



2nd
Hong Kong Nursing Forum

24 May 2008, Saturday

*Department of Nursing Studies
Li Ka Shing Faculty of Medicine
The University of Hong Kong*





2nd Hong Kong Nursing Forum

The 2nd Hong Kong Nursing Forum aims to share research and clinical practice among nursing academics and clinicians. The morning forum includes The Grace Tien Lecture and we have invited international renowned scholars to be our keynote speakers. The theme of the forum is “Prevention and Care of Chronic Illness”, which provides a platform to foster more collaboration in management and prevention of chronic illness. Local nurse academic and clinical nurse specialists will be preparing their outstanding research and clinical practice, and services.

- SPEAKERS** All are invited speakers, including distinguished guest speakers from overseas.
- DISCUSSION** Members of the audience are encouraged to participate freely in the discussion periods - to challenge, substantiate or otherwise comment from their own experience on concepts presented.
- VENUE** Cheung Kung Hai Conference Centre, G/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam.
- TEA BREAK** Refreshments will be served at the Foyer, Cheung Kung Hai Conference Centre, G/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam.
- LUNCH** Lunch will be provided at the Exhibition Area, G/F, William M.W. Mong Block, 21 Sassoon Road, Pokfulam.

Organizing Committee

- Honorary Advisor :** Professor Sophia S.C. Chan
- Director:** Dr Sharron S.K. Leung
- Co-director:** Dr Winnie K.W. So
- Members:**
- | | |
|----------------------|----------------------|
| Ms Polly S.L. Chan | Ms Veronica S.F. Lam |
| Dr Vico C.L. Chiang | Dr William H.C. Li |
| Ms Maureen M.L. Chui | Dr Yim Wah Mak |
| Ms Joyce O.K. Chung | Ms Ka Huen Yip |
| Ms Idy C.Y. Fu | |



2nd Hong Kong Nursing Forum

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Welcome Messages



It is a great honor for me, on behalf of the Department of Nursing Studies, to warmly welcome you to the 2nd Hong Kong Nursing Forum. Following the success of the inaugural Hong Kong Nursing Forum, jointly organized with the Department of Surgery in 2007, I am delighted to announce the continuation of this annual event, to highlight our commitment to providing quality education for practice and disseminating scientific discovery, aiming at improving health outcomes, as well as setting directions for the future.

With a vision to lead and a mission to serve, we initiated The Hong Kong Nursing Forum as an annual scientific meeting of the Department, designed to provide a forum for local and overseas scholars, scientists, clinicians, and policy makers, to share ideas, experiences, research, and clinical practice. This year, the theme is "Prevention and Care of Chronic Illness", one of the research thematic priorities of the Department. We have invited distinguished local and international speakers, to address the existing challenges and key issues in chronic illness, the global strategies to address the problem; and the evidence-based nursing practice in preventing and managing chronic illness. We hope the Forum will foster the exchange of innovative ideas, and to provide a platform for strengthening collaboration.

I would like to express my deepest gratitude to the distinguish speakers for their contribution and unfailing support to the Forum. My heartfelt thanks also go to colleagues of the organizing committee, for their concerted effort and commitment in making this Forum a success.

Finally, may I wish the 2nd Hong Kong Nursing Forum every success, and I hope you will enjoy the stimulating programme today.

A handwritten signature in black ink, appearing to read 'Sophia Chan', followed by a horizontal line.

Professor Sophia Chan

Head, Department of Nursing Studies
The University of Hong Kong

2nd Hong Kong Nursing Forum



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

The Forum will bring together international and local leaders in nursing research, nursing education and clinical practice to share information, advance their knowledge and improve the quality of care. I hope that both overseas experts and local speakers will take advantage of this occasion to exchange ideas on innovations in nursing developments and to foster collaborative partnerships with their international peers.

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

A handwritten signature in black ink, which appears to read 'L C Tsui'. The signature is fluid and cursive, written on a light yellow background.

Professor L C Tsui
Vice-Chancellor
The University of Hong Kong



With the inaugural forum last year met with overwhelming success, I am most delighted to witness the organization of the Second Hong Kong Nursing Forum, which represents the widely recognized significance and on-going momentum of this important event.

Importance of the nursing profession and its salient role in a well versed healthcare service is being acknowledged globally. In line with this global trend, Hong Kong's nursing profession is also gaining strength and growing in a rapid pace. The width and depth of the nursing profession's role as an organic part of Hong Kong's healthcare services are becoming more and more prominent.

To promote further development of our nursing profession, there must be a solid academic foundation upon which outstanding nursing professionals can be nurtured continuously and to serve as the generator of innovative nursing practices. The institutionalization of the Hong Kong Nursing Forum is a timely response to this call. I am sure that through this platform, the nursing profession in Hong Kong can be benefited by the fruitful exchange in latest academic researches, directions in nursing education and clinical practices. The event is also instrumental in benchmarking our nursing profession with the highest international standard.

The theme of this year's Forum is "Prevention and Care of Chronic Illness". In modern societies, chronic illness is becoming a major health burden to the society, and has jeopardized the quality of life of many patients and even their family members. I sincerely hope that with the vibrant exchange between overseas and local nursing professionals, we can work together in rendering better, all-rounded preventive measures for the community as well as healthcare services to patients with chronic illnesses.

May I take this opportunity to wish the Second Hong Kong Nursing Forum every success!

A handwritten signature in black ink, appearing to read 'Raymond Liang', written in a cursive style.

Professor Raymond HS Liang

Dean

Li Ka Shing Faculty of Medicine

The University of Hong Kong

2nd Hong Kong Nursing Forum



On behalf of the Organizing Committee, it is my great pleasure to welcome you to the Second Hong Kong Nursing Forum. Hong Kong Nursing Forum now becomes the annual flagship event of the Department of Nursing Studies, The University of Hong Kong. With the successful First Hong Kong Nursing Forum, we are encouraged to continue the effort in promoting collaboration between nursing academics and clinicians through providing this platform for sharing and dialogues.

Our annual Grace Tien Lecture is incorporated into today's Forum, which entitled "Prevention and Care of Chronic Illness". We are privileged to have eminent overseas and local experts to enlighten us the different approaches in managing chronic illness from both international and local perspectives. We are also grateful to have local nursing scientists and nurse specialists to enrich our scientific program and to present fruit for thoughts and discussions to challenge our practices.

I would like to thank you for your presence and participation which would no doubt make today's Forum a success. I sincerely hope you enjoy the Forum and find it a rewarding and empowering experience.

A handwritten signature in black ink, appearing to read 'Sharron Leung'.

Dr Sharron Leung

Director
The 2nd Hong Kong Nursing Forum
Department of Nursing Studies
The University of Hong Kong

Programme

Saturday, 24 May 2008

Lecture Theatre 3, Cheung Kung Hai Conference Centre,
William MW Mong Block, 21 Sassoon Road, Pokfulam

Morning Session

08:30 - 09:00 Registration

09:00 - 09:30 Opening Ceremony

Grace Tien Lecture

09:30 - 10:30 **Where Prevention Meets Care -
Global and Local Approaches to Chronic Diseases**

Dr. Don Matheson

Regional Adviser, Non-communicable Diseases

Western Pacific Regional Office

World Health Organization (WHO)

Moderator : Dr A Tiwari

10:30 - 11:00 Tea Reception

Plenary Session

Challenges of Chronic Illness on Hong Kong Health Care Services

11:00 - 11:30 **Why Nurses Matter in Prevention and Management of Chronic Diseases**

Dr. Susie Lum

Chief Manager (Nursing) / Chief Nurse Executive

Hospital Authority, HKSAR

11:30 - 12:00 **Public Health Approach for Chronic Non-communicable Disease Control**

Dr. T H Leung JP

Head, Surveillance & Epidemiology Branch

Centre for Health Protection

Department of Health, HKSAR

12:00 - 12:30 **Plenary Discussion**

Moderator : Mr A Wong

12:30 - 14:00 Lunch

Afternoon Session

Keynote Lecture

Challenges of Chronic Illness: International Perspectives

14:00 - 15:00

State of the Heart: Building Science to Improve Women's Cardiovascular Health

Prof. Susanna L. Cunningham

Professor

Department of Biobehavioral Nursing and Health Systems

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

Moderator : Dr M Tarrant

15:00 - 15:30

Tea Reception

Concurrent Sessions

	CONCURRENT SESSION 1	CONCURRENT SESSION 2
	<i>Lecture Theatre 3</i> Moderators: Dr A Hong, Dr A Lee	<i>Lecture Theatre 4</i> Moderators: Dr E Hui, Mr R Yuen
15:30 - 15:50	Determinants of Depression Literacy among Stroke Survivors Dr A Lee	Perceptions and Experiences on Stigma and Discrimination of Chinese People Living with HIV/AIDS Ms C F Ho
15:50 - 16:10	"Contract Learning" as a Tool to Promote Concept of Partnership on Patient after Percutaneous Coronary Interventions (PCI) Ms C Ho	Enhancing the Health of Abused Women Through Chinese Dietetics Dr A Tiwari
16:10 - 16:30	Pilot Study on Community Oriented Patient Empowerment Program Mr KC Tsui	Determining Factors of Psychosocial Adaptation in Pregnancy Dr E Hui
16:30 - 16:50	Advantage of Using Comprehensive Assessment in Community Gerontological Care: Application of RAI-HC for Screening and Care Plan Development Dr A Leung	A Randomised Controlled Trial of Brief Telephone Counselling on Household Smoking Restriction and Smoking Cessation among Parents with Young Children: A Pilot Study Dr Y W Mak
16:50 - 17:10	Drug Dependence, a chronic condition? Dr Y F Chan	Strategies for Enhancing the Efficacy of Psychoeducation Interventions for Hospitalized Children Dr W Li
17:10 - 17:30	Q & A Session	Q & A Session

Keynote & Local Speakers

Keynote Speakers

<i>D Matheson</i>	Regional Adviser, Non-communicable Diseases Western Pacific Regional Office, World Health Organization (WHO)
<i>S L Cunningham</i>	Professor, Department of Biobehavioral Nursing and Health Systems, School of Nursing, University of Washington, U.S.A.

Plenary Speakers

<i>T H Leung</i>	Head, Surveillance & Epidemiology Branch, Centre for Health Protection, Department of Health The Government of the Hong Kong Special Administrative Region
<i>S Lum</i>	Chief Manager (Nursing) / Chief Nurse Executive, Hospital Authority, The Government of the Hong Kong Special Administrative Region

Local Speakers

<i>Y C Chan</i>	Research Assistant Professor, Department of Nursing Studies The University of Hong Kong
<i>C Ho</i>	Heart Program Manager, Hong Kong Adventist Hospital
<i>C F Ho</i>	Nursing Officer (Surveillance Section), HIV/AIDS Programme Office, Special Preventive Programme, Centre for Health Protection, Department of Health, The Government of the Hong Kong Special Administrative Region
<i>E Hui</i>	Teaching Consultant, Department of Nursing Studies The University of Hong Kong
<i>A Lee</i>	Teaching Consultant, Department of Nursing Studies The University of Hong Kong
<i>A Leung</i>	Assistant Professor, Department of Nursing Studies The University of Hong Kong
<i>W Li</i>	Assistant Professor, Department of Nursing Studies The University of Hong Kong
<i>Y W Mak</i>	Assistant Professor, Department of Nursing Studies The University of Hong Kong
<i>A Tiwari</i>	Associate Professor, Department of Nursing Studies The University of Hong Kong
<i>K C Tsui</i>	Advanced Practice Nurse, Cardiac Medical Unit, Grantham Hospital



Dr Don Matheson is a public health specialist and health service manager and currently the World Health Organisation's Western Pacific regional adviser on non communicable diseases. In his early career, he worked as a District Medical Officer on the Zimbabwe/Mozambican border, establishing rural primary health care services in this remote region. He then returned to New Zealand and helped to establish the Newtown Union Health service, a primary health care service in a low income urban area, and later he helped establish a national organisation of community controlled primary health care services.

In the 1990s he worked as a rural health service manager on New Zealand's east coast and assisted the local indigenous Maori community, Ngati Porou, to establish an integrated rural health service involving primary care clinics and a rural hospital. From there he returned to Wellington, served as National Director of Training for the Australasian Faculty of Public Health Medicine, and as Director of an NGO, the Public Health Association.

In 1999 he took up a position as General Manager of Public Health for the Health Funding Authority, and in 2000 he was appointed Deputy Director General and Director of the newly established Public Health Directorate in the Ministry of Health. In the period 2000 to 2007 he oversaw a number of major national public health programs, including the development of a systematic approach to addressing health inequalities, a national vaccination campaign against Meningococcal B disease, the development of a national immunization register, a doubling in size of the national breast screening program, and the establishment of a community development and social marketing program to reduce stigma and discrimination against people with mental illness. He also oversaw the development of a multi sectoral approach to improving nutrition and increasing physical activity, and development of national tobacco control programs and legislation, including the successful Smoke Free Environments amendment act and its application that made public bars and restaurants smoke free.

During this period he also represented the New Zealand government at international health forums, including WHO regional committee meetings, the World Health Assembly, and more recently the WHO executive Board. In 2007 he was appointed Director of International Relations, a position he held up to his present appointment.



Prof. Susanna Cunningham is a Professor at the University of Washington School of Nursing. She has baccalaureate and master's degrees in Nursing, and a Ph.D in Physiology and Biophysics. She also spent a year as a Post-doctoral Fellow at The Johns Hopkins University in Baltimore studying epidemiology, biostatistics and behavioral modification of cardiovascular risk. Prof. Cunningham's area of interest is the lifestyle modification of cardiovascular risk factors with an emphasis on risk in women. Prof. Cunningham is a past-president of the Washington Association for Biomedical Research. She has served as President of the American Heart Association, Washington Affiliate; the Vice-President for Program for the national American Heart Association and as at-large member of the national Board of Directors of the American Heart Association. Prof. Cunningham is a Fellow of the American Academy of Nursing and of the Council of Cardiovascular Nursing, American Heart Association. Prof. Cunningham served for four years as the consumer representative on the FDA's Cardio-renal Advisory Panel that counsels the FDA about issues related to drugs for the heart and kidneys.

Mostly recently Prof. Cunningham has been working with Dr. Lynne Young at the University of Victoria exploring CVD risk in lone parents in Canada and the United States. This study was funded by the National Institutes of Health through the Center for Women's Health Research at the University of Washington. The study had two parts. Part one was a series of focus groups with low-income single-parent women in the United States and Canada inquiring about their risks for cardiovascular disease and how their living situation impacts their ability to limit risks for themselves and their children. In the second part of the study the hypothesis that cardiovascular risk behaviors and conditions are high in women who headed single parent families was examined using information from an epidemiology database know as NHANES III (The Third National Health and Nutrition Examination Survey). This survey is conducted approximately every 10 years by the National Center for Health Statistics and the data is available to any researcher. We examined what the data was indicated about cardiovascular risk in women, and what differences in risk existed between different groups of women.

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Dr. Susie S. S. Lum is the Chief Manager (Nursing)/Chief Nurse Executive of the Hospital Authority a position she has held since 1994. She is responsible for overall leadership, direction, strategic planning and policy development in nursing education, nursing management and nursing practice. Prior to her present appointment, she was General Manager (Nursing) and Chief Nursing Officer at Ruttonjee Hospital. She has also worked as the Senior Nursing Officer (Service & Planning) in the United Christian Hospital and Senior Nursing Officer (Education)/School Principal in the Nethersole School of Nursing.

Dr. Lum obtained her Diploma in Nursing Education at the Lincoln Institute of Health Sciences (Australia) and the Certificate of Advanced Nursing Administration with distinction in the Royal College of Nursing (UK). She received her Master of Business Administration with distinction from the University of Hull (UK). She was awarded Doctor of Nursing (honoris causa) by the La Trobe University, Australia in September 2000. Dr. Lum is a Fellow of the Royal College of Nursing Australia; Associate Fellow of Australian College of Health Service Executives and Founding Fellow of Hong Kong College of Health Service Executives. She was also a Member of the Nursing Council of Hong Kong (1983-2005); Chairman of the Professional Development Committee (1997-2005); Member of Midwifery Council (1994-2000); President of the College of Nursing of Hong Kong (1992-1993). She is a Founding Council Member of the Hong Kong Health Education & Health Promotion Foundation. She is the Chairperson of the Hong Kong Academy of Nursing Preparatory Committee.

Dr. Lum is advisor and/or member of a number of professional associations, undertakes voluntary healthcare work in China, and represents Hong Kong at a number of international nursing conferences. She served as Council Member of The Hong Kong Polytechnic University for 6 years and also as Member of the Advisory Committee on Nursing, and was appointed Adjunct Professor of Nursing in 2001. She was appointed Honorary Associate Professor in the Department of Nursing Studies, The University of Hong Kong and also served as a Member of the Academic Advisory Committee on Nursing. She is a Member of the Advisory Peer Group on Nursing and Council Member of The Open University of Hong Kong. She is a the Honorary Consultant of Health Care & Medical Services Section of the School of Continuing Studies, and Adjunct Associate Professor of The Nethersole School of Nursing of The Chinese University of Hong Kong. She is also Chairperson of the Board of Studies of the Institute of Advanced Nursing Studies of the Hospital Authority. She is Chairperson of the Advisory Committee of the School of Continuing Education of the Hong Kong Baptist University.

As for community services, Dr. Lum had served as Adjudicator in a number of tribunals e.g. Register of Person and Obscene Tribunal. She served as Member of the Social Workers Registration Board from 1998 to 2004. She was appointed a member of the Elderly Commission of the HKSAR since 2001. She has been a member of Soroptimist International of Hong Kong since 1995 and became President of the Hong Kong Chapter in 2001. She was elected as a Member of the Election Committee of HKSAR in 1998 & 2000.



Dr T H Leung is currently Consultant, Community Medicine in non-communicable disease and Head of the Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health of Hong Kong SAR.

Dr Leung has served in the Government public health service for over 20 years and has experience in a number of public health areas, including health regulation, disease prevention and control and administration of health services.

Dr Leung is a medical graduate from the Trinity College, University of Dublin, Ireland and obtained the degree of Master of Science in Public Health from the National University of Singapore. He is a specialist in community medicine, a Fellow of the Hong Kong Academy of Medicine and a Fellow of the Royal Australasian College of Medical Administrators. He is a past Chairman of the Hong Kong Society of Community Medicine and is currently the Chief Censor of the Hong Kong College of Community Medicine.

Abstracts

Grace Tien Lecture

Where Prevention Meets Care - Global and Local Approaches to Chronic Diseases

D Matheson

Western Pacific Regional Office, World Health Organization (WHO)

In the Western Pacific region that there is the potential to avert 10 million deaths from chronic disease by the year 2015. The programs required to achieve this goal are known and proven to be effective, and the potential costs involved are modest. However, to achieve this worthy humanitarian goal will require a significant change in the practice and culture of not only public health and personal health services but also the society in which people live.

In this presentation, the current epidemiology and the likely future path of the NCD (Non Communicable Disease) epidemic is described for the diverse nations of the region, which contains the worlds post populated country, as well as the worlds' smallest and most isolated islands. Despite this diversity, the countries of the region share recent experience of changing patterns in consumption of tobacco, alcohol, diets high in fat, salt and sugar and low in fruit and vegetables alongside their disease sequelae; increased rates of cancer, cardiovascular disease, respiratory disease, and diabetes. WHO's global response and action plan to address this challenge will be discussed.

The public health and personal health responses required to combat the epidemic are described. This response requires a continuum of care from prevention of the root causes to effective treatment and rehabilitation of people suffering from chronic diseases.

The breadth of preventive health responses are described and the importance of the lessons learned from the worlds most developed lifestyle and risk factor control program, that of tobacco control and its global instrument, the Framework Convention on Tobacco Control. The presentation then looks at the evidence for the effectiveness of key interventions that are required to address the NCD epidemic. Emphasis is placed on upstream responses, including the changes that need to be made by industry, marketers, and urban planners, as well as the importance of addressing the underlying issue of poverty.

In addition to preventive strategies, the health service treatment response to the epidemic is given particular emphasis, given the known effectiveness of current basic treatment regimes. The recent upsurge in interest in Primary Health Care and also People Centred Care presents as a major opportunity for better chronic disease management. The presentation describes the essential elements of a primary health care approach, universal access, patient and people empowerment, continuity of care through different layers of a health system and the systematic use of guidelines to accurately assess and manage the risk of cardiovascular disease. In particular the important contribution that primary health care teams can make, with strong nursing representation as professionals of equal power and influence to other health professionals in the health team. The development of better functioning health care teams will be an essential ingredient if the challenge of the NCD burden is to be met.

In concluding, the paper describes reasons for optimism that this ambitious goal will be realized. This optimism springs from the successful reduction in cardiovascular disease in many countries, the economic drivers of better NCD control, the potential positive impact that may arising from the current global interest in strengthening health systems, as well as the possible beneficial impact on NCDs of strategies that may be undertaken to address climate change such as the increased use of non motorised and public transport.

Keynote Lecture

State of the Heart: Building Science to Improve Women's Cardiovascular Health

SL Cunningham

Department of Biobehavioral Nursing and Health Systems, School of Nursing, University of Washington

Atherosclerotic cardiovascular disease is one of the leading causes of morbidity and mortality worldwide. The purposes of this presentation are to (1) explore and analyze the data that informs us about women's cardiovascular health; (2) review the 2007 Evidence-based Guidelines for Cardiovascular Disease Prevention in Women published by the American Heart Association; (3) discuss what women should be told about the signs and symptoms of heart attack; and (4) present some interesting new data on potential lifestyle risk factors and risk-reducing behaviors.

Discussions of heart disease in women frequently focus either on risk conditions or factors such as diabetes that are associated with an increased risk of cardiovascular disease in women; on the risks and benefits of hormone replacement therapy; or on the treatment of heart disease once it has manifested. Data from both large and medium sized epidemiologic studies now offer us information on the lifestyle choices such as diet, risk factor control, and physical activity that are associated with reduced morbidity and mortality in middle-aged and older women. The discussion will focus on the concordance of the results from the selected studies along with a critique of the databases and what reservations we should have about the results.

The 2007 Update to the evidence-based guidelines for cardiovascular disease prevention in women is an important document with which all nurses need to be familiar. Key recommendations will be highlighted.

Some clinicians have been telling women that their symptoms of a heart attack are not the same as the symptoms experienced by men. The validity of this advice will be explored along with a discussion of what all women should hear from their care providers about the signs and symptoms of heart attack and stroke.

Finally there will be an exploration of some fun and interesting new data about dietary factors that appear to increase women's risk of hypertension and metabolic syndrome - and one factor that may help with controlling hypertension followed by suggestions for next steps in practice and research.

Plenary Session

Why Nurses Matter in Prevention and Management of Chronic Diseases

S Lum

Hospital Authority

The Hospital Authority (HA) provides public health services in Hong Kong. It has been experiencing incessantly rising healthcare demands and resource constraints, as well as playing a coordinating role and collaborating with health care professionals to fight epidemic diseases and in particular meeting the challenge of chronic diseases management. Nurses play a pivotal role in health care system. Everyday, nurses are meeting the dynamic, complex, and challenging health care needs of their clients, families and the community.

HA has been continuously employing organizational developments to support advanced nursing practice development and innovative initiatives. To reinforce nursing functional capacity, HA has introduced new nursing posts to the professional grade structure and developed core competencies for different nursing ranks. Nurse clinics of different specialties have been established and accredited to manage service needs, and were evaluated with remarkable effectiveness. Nurses mobilize their scientific knowledge to prevent & control the chronic disease once it appears, and lower the risk of complications. In order to nourish nurses for new levels of contributions; HA provides a wide spectrum of professional and specialty training, and supports with active learning resources to facilitate rapid access to evidence. Formulation of nursing specialty core groups is another organizational direction to hasten nursing advancement and specialization development.

It is an opportune time to re-look and build on the past achievements, and move the nursing profession forward. Evidence-based innovations are currently pertinent to service improvement in today's dynamic environment. A survey to review innovations of nursing specialties gathered more than 200 innovations. To further nurture a learning culture, an innovation database was constructed as a collective source of nurses' learning experiences. Nurses are motivated to unleash their energy to develop innovations, and disseminate their creativity at both local and international levels. Clinical leadership will be enumerated as a key strategy of HA to advocate nursing innovation.

HA will further strengthen the collaboration with local and overseas universities to upgrade quality of specialty training and development. Continuation of efforts will be made to enhance evidence-based innovative practice; auditing and benchmarking best practices for service improvement. Lastly, establishment of the Hong Kong Academy of Nursing for accrediting training and credentialing practices is another collective move of nurses in Hong Kong, to pursue for the excellence of nursing professionalism.

Public Health Approach for Chronic Non-communicable Disease Control

TH Leung

Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health

The lives of many people globally are being blighted and cut short by chronic non-communicable diseases (NCD) which are largely preventable. Of the 58 million deaths worldwide in 2005, the World Health Organization (WHO) estimated that approximately 35 million were caused by NCD and the toll would further increase. Hong Kong, with its ageing population, faces the same challenge imposed by an increasing disease burden of NCD.

Like many other developed economies, Hong Kong has gone through its epidemiological transition in mortality from communicable diseases to NCD. In 2006, around 68% of all registered deaths in Hong Kong were NCD-related. Similarly, a substantial proportion of hospitalizations were related to NCD. Furthermore, the NCD-related risk factors are prevalent in our population.

NCD are largely preventable diseases and many of them are linked by common preventable risk factors, which through environmental modification and personal behavioral change can significantly be reduced. Global experience has shown that the means to prevent and alleviate the burden of NCD already exists: adopting an upstream approach to tackle NCD-related risk factors to prevent diseases development; using life course approach to start interventions early in life to reduce the impact of risk factors over the life course; and employing integrated and comprehensive approach by combining both population-wide and individual-based interventions to achieve rapid health gain. One of the famous and successful examples is the North Karelia Project in Finland.

Hong Kong has adopted a multi-pronged approach comprising NCD surveillance, health promotion and public education, provision of clinical services, and legislation to protect the community from the harms associated with NCD. As key members of the primary health care team, the role of public health nurses in promoting the health of the community cannot be underestimated. Public health nurses work in partnership with other health care team members in providing a wide range of promotive, preventive, curative and rehabilitative services to the public.

To take a further step in NCD prevention and control, an integrated strategic framework for NCD prevention and control is being developed, which will be an important guide for actions. It is time for the whole community to act together in combating NCD.

Concurrent Sessions

Drug Dependence, a Chronic Condition?

YF Chan

Department of Nursing Studies, The University of Hong Kong

The substance abuse treatment system has traditionally been based on an acute care approach to clients with drug dependence. Prior treatment studies have documented that clients with drug dependence usually require several episodes of care over years to reach sustained recovery. Although some individuals can be successfully treated within a short period of time, many transition through repeated cycles of recovery, relapse and treatment. Based on these studies of the natural history of dependence and its long term recovery cycle, there has been movement in the field to adopt the idea that drug dependence is often a chronic condition, which warrants continuing care and long-term management. Accordingly, continuing care and early re-intervention following discharge from treatment have been shown to enhance client's treatment adherence and transition to recovery. The presentation will review recent research findings of the effects of assertive continuing care on long-term abstinence outcomes for adolescents discharged from residential treatment and of recovery management checkups on shortening the cycle of relapse, treatment re-entry, and recovery among adults with a substance use disorder in the US. The need to manage drug dependence as a chronic condition will be discussed.

“Contract Learning” as a Tool to Promote Concept of Partnership on Patient after Percutaneous Coronary Interventions (PCI)

C Ho¹, WK Poon¹, P King¹, CW Wong¹, C Leung², C Lui², A Siu³, J Chan³

¹ Hong Kong Adventist Hospital

² Rehab Centre, Hong Kong Adventist Hospital

³ Lifestyle Management Centre, Hong Kong Adventist Hospital

Purpose of the Study: In Hong Kong, coronary artery disease (CAD) is the second killer. Most of the crucial risk factors leading to CAD can be modified with enhancement of patient education program. The favorable effects of contract learning on adult education especially among programs for health care professionals are well documented. Since 1998, Hong Kong Adventist Hospital is the first private hospital applying this concept in their Heart Program among Percutaneous Coronary Interventions (PCI) patients by nurses with favorable outcome. The purpose of this project is to examine the outcomes of the contract learning based patient education program on patients with post PCI in a multi-disciplinary approach.

Methods: The project is conducted in the Heart Centre of Hong Kong Adventist Hospital. The patients underwent a Contract Learning program that was led by Doctors, Nurses, Physiotherapist, Dietitian and Lifestyle Management Educators. Who all contributed their own expert area of knowledge to patients as require. The measurements of patient outcomes are the treatment compliances. Twenty-eight participants (n=28, male=68%, female=32%, mean age=59.8, SD=10) suffering from CAD and having undergone PCI were recruited in this project. All participants received 6 to 12 weeks contract learning and telephone follow up service. Data was collected through monitoring patients’ heart health knowledge, drug compliance, smoking habit, dietary compliance, exercise adherence and blood pressure control.

Results: There was significant improvement in the participants’ pre and post assessment in knowledge score, drug compliance (100%), drug knowledge ($Z=-6.788$, $p=0.000$), exercise adherence (96.9%), blood pressure control (pre-test=61.7%; post-test=93.8% SBP<140mmHg), and dietary compliance (99.2%). However, there was lesser degree of improvement in quit smoking ($Z=-1.099$; $p=0.272$) after the program.

Conclusions: In conclusion, as evidenced by this project, contract learning can promote healthy behavior as reflected by the high adherence to exercise and dietary regimen and patient satisfaction among our clients. Every discipline can use the concept of contract learning to share their knowledge with their clients and obtain optimal health care outcomes. The attitude as Partners among all health care providers and their clients is the key in promoting health and cohesiveness among the health care team, clients and also their families.

Perceptions and Experiences on Stigma and Discrimination of Chinese People Living with HIV/AIDS

C F Ho¹, S Twinn²

¹ HIV/AIDS Programme Office, Special Preventive Programme, Centre for Health Protection, Department of Health

² Nethersole School of Nursing, Chinese University of Hong Kong

Purpose of the Study: Stigmatization and discrimination against people living with HIV/AIDS (PHA) has been recognized worldwide. In Hong Kong, alleged discrimination related to HIV/AIDS has been reported in numerous occasions, with the most notable incident occurring in the 1990s as a result of resistance by the community to the location of an AIDS treatment facility. Such public concern pressurized the government to reinforce its effort on anti-discrimination practices and promotion of acceptance. Nonetheless, there is little data available regarding PHAs' perceptions of stigma and discrimination to inform health care practices and policy. The aim of this paper is to present the findings of the perceptions and experiences on stigma and discrimination amongst Chinese PHA in Hong Kong. These findings are part of a larger study to examine the quality of life (QoL) of local Chinese PHA.

Methodology: This is a mixed methods design of which the first stage was a qualitative study of 36 purposively selected Chinese PHA to explore their quality of life using semi-structured interviews. Thematic analysis of the qualitative data set was undertaken to generate initial codes from which themes were developed to understand the factors affecting their perceived quality of life. The stigmatization and discrimination experienced by PHAs was an important theme to emerge from this analysis.

Results: A total of 33 out of 36 informants described their perceptions and experiences on stigma and discrimination. Of these 28 male and 5 female, 13 had progressed to AIDS. Informants perceived that HIV was a stigmatizing disease and was not accepted by the majority of people. An important theme was that of fear of revealing their "HIV secret". They described their fears as being: (1) dismissed from their job, (2) rejected by family, and (3) avoided by friends. They also expressed their concerns that revealing their status would cause a burden to family and friends. PHA perceived that there were three major barriers of keeping the HIV secret which included: (1) taking antiretroviral therapy, (2) their poor skin condition as the disease progressed, and (3) being observed by others when attending the HIV clinic. Their experiences of discrimination were subtle. Some informants described there were subtle differences in how they were treated during hospitalization. Another informant described feelings of oversensitivity in thinking family members kept their children away from her.

Conclusions: Despite the on-going effort on anti-discrimination and promotion of acceptance, HIV/AIDS remains a stigmatizing disease. PHA preferred to keep their HIV status a secret rather than risking inadequate support from family and friends to deal with the disease. Health care practitioners play an important role in providing such support. Furthermore, these findings highlight the importance of confidentiality and privacy for PHA. Indeed, HIV service providers should ensure measures to protect these particular needs for PHA.

Determining Factors of Psychosocial Adaptation in Pregnancy

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Purpose of the Study: To identify determining factors of psychosocial adaptation in pregnancy

Methodology: Convenient sampling of Chinese women aged 18 to 39 with 30 weeks of a normal singleton pregnancy. Questionnaire completed by women attending antenatal consultation in three public hospitals. Predictors were identified from the set of measurements using multiple regression.

Results: The four predictors that explained 68% of the total variance of adaptation are uncertainty, commitment to pregnancy, psychological distress, and social support. Among predictors, uncertainty showed the largest influence on adaptation. Greater psychosocial adaptation was associated with lower uncertainty and psychological distress, as well as higher commitment to pregnancy, and social support.

Conclusion: Identification of the four predictors facilitates design of interventions to improve psychosocial adaptation in transition to motherhood as well as prediction of psychosocial health after giving birth. In particular, interventions should target at reducing uncertainty and increasing commitment given their emerging predicting power recognized in this study.

Determinants of Depression Literacy among Stroke Survivors

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Purpose of the Study: Health literacy is fundamental to the pursuit of health. Little is known about Chinese patients' literacy levels regarding depression even though it is common among older stroke survivors. This paper will report the factors associated with and determinants of depression literacy reported by a group of stroke survivors.

Methodology: A cross-sectional study design was used. A total of 253 consecutively admitted first-ever ischemic stroke survivors were interviewed by a senior research nurse using a questionnaire. The process took place at one month after admission over a one year period. Depression literacy was determined by a single question 'What is depression to them?', in Cantonese. The literate group was identified as those who elaborated 'depression' in their own words without saying 'I don't know/haven't heard of it'. The participants were also assessed on their health history and abnormality record of computerised tomography; factors relating to self-care functions, cognitive and communicative functions, emotional status including depression; and the motivation to learn about 'depression'. The associated factors and determinants of depression literacy were analysed.

Results: The majority of older stroke patients (73.1%, 185 out of 253) had never heard of 'depression' as a medical disease. At univariate analysis, depression literacy was found to be related to demographic factors such as age, years of formal education and working status, a modified scale in Activities of Daily Living (OR=1.07; 95%CI=1.01, 1.14, p=0.028), scores on the Modified Rankin Scale (OR=0.77; 95%CI=0.62, 0.96, p=0.019), scores in the Abbreviated Mental Test (OR=1.42; 95%CI=1.10, 1.84, p=0.007), frequency of a pleasant facial expression over the past week (OR=1.53; 95%CI=1.16, 2.03, p=0.003), and motivation to learn about 'depression' (OR=2.32; 95%CI=1.31, 4.12, p=0.004). Formal education (OR=1.11, 95%CI=1.04, 1.18, p=0.002) and 'frequency of a pleasant facial expression over the past week' (OR=1.49, 95%CI=1.11, 2.00, p=0.008) were the only factors significantly associated with depression literacy in the backward regression analysis.

Conclusion: The study explored possible factors that influence depression literacy among Chinese stroke patients. The result may form some essential groundwork to target characteristics of stroke survivors who were unable to initiate appropriate health decisions and actions because of poor depression literacy levels. In line with the literature, low level of formal education is one of the culprits in low depression literacy. The presence of a positive mood might also play a significant role in depression literacy. This finding gives hints to some directions for future work. It also indicates that much more work needs to be done in health promotion and education on depression literacy, in particular among the minimally educated and those cannot resume a positive mood after stroke.

Advantage of Using Comprehensive Assessment in Community Gerontological Care: Application of RAI-HC for Screening and Care Plan Development

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Purpose of the study: This paper aims to demonstrate how the Resident Assessment Instrument - Home Care (RAI-HC) can be used to detect functional and mental health status of community-dwelling older adults in Hong Kong.

Methodology: This is a cross-sectional study with 2,523 older adults who received assessment on their care needs from October 1, 2003 to September 30, 2004.

Results: About 40% were male, their age ranged from 60 to 100 with a median age of 79. Majority of the subjects reported visual impairment, unsteady gait and short-term memory problem. About one third of them (36%) had problems in cognitive skills for daily decision-making.

Conclusion: The RAI-HC, when performed by trained nurse using recommended protocols, provides a valid measure for functional and mental health status in frail home care older adults. Use of RAI-HC gives an opportunity of setting a comprehensive care plan and sharing information across various health disciplines.

Strategies for Enhancing the Efficacy of Psychoeducation Interventions for Hospitalized Children

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Purpose of the Study: Hospitalization, particularly when it requires invasive medical procedures, can cause considerable stress and anxiety. Numerous studies in children's health care have focused on different methods of psychoeducational interventions for children during hospitalization. Yet, lack of attention given to validity of a study, in particular the construct and statistical conclusion validities in many previous studies, resulted in underestimation of intervention efficacy. This paper attempts to identify some common threats to validity in studies for children and to discuss some strategies for enhancing the efficacy of psychoeducational interventions.

Methodology: Based on a review of literature, this paper first identifies some common threats to validity in intervention studies of children, including threats to construct validity, threats to statistical conclusion validity, and threats to internal and external validity. This paper also discusses some strategies for enhancing the efficacy of psychoeducational interventions for hospitalized children. Additionally, based on a randomized controlled trial study, this paper describes some strategies in enhancing the sensitivity of the measurement of the outcome variables.

Results: The paper highlights the importance of ensuring validity in intervention study in enhancing the efficacy of psychoeducational intervention for hospitalized children.

Conclusion: This paper has identified some common threats to the internal, external, construct, and statistical conclusion validity of intervention studies, which may lead to misinterpretation of findings and consequently, result in wrongly accepting a false null hypothesis despite the fact that the interventions are very effective. Some strategies for enhancing the efficacy of psychoeducational intervention for hospitalized children have been discussed. It is anticipated that through designing an effective psychoeducational intervention research design, it can facilitate the development of holistic and quality care in preparing children for hospitalization and stressful medical procedures.

A Randomised Controlled Trial of Brief Telephone Counselling on Household Smoking Restriction and Smoking Cessation among Parents with Young Children: A Pilot Study

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Purposes: Cessation of smoking has a major impact on both smokers' health and that of their young children. Previous studies have reported that household smoking restriction correlates with subsequent smoking cessation. We investigated the effectiveness of brief telephone counselling on household smoking restrictions and smoking cessation. The specific objectives were to examine the effect of the intervention

1. on smoking cessation,
2. on complete household smoking restriction,
3. on reducing daily cigarette consumption by 50% and
4. on progress through the stages of readiness to quit smoking.

Methods: Young children and parents were recruited at four selected maternal and child-care centres or student health-service centres. Eligibility criteria included (1) families with at least one parent smoking one or more cigarettes daily over the past 30 days; (2) having a child under 13; (3) father, mother and child living together in the same household in the past month; (4) both father and mother able to communicate in Cantonese. Eligible and consenting parents were randomly allocated into either control or intervention group. Both groups completed a baseline questionnaire and a follow-up questionnaire on their initial telephone interview and at three months after the baseline. Both control and intervention groups also received printed smoking cessation materials by mail. Parents in the intervention group additionally received two sessions of telephone counselling by trained nurses (initial counselling at baseline and at one month afterwards). The effects of telephone counselling were measured at a 3-month follow-up interview. Home visits were arranged to collect samples for bio-chemical validation of self-reported quitting or not smoking in the home.

Results: A total of 4068 parents who brought children to the clinics were approached and 790 (19.4%) were eligible. Of those 790, 123 completed the initial telephone interview and agreed to take part in the trial. From the 123 parents, 58 were randomly allocated to the intervention group and 65 to the control group. At 3-month follow-up, 71% (n=41) in the intervention group and 80% (n=52) in the control group completed the interview.

Our findings indicated that at 3-month follow-up telephone counselling was effective in helping smoking parents to reduce daily cigarette consumption by more than 50% (36% in the intervention group vs. 14% in the control group; $p < 0.05$). However, there was no significant difference between the two groups in the rate of self-reported non-smoking in the home (33% vs. 30%), the rate maintained at the same stage of progress in readiness to quit (74% vs. 71%) or the self-reported quit rate (7% vs. 7.7%).

Conclusion: A proactive approach to recruiting parents into a smoking cessation trial is feasible in healthy-child clinics. The findings reveal that the two brief telephone-counselling sessions showed a favourable trend but were insufficient in helping parents to quit smoking or at least to avoid smoking in the home. However, they were significantly helped in reducing daily cigarette consumption by more than 50%. More effective smoking cessation intervention strategies should be formulated for parents with young children.

Enhancing the Health of Abused Women Through Chinese Dietetics

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Background: Although the impact of intimate partner violence victimisation on women's health is well recognised, it is often expressed in the terms of allopathic medicine and treated with Western medicine. Few studies have examined abused women's health from the perspective of Chinese medicine and even fewer have considered the use of Chinese dietetics. The inclusion of Chinese dietetics in the intervention for Chinese abused women is justified because Chinese medicine as a national culture has been in use for over 200 years in China and the traditional concept of maintaining body homeostasis is popular among Chinese people. As such, their understanding of illness is often framed in Chinese rather than Western medicine concepts and the concurrent use of Western and Chinese medicine is also a common practice.

Aim: This pilot study aimed to evaluate the effectiveness of the use of Chinese dietetics in enhancing the health of Chinese women experiencing intimate partner violence victimization.

Methods: Fifty Chinese women in a shelter for abused women in Hong Kong received an intervention based on Chinese dietetics. The intervention was provided by a Chinese medicine practitioner and consisted of: (i) a 2-hour educational talk and practical demonstration on the use of Chinese dietetics to improve health; (ii) specially designed, easy-to-follow recipes based on Chinese dietetics for health improvement; and (iii) telephone follow-up to reinforce understanding and application of Chinese dietetics in everyday life. The health status of the women was assessed, before the intervention and at 6 months after the intervention, using an investigator-designed 35-item instrument as well as a diagnostic assessment of health based on the principles of Chinese medicine.

Results: Of the 50 participants, 33 were successfully followed up at 6 months after the intervention. Among those followed up, 19 followed the Chinese dietetics as taught (adherence group) and 14 did not do so (non-adherence group). Compared to those in the non-adherence group, women who adhered to the Chinese dietetics had made significantly more improvement in their health ($p = 0.001$). Reasons given for non-adherence were lack of facilities (e.g. shared kitchen) and lack of time (e.g. too busy dealing with upheavals in life due to domestic violence).

Conclusion: This pilot study has provided beginning evidence that Chinese dietetics can help to improve abused women's health. However, extra assistance should be provided to these women to help them adhere to the Chinese dietetics intervention.

Pilot Study on Community Oriented Patient Empowerment Program

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Purpose of the Study: The purpose of this study was to evaluate the effectiveness of an empowerment program in helping patients underwent heart valve(s) repair/replacement surgery to develop effective self-management strategy, thereby maximizing their functional capacities and reducing hospital readmission as well as health care cost.

Methodology: This study was made on two groups consisting of 62 subjects, with 6-month interval of pre-post intervention and non-randomised control trial design from 2006 to 2007. Participants (n = 31) were assigned to the experimental group receiving a three-phase rehabilitation program organised by Grantham Hospital whilst the rest of them (n = 31) were assigned to the control group receiving the usual rehabilitation care from referring hospitals. After undertaking a training program, participants in the experimental group were required to design, implement and review their self-management plan in the subsequent phases with the support from the multi-disciplinary team and Non-Governmental Organisation (NGO). A pre- and post-intervention survey was chosen as a method of evaluating the performance of experimental group participant. In addition, comparison of International Normalised Ratio (INR) results, the frequency of unplanned follow-up in clinic and unplanned readmission to hospital were made between control group and experimental group.

Results: Subjects in experimental group showed significant reduction in presenting abnormal INR result (abnormal INR result = 25.8%) comparing with control group (abnormal INR result = 72.0%) during follow-up visits. The frequency of unplanned follow-up in clinic in experimental group (3.2%) was less than those of control group (12.0%). Additionally, the frequency of unplanned readmission to hospital in experimental group (6.5%) was significantly lower than that in control group (24.0%). Besides, subjects in experimental group had great improvement in their exercise capacity level (mean of pre-intervention level in MET = 5.79; mean of post-intervention level in MET = 7.97), exercise compliance level (pre-intervention compliance rate 67.7%; post-intervention compliance rate 77.4%), dietary compliance level (pre-intervention compliance rate 45.2%; post-intervention compliance rate 71.0%).

Conclusion: This pilot program was proven to be effective in maintaining the therapeutic level of patient's INR result, minimising the frequency of unplanned follow-up and readmission in experimental group. Additionally, exercise capacity and dietary compliance of the participant were significantly improved. Of utmost importance, this program revealed that the key to success in patient empowerment was to assist patients in enhancing knowledge about their disease, modifying their behaviours and assisting them in cultivating a sense of self-responsibility and self-reliance through nursing coaching activities and support from the community network.

Acknowledgement



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ACKNOWLEDGES WITH GRATITUDE THE CONTINUING
SUPPORT OF THE FOLLOWING SPONSORS:

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