Emerging Researchers in Ageing Conference

“Getting the right skill mix”
21\textsuperscript{st} and 22\textsuperscript{nd} October 2010, Newcastle

PHOTO ALBUM
Attendees at the Conference
Writing & Reviewing for Publication Workshop
Mixed Methods Workshop
2010
National Conference of Emerging Researches in Ageing

Hunter Room

8:45am – 9:30am – Registration
9:30am – 12:15pm – Pre Conference Postgraduate Workshop
1:00pm – 2:10pm – Conference Opening & Keynote Speaker
2:40pm – 4:00pm – Session #1 Concurrent papers
4:00pm – 5:20pm – Session #2 Concurrent papers
6:30pm – 7:30pm – Lecture
Julie Byles (RCGHA), Helen Bartlett & Matthew Carroll (Monash University)
PSYCHOSOCIAL CHARACTERISTICS OF ARTHRITIS AT MIDLIFE: FINDINGS FROM 10,532 AUSTRALIAN WOMEN

Melissa L. Harris, Deborah J. Loxton, David W. Silbrett, & Julie E. Byles

Background
- Chronic disease represents a growing public health challenge, contributing significantly to global healthcare expenditure and burden of disease.
- Several million people are living with arthritis, a chronic condition, with disease incidence increasing with age.
- Research conducted at whole-system and cellular levels highlight psychological stress as a possible mechanism integral to the aging-arthritis disease process acting through immunological and neuroendocrine pathways.
- Stress has been linked to chronic inflammatory processes and may play a role in arthritis — an age-related inflammatory disease of the tissues in and around the joints.

Objective
- To investigate the relationship between psychological stress, psychosocial factors, and arthritis in midlife women within a biopsychosocial framework.

Methods
- Participants: The 10,532 women from the midlife cohort who responded to the questions about arthritis diagnosis in the HILDA survey (2007) of the Australian longitudinal study on women's health.
- Measures: "Arthritis" was defined as being diagnosed with, or treated for osteoarthritis, rheumatoid arthritis, or osteoarthritis as arthritis to the knee.
- Psychological variables: The Perceived Stress Scale was used to assess levels of psychological stress, with higher scores indicating more stress. Multivariate analyses were also conducted to control for potential confounders such as age, gender, and socioeconomic status.

Results - Univariate and Multivariate Analyses
- Univariate: Women with arthritis were more likely to report higher levels of psychological stress.
- Multivariate: Adjusting for potential confounders, the association between arthritis and psychological stress remained significant.

Conclusions
- Midlife women with arthritis are more likely to report higher levels of psychological stress.
- The association between arthritis and psychological stress is maintained even after controlling for potential confounders such as age, gender, and socioeconomic status.

Poster Presenter
How did older women who were newly diagnosed with diabetes learn to live with that?
Adili, P, Higgins, J and Koch, T
School of Nursing and Midwifery, The University of Newcastle

Introduction
According to the WHO, about 183 million people lived with diabetes around the world in 2005. It is anticipated that this figure will increase to 366 million by 2030. Australia is not exempt from high rates of diabetes, from a study conducted by Stevenson et al. (2007) indicates that 7.4% of people over 25 years have diabetes type 2 in Australia. However, these are only the reported cases and it is probable that there are more people who are not yet diagnosed with diabetes. In Australia the statistics given predict that the 114,000 Australians diagnosed in 2002 will increase to 1,573,000 by 2030. According to the WHO, 90% of deaths from heart disease are preventable. These deaths are associated with a lack of education about the condition and lack of access to preventative care. The idea is to investigate how older women who were newly diagnosed with diabetes learn to live with that.

Method
This study was a participatory action research which had focused on the ability of all people, as equally to collaborate in researching their own life experiences. Participants were older women (over 55 years) who were newly diagnosed with diabetes (less than six months) and the family members/friends were also be invited to participate.

There were five data sources:
Digital-recorded one to one interviews with sixty-six women over a period of 12-18 months (feedback).
Digital-recorded family conversations over a period of 3-6 months (feedback).
Digital-recorded PAIR groups meetings with women and/or families for 6 months (feedback).
Accumulated data from the above three sources reported and delivered to health care professionals at 12-18 months.
Researcher’s reflective journal, maintained throughout the study and analysis period (12-18 months).
Lynne Parkinson and Julie Byles from the Research Centre for Gender Health and Ageing (RCGHA), ERA 2010 conference convenors
Lynne Parkinson (RCGHA), Helen Bartlett (Monash University), Julie Byles (RCGHA) and Mike Calford (University of Newcastle)
How did older women who were newly diagnosed with diabetes learn to live with that?

Aditi F, Higgins I and Koch T
School of Nursing and Midwifery, The University of Newcastle

Introduction
According to the WHO, about 180 million people lived with diabetes around the world in 2005. It is anticipated that this figure will increase to 366 million in 2030. Australia is not exempt from high rate of diabetes. Recent investigation (Dunstan et al., 2002) indicates that 7.4% people over 25 years have diabetes type 2 in Australia. However, these are only the reported cases and it is probable that there are more people who are not yet diagnosed with diabetes. In Australia the population is rapidly growing which predicts that the diabetes rate will increase in the near future.

Method
This study was a participatory action research which had focused on the ability of all people, as equals, to collaborate in researching their own life experiences.

Participants were older women (over 55 years) who were newly diagnosed with diabetes (less than six months) and the family members/friends were also be invited to participate.

There were five data sources:
- Digital-recorded one to one interviews with eleven women over a period of 12-18 months (feedback).
- Digital-recorded family conversations over a period of 3-6 months (feedback).
- Digital-recorded PAR groups meetings with women and/or families for 6 months (feedback).
- Accumulated data from the above sources reported and delivered to professionals at 12-18 months (feedback).

Results
The findings of this study suggested that the women learnt to manage their condition in a multitude of different ways in accordance with their readiness and capacity to learn.

Over time, following the initial formal diabetes classes, the women seemed to acquire greater understanding of their condition motivated by curiosity, trial and error, and from their own readings, partners, friends and relatives.

Conclusion
During the time women learnt they developed strategies to cope with the social, psychological and practical issues of their condition. The women learnt how they could overcome their feeling of being diagnosed, changing their eating and cooking habits, doing more exercise and checking their blood sugar level. Having support from the family/friends was an important factor in the women’s learning process.
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This event is supported by:
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Plenary session and Welcome
Helen Bartlett (Monash University), Mike Calford (University of Newcastle) and Gita Mishra (University of Queensland)
Prof. Julie Byles, Director, Research Centre for Gender, Health and Ageing University of Newcastle
Welcome to the Conference, Prof. Mike Calford, Deputy Vice Chancellor Research, University of Newcastle
Keynote Speaker Prof. Gita Mishra, University of Queensland
FAMILY MEMBER LIVED EXPERIENCE OF DELIRIUM

Researchers: Jenny Day, PhD Candidate
Supervisors: Professor Isabel Higgins and Professor Diana Keatinge
School of Nursing and Midwifery, The University of Newcastle

Introduction and background

Delirium in older people

Delirium is common, affecting between 11% and 42% of older people hospitalised for acute medical care. Delirium is characterised by disturbances of consciousness and changes in cognition or the development of perceptual disturbances which occur over a short period of time...)

Family involvement in care

Clinical guidelines and protocols for the prevention and management of delirium suggest involving family members in care to support the therapeutic environment of the older person. Often this is when the older person is displaying unusually or unfamiliar behaviours.

In addition family members may be viewed as care reporters and asked to contribute to care...

Suggested ways for involving family members in supporting the therapeutic environment of the older person include:
- assisting with orientation
- providing a calming presence, including staying with the older person
- emotional support
- seizure
- social interaction
- ensuring safety
- promoting family support and involvement
- reducing stress if hypervigilance occurs

Study approach

This is a qualitative study guided by phenomenology an interpretive approach which is concerned with the study of human experience and the meaning embedded in that experience...

The aim of this approach is to fully describe experience from the perspective of family members, family members, to allow the meaning of family member experience and describe the significance of being a family member visiting an older person who has delirium in hospital. The approach requires sensitivity to the diversity, context and complexity of the lives of family members.

Study design

The study is designed around the following semi-structured activities:
- investigating experience as it is lived by family members using in-depth interviews.
- analysis of interpretive interaction.
- writing the phenomenological narrative, and
- writing a narrative on the meaning of this study.

Family members will be purposively sampled from those visiting older people in three hospital wards at John Hunter Hospital, and the interview schedule includes questions about family member experiences and involvement with the older person, family member characteristics, and participant information needs.

Recruitment commences in August 20xx.

References...

Best Poster Presentation Winner
Fatemeh Adili, Isabel Higgins and Priya Saravanakumar from the School of Nursing and Midwifery, University of Newcastle
Joanne Harmon and Isabel Higgins from the School of Nursing and Midwifery, University of Newcastle
ERA Presenter
ERA Presenter
Conference attendees