a culture of blame to a blame-free non-punitive just culture which is however cognisant of accountability is advocated as a strategy for the constructive management of the events.

The experiences of Operational Managers in the management of poor performance of nurses in a Regional Hospital in Ekurhuleni

**Presenter:** Nomonde Dlamini  
**Institution:**  
**Presentation Type:** Oral  
**Time:** 11h10 | **Venue:** Auditorium

**Background:** The lack of management of poor performance in public services is evident and is a problem. Studies stated that dealing with poor performance issues is complex, and many managers are not well equipped for this task. The management of the poor performance of nurses has been left unaddressed by operational managers for long periods in the regional hospital in Ekurhuleni, resulting in poor patient’s outcomes and dissatisfied service users.

**Purpose:** This study therefore aimed at exploring and describing the experiences of operational managers in the management of poor performance of nurses in a regional hospital in Ekurhuleni. Strategies must be developed to enable operational managers to manage the poor performance of nurses. The described strategies will be used in nursing practice, nursing education and for further research.

**Methodology:** A qualitative, exploratory, descriptive and contextual design was used for this study. Participants were purposively selected from the population and consisted of 7 participants who voluntarily consented to participate in this study. Individual semi-structured interviews were conducted.

**Results/discussion:** Management of the poor performance of nurses was perceived as a challenge by the participants. The majority of participants in the study articulated that they lacked the knowledge and skills to manage the poor performance of nurses. They recommended that they need to be trained to manage the poor performance of nurses. Factors that contribute to poor performance of nurses such as lack of support by supervisors, lack of human and material resources, intimidation by labour representatives, should be addressed.

**Conclusion:** The study confirmed that managing poor performance of nurses by operational managers is a challenging task, there is a great need to empower operational managers to manage the poor performance of nurses in this regional hospital in Ekurhuleni.

Surgical Ward Staffing Patterns

**Presenter:** Kgotso Mmakau  
**Institution:**  
**Presentation Type:** Oral  
**Time:** 11h30 | **Venue:** Auditorium

Staffing patterns is the number and types or categories of staff assigned to the particular wards of a hospital. Staffing patterns that accommodate imbalanced patient-to-nurse ratios negatively affect nursing staff. This is demonstrated by increased emotional stress, physical exhaustion, high nurse turnover and consequences of poor patient outcomes. The high patient-to-nurse ratios and the profitability factor of private hospitals virtually dictate the type of staffing patterns that are used in these wards. As such, the current staffing patterns appear to require nursing staff to work longer shifts and overtime without much choice, with effects highlighted above.

The purpose of this study was to explore and describe nurses’ experiences regarding staffing patterns in the surgical wards of a private hospital in Gauteng in order to develop recommendations for staffing patterns in these wards.

A qualitative, exploratory, descriptive and contextual research design was used. The study was conducted in two phases. Phase 1
focused on the exploration and description of nurses’ experiences regarding staffing patterns in the surgical wards of the private hospital in Gauteng. Phase 2 focused on the development of recommendations for the staffing patterns from data collected in phase 1 with literature control to get more meaning from the data. Data was collected by means of in-depth semi-structured individual interviews from a purposive sample of professional nurses working in the surgical wards of this hospital. Data was analysed using Tesch’s method of qualitative thematic analysis. Principles of trustworthiness and ethical principles to ensure the protection of human rights were applied throughout the study.

The findings of the study revealed one central theme, which reflected that participants experienced the staffing patterns of the surgical wards negatively. Two main themes emerged as that nurses had negative experiences as well as negative emotional experiences related to staffing patterns. Recommendations for staffing patterns of the surgical wards were developed. The limitations of the study, recommendations with regard to nursing practice, nursing education, nursing research and a conclusion of the study are also presented.

**Determining The Knowledge And Skills In Financial Management Among Professional Nurses In Community Health Care Centres**

**Presenter:** Moselene Appel  
**Institution:**  
**Presentation Type:** Oral  
**Time:** 11h50 | **Venue:** Auditorium

**Background:** The role of professional nurses has changed from managing a single inpatient unit to that of being responsible for multiple units, more employees, larger operating budgets, and clinical services. Thus sound financial knowledge and participation in financial planning is vital. Basis for this argument is for connection of “caring” and “quality” patient care delivery with efficient and effective financial management. However, professional nurses lack knowledge and skills in financial management in their facilities.

**Purpose:** The overall aim of this study was to assess and describe the knowledge and skills among professional nurses’ in financial management in selected community healthcare centres. The information gathered would further be disseminated to the Department of Health, Research Department of Ekurhuleni Metro and the facility managers in the selected community healthcare centres.

**Method:** This study employed a quantitative, descriptive, exploratory design. Respondents were randomly selected from among 118 professional nurses. The sample consisted of 90 respondents and their participation was voluntary. On the survey day respondents completed a self-administered questionnaire after giving informed consent. Data analysis was done using the Statistical Analysis System (SAS) version 8.2 software programme.

**Results and conclusion / discussion:** Respondents had limited knowledge and skills in financial management. There is a need for educational initiatives such as workshops, and routine catch-up training in financial management. These could address the lack of knowledge and skills among respondents.

**Conclusion:** Professional nurses are responsible for and play a notably important role in financial management in diverse public healthcare settings. The discussion set out above vindicates the fact that a platform to address the knowledge and skill deficiency in financial management needs to be established in the interest of the individual employee, patient and health institution.
Establishment of a Professional Registration Assessment by SANC

Presenter: E Magagula & Dr. S Mkhize
Institution: South African Nursing Council (SANC)
Presentation Type: Oral
Time: 13h50 | Venue: King Shaka

Reviving the SP - Authentication breathes life into the SP

Presenter: Louise Schweickerdt-Alker
Institution: Sefako Makgatho Health Science University
Presentation Type: Poster
Venue: Exhibition Hall

POSTER PRESENTATIONS: EXHIBITION HALL

Researching SA Registered Nurses’ perceptions and experiences of Personal and Professional development

Presenter: Lindy Hatfield
Institution: PhD student at University of Edinburgh/ employed at the University of Cumbria
Presentation Type: Poster
Venue: Exhibition Hall
TRACK 4
ABSTRACT PRESENTATIONS
Oral and Poster
**Exploring The Status Of Clinical Lecturers In Nursing Education**

**Presenter:** Euphemia Busisiwe Mhlauli  
**Institution:** Department of Health  
**Presentation Type:** Oral  
**Time:** 10h30 | **Venue:** OR Tambo 2

Clinical learning environment is the source of learning for the students, for instance hospitals, clinics, homes, schools and others. Literature review shows a gap in teaching and learning of students in the clinical learning environment. Therefore, there is a need of clinical lecturers to teach students full time in the clinical learning environment.

However, there’s lot of movement among clinical lecturers, some join lecturers in the classroom setting while others are being employed as registered nurses. Possible their role is undermined and therefore, that has got impact in their status. That’s why the study will “Explore the status of clinical lecturers in nursing education”.

The study will improve quality in teaching and learning of the students in nursing education; therefore develop a competent nurse practitioner. It will also benefit individuals, families and groups in the community. Furthermore, it will assist curriculum developers in planning for the new nursing qualifications.

Qualitative, exploratory study will be conducted, using phenomenological design. A convenient, purposive sampling will be implemented with open-ended interviews to ten (10) clinical lecturers. Data will be analyzed using thematic analysis.

**Objectives:** To explore perceptions and opinions of nursing students at Chris Hani Baragwanath Nursing College on the use of CT by lecturers in classrooms and student nurses’ perceptions and opinions on their use of CT during self-study.

**Methods:** A survey research design was used. Target population (N=320); final year students in 2012 studying towards becoming a Registered or Enrolled nurse. A self-administered questionnaire; Census sampling; 176 questionnaires were returned resulting in a response rate of 55%. Descriptive statistics were used to analyse data.

**Results/Findings:** Use of CT by lecturers was poor. Students were not encouraged to use CT for self-study; little learning activities requiring students to use computers. Connectivity and accessibility to CT and internet were among challenges. Most students were positive about using CT for teaching and learning.

**Conclusion:** There is a need for lecturers to use CT in classrooms; improve students’ access to computers and internet, e.g lecturers to create learning activities that encourage students to use CT; the college to improve on connectivity and accessibility to CT and internet.

**Professional Conduct Committee feedback**

**Presenter:** G Jeftha & I Kruger  
**Institution:** South African Nursing Council (SANC)  
**Presentation Type:** Oral  
**Time:** 11h10 | **Venue:** OR Tambo 2
**LOOOP - a web-based tool to facilitate curriculum development and mapping**

**Presenter:** Prof Ina Treadwell  
**Institution:** Sefako Makgatho Health Science University  
**Presentation Type:** Oral  
**Time:** 11h30 | **Venue:** OR Tambo 2

**Background:** One of the challenges in curriculum development is to make sure that clear objectives for knowledge, skills and attitudes are aligned with intended outcomes/competencies/frameworks and assessment. Curriculum mapping ensures this alignment and structures the vast amount of available information in a transparent way which is essential for reviews and accreditation processes.

**Objective:** Alignment of the curriculum through a web-based platform.

**Summary of Work:** The Sefako Makgatho Health Sciences University (SMU) is the first South African university to embark on the mapping of their curricula online. A web-based platform for curriculum mapping known as LOOOP (Learning Opportunities, Objectives and Outcomes Platform) was acquired and adapted through collaboration with its developers at the Charité Medical University in Berlin, Germany.

**Method:** Lecturers were trained in populating LOOOP with content from their section of the curriculum. Contextual relationships were created by linking of educational objectives with outcomes, competencies/frameworks and assessment methods.

**Summary of Results:** The lecturers were very positive about using LOOOP. Hands-on capturing of curriculum content often led to the revision and enhancement of objectives, probably due to the rigorous uploading process. By linking the objectives to outcomes, competencies/frameworks and assessment the curriculum became transparent and searchable. Learning guides can be generated automatically from the LOOOP database and will not only be updated at any given time but will also reduce the workload of lecturers.

**Conclusion:** Although it is a time-consuming process to populate LOOOP, the lecturers concurred that it is a very useful tool for curriculum mapping. Student access to a map which matches learning objectives/outcomes to learning experiences and assessments at each stage should give them a clear understanding of what to learn and where they are going. On completion of the uploading process a survey will be done to determine lecturers’ experiences and expectations of the system.

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**Nurse Educators And Manager Perceptions On Collaboration In Implementing PBL In Nursing Education**

**Presenter:** Dr Mahlasela Anna Rakhudu  
**Institution:** North West University  
**Presentation Type:** Oral  
**Time:** 11h50 | **Venue:** OR Tambo 2

**Background:** Collaboration amongst those involved in education is vital to produce competent future nurses to appropriate skills and attitudes in their daily practice.

**Purpose:** The purpose of the study was to explore and describe the perceptions of the nurse educators and manager on collaboration in implementing problem based learning (PBL)

**Method:** An exploratory sequential mixed method design was used to collect data from purposively recruited participants. Qualitative descriptive contextual design which was followed by a descriptive survey was employed. The results from this MMD formed the basis for concept analysis which will not be reported in this submission.

**Results:** Both qualitative and descriptive results reflected the need for collaboration in implementing PBL. Themes that emerged from the study included: three types of collaboration; benefits, factors promoting successful collaboration and barriers of collaboration in implementing PBL. The recommendations included: Managerial commitment or buying in; memorandum of understanding with clear roles and responsibilities of the collaborators; monitoring and evaluation of the collaboration.

**Conclusion:**
Promotion of a primary healthcare philosophy in a community-based nursing education programme from the students’ perspective

Presenter: F Mtshali & SZ Mthembu
Institution: University of KwaZulu Natal
Presentation Type: Oral
Time: 13h30 | Venue: Auditorium

Background: Community-based education (CBE) serves as a primordial instrument in the implementation of primary healthcare (PHC). Learning experiences in community-based settings provide students with learning opportunities, as they are actively engaged in PHC-associated activities in under-resourced communities. Many nursing schools in higher education integrated and implemented a CBE programme with an end-goal of becoming healthcare practitioners who are responsive to the needs of the community.

Objectives: To establish how PHC philosophy is promoted through a community-based nursing education programme.

Methods: The study was non-experimental and cross-sectional with a quantitative approach and was done at a selected higher education institution in KwaZulu-Natal, South Africa. A total of 118 participants were selected using the non-probability convenience sampling technique. A self-report questionnaire was distributed to the participants; 91 questionnaires were completed and returned – a response rate of 73.3%. Ethical clearance was obtained from the University of KwaZulu-Natal Ethics Review Committee. Participation was voluntary, informed consent was obtained, and other ethical principles were respected. Data were analysed with the Statistical Package for Social Sciences (SPSS). Descriptive and analytical analysis was used to analyse the data.

Results: The participants reported exposure to community-based learning from the first until the fourth year of their study programme. Participants (69.9%) indicated that their learning activities had involved members of the community. The community-based learning projects, which mostly promoted a PHC philosophy, included prevention of illness, injuries and social problems (90.1%), health promotion (89%) and engaging communities in community-based learning activities to promote their self-reliance and self-determination (76.9%).

Conclusion: Findings revealed that the community-based learning experiences of students promoted a PHC philosophy and that underprivileged community settings provided a rich learning environment.
TRACK 5

ABSTRACT PRESENTATIONS

Oral and Poster
**International Nursing Scholarship: Comparing Clinical, Academic & School Health Settings**

**Presenter:** Prof. O.N. Makhubela-Nkondo  
**Institution:** University Of South Africa  
**Presentation Type:** Oral  
**Time:** 10h30 | **Venue:** OR Tambo 1

**Background:** The Bouve College of Health Sciences at Northeastern University (NEU) offer specialized and flexible programme options. Part-time and full-time programmes accommodate students with multiple responsibilities. The NEU Direct Entry Programme include Nurse Anaesthetist, Clinical Nurse Specialist and School Health Nursing. The latter is infused in the Integrated School Health Programme (ISHP) that was launched in 2012. This paper will explore clinical, academic and a broad range of experiences of a Nurse Visiting Scholar during sabbatical leave at Northeastern University from 2011-2012.

**Purpose:** Despite the momentum at policy and legislative level, the current state of evidence about nursing transformation is limited. While there is growing acknowledgement of international collaboration among nurses of the world, far less is known about the extent of the disparities that exist.

**Method:** Action research is concerned about change, in this study data collection, analysis and reflection was part of a cycle, of which action was a key element. Policy science and formative evaluation research; in combination with policy analysis was triangulated. The researcher was involved in investigating issues related to nurse anaesthetist, clinical nurse practitioner and school nurse. After ISHP was instituted it also became necessary at some point to determine how ISHP was accomplishing its purpose.

**Results:** Research focused on practical outcomes has its limitations as critics preoccupied with theory assert. While nurse anaesthetist programme remains elusive, the clinical nurse practitioner and school nurse are being concretized.

**Keywords:** nurse anaesthetist, clinical nurse practitioner, school health, regulation

**Survey results on the employment of enrolled nurses and enrolled nursing auxiliaries**

**Presenter:** Dr. S Mkhize  
**Institution:** South African Nursing Council (SANC)  
**Presentation Type:** Oral  
**Time:** 10h50 | **Venue:** OR Tambo 1

**Using a cell phone to facilitate research on pregnancy amongst secondary school learners in Limpopo province, South Africa**

**Presenter:** Sogo France Matlala  
**Institution:** University of Limpopo  
**Presentation Type:** Oral  
**Time:** 11h10 | **Venue:** OR Tambo 1

Matlala SF, Department of Medical Sciences, Public Health and Health Promotion, University of Limpopo, France.Matlala@ul.ac.za

This paper uses Personal narratives as autoethnography method to describe the use of a cellular phone by a professional nurse who is also a post-graduate student to collect qualitative data instead of using a digital voice recorder as the usual device for recording of interviews. It defines a cellular phone and describes its features that are useful in the research process. The paper further indicates possible uses of other features of a cellular phone in the research process. A cellular phone is a form of information and communication technology that can make and receive telephone calls using satellite transmission over a wide geographical area by connecting to a cellular network provided by an operator. It has features such as text messaging (SMS), multimedia messaging system (MMS), internet browser, social networking system (WhatsApp, Facebook, Twitter), short-range wireless communication (Bluetooth), global positioning system (GPS), camera phone, voice recorder, memo pad, dictionary, task or to-do list and alarm which make the cellular phone a useful tool in conducting research. A cellular phone is an important tool in the research process as it combines separate tools that are commonly used in research due to its many features.
**Title:** Experiences Of TB/HIV Co-Infected Patients Regarding The Provision Of TB/HIV Integrated Services

**Presenter:** Dr Lufuno Makhado  
**Institution:** NWU-MC  
**Presentation Type:** Oral  
**Time:** 11h30 | **Venue:** OR Tambo 1

**Background and Purpose:** Tuberculosis/Human Immunodeficiency Virus (TB/HIV) integrated services had been implemented with the aim of reducing the dual burden of TB & HIV in countries most affected by both diseases. Since the implementation of TB/HIV integrated services, studies have shown that there has been a decline in TB related deaths in people living with HIV, and early diagnosis of HIV in TB patients. Hence this study sought to explore and describe experiences of TB/HIV co-infected patient regarding the provision of TB/HIV integrated services in Mafikeng (North West Province).

**Methods:** A semi-structured in-depth interview was conducted with 6 TB/HIV co-infected patients during 2015. The sample was inclusive of patients who have been receiving TB/HIV integrated services since 2012-2014.

**Results:** Three major themes emerged, namely outcomes of TB/HIV integrated services (Effectiveness of TB/HIV integrated services, Patients' satisfaction, Improved TB/HIV treatment awareness and improved waiting time), factors inhibiting the provision of TB/HIV co-infected patient regarding the provision of TB/HIV integrated services in Mafikeng (North West Province), and the positive aspect regarding TB/HIV integrated service (Treatment availability).

**Conclusion:** Patients reported that TB/HIV integrated services are effective and were satisfied with the services provided to them. It was evident that TB/HIV treatment had always been available; patients received services and were attended to within an acceptable time and enjoyed good nurses-patients relationship.

**Keywords:** TB/HIV Integrated services, Experiences, TB/HIV Co-infected patients, NIMART

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**Title:** Utilization Of Internet As An Academic Tool Among Undergraduate Nursing Students

**Presenter:** Prof NG Mtshali  
**Institution:** University of KwaZulu-Natal  
**Presentation Type:** Oral  
**Time:** 13h50 | **Venue:** Auditorium

**Authors:**  
1. Mr Harerimana Alexis: University of KwaZulu Natal South Africa  
2. Professor N.G Mtshali: University of KwaZulu Natal South Africa

**Background to the study:** Internet is rapidly becoming an important learning tool in academic institutions. It plays a pivotal role in meeting information and communication needs of students, academics and researchers. Literature however reflects under-utilization of internet. With the university of interest in this study having provided a directive that as from 2016 all undergraduate modules across the university be available online for teaching and easy access to students, the researchers realized the need to explored the utilization of an internet as an academic tool among undergraduate nursing students in order to establish ways of enhancing its utilization.

**Methodology:** A quantitative, descriptive design was adopted and 141 undergraduate nursing students participated in this study; the traditional and non-traditional university students. Data was collected through a survey after obtaining ethical clearance and data were analyzed descriptively.

**Findings:** The findings revealed that all participants had access to the internet but they had limited access off campus. An average of 55% reported using the Internet relatively, with 27% of this group reporting high usage and 17% having used it less than intended. The T-test was significant (p<0.000). The participants rated themselves at different levels of competence in utilizing the Internet. Differences in competence were noted between traditional and non-traditional university students. The participants reported using the internet for different purposes, including academic purposes and a range of other social purposes. Facebook
was the most commonly used social network followed by a Twitter. Google and Yahoo were the commonly used data bases. Challenges included restricted access to certain site, very slow internet connectivity, limited training in the use of the Internet and limited number of computers available to the students.

**Conclusion:** Contrary to other studies, this study reflected that students do use the Internet for different purposes. The recommendations included a need for a structured support to students on how to utilize the internet optimally for academic purposes and the participants cited a number of specific areas to be priorities.

**First Year Student Nurses’ Experience With Death And Dying Of A Patient During Clinical Practice**

**Presenter:** David Mphuthi  
**Institution:** University of South Africa  
**Presentation Type:** Oral  
**Time:** 14h10 | **Venue:** Auditorium

**Background:** Training of the student nurses in South Africa as laid down by the South African Nursing Council (SANC) has two main components. These components are theory and practica. The theory is mostly done in the classroom while practica is clinically based. It is therefore expected of the first year student nurses to be allocated in the clinical areas. Some of these student nurses have not been or even seen a dying or a dead person.

**Purpose:** The purpose of this study was to explore first year student nurses’ experiences of encounters with death and dying of a patient during clinical practice. These experiences will make sure that when student nurses are allocated to the clinical areas are well prepared. The aim is also to make recommendations on increase support for first year student nurses when in clinical areas.

**Methodology:** Qualitative research which was explorative, descriptive and contextual was conducted. Data collection was done using in-depth unstructured interview. Nine participants were interviewed and data was analysed.

**Results and conclusions:** The findings revealed that lack of knowledge, emotional trauma; low self-esteem and nutritional disorder are the results of dealing with death and dying of patients for participants. Negative attitudes of clinical professionals, shortage of staff and congested block programme were identified as some aspects worsening the situation. Incidental learning that occurs with negative experience encountered was also identified. The findings showed the need for review of curriculum for first year student nurses. These students need more support and encouragement when in clinical area. Nurses in the clinical areas need to change their attitudes and be more supportive to the first year student nurses allocated for clinical. Need for more in-service training in clinical areas.

**POSTER PRESENTATIONS: EXHIBITION HALL**

**Socio-Cultural Perception Of Nursing And Its Influence On The Recruitment And Retention Of Male Nurses In NEIs - KZN Province**

**Presenter:** Simangele Shakwane  
**Institution:** Gauteng Department of Health - Odi district hospital  
**Presentation Type:** Poster  
**Venue:** Exhibition Hall

**The clinical experience of nursing students in an accredited rural hospital in Kuruman – Northern Cape**

**Presenter:** M Andreas & S Cldraas  
**Institution:** Henrietta Stockdale Nursing College  
**Presentation Type:** Poster  
**Venue:** Exhibition Hall
Closing the gap in research: nurses research skill preparedness

Presenter: Prof. Tendani Sara Ramukumba
Institution: TUT
Presentation Type: Oral (Interactive)
Time: 13h30 | Venue: The Terminal (Plenary)

Authors: TS Ramukumba, ME Masala-Chokwe, NG Mafutha, Gert Matshoge, RM Rasesemola and NA Ngwenya. Tshwane University of Technology.

Background: Nursing programmes in South Africa prepares nurses to function within the four key responsibility areas. The South African Nursing Council R425 completion of training documents requires that the candidate must have covered 66 hours of research to be registered as Professional Nurses. The researchers observed that there are challenges in the execution of the Research key responsibility area by professional nurses. The identified problems are knowledge and application of best practice, research evidence based practice at clinical practice level and nurses seems to be challenged in conducting and interpretation of research.

Purpose: The purpose of the study is to explore research preparedness of professional nurses in the clinical practice area.

Method(s): The study was exploratory descriptive mixed method design. Preliminary study entails the initial sequential qualitative design. Purposive sampling was done on campus, using first year post basic students. The inclusion criteria was all professional nurses who had just registered for a programme at the TUT Adelaide Tambo school of nursing. Self-report using naïve sketch as a method of data collection was used. Thematic content data analysis was done.

Results and Discussion: The ages of the participants were ranging from 25 – 59 years. The working experience ranged from 2 years to more than 30 years. The preliminary results showed that participants did not have not experienced any research, poor to lack of proper preparation for the role of research were expressed and there was a total lack of understanding of evidence based practice concept. The study show that the professional nurse as the custodian of care in the clinical practice are ill-prepared to take on the role of contributing to the increase of the body of knowledge. Very little or no research is visible in the clinical environment.

Conclusion: In the continuing professional development the area of practice relating to teaching and research carry the lowest CPD points. Utilising research results and research activities by professional nurses promote critical thinking skills and best practice development. The results indicated gaps in research preparedness of the average professional nurse in the clinical practice.

The Worth Of A Student Nurse In Clinical Placement In The Northern Cape

Presenter: T Molusi & M Booysen
Institution: Henrietta Stockdale Nursing College
Presentation Type: Oral
Time: 13h30 | Venue: OR Tambo 1

Background: Student nurses are placed in clinical facilities to integrate knowledge and theory. It is through experience in the clinical setting that student nurses acquire the knowledge, skills and values essential to the professional practice.

Purpose: Student spent 65% of their training in the clinical facilities. The value the student nurse add to the clinical facility are explored in this presentation. Therefore the presence of nursing students in the clinical setting increase the quality of care delivered.

Design: Questionnaire

Participants: First to fourth year nursing
students and permanent nursing staff completed the questionnaire

Discussion and findings: A student nurse work a minimum of 154 – 160 hours per month with a monthly stipend of R 1 500.00, despite the sayings “students are not workforce”. In the light of the great staff shortage, student nurse provide physical, physiologic, spiritual and social support to patients in order to promote and maintain safe, effective patient care. During clinical placement student nurses apply their problem solving and decision making skills which assist the understaffed clinical facilities to meet patient’s health care demands. The mere presence of the students in the clinical setting lifts the moral and the workload of the permanent staff. The value these student nurses adds are seldom recognized.

Evidence based practice in the undergraduate nursing curriculum

Presenter: Mrs. Y Uys
Institution: Sefako Makgatho Health Sciences University
Presentation Type: Oral (Interactive Workshop)
Time: 13h50 | Venue: OR Tambo 1

Background: Integration of EBP into the undergraduate nursing curriculum is essential. Evidence based practice is utilization of most recent research together with clinical expertise while adhering to patient’s preference. EBP improve the quality of health care and make it more cost effective while improving patient’s results in practice(Gonzales-Torrente, Pericas-Beltran, Bennasar-Veny,Adrover-Barcelo, Morales-Asencio &De Pedro-Gomez, 2012:227).

Purpose of the study: The purpose of the triangulation intervention mixed methods design was to evaluate an EBP module for the undergraduate nursing students.

Objectives:
1. Design an Evidence-based practice (EBP) Module for the undergraduate nursing curriculum.
2. Implement the EBP module (intervention).
3. Evaluate the EBP Module’s effect on the beliefs of undergraduate nursing students regarding EBP.
4. Evaluate the EBP Module’s effect on the implementation of EBP by undergraduate nursing students.
5. Explore and describe the experiences of the students on the implemented EBP module.
6. Develop guidelines for the incorporation of EBP in the undergraduate nursing curriculum.

Methodology: This study was a three phase triangulation intervention mixed method design

Phase One (Development Phase): Literature and the Delphi design were used to develop the EBP module. Ten experts were purposively selected and took part in the qualitative three round Delphi design. Consensus was set at 80% and was reached.

Phase Two (Implementation and evaluation Phase): The EBP Module was implemented and evaluated. A quantitative quasi experimental non-equivalent group design was used. Census sampling used all fourth year undergraduate nursing students for two consecutive years. The comparison group and intervention group had regulation 425 curriculum presented to them while the intervention group had the EBP module presented to them additionally. The EBP Belief’s scale and the EBP Implementations scale questionnaires were both used as quantitative instruments in the pre and post-test of both groups of students, the intervention (2014) and the comparison groups (2013). Reflective journals of students were used as qualitative instruments during the duration of the EBP Module.

Phase Three: Quantitative and qualitative results were combined and guidelines for EBP incorporation in the undergraduate curriculum were developed and validated.

Results: Guidelines describe essential aspects of EBP incorporation into the nursing curriculum.
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NURSES’ PLEDGE OF SERVICE

I solemnly pledge myself to the service of humanity and will endeavour to practise my profession with conscience and with dignity.

I will maintain, by all the means in my power, the honour and noble tradition of my profession.

The total health of my patients will be my first consideration.

I will hold in confidence all personal matters coming to my knowledge.

I will not permit consideration of religion, nationality, race or social standing to intervene between my duty and my patient.

I will maintain the utmost respect for human life.

I make these promises solemnly, freely and upon my honour.

THE NATIONAL ANTHEM

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Iwayo,Yizwa iMithandazo
yethu,Nkosi sikelela, thina
lusapho Iwayo.

Morena boloka setjhaba
sa heso,O fedise dintwa le
matshwenyeho, O se boloko,
O se boloko setjhaba sa
heso,Setjhaba sa South
Afrika - South Afrika.

Uit die blou van onse hemel,
Uit di diepte van on see,
Oor ons ewige gebargtes,
waar di kranse antwoord gee,

Sounds the call to come together, and united we shall stand, Let us live and strive for freedom, In South Africa our land.
DENOSA wish to thank everybody who attended as a delegate, a speaker, an exhibitor, and a sponsor towards a successful, insightful and meaningful third nurses' conference.

DENOSA commits to actioning the lessons shared, solutions and recommendations received towards strengthening the nursing profession and health services within the transforming nursing landscape.

Nurses united in pursuing service excellence.