

# Do staff working with families in community child health hold different perceptions than their counterparts in acute settings?

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**Background:** Although staff in acute paediatrics feel more positive working with children than with parents, it was anticipated that community child health staff may hold different perceptions because their family partnerships model of care claims to be family-centred. **Methods:** Nurses, doctors and allied health staff (n=48) working in community child health in regional Australia completed the 'Working with Families' questionnaire. The questionnaire, used previously in acute care settings in several countries, comprises 10 semantic differential statements to each statement: "I find working with children..." and "I find working with parents..." **Results:** There were no significant relationships between demographic variables and the mean 'working with children' and 'working with parents' scores. However, there was a difference between the mean scores (1 lowest - 5 highest): working with children: 4.29, (CI 4.06, 4.51); with parents 3.9 (CI 3.68, 4.12), mean difference -0.39 (CI -0.54, 0.23; p<0.001). **Conclusion:** Community child health staff, similar to staff in acute paediatric settings, felt more positive about working with children. However, if family-centred care was effectively implemented no such difference should occur. Staff in community child health require support and education about family-centred care. This is the first use of the Working with Families questionnaire in a community setting but it needs replication with a larger sample.

## Nurses and midwives in north Australia: a survey of their long-term conditions and how they manage them

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**Background/Aims:** Although nurses and midwives are ageing, are in short supply, and they comprise the largest proportion of the health workforce, very little is known about how they manage any personal long-term conditions. This study aimed to identify the types and impacts of reported long-term conditions, and to identify strategies used to self-manage these conditions. **Methods:** A cross-sectional survey design was used. All nurses and midwives employed by the Health Service were sent a paper-based questionnaire, comprising six sections; 665 (30.9%) completed surveys were returned. The questionnaires were anonymous, and took no more than 25 minutes to complete; less if the nurse/midwife reported no long-term conditions. **Results:** Approximately two-thirds (n=401) reported having at least one long-term condition; musculoskeletal conditions were most frequently identified. More experienced nurses/midwives reported having more than one long-term condition. More than one quarter (n=107) identified conditions relating to mental health and wellbeing. Respondents were more likely to use personal than workplace-related strategies for managing their long-term conditions. **Conclusion:** Although this is a non-representative sample, it is evident that nurses and midwives struggle with their own long-term conditions. The lower uptake of employer-provided strategies needs to be examined to minimise the loss of nurses and midwives from the workforce. This study has informed a similar study being undertaken with doctors and health practitioners in the Health Service; a larger cohort study involving nurses and midwives across metropolitan, rural and remote areas is recommended.

## EDITORIAL

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### Expedition and Wilderness Medicine

Following the establishment by The Australasian College of Tropical Medicine (ACTM) of a transitional Sub-Faculty of Expedition and Wilderness Medicine on 14 November 2009, a fully-fledged Faculty of Expedition and Wilderness Medicine (FEWM) was launched on 21 February 2011.<sup>1</sup> This Faculty operates as a joint Faculty with the Faculty of Travel Medicine, which was established on 9 March 2000.<sup>2</sup> The Oxford Handbook of Expedition and Wilderness Medicine<sup>3</sup> defines the field as being:

"concerned with maintaining physical and psychological health under the stresses and challenges of expeditions. Its aim is to encourage adventure but to attempt to minimise the risk of trauma and disease by proper planning, preventive measures such as vaccinations, sensible behaviour and acquisition of relevant medical skills. Responsible attitudes towards the environment and the welfare of the indigenous peoples in the areas of travel are also of great importance." [p. (v)]

The Faculty is actively seeking to encourage membership amongst those working in expedition and wilderness medicine and provides professional recognition through different grades of membership, which reflect the level of training and experience of applicants, as well as their commitment to continuing education. Professional grades of membership include Fellow, Associate Fellow, and Member. The Foundation Chair of the FEWM is Professor Marc Shaw, who is Medical Director of Worldwide New Zealand.

The FEWM is also seeking submissions for a themed issue of the *Annals of the ACTM* on Expedition and Wilderness Medicine and is seeking papers for this issue. Examples of potential areas relevant to the body of knowledge in this field might include:<sup>1</sup>

- Epidemiology of illness and injury on expeditions and in the wilderness
- Tropical and travel medicine
- Environmental medicine
- Diving, hyperbaric and marine medicine
- Retrieval medicine and crisis management
- Hazards of flora and fauna
- Medico-legal aspects of expeditions
- Expedition and wilderness medicine skills and training
- Medical challenges of specific expedition locations and types, e.g. jungle, desert, polar, altitude and special groups

Further information may also be obtained by contacting The Executive Officer, ACTM Secretariat, AMA House, P.O. Box 123, Red Hill, Queensland, 4059, Australia. Telephone: +61-7-3872-2246; Fax: +61-7-3856-4727; Email: actm@tropmed.org

### References

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2. Leggat PA, Klein M. Professional organisation profile: the Australasian Faculty of Travel Medicine. *Travel Med Inf Dis* 2004; 2: 47-49.
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