

Discussion Meta-aggregation of these categories led to the production of a comprehensive statement that a diagnosis of HIV in MSM can be experienced along a continuum from disability to relief and leads to disruption in sense of self and re-imagining of future life, which is influenced by personal experiences of the infection, information gathering and health professionals' responses.

Conclusion The experience of a new HIV diagnosis is personal to the individual but the health professional can provide appropriate support by understanding the reasons for seeking a HIV test in the first instance and assessing the immediate factors impacting on the individual at the time of diagnosis. In addition they should be mindful that the delivery the diagnosis is influential on the individual's coping strategies.

Nurse-led telephone vs. conventional follow-up for patients with cancer: systematic review

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Background As cancer survivorship increases, conventional follow-up puts a major burden on outpatient services. Nurse-led telephone follow-up is a promising alternative to decrease the burden on busy hospital clinics.

Objectives This paper is a report of a systematic review to determine whether nurse-led telephone follow-up is efficacious in improving effectiveness and cost-effectiveness in patients with cancer.

Methods Using the Cochrane Collaboration's validated search strategies for identifying randomised controlled trials and reports of follow-up strategy, along with appropriate keywords and MeSH terms. Searches were conducted covering a period from inception to February 2013 of Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE, OVID, BMJ, EBSCO, MEDLINE, OVIDE (via PubMed), PBMED, Web of Knowledge, CBM and JBI.

Selection criteria Randomised controlled trials (RCTs) and economic evaluations of nurse-led telephone vs. conventional follow-up were eligible. Studies comparing different types of nurse-led follow-up were excluded. Any cancer was considered; any outcome measure included.

Data collection and analysis Two authors independently examined the abstracts of all identified trials. We initially identified 1286 references, and 36 full-text articles were closely reviewed. Both authors abstracted data independently, using a pre-designed, standardised data collection form. When appropriate, data were combined in meta-analysis.

Results Ten RCTs were identified in the review, three including cost analyses. In meta-analysis of five trials comparing nurse-led telephone to conventional follow-up,

nurse-led telephone follow-up had statistically significantly positive effect on the quality of life of patients with cancer (mean difference 2.53, 95% CI 1.71 to 3.35). Patients with cancer were associated with more satisfied with nurse-led telephone follow-up (mean difference 0.8, 95% CI -0.11 to 1.72). Compared to conventional follow-up, the nurse-led telephone follow-up appear to reduce the risk of anxiety (mean difference -2.18, 95% CI -3.02 to -1.35). One study showed telephone follow-up for breast cancer may reduce the burden on busy hospital clinics but will not necessarily lead to cost or salary savings The others show that there were also significant cost benefits, with a 31% reduction in costs with nurse-led, compared to medically led care.

Conclusion There is high-quality evidence from the ten RCTs that nurse-led telephone follow-up is efficacious in providing more satisfied service, decreasing psychosocial morbidity and improving quality of life for patients with cancer, compared to conventional follow-up. There is high quality evidence from three trial that nurse-led telephone follow-up is likely to be cost effective and may even generate cost savings.

ACCERT: Aged Care Community Education Research Training

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Objectives The ACCERT project has undertaken a Clinical Risk Audit within Anglicare Southern Queensland (ASQ) with the intent of identifying gaps in client or resident care standards. Audit data was mapped across existing (ASQ) risk data resulting in a Clinical Risk Register and a Research Priorities Register. Using these 2 Registers six Evidence Utilisation Projects were prioritised using integrated risk management weightings, based on actual and potential risk. Anglicare then identified from its workforce six Research Champions (Research Fellows) that would focus on one of the six research utilisation projects. These staffs were drawn from the EN-RN and Allied Health disciplines, and were selected based on two criteria – being self-motivated and having a desire for further education and learning as part of their own career development. They were selected jointly by the ASQ and USQ TRACS project team. Topics chosen for implementation will include sleep screening using wrist actigraphy, falls risk screening in the home, polypharmacy screening in the community, and nutritional risk screening in the community.

Methods During the implementation phase of the six research fellow (Evidence Utilisation Projects) the ACCERT project team will undertake qualitative research assessment on staff perceptions of research utilisation practice and evidence based practice ascertaining the facilitators and barriers to change. Concurrently a PhD candidate will undertake qualitative research assessment on clinical care staff

perceptions of leadership and its influence in the clinical learning environment of aged care facilities with ASQ.

Conclusion In 2014 the ACCERT team aim to establish an Evidence Utilisation Centre, part of which will involve developing frameworks that will utilise clinical audit findings as a to prioritise future research utilisation projects. The sole aim will be to leave ASQ with a positive research utilisation culture and a central hub of skilled research staff that can champion further change.

Determinants of help seeking and treatment seeking behaviour of tuberculosis patients – Gender perspective: a systematic review

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Background Help and treatment seeking behavior of men and women suffering from tuberculosis is largely determined by how he/she and those around them perceive the causes, regard the diagnosis, accept the treatment, and adhere to the treatment.

Objectives To critically appraise and synthesize the best available evidence on gender-based determinants of help and treatment seeking behavior of tuberculosis patients.

Inclusion criteria Male and female tuberculosis patients (≥ 15 years) living in developed and developing countries were included. Quantitative studies examining gender differences in help and treatment seeking among tuberculosis patients with cross-sectional, retrospective and prospective cohort were included.

Types of primary outcomes Outcomes related to determinants of help seeking: pattern of distress, perceived cause of tuberculosis and stigma related to tuberculosis patients and determinants of treatment seeking: delay in diagnosis, health service utilization, and consequence of treatment seeking; treatment outcomes.

Search strategy The review considered both published and unpublished studies in the English language published between January 1990 and December 2010. Databases of the Joanna Briggs Institute, PubMed, Popline, Cochrane Library, CINAHL and MedNar were searched. The search focused on key elements of objectives (participants, comparator, and outcome) and a thorough search was undertaken utilizing a standardized three step approach.

Methodological quality Considered papers were critically appraised by two independent reviewers using standardized Joanna Briggs Institute tools. Data was extracted using the Joanna Briggs Institute Meta Analysis of Statistical

Assessment and Review Instrument data extraction tool. Data was analyzed using Revman 5.1 software from the Cochrane collaboration.

Results Nine cross-sectional, two retrospective and one prospective cohort studies were included in the review. Males were 49% less likely to have psychological distress than females (OR = 0.51, 95% CI = 0.32-0.83). Males were 46% less likely to perceive health, illness and injuries as a cause of tuberculosis infection than females (OR = 0.54, 95% CI = 0.31-0.96). Males were 78% less likely to use a traditional healer as health service utilization than females (OR = 0.22, 95% CI = 0.07-0.66). Males were almost twice more likely to be diagnosed within 30 days in a health institution than females (OR = 1.76, 95% CI = 1.09-2.84) however, they were 23% less likely to successfully complete tuberculosis treatment (OR = 0.77, 95% CI = 0.68-0.87).

Conclusion Gender differences were observed on determinants of help seeking such as distress, perceived causes of tuberculosis infection and stigma components. Determinants of treatment seeking that showed significant gender differences were utilization of health services for diagnosis and treatment, patient delay in seeking health service and treatment outcome of tuberculosis.

Implications Gender specific strategies for behavioural change should be implemented by health professionals on causes of tuberculosis, early treatment seeking, signs/symptoms, related stigma and adherence of treatment to raise awareness in the community. Practitioners should suspect tuberculosis among women at early stages of their visits to health facilities and screen for tuberculosis. Special efforts should be made by practitioners for male tuberculosis patients to complete the treatment. Further research with gender perspective should be conducted using behavioural change models on screening of patients and sensitizing communities to uptake of tuberculosis facilities for tuberculosis control.

The effectiveness of information sharing interventions as a means to reduce anxiety in families waiting for surgical patients undergoing an elective surgical procedure: a systematic review protocol

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Background Information provision, preoperative preparation and anxiety reduction for surgical patients has been the dominant focus in surgical care literature, however the care of the families of surgical patients, for whom anxiety is common, also deserves attention. During busy surgical lists