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Keynote speaker abstracts

Tuesday 3 September, 10.20-11am

Location: Pennine Lecture Theatre

The impact of impact

Professor Hugh McKenna CBE PhD BSc (Hons) RMN RGN RNT DipN(Lond) AdvDipEd FFN RCSI FEANS FRCN FAAN MAE, Professor of Nursing, Ulster University, UK

Twitter: @mckenna_ho

Summary of session

Hugh will outline how the Research Excellence Framework's (REF) emphasis on research impact has changed the focus of research activities and outcomes in many countries. Using data from the last REF, he will show how nursing in the UK is contributing to economic, cultural, social and health improvement internationally.

Intended learning outcomes

- Understand the importance of research impact.
- Describe how nursing research has contributed to global impact in a variety of fields.
- Explain how nurses can ensure that their research is more impactful.

Biography

Hugh McKenna is a Professor and Dean at Ulster University. He has over 250 publications including 16 books and over £4 million in grants; he has supervised 18 PhD students to successful completion. His published work has been cited 13,534 times with over 36,000 reads on ResearchGate. He is Visiting Professor in Slovenia and Australia and chairs an accreditation panel in Hong Kong. In 2017, he was appointed to chair Sub Panel 3 for the UK Research Excellence Framework 2021, which he also chaired in REF2014. In 2018 he chaired the Swedish Research Council's Clinical Research Review. In 2018, he was identified as one of 70 Most Influential Nurses since the founding of the NHS in 1948. He chairs the largest mental health, addiction and learning disability charity on the island of Ireland. He has honorary doctorates from University of Maribor and Edinburgh Napier University and appointed to the Academia Europea, which advises the EU.

Wednesday 4 September, 10.40-11.25am

Location: Pennine Lecture Theatre

Conquering research impact: Reaching the summit, making a difference and surviving

Professor Angela Mary Tod PhD MSc MMedSci BA(Hons) RN, Professor of Older People and Care, University of Sheffield, Sheffield, UK

Summary of session

Researchers are under more pressure than ever to achieve and demonstrate impact. The research impact agenda has been critiqued because of political and financial motivations for the current focus. However, as nurses working in research or using research we have different motivations for achieving research impact. Our incentives are linked to our own practice and commitment to patients. We strive to use research to achieve excellence in practice, quality healthcare and effective clinical practice/ interventions. This presentation revisits research impact, its definitions, challenges, some models and mechanisms to enhance impact as well as some applied research impact examples.

Intended learning outcomes

- Understand why research impact is vital to improve health care quality.
- Understand how to achieve research impact.
- Identify their role in achieving research impact.

Biography

Angela is Professor of Older People and Care in the School of Nursing and Midwifery at the University of Sheffield. Her nursing background is in cardiology and cardiac rehabilitation. Angela has many years of experience conducting and applying research into health care, as well as posts focusing on research capacity building in nurses, midwives and allied health professionals.

Her research has mainly focused on care for adults and older people. The particular research focus is in patient experience studies, especially in areas of public health, health inequalities and health care access. Recent work includes a growing portfolio research in lung cancer, mesothelioma, people with Parkinson's, neutropenic sepsis, and intermediate care for older people. Angela's methodologically expertise lies in qualitative research, in stand-alone and mixed method studies.

Thursday 5 September, 9.05-9.45am

Location: Pennine Lecture Theatre

New international evidence on the impact of safe nurse staffing interventions

Professor Linda H Aiken, RN, PhD, Professor and Director, Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, Philadelphia, USA

Twitter: @LindaAiken_Penn

Summary of session

There is a large research literature showing that better nurse staffing in hospitals is associated with better patient outcomes and nurse retention. More countries and states are enacting policies to require hospitals to meet at least minimum safe nurse staffing levels. However, little is known about the success of these interventions and there is an ongoing debate among some stakeholders as to whether safe nurse staffing policies improve outcomes for patients and nurses. We review new research findings addressing whether patient outcomes improve as a result of safe nurse staffing policies and the extent to which nurses are more satisfied with their jobs in jurisdictions with safe nurse staffing policies. The implications for England are discussed.

Intended learning outcomes

- Describe international interventions to improve nurse staffing in hospitals.
- Explain the evidence from outcomes evaluations of countries that have adopted safe nurse staffing standards.

Biography

Linda H Aiken PhD is the Claire Fagin Professor of Nursing, Professor of Sociology, Director of Center for Health Outcomes and Policy Research, and Senior Fellow of the Leonard Davis Institute of Health Economics at the University of Pennsylvania, Philadelphia, USA. Dr. Aiken conducts research on relationships between health care workforce factors and patient outcomes in over 30 countries. She is the author of more than 300 scientific papers. She is an elected member of the US National Academy of Medicine, a former President of the American Academy of Nursing, and an Honorary Fellow of the Royal College of Nursing.

1.1 Theme: Education

Session no: 1.1.1 Abstract no: 0377

Research Topic: Service Innovation and Improvement, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Engaging and developing frontline clinical nurses to drive care excellence: Evaluating the Chief Nurse Excellence in Care Junior Fellowship initiative

Presenter: Louise Bramley PhD, Nottingham University Hospitals NHS Trust, UK
Co-presenters: Joseph Manning, UK; Joanne Cooper, UK

Abstract

Background: There is an internationally recognised shortage of registered nurses. Nursing workforce deficits have been linked directly to poorer patient outcomes and staff experience (Aiken et al, 2014). Flexible and innovative workforce solutions are required to overcome these challenges including those that combine opportunities for clinical and academic development (Association of UK University Hospitals, 2016, Health Education England, 2015).

Aim: To describe the implementation and present an evaluation of the 'Chief Nurse Excellence in Care Junior' (CNF) bespoke Fellowship initiative, designed to develop the foundational clinical and academic skills of front-line junior clinical staff.

Method: The CNF Fellowship is an innovative initiative to empower junior front-line nurses to make significant impacts on patient care through quality improvements projects, whilst gaining academic experience and leadership skills as a foundation to becoming future nursing research leaders. The initiative involved two main components: a bespoke development programme and an improvement project that was supported by clinical and academic mentors. The initiative was evaluated using structured feedback, case studies and data on dissemination activities.

Results: Nurses report positive impact on their personal and professional development and job satisfaction. 100% (n=23 nurses) remain in the organisation with 75% moving into leadership and/or research positions. Case studies of projects had a demonstrable impact on patient experiences, outcomes and cost savings. Wider organisational and NHS impact was demonstrated through multiple dissemination activities.

Conclusion: The CNF initiative, provides foundational opportunities to upskill and enable frontline nurses to embark on the first steps of a clinical academic career pathway, whilst gaining vital exposure to leadership skills and knowledge. Innovating and modelling clinical academic skills on the frontline is essential in breaking down existing barriers to clinical academic careers and encouraging senior leaders to realise the value and impact of supporting front-line nurses to undertake this career pathway.

Biography

Dr Louise Bramley is currently the lead for Clinical Research in the Institute for Nursing and Midwifery Care Excellence at Nottingham University Hospitals Trust. She is a qualified nurse and continues to practice clinically. Her research interests include issues affecting the frail elderly, compassion in nursing and end of life care. She is a key figure in driving forward the Clinical Academic Career agenda for nurses and allied health professionals both within Nottingham University Hospitals Trust and nationally.

Session no: 1.1.2 Abstract no: 0358

Research Topic: Leadership and Management

Methodology: Focus Groups

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Building trust: Health care middle managers' experiences developing leadership capacity and capability in a publicly funded learning network

Presenter: Trude Anita Hartviksen OT MRSc PhD student, Faculty of Nursing and Health Sciences, Nord University, Norway
Co-authors: Jessica Marianne Aspfors, Norway; Lisbeth Uhrenfeldt, Norway

Abstract

Background: Health care middle managers have traditionally been expected to be self-taught and to learn while working. (1). An increasingly complex health care context makes health care middle managers more dependent on relational skills such as communication, negotiation, implementation, analysis (2) and networking (3). It is necessary to improve knowledge of leadership in health care and to develop health care middle managers' capacity and capability (1, 3).

Aims: To explore how health care middle managers, who participated in a learning network in rural northern Norway, experienced that this participation contributed to the development of capacity and capability for leadership.

Methods: The study was guided by a critical hermeneutic perspective. Health care middle managers' lifeworld and system world was contrasted through their reflection and critical questioning in three focus groups during December 2014. The participants were recruited from a learning network: one user representative and health care middle managers from one local hospital, one municipal homecare, and one municipal long-term care facility. The analysis was guided by critical hermeneutic principles according to the work of Kvale and Brinkmann and of Alvesson and Sköldberg.

Results: The results showed two main themes:

1. Trusted interaction despite organizational and structural framing.
2. Knowledgeable understanding of a complex context. One of the central contrasts in the results concerned health care middle managers' experiences of a lack of trust both internally in their own organization and across organizational boundaries and the ways in which their learning network enhanced the feeling of trust among the participants.

Conclusions: Trust was experienced as a central part of health care middle managers' leadership capacity and capability in today's complex health care organizations. The learning network enhanced trust by including relational components such as transformative learning, reflection, group work and knowledge sharing but also by facilitating informal networking such as participating in meals and competing in a quiz across organizational borders.

Biography

Trude Anita Hartviksen is a PhD canddiate based in Nord University, Bodø, Norway. Her research focuses on health care middle managers' experiences of developing capacity and capability in a complex context. Hartviksen is an occupational therapist, with twenty years of experience in health care middle management and quality and improvement work both in hospitals and municipalities. She works as a lecturer in the Faculty of Nursing and Health Sciences at Nord University.

Session no: 1.1.3 Abstract no: 0184

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Mixed

Research Approach: Mixed Methods Research

The impact of e-learning on the continuing professional development of registered nurses

Presenter: Helen Beckett RN Child MA Education for Health Professionals, Swansea University, UK

Abstract

Background: The emergence of e-learning in recent years has afforded the learner the opportunity to engage with evidence-based continuing professional development in a flexible, engaging manner. The underpinning philosophy of which encompasses a learner-centred approach, that relies upon self-direction and motivation (Brekelmans, Maassen, Poell, WeststrateDr, Geurdes, 2016).

Aim: The focus of the research was to explore the concept of e-learning and its perceived value amongst registered nurses as a method for engaging with lifelong learning.

Methodology: To bring a holistic, balanced understanding to the impact e-learning has on the continuing professional development of registered nurses the research strategy incorporated a two-phase data collection process utilising a sequential explanatory mixed methods design (Creswell & Creswell, 2018).

Results: Between February 2018 and June 2018 in a potential number of 60 participants, 39 (65%) engaged with phase one of the data collection, a quantitative questionnaire capturing opinion of e-learning as a means of continuing professional development. Of those 39, a further 12 agreed to participate in phase two, qualitative face to face interviews.

Discussion: Through analysis of research data emerging themes where identified, these included the flexibility and challenges when engaging with e-learning, along with the knowledge acquisition and retention. Comparisons were also made to that of the more traditional approaches to continuing professional development. Whilst many of the themes had parody with existing literature base, motivation did emerge as a key theme not previously discussed in depth in relation to e-learning.

Conclusions: Implications of the study concluded that the impact e-learning has on the continuing professional development of registered nurses is influenced by three main factors; motivation to engage, the value of e-learning and challenges to effective engagement. Whilst challenges still exist when engaging with e-learning it has potential to be used as a platform for achieving valuable learning experiences.

Biography

Helen Beckett is a registered children's nurse with 18 years of experience in caring for children and young people in the acute care setting. In 2015 an opportunity in practice education presented itself, this led to the successful undertaking of MA in Education for Health Professions graduating from Swansea University in 2018. Since 2017 Helen has moved full time into education, firstly as a clinical skills tutor at Swansea University, then taking post as Child Health Lecturer at the university in April 2018. As well as teaching a wide variety of topics across the pre-registration nursing degree, Helen has a keen interest in clinical skills and simulation.

1.2 Theme: Research Policy

Session no: 1.2.1 Abstract no: 0192

Research Topic: Leadership and Management

Methodology: Other collection method

Research Approach: Other approaches

Releasing capacity for nurses to engage in research: An organisational development approach

Presenter: Sally Fowler Davis, Doctorate in Business Administration, Sheffield Hallam University, UK

Abstract

Background: Research is defined as a 'core function' in UK health service organisations. Current evidence suggests that there is an association between the engagement of individuals and health care organisations in research and improvements in health care performance (Boaz et al 2015). Clinical management involvement, especially professional and service management is key to achieving the improvement and the new research capacity (Fowler Davis 2014). A coordinated participatory method is used to release the organisational capacity to engage nurses in clinical academic research.

Method: Using the Academic Directorate research strategy to engage senior nurses a process of continuous organisational improvement was co-designed, involving; individual applications to pre masters and pre doctoral awards, team and service level research initiatives to develop new ways of working and organisational planning associated with joint clinical and academic posts in nursing. Leadership engagement and support was characterised by senior nurses identifying; research-ready staff, critical issues for service development where research would stimulate improvement and providing permission and access to the existing research infrastructure within the NHS Trust.

Discussion: A strategic commitment to organisational research, is aligned to the commitment from the National Institute of Health Research (NIHR) to achieve clinical academic careers for nurses, midwives and Allied Health Professionals. The commitment from service managers and senior nurses, motivated by the drive to achieve clinical service improvement is an important factor and is supported by a partnership using academic partners to support organisational learning and commitment to research activity. The alignment of research learning and development with clinical planning and patient benefit has the potential to address the capacity gap, engaging nurses as researchers.

Conclusion: Supporting nurses to climb, in parallel, both clinical and academic career ladders (Westwood et al 2018) is having an important effect and will impact on improved health outcomes and patient benefit.

Biography

As an organisational scientist and health services researcher, Sally Fowler Davis has a wide range of policy implementation experience, a growing understanding of co-production research methods and an interest in implementation science. She has a clinical background and continuing registration as an Allied Health Professional (AHP) and a strong interest in the health of older adults and the wellbeing of older populations. Her research interests are currently associated with the measurement of health outcomes and measuring the quality and impact of services https://www.shu.ac.uk/about-us/our-people/staff-profiles/sally-fowler-davis

Session no: 1.2.2 Abstract no: 0460

Research Topic: Research Process Issues

Methodology: Focus Groups

Research Approach: Other approaches

The concept of 'researcher practitioner engagement' in health care research

Presenter: Nikki Daniels MAEd BSc (Hons), Ulster University, UK
Co-authors: Karen Casson, UK; Patricia Gillen, UK

Abstract

Background: Meaningful interaction between academic researchers and practitioners during knowledge production is claimed to enhance research use and impact (Bowen & Graham, 2013; McCormack, 2011). On scoping literature where academic researchers reported engaging frontline practitioners such as nurses, midwives and therapists in study design and conduct, examples related mostly to one aspect of the research process, theoretical guidance was limited and evidence to support claims of impact sparse.

Aim: To develop the concept of 'researcher practitioner engagement' in health care research and produce a conceptual model.

Methods: Analysis of related definitions and published incidences of researcher practitioner engagement (theoretical stage) combined with the experiences of academic researchers (n=17) and practitioners (n=8) (fieldwork stage) identified the attributes, antecedents and consequences of this concept. Data were collected via online focus groups using audio-visual technology and thematically analysed.

Results: Participants were unanimous that an explicit concept is necessary to develop authentic practitioner and academic researcher engagement in health care research. Valuing clinical knowledge of practitioners from formative stages of a study and ensuring practitioners' perspectives are reflected in problem solving and decision making in relevant research activities form the essence of this concept. However, it was clear that an imbalance of power which largely rests with academic researchers is often a challenge to realising this concept in practice.

Discussion and conclusion: The derived conceptual model will be presented with detailed discussion around the attributes, antecedents and consequences which inform its content. Factors reported to strengthen or threaten the feasibility of this concept will be discussed and illustrative cases presented. Use of this model may positively influence researcher and practitioner engagement in health care research; use of its consistent terminology and evaluation of outcomes can contribute to an evidence base to advance this concept further and ultimately improve research use and impact in practice.

Biography

Nikki Daniels has worked as a senior lecturer at the University of Derby since 2005. Her professional interest is in the development of evidence-based practice and in particular the professional development of health care practitioners. Teaching responsibilities have spanned both pre and post registration programmes and a range of disciplines at master's level, focusing predominately on research methods, evidence based practice, developing masters level study skills and dissertation supervision. Nikki co-ordinates the doctoral network within her own profession of occupational therapy and is a member of the @Otalkresearch Twitter chat team. She is currently studying full time for a PhD in the School of nursing at Ulster University where her research is exploring the concept and culture of engagement between researchers based in academic institutions in the UK and nursing, midwifery and therapy practitioners.

Session no: 1.2.3 Abstract no: 0182

Research Topic: Methodology

Methodology: Mixed

Research Approach: Case Study

Methodological paper: How real-world research using interpretative case study design impacted on collaboration with participants and promoted inclusivity

Presenter: Nita Muir, Doctorate in Education, University of Brighton, UK

Abstract

Background: Real world research is an applied approach to understanding social life and systems (Robson 2016). Using this approach enabled a pragmatic study design for investigating an extensive European nurse education network that spanned over 14 European countries, which communicated in over seven languages with 30 organisational members.

Aims: The aim of this paper is to explore how an interpretative case study design provided a holistic portrait of network activity using three different methods of data collection alongside an iterative and bespoke analysis. Through the different methods there were regular points of interaction which promoted participant engagement.

Methodological discussion: An embedded single case study design was utilised (Yin, 2014) which had a clear theoretical development at the beginning yet also had the flexibility to be inductive and iterative as the fluidity of the research evolved. The research began with a preliminary focus group that framed the research from the perspective of the participants. This method enabled interpreters to be present and communication occurred in range of languages with meaning validated via drawings. The subsequent conceptual framework provided the scaffolding for the second stage of research which was a documentary analysis of artefacts/documents produced by the network over several years. Findings from this were then triangulated with data from eight interviews with participants of the network using a cross-case analytical framework.

Conclusion: Researching across different cultures can be complex requiring cultural sensitivity and flexibility that can be difficult to incorporate in some research designs. This paper concludes by promoting the value of case study design within the context of real-world research which aide's collaboration, inclusivity and offers rich analytical insights that is useful within a real-world research context.

Biography

Dr Nita Muir is an experienced nurse and nurse academic. She is currently the programme lead for undergraduate nursing at the University of Brighton with the responsibility for ensuring a range of nursing courses achieve strategic, national and operational objectives. Her research interests are in work-based learning, pedagogic practices which develop clinical decision making in patient safety and cultural understanding in nursing. Methodologically she practices predominately in a qualitative domain with experience of case study research, focus groups, interviews, NVivo but has recently engaged in simulation/observational research and Q-sort methods. Nita is keen to engage in wider pedagogically orientated research.

1.3 Theme: Women's Health

Session no: 1.3.1 Abstract no: 0189

Research Topic: Women's health

Methodology: Focus Groups

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The experiences of staff working in forensic care facilities providing support to those who have experienced sexual violence in South Africa

Presenter: Julie McGarry DHSci MMedSci BA RN (mental health and adult), University of Nottingham School of Health Sciences, UK
Co-presenters: Moreoagae Randa, South Africa;

Abstract

Background: While recognised as a global concern, sexual violence has been identified as a large-scale problem in South Africa (Connolly, 2017) with the health care needs of women who have been subject to sexual violence are largely provided by designated public health facilities. While a number of these are specialized multi-agency facilities (Thuthuzela Care Centres) a significant number offer mainly essential medical/forensic care (Forensic Care Centres). The role of health care professionals is pivotal in providing support to victims of sexual violence in South Africa (Medecins Sans Frontieres, 2017). However, despite the nature of the work and the associated complexities, alongside the variation in service provision, there is relatively little available evidence with regard to the experiences of those working in Forensic Care Centres (FCCs).

Aim: To explore the experiences of staff in FCCs who provide support to women who have experienced sexual violence.

Methods: A qualitative study incorporating focus groups with a range of staff (n=12) in two Forensic Centres in one city within Gauteng Province, South Africa. Data were collected during March 2016. Thematic analysis of transcribed focus group data was undertaken by the authors (Ritchie & Lewis, 2003).

Findings: Three themes were identified:

1. We help them to do away with the idea of self-blame: Everyday work;
2. Muti from traditional healers': Working in complex spaces; and
3. Compassionately sick at times": Emotional impact of forensic care work.

Discussion and conclusions: Those working in FCCs are often working in difficult circumstances and a number of factors, both professional and societal mediate against provision of effective care. Greater attention is required in terms of health service development and the wider challenges of pervading societal norms surrounding violence against women. These findings, which form the basis of the presentation, have resonance for sexual violence care and services more widely.

Biography

Julie McGarry is Associate Professor in the School of Health Sciences at the University of Nottingham, UK. Julie is an established academic researcher with expertise and professional background in the field of safeguarding (adults and children), gender based violence and intimate partner violence/domestic violence and abuse with a focus towards survivors' experiences and the development of effective multi-agency (health/social care/criminal justice) responses.

Session no: 1.3.2 Abstract no: 0430

Research Topic: Women's health

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Nurses' understanding of domestic violence and abuse (DVA) against women in Saudi Arabia

Presenter: Kafi Alshammari, Master degree in nursing science and PhD candidate, Faculty of Nursing, Community Health Nursing and Mental Health Department, King Saud University, Riyadh, Saudi Arabia and School of Health Sciences, The University of Nottingham, UK
Co-presenters: Julie McGarry, UK; Catrin Evans, UK

Abstract

Aim: To explore the practices, understanding, and knowledge among nurses and nurses' students surrounding domestic violence and abuse within the context of Saudi Arabia.

Background: DVA for women includes a number of harms and is well established as a global health issue (WHO, 2015). Within the particular context of Saudi Arabia a number of societal and cultural factors including issues regarding women's rights and the hidden nature of DVA within marriage have the potential to limit women's ability to access or receive appropriate health care and support (Almosaed, 2004).

Methodology and Methods: A hermeneutic phenomenology approach (Heidegger, 1962) was used to inform the study. Convenience sampling was used to identify study participants and data was gathered through semi-structured interviews (n =18) with qualified and student nurses in one city in Saudi Arabia. Data collection was undertaken between October 2017-February 2018. Analysis was continuously performed throughout the interview process to identify consistent themes and transcripts were carefully evaluated to develop situated structures and a general structure (van-Manen, 1990). The study identified the phenomenon of nurses understanding of DVA, how it was manifested in each text and how it comes into being.

Findings: Three themes were identified:

1. being disempowered
2. constrained by social forces
3. questioning the dominant religious interpretation.

Discussion and Conclusions: Findings suggest that nurses are reluctant to engage in situations of DVA for a number of reasons including lack of education and/or knowledge. It also highlighted how being constrained by social forces including family, husband and siblings all played a vital role in reluctance to intervene or report DVA. It also illuminated the centrality of interpretation of Islamic tradition and religion. This study provides an essential contribution to existing body of knowledge in Saudi Arabia and a discussion of the findings and implications for nursing will form the basis of the presentation.

Biography

Kafi Alshammari PhD candidate, School of Health Sciences, The University of Nottingham, UK; Lecturer in the Faculty of Nursing, Community Health Nursing and Mental Health Department, King Saud University, Riyadh, Saudi Arabia.

Session no: 1.3.3 Abstract no: 0307

Research Topic: Women's health

Methodology: Delphi

Research Approach: Action Research / Participatory Inquiry / Practice Development

A modified, real-time, technological Delphi study: Collaborating with health visitors to develop a new guide for perinatal mental health practice

Presenter: Catherine Lowenhoff, Doctoral candidate, Oxford Brookes University, UK

Abstract

Background: A survey of health visitor (HVs) revealed a lack of clarity regarding the content of perinatal mental health interventions (Lowenhoff, 2017). Respondents wanted a manualised, evidence-based intervention that was effective, feasible for HVs to deliver and acceptable to mothers. The core components of effective, acceptable and feasible interventions were extracted from literature reviews, amalgamated with the components recommended by survey respondents and presented to a group of expert HVs in the form of a modified, real-time, technological Delphi study.

Aims: To seek consensus from a group of expert health visitors regarding the components that should be included in a perinatal mental health intervention; to incorporate the findings in a guide for practice.

Method: Over six meetings Jan 2016-June 2017, 27 expert HVs were invited to discuss, and vote on (using audience response voting pads), the components that they thought should be included in a HV perinatal mental health intervention.

Results: The discussions revealed the complexities of delivering support to mothers with mental health problems. Flexibility and choice favoured the identification of a range of evidence-based strategies that might be helpful. A manual incorporating the findings from the Delphi approach was produced that included suggestions for assessment, psychoeducation, therapeutic interventions, nurturing relationships and self-care. The expert HVs took the manual back to their teams to consider whether it would be a useful guide for practice. There was unanimous agreement that it was.

Discussion: There are benefits and challenges to using this innovative approach in an attempt to integrate evidence from research and clinical experience, and gain consensus from an expert group of practitioners, to develop an intervention that is compatible with their professional ethos and deliverable in practice.

Conclusions: Involving practitioners in the development of interventions will, hopefully, contribute to consistent, confident, competent practice and improved outcomes.

Biography

Catherine Lowenhoff has worked in the field of perinatal and infant mental health for over 20 years. First as a health visitor, then as a nurse consultant in perinatal and infant mental health and currently as PhD student focussing on the role of health visitors in supporting mothers with mental health problems. Submersion in the perinatal mental health literature over the last four years has inevitably raised more questions than answers. There are three key messages that she has incorporated into her research.

1. No matter how effective an intervention is in an RCT, it will not work in the real world of clinical practice if it is not acceptable to the people expected to deliver it or the people expected to benefit from it.
2. Training alone is not enough to change practice as there are other contextual factors that influence the implementation and sustainability of interventions.
3. It is necessary to explore beyond the constraints of conventional interventions in order to develop innovative, effective and acceptable solutions.

1.4 Theme: Emergency Care

Session no: 1.4.1 Abstract no: 0408

Research Topic: Acute and critical care

Methodology: Mixed

Research Approach: Mixed Methods Research

Screening and brief intervention for drug use in the emergency department: Perspectives of nurses and consumers

Presenter: Marie Gerdtz BN Cert A&E GDAET PhD, Department of Nursing, University of Melbourne, Australia, Co-authors: Celene Yap, Australia; Catherine Daniel, Australia; Jonathan Knott, Australia

Abstract

Background: Emergency departments (EDs) represent a frontline point of access to health services for people with acute behavioural disturbances and concurrent illicit drug use (Rikki J, 2018).

Aims and Objectives:

1. To determine the prevalence of illicit drug use for all individuals admitted to the ED Behavioural Assessment Unit (BAU).
2. To explore perspectives of staff and consumers regarding routine drug screening and brief interventions for drug use.

Method: A mixed methods study conducted in three phases:

1. an observational study of prevalence
2. focus group interviews with nurses regarding barriers and enablers to drug screening
3. a consumer survey regarding public acceptability of drug screening.

The setting was a metropolitan tertiary referral hospital in Australia.

A consecutive sample of adults admitted to the ED BAU were asked about their drug use and underwent point of care saliva (POC) testing for cannabis and methamphetamines (July-December 2017). All nurses working at the study site were invited to participate in a focus group (August to October 2018). A random sample of ED consumers were surveyed regarding the acceptability of routine drug screening (March-April 2019).

Results: The prevalence of meth/amphetamine use was 21.2% (97/457; 95%CI: 17.7-25.2). A total of five focus groups involving 30 staff identified the key challenges for nurses in initiating drug screening were time pressures, perceptions of role legitimacy and lack of training. Most of the 270 consumers who were interviewed (81.9%) felt it was appropriate to be questioned about drug use and were comfortable answering questions related to this during their ED visit (86%).

Conclusion: Nurses are ideally positioned to carry out drug screening and brief interventions for people with acute behavioural disturbances in the ED. This approach is acceptable to most ED consumers. Nurses require training in detection, referral and harm minimisation strategies.

Biography

Marie Gerdtz is currently Professor and Head, Department of Nursing, Melbourne School of Health Sciences, The University of Melbourne. Her scholarship is informed by 15 years of practice as a Registered Nurse in the specialty of emergency care. Marie holds an appointment as an honorary researcher at Melbourne Health where she works with colleagues from medicine, pharmacy and mental health on an inter-disciplinary program of research aimed at preventing and responding to acute behavioural disturbance in the emergency department. Clinical implementation of her research findings are enhanced by the strong partnerships she has established within the health care industry and with government. To date, she has completed over 90 peer reviewed publications in scholarly journals, government reports and book chapters and has obtained over AUD$4.2M research funding from a range of industry sources and nationally competitive schemes.

Session no: 1.4.2 Abstract no: 0410

Research Topic: Service Innovation and Improvement

Methodology: Mixed

Research Approach: Action Research / Participatory Inquiry / Practice Development

Violence risk screening in the emergency department: Comparing the predictive validity of a statistical model to nurses' clinical judgement

Presenter: Catherine Daniel BPsycNurs PGDipN(MhlHlth) MN PhD, Department of Nursing, The University of Melbourne, Australia

Co-authors: Marie Gerdtz, Australia; Jonathan Knott, Australia; Stephen Elsom, Australia; Roshani Prematunga, Australia

Abstract

Aims and Objectives: This research aimed to determine the validity of two different methods for predicting violence risk at triage.

Background: Clinical practice guidelines recommend prevention of patient violence requires a systematic process to identify those at risk, yet evidence supporting risk screening processes in practice remains limited.

Design: A mixed methods design was used to compare the predicative validity of a derived statistical model for identifying risk of violence with nurses' clinical judgement of violence risk at triage.

Method: In Phase 1 a 12-month retrospective study was conducted to identify the clinical and demographic factors significantly associated with the occurrence of patient violence using logistic regression model. Violence was defined as any event requiring a coordinated hospital wide response to patient aggression (Code Grey). In Phase 2 nurses determined the risk of violence using clinical judgment at triage. Estimates of sensitivity and specificity, likelihood ratios and predictive values were established.

Results: The predictive model developed in Phase 1 identified risk factors including arriving with a police escort and requiring a mental health assessment (OR=18.88; 95%CI=12.9,27.97; OR=11.68, 95%CI=9.13,14.94 respectively). The final model predicted 7.1% (41/574) of all presentations who required a Code Grey response during their ED stay. In Phase 2 of the study nurses' clinical judgement of violence risk on arrival yielded a sensitivity of 52% to predict violence risk and a specificity of 98% of patients not at risk for violence. The positive likelihood ratio was estimated at 21.34 and negative likelihood ratio was 0.49. The positive predictive value was 24% and negative predictive value 99%.

Conclusion: The predictive model for violence risk screening established in this study performed poorly when compared to nurses' clinical judgements alone. Importantly Triage nurses

clinical judgements of violence risk, demonstrated acceptable levels of sensitivity and specificity.

Biography

Dr Cathy Daniel has both a clinical and academic role. Cathy is a Mental Health Lecturer and the Coordinator of Post Graduate Mental Health Nursing at The University of Melbourne. Cathy has continued to work with ED in a research capacity for several years and has developed policy and education for ED nurses on minimising the use of mechanical restraint. She has completed a Masters Research Degree in minimising mechanical restraint in acute health in 2010. In 2015 she completed a PhD at The University of Melbourne that explored how the how the risk of violence can be accurately identified at ED triage. Cathy has a clinical role in Consultation Liaison Psychiatry at The Royal Melbourne Hospital, and contributes to quality initiatives to reduce the reliance on coercive interventions in acute health.

Session no: 1.4.3 Abstract no: 0168

Research Topic: Inequalities in Health

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The identification and management of frequent users of urgent and emergency health care

Presenter: Nicola Worrillow, MSc Specialist Community Public Health Nursing, Leeds Beckett University, UK
Co-authors: Jane South, UK; Michelle Briggs, UK

Abstract

Aim: The aim of the study was to explore how, internationally, frequent users of urgent and emergency health care services are identified and managed. To explore this phenomenon, the definitions, thresholds and management approaches used by urgent and emergency services were examined. The main heterogeneous frequent user population was also deconstructed to expose why individuals become dependent upon services.

Method: A systematic mapping exercise was undertaken to capture a wide range of data to gain a comprehensive understanding of how urgent and emergency services are currently working with regard to frequent users. Data was extracted within four themed areas and a thematic synthesis was used to establish the current international context within these services. A Taxonomy was developed to reveal the unmet needs which created dependency on urgent and emergency services. 32 purposeful clinical interviews and 16 observational sessions were also undertaken for this study. This multi-perspective study enabled the triangulation of the three data collection methods to create integrity in the applicability and generalisability of the findings.

Results: The study revealed that diverse definitions and thresholds were being employed by all services and the language used to describe these individuals was often negative and subjective. Therefore, a single definition and threshold for the identification of frequent users has been selected and advocated for standardisation within all services. A Taxonomy of Frequent Users has been developed and clinically evaluated within this study. This separates the main heterogeneous group into five main sub-groups. The taxonomy can be used in clinical practice to identify the frequent user's unmet needs which may be creating their dependence upon urgent and emergency services.

Conclusions: This study has enabled the creation of a Taxonomy which can be used within clinical practice to initiate conversations with the aim of supporting the unmet needs of frequent users.

Biography

Nicola is a senior lecturer in nursing at Leeds Beckett University. She is currently finalising her PhD study which is focused on frequent users of urgent and emergency health care services. She is a qualified specialist community public health nurse and has worked in various urgent and emergency settings. Nicola has had the opportunity to present at UK, Europe and USA conferences on how urgent and emergency services can improve their support and management of this population.

1.5 Theme: Methods

Session no: 1.5.1 Abstract no: 0314

Research Topic: Methodology

Methodology: Mixed

Research Approach: Other approaches

Reflections on using the MRC guidance for developing and evaluating complex interventions as a guiding framework for a mixed methods, multiphase research study

Presenter: Catherine Lowenhoff, Doctoral candidate, Oxford Brookes University, UK

Abstract

Background: It is recommended that one or more theoretical frameworks should be used to inform the different phases of research. The enhanced development phase (Bleijenberg et al, 2018) of the MRC guidance for developing and evaluating complex interventions was used as a framework to guide a programme of research.

Aims:

To consider the role of health visitors in reducing the proportion of mothers with mental health problems who are not receiving the help they need that will lead to recovery.

To use a systematic approach to identify the size of the problem; the existing evidence base; the theoretical explanation for how interventions are supposed to work; the needs of intervention providers and recipients; the identification of practice barriers and facilitators; and, using all the information from the previous phases, to 'prioritise, reduce, select and refine' the intervention components most likely to confer benefit that will achieve the best fit with practice and context (Bleijenberg et al, 2018 p.90).

Methods: The rationale and process for the methods used to achieve the aims of the research will be explained during the course of the presentation. These include a hermeneutic systematic literature review (Boell & Cecez-Kecmanovic, 2014); a critical appraisal of a NICE guideline; a literature review based on the BeHEMOTH mnemonic (Booth & Carroll, 2015); an online survey; and a Delphi study.

Results: The end result is an intervention framework to guide the support that health visitors provide to mothers with mental health problems.

Discussion: The purpose of this presentation is to provide an overview of the steps taken in each of the stages of intervention development commensurate with the MRC guidance for complex interventions and to discuss the benefits, challenges and serendipitous discoveries of using the guidance that have both frustrated and enhanced the experience of research for a novice researcher.

Biography

Catherine Lowenhoff has worked in the field of perinatal and infant mental health for over 20 years. First as a health visitor, then as a nurse consultant in perinatal and infant mental health and currently as PhD student focussing on the role of health visitors in supporting mothers with mental health problems. Submersion in the perinatal mental health literature over the last 4 years has inevitably raised more questions than answers. There are three key message that she has incorporated into her research.

1. No matter how effective an intervention is in an RCT, it will not work in the real world of clinical practice if it is not acceptable to the people expected to deliver it or the people expected to benefit from it.
2. Training alone is not enough to change practice as there are other contextual factors that influence the implementation and sustainability of interventions.
3. It is necessary to explore beyond the constraints of conventional interventions in order to develop innovative, effective and acceptable solutions.

Session no: 1.5.2 Abstract no: 0190

Research Topic: Methodology

Methodology: Other collection method

Research Approach: Other approaches

Making sense of concept analysis

Presenter: Catherine Delves-Yates MSc BSc RN, The Norwich Medical School, University of East Anglia, UK
Co-presenters: Andrea Stockl, UK; Jenny Moore, UK

Abstract

Background: Concept analysis is frequently the first step novice nurse researchers take when beginning their work. However, the value of concept analysis in generating theory is contested: although there are many models researchers can use, few provide guidance for applying them or give overviews of their philosophical underpinnings.

Aims: To share insights encountered when undertaking concept analysis and present an adapted model based on the work of Rodgers (1989) and Tofthagen and Fagerstrøm (2010) created to overcome these.

Discussion: The purpose of concept analysis is to analyse, define, develop and evaluate a concept. Thus, in its simplest form, concept analysis is the application of a specified method to examine a concept of interest in order to ascertain its attributes. Irrespective of discipline, research studies undertaken for the purpose of developing knowledge should commence with an exploration of the existing knowledge and the development of a conceptual and theoretical understanding of the phenomena to be researched. Such an approach enables a concept to be used more effectively by evaluating strengths, limitations and variations that will enhance the contribution made. Concepts are the building blocks of theory (McKenna and Cutcliffe, 2005), so any attempt to build or use a theory without a clear understanding of these building blocks risks the danger of laying faulty theoretical foundations. Concepts, therefore, play a fundamental role in the development of knowledge.

Conclusion: Concept analysis is a valuable tool when used with an understanding of a model's philosophical underpinnings and when sufficient measures are taken to assure analytical depth, rigour and transparency. The experiences of a novice nurse researcher described will be helpful in informing others who are commencing a local, national or international study.

Biography

Catherine is an experienced nurse, lecturer at the School of Health Sciences, University of East Anglia and PhD student at the Norwich Medical School. She started her career as a student at the Nightingale School of Nursing, London and has worked clinically in adult and paediatric critical care in the UK, and has taught and nursed in America, Africa and Nepal. Catherine is an honorary lecturer at the University of UEA and the Higher Institute of Applied Medical Sciences, Cameroon and an international advisor to the Patan Academy of Health Sciences, Nepal. She is the editor of Essentials of Nursing Practice and Essential Clinical Skills for Nurses, both key textbooks for first year nursing students. Currently Catherine is researching nursing students' views of health and illness, and whether these alter during a pre-registration nursing programme.

Session no: 1.5.3 Abstract no: 0422

Research Topic: Cardiovascular Disease and Stroke, Patient Experience, Methodology

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Using qualitative methods to apply clinical trial data in a real-life clinical setting

Presenter: Amy Ferry BSc (Hons), The University of Edinburgh, UK
Co-authors: Fiona Strachan, UK; Nicholas Mills, UK; Sarah Cunningham-Burley, UK

Abstract

Background: A clinical trial is evaluating the potential for high-sensitivity cardiac troponin assays to permit clinicians to rule out myocardial infarction earlier and discharge patients directly from the Emergency Department (High-STEACS/NCT 01852123). A qualitative interview study nested within the trial protocol explored how patient experience of chest pain may be shaped by the implementation of an early rule-out pathway.

Methods: Participants were recruited before (n=23) and after (n=26) implementation of an early rule-out pathway. Purposive sampling ensured representation across age and sex categories. Face to face, semi-structured interviews provided the basis for an interpretive thematic analysis of data.

Findings: Interview content did not appear to be dictated by assessment pathway with common themes arising from both sets of interviews. A phased illness episode was revealed extending before and after the in-hospital event. Interviews revealed the differing priorities of the clinical pathway (the rule-out of myocardial infarction) to the holistic patient view desired by participants themselves. Confirmation of the absence of disease did not provide all patients with the reassurance they desired. Repetition of the symptom story to multiple practitioners before implementation of the new pathway was a source of frustration for participants. Providing pre-test information regarding the troponin test, in addition to active listening and building a trustful clinician-patient relationship related to positive expressions of reassurance within interviews. Participants assessed using the early rule-out pathway appeared to have a lesser orientation to use the episode of chest pain as a cue to action to appraise their future health status.

Conclusion: Qualitative research has provided a mechanism through which to explore how the biochemical evidence from which the early rule-out pathway was derived may be applied in a clinical environment. Effective clinician-patient communication was a key link in translating scientific data into a real-life clinical context that responds to patients' needs.

Biography

Amy Ferry began her career working in pre-clinical trials before retraining to become a cardiology nurse. After 11 years working in front-line nursing she then chose to combine her experience by moving into clinical research nursing. Amy is a member of the University of Edinburghs' HighSTEACS Research team, which has supported her in blending the roles of Research Nurse and Nurse Researcher. Nested within a clinical trial, her current work aims to improve the assessment of patients presenting to hospital with suspected acute coronary syndrome by firstly investigating the role that patient gender plays in the assessment of patients with suspected acute coronary syndrome, and secondly, uses qualitative methodology to explore the impact of early discharge pathways on patients who have had myocardial infarction ruled out as a diagnosis. Amy aims to build a career with improvement in patient care at its core, with the desire to bring expertly conducted qualitative inquiry to the mainstream of health care research.

1.6 Theme: Surgery

Session no: 1.6.1 Abstract no: 0444

Research Topic: Patient Experience, Methodology, Chronic Illness

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The unreported patient burden of living with a failed total knee replacement

Presenter: Rachel Penman BN, The University of Edinburgh, UK
Co-authors: Colin Howie, UK; David Hamilton, UK

Abstract

Background: Total knee arthroplasty (TKA) is generally successful; however, one in five patients report dissatisfaction with their outcome. Surprisingly little is known about the patient burden and experience of living with a failed TKA.

Aims: To evaluate the patient experience of a failed TKA from the patients' perspective.

Methods: Semi-structured qualitative interviews were conducted pre-operatively with 10 patients (seven females, mean age 70, range 42-77) who were undergoing revision TKA. Interviews were transcribed verbatim and analysed thematically using a phenomenological approach. Codes were generated by a single researcher using NVivo v12 software and independently verified to ensure validity. Themes were derived from these codes and agreed by a panel of three reviewers.

Results: Three clear themes were evident. Patients reported significant burdens in terms of pain, physical restrictions, and the psychological impact of dealing with the illness burden. A range of reasons for failure of TKA were seen in this group. The pain and physical restriction themes were consistent across all patients; however, the psychological impact varied with failure aetiology. Those with a sudden onset problem (for example, septic or traumatic failure) felt much deeper distress than those with gradual onset problems.

Discussion: There is a significant personal burden to the patient with a failed TKA that has not been well reported in the medical literature. Patients consistently reported significant pain, physical restriction, and psychological impact on their quality of life. Surprisingly, only the psychological impact was influenced by the mode of failure.

Conclusions: We found a previously unreported high personal burden of living with a failed TKA and that the reason for failure impacts the mental burden. This is important because mental distress is modifiable by holistic patient care and highlights the need for improved communication and support in this vulnerable group.

Biography

Rachel Penman is an experienced research nurse currently employed by The University of Edinburgh in the Department of Orthopaedics and Trauma, and is undertaking a Masters degree (by research) at The University of Edinburgh Medical School evaluating patient experience in revision total knee replacement.

Session no: 1.6.2 Abstract no: 0093

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Exploring positive deviance in the enhanced recovery pathway for total hip and knee arthroplasty

Presenter: Sally Moore RGN BA MSc, Bradford Institute for Health Research, UK
Co-author: Lesley Hughes, Jersey

Abstract

Background: Internationally, patient safety is moving away from retrospectively trying to 'find and fix' problems (Lawton et al 2014), towards looking for elements of positive practice that can be emulated in order to improve patient outcomes (Mannion and Braithwaite, 2017).

Aims: To identify positively deviant behaviour in a high performing enhanced recovery pathway (ERP) for total hip and knee arthroplasty.

Methods: We used 28-day emergency re-admissions and patient-reported outcomes to identify two ERP providers, one is performing exceptionally well (site A) and one that performed above average (site B). We undertook ethnographic observations (O'Reilly, 2012), in depth interviews, focus groups and documentary analysis, conducted over eight months with 54 health care professionals. Analysis focused on 'what works' in enhanced recovery.

Results: Both sites had strong focus on patient preparation and education, initial observations revealed little difference between the two. Further observation, focus groups and interviews, told a different story; at Site A, all staff worked as one multi-disciplinary team across the ERP, whereas site B worked as disparate teams each running their own parts of the ERP. The ability to problem solve was displayed very differently across both sites, site A pre-empted problems putting lasting solutions in place, site B staff constantly solved problems as they occurred. Overall, five themes emerged; Leadership and Engagement; Autonomy, Relationships and Communication; Patient Empowerment, and Resilience.

Discussion and conclusions: Looking for positive performance has once again highlighted the importance of strong, distributed leadership that recognises and respects the whole team and everyone's part in the delivery of care. This is the key to success at Trust A, however, despite identifying problems at Trust B, teams were still managing to deliver better than average care due to their personal resilience and ability to problem solve.

Biography

Sally is a Patient Safety Research Nurse working at the Yorkshire and Humber Patient Safety Translational Research Centre at the Bradford Institute of Health Research. She is a registered nurse who worked as the Matron for the Operating Theatres and the Endoscopy Unit at a District General Hospital before moving into patient safety research. She has been part of the research team on the following projects:

- PACT partners at care transitions.
- A behaviour change approach to preventing acute kidney injury.
- Supporting ward teams to use patient feedback to improve the quality and safety of patient care.
- Developing a patient led classification of patient incident reports.
- Patient Involvement in Patient Safety: developing an intervention to promote organisational learning using patient reports of organisational safety and patient safety incidents.
- A behaviour change approach to implementing patient safety guidelines with the Yorkshire Health Innovation and Education Cluster.

Session no: 1.6.3 Abstract no: 0198

Research Topic: Patient Education, Inequalities in Health, Pain Management

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

A critical ethnographic view of preoperative pain planning and management for day surgery patients.

Presenter: Claire Ford RGN BSc (Hons) PGD and FHEA, Northumbria University, UK

Abstract

Background: Pain is a universal phenomenon, which in the case of surgery, is often predictable. Management strategies for postoperative pain should, therefore, include preoperative patient preparation and discussion of potential individualised analgesic regimes (Chow et al, 2012). However, postoperative pain management remains problematic, and there is limited research investigating the culture aligned with preoperative practices for day surgery patients

Aims: Culture is often difficult to unravel, as 90% is internal and unconscious (Hall, 1976). This research project, with the use of critical ethnography, examines the extent to which pain is discussed preoperatively, and undercovers hidden cultural practices influencing health care professionals' preoperative interactions.

Methods: Critical ethnography allows for an eclectic data collection and analysis process (Carspecken, 1996). Thus, quantitative (timings) and qualitative (observations and interviews) data collection methods were utilised, and data was analysed and triangulated using reconstructive and statistical data analysis.

Results: Over eight months, 20 members of staff were also interviewed and 130 hours of practice were observed, incorporating 100 preoperative anaesthetic visits and 24 nurse-led preoperative assessments. Whilst pain was discussed in 100% of cases; analysis revealed four aspects of culture that effected pain discussions including: 'patient safety', 'surgical productivity', 'power' and 'unconscious bias'.

Discussion: High levels of productivity and the prioritisation of patient safety over holistic care negatively impacted on the quality and depth of preoperative interactions and pain planning and management. These were also influenced by unconscious bias and power, as interactions were influenced by health care professionals' negative unconscious biases (surgical specialities and gender) and paternalistic practices limited patient empowerment and levels of nursing staff autonomy.

Conclusions: Cultural work-based practices, which are often hidden and unconscious, can negatively impact on the quality and depth of preoperative pain interactions. Raised awareness of these is therefore vital if pain is to be treated holistically and effectively.

Biography

Claire graduated from Northumbria University with a first class honours degree in adult nursing, and a distinction in midwifery (postgraduate diploma). Claire received an academic achievement award for both her nursing and midwifery studies and received the 'Heath medal', which was awarded for both academic and clinical excellence in nursing. Claire currently works as a Lecturer at Northumbria University, which includes contributing to the delivery of a range of modules across preregistration health care programmes, both nationally and internationally. This has incorporated involvement in a simulation-training programme for Thailand Nurse Educators, simulated clinical skills sessions for medical students from St George's University and participation in the delivery of nursing modules to undergraduate students in Malta. Claire's interests are centred on clinical skills, perioperative care, gynaecology and women's health and pedagogical teaching methods, which encourage learning through a variety of media, including those methods that employ more technological interventions.

1.7 Theme: Patient Outcomes

Session no: 1.7.1 Abstract no: 0461

Research Topic: Patient Experience, Cancer

Methodology: Mixed

Research Approach: Mixed Methods Research

A sequential mixed methods study to develop a sarcoma-specific patient-reported outcome measure

Presenter: Rachel Taylor PhD MSc DipRes RSCN RGN, University College London Hospitals NHS Foundation Trust, UK
Co-authors: Ana Martins, UK; Lorna Fern, UK; Lindsey Bennister, UK; Craig Gerrand, UK; Maria Onasanya, UK; Lesley Storey, UK; Mary Wells, UK; Jeremy Whelan, UK; Rachael Windsor, UK; Julie Woodford, UK

Abstract

Background: Introducing patient-reported outcome measures (PROMs) into clinical practice is known to improve patient-clinician communication, patient experience and outcomes. While there are many generic cancer PROMs there are none developed specifically for patients with sarcoma so these may not capture issues that are tumour-specific (Storey et al 2019). This paper will report how the content of the Sarcoma Assessment Measure (SAM) was identified to reflect the issues patients with sarcoma face when living with and beyond diagnosis.

Method and results: The content of SAM has been developed systematically over a number of stages:

- In-depth interviews were conducted with 121 patients: 50% male; aged 13-82; with soft tissue sarcoma (62%), bone (28%) and gastrointestinal stromal tumours (10%). Content analysis of the interview transcripts identified 1,405 post-diagnosis experience statements
- Experience statements were reviewed, repetition was removed and sentences were refined to form 395 'items' which were included in an Item Reduction Questionnaire (IRQ) grouped as physical, emotional, social and financial wellbeing and sexuality
- The IRQ was completed by 250 patients: 51% male, aged 17-89, who rated each item on importance/worry. Items with a mean score above 5 (6 in the emotional domain), which reduced the list to 166 items. After review by researchers, clinicians and patients, 66 items were retained for the Content Validity Questionnaire (CVQ)
- The CVQ was completed by 34 patients and 23 health care professionals. Items with a content validity ratio of <.31 were removed
- Cognitive interviews were conducted with 10 patients on the final 22 items to test comprehension. Minor changes were made to four.

Conclusion: SAM comprises of 22 items reflecting physical, emotional, social, financial wellbeing and sexuality. This systematic process of using patient experience to develop the content of SAM will ensure it measures what is important to patients.

Biography

Dr Rachel Taylor is Director of the Centre for Nurse, Midwife & AHP Led Research (CNMR) and Senior Research Fellow on the Cancer Clinical Trials Unit at University College London Hospitals NHS Foundation Trust (UCLH). Rachel's clinical background is an adult/children's trained nurse but she has worked in research since 1995. Rachel is leading NMAHP capability and capacity across UCLH, with a focus on developing clinical academic careers and increasing exposure to research. She also leads a programme of research focusing on teenage and young adult cancer care, with current grants from the NIHR, Sarcoma UK, Bone Cancer Research Trust and Teenage Cancer Trust. Rachel is a member of the National Cancer Research Institute (NCRI) Psycho-oncology and Survivorship Clinical Studies Group (CSG) and the Health Services Research subgroup of the NCRI Teenage and Young Adult and Germ Cell Tumour CSG.

Session no: 1.7.2 Abstract no: 0251

Research Topic: Public and Patient Involvement, Service Innovation and Improvement, Health and Social Policy

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Exploring identity and social support in recovery through photovoice

Presenter: Sarah Rhynas, The University of Edinburgh, UK
Co-authors: Lisa Scholin, UK; Fiona Cuthill, UK; Aisha Holloway, UK; Brandon Walker, UK

Abstract

Background: Recovery from addiction can be a challenging and fluctuating journey and individual support needs vary throughout. Recovery services have changed significantly internationally in recent years, now emphasising solutions and service-user experiences alongside traditional treatment approaches.

Aim: This project aimed to explore what helps people to achieve and sustain recovery, in relation to social support and individual identity changes.

Methods: A photovoice study with eight people in sustained recovery, recruited through a peer researcher, was undertaken over eight months (Dec 2017-July 2018). Participants took photographs exploring their lives in recovery, facilitated by a photographic artist. Individual interviews and two focus groups were conducted to discuss photographs and key questions. All data were analysed using inductive thematic analysis.

Results: Recovery was perceived to be built on simple principles and ingredients, which vary in quantity for each person. This included having structure and routines in early recovery, being able to receive and give support in peer-support groups and having role models who are sustaining recovery. Gratitude was a recurring theme, which made participants feel grounded in their recovery and brought about developments in self-identity over time.

Discussion: Photographs reinforced participants' stories of what recovery meant to them and how new identities began to flourish; connecting and re-connecting with themselves and others,

finding serenity in nature or city life, and experiencing life in a new state of mind. Future services in the UK and beyond could build on these elements, supporting individuals to develop new identities. Using photovoice techniques to explore identity has raised interesting methodological challenges.

Conclusion: This study shows that people in recovery experience changes in personal and social identity. Peer-led community support is a key resource for sustaining recovery and professionals have important roles in signposting, supporting and appreciating the importance of these services in facilitating identity transformation.

Biography

Sarah has a background in the nursing care of older people, those living with dementia and alcohol related brain damage. Recent research has included work around the discharge of older people from acute hospitals to care homes and the experiences of those in recovery from alcohol related harm. She has an interest in personal identity, exploring how those identities develop in health care settings, care homes and in response to life events. Sarah has a developing interest in creative approaches in qualitative research. In recent years she has used photovoice methods to engage with participants who had never engaged with research and then to bring research findings to a wider public audience.

Session no: 1.7.3 Abstract no: 0275

Research Topic: Public Health (including health promotion), Cardiovascular Disease and Stroke, Methodology

Methodology: Mixed

Research Approach: Other approaches

Developing a theory-based intervention manual to enhance self-care of patients with heart failure

Presenter: Oliver Herber RN BScN MCommH AFHEA FEANS, Institut für Allgemeinmedizin (Institute for General Medicine), Germany
Co-author: Amanda Whittal, Germany

Abstract

Background: Heart failure (HF) represents a growing public health issue. International guidelines recommend on-going self-care for HF management, yet patients are often unable to adhere to recommendations. Interventions for improving self-care adherence show variable results, largely because of a lack of underlying theoretical models. This prevents identification of causal mechanisms and active component(s) driving the intervention.

Aims: This study aims to develop a comprehensive manual for designing theory-based behaviour change interventions (BCIs).

Methods: Behaviours associated with non-adherence to HF self-care were extracted from qualitative and quantitative meta-reviews by two researchers independently (Stage 1; February 2019), and mapped onto the COM-B behaviour model to determine appropriate areas for change (Stage 2; February 2019). Behaviours were then mapped onto appropriate behaviour change techniques (BCTs), using advice from patients and clinicians to ensure applicability and relevance (Stage 3; March 2019). Finally, qualitative interviews, in combination with the Delphi technique, will be conducted with patients and health professionals to fine-tune BCI content and increase the likelihood of acceptance (Stage 4).

Results: A comprehensive intervention manual is produced containing BCIs for enhancing self-care adherence of patients with HF. BCIs are described according to the following eight descriptors to ensure reproducibility:

1. content of intervention elements
2. characteristics of self-care tutors
3. target population characteristics
4. delivery location
5. delivery mode,
6. format
7. intensity
8. duration.

Discussion: Subsequent studies are planned, including an exploratory trial to pilot test the interventions described in the manual, and a full randomised controlled trial. The BCIs are created to be implemented successfully in any given health care system due to continual patient and public involvement.

Conclusions: The manual produced from this study provides guidance in practice regarding which interventions are most applicable for enhancing self-care adherence, in order to improve illness outcomes and quality of life for HF patients.

Biography

Oliver Rudolf Herber is currently employed as a senior lecturer at the Institute of General Practice (IFAM) at the medical faculty of the Heinrich Heine University Dusseldorf, Germany. Dr Herber is a qualified adult nurse and a health services researcher with a particular interest in enhancing self-care competence in individuals with long-term conditions. His methodological expertise include qualitative meta-summary/meta-synthesis techniques, longitudinal qualitative research, complex intervention design involving behaviour change, ecological momentary assessment as well as the advancement of research methodologies. Over the years, Oliver has established a reliable international network, conducting research or engaging in scholarly activities with scientists from New Zealand, the US, Norway, Sweden, the Netherlands and the UK. In 2016, Oliver was appointed Fellow of the European Academy of Nursing Science (FEANS). Since 2018 he is a selected member of the International Nursing Leadership Educational Programme (NURSE LEAD) for postdoctoral nurses to become a nurse leader.

2.1 Theme: Education

Session no: 2.1.1 Abstract no: 0013

Research Topic: Nursing, Midwifery or Support Worker Education, e-Health (including informatics and telehealth), Leadership and Management

Methodology: Other collection method

Research Approach: Quantitative (not included in another category)

Professional regulation in social media (PRISM): Validation of a tool for making decisions about professional behaviours on social media

Presenter: Gemma Ryan DHSci MSc PGCertHE PGCert BSc (Hons) DipHE RN Adult Teacher; QTLS/QTS; SFHEA, Open University, UK
Co-author: Marc Cornock, UK

Abstract

Background: There is ongoing debate around the concept of e-professionalism in the health care professions, with many incidents of unprofessional behaviour still reported despite policy and professional guidance having been in place for several years. A realist ethnographic study over four years identified inconsistent opinion across the nursing profession about what is or is not 'professional' in social media. As a result, a decision making tool was developed: Awareness to Action (A2A) 3Cs.

Aim: This project aimed to evaluate and validate the A2A 3Cs decision making tool for assessing whether behaviours in social media are acceptable, unacceptable, professional or unprofessional.

Method: A pre-test, post-test survey design was employed to assess the internal validity and reliability of the tool during January to November 2018. Participants were presented with five examples of behaviour in social media and used the tool to assess what action they would take (if any). A survey was also used to evaluate the usability, usefulness and relevance to nursing practice. Ethical approval was granted from two higher education institutions. Participants were recruited through social media, two higher education institutions and an NHS trust.

Results: 45 nurses completed the pre-test, post-test validation component and 122 evaluated the tool. Using SPSS v24.0, Intraclass correlation showed excellent reliability 0.979 [CI 0.940, 0.997] p=0.000. Cronhbach's Kappa for each of the case examples showed high levels of internal validity. Kruskill-Wallis testing demonstrated no significant difference in decisions made based on age, nursing role, length of time registered and region of the UK.

Conclusion: The A2A 3Cs tool could potentially be used to refine and develop a more aligned approach to policy and professional guidance, promote consistency in perspectives about what is deemed to be unprofessional in the nursing profession and in the education of nurses and health care professionals on the topic of e-professionalism.

Biography

Gemma has a diverse background as a qualified teacher with QTLS/QTS and is also a registered adult nurse and nurse teacher (SFHEA). Her experience includes secondary, further and higher education (maths, biology, health and social care) with extensive experience of online and distance learning. Gemma has worked in NHS (community and secondary care) and the private health care sector (surgical ward, endoscopy and residential care) through from staff nurse to management. Her recent work is within private elderly care and research management/service improvement in a community NHS trust. Research interests include realist methodology, professional accountability, social media and education.

Session no: 2.1.2 Abstract no: 0356

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Focus Groups

Research Approach: Mixed Methods Research

Does virtual reality have a place within health care education? A focus group exploration of 360-degree videos to teach non-technical skills

Presenter: Laura Park, BSc (Hons), Northumbria University, UK
Co-presenter: Claire Ford, UK
Co-author: Andrew Melling, UK

Abstract

Background: Due to increased accessibility of more advanced levels of technology, the use of virtual reality (VR) within higher education institutions has increased (Dubovi, Levy and Dagan, 2017). However, while there is an abundant array of research from the gaming and entertainment industries, there is currently limited evidence within the arena of health care practice (Smith and Hamilton, 2015).

Aims: To increase the body of empirical data examining this innovative teaching strategy, the staff at Northumbria University implemented a research project with undergraduate nursing students, exploring and evaluating the use of VR videos.

Methods: 160 second-year undergraduate adult nursing students, were asked to watch a 360-degree VR video relating to breaking bad news. Seventeen volunteer undergraduate students participated in one of three focus groups. Focus groups were audio recorded, transcribed verbatim, and analysed independently by all three members of the research team, using thematic analysis.

Results: Four central themes emerged from the findings which have been incorporated into a multimodal pedagogical model, to assist health care academics when integrating virtual reality within their existing learning and teaching strategies. The model comprises the following:

- Elements needed to increase fidelity.
- The importance of session debrief.
- The realities of using virtual reality as a teaching pedagogy.
- Effective use of the learning environment.

Conclusions: In order for the successful implementation of VR, education facilitators need to be aware of how the four core findings can impact on the use of this novel teaching strategy. Researchers suggest that failure to consider all four aspects of the model may negatively impact on the overall level of immersion. Moving forward the next step is to implement the pedagogical model, make the necessary changes and re-evaluate.

Biography

Before joining the academic team at Northumbria University, Laura worked as a staff nurse for the NHS. Laura's teaching interests are predominately within teaching clinical skills and simulation within the pre-registration adult nursing programme. This passion for clinical skills teaching has resulted in Laura co-creating and developing the skills for practice website. The website is a repository that houses a number of videos, posters and podcasts that demonstrates to students the correct technique of carrying out a specific clinical skill. This interest has led to further developments within TEL, in particular around the use of VR as a novel teaching strategy. Laura's other research passions include IPW, which is the focus of her PhD study.

Session no: 2.1.3 Abstract no: 0471

Research Topic: Leadership and Management, Workforce and Employment (including health and well being roles, research careers)

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Quantitative (not included in another category)

A pragmatic cluster randomised controlled trial of a peer shadowing intervention for novice ward sisters/charge nurses in acute NHS hospitals in England

Presenter: Ruth Harris PhD MSc BSc (Hons) RGN, King's College London, UK

Abstract

Background: It has long been acknowledged that the ward sister/ charge nurse is a pivotal role in health care. However, little is known about how to prepare and support new post holders. A recent study found shadowing a more experienced peer ward sister was associated with adjustment to the role (McKenna 2016). Shadowing is an experiential and pedagogical approach to learning characterised by workplace immersion and direct observation which has been associated with improved confidence, a reduction in medical errors and improved insight and understanding of workplace challenges.

Aims: To examine whether a peer shadowing intervention improves self reported confidence, leadership practice, professional environment and reduces prevalence of burnout in novice ward sisters/charge nurses compared to routine support.

Methods: A pragmatic, two-arm cluster randomised controlled trial was conducted with 22 acute NHS trusts in England, from September 2018 to March 2019. Participating trusts were stratified by quality and safety rating (SOF score), geographical location (urban/rural), trust size (small/large), and randomised 1:1 to the shadowing intervention arm or routine support arm. 64 novice and experienced ward sisters/charge nurses were recruited to the study. The primary outcome was self-reported confidence in novice ward sisters/charges measured pre and post intervention. Secondary outcomes were changes in leadership practice, professional environment and prevalence of burnout measured by Leadership Practice Inventory (LPI), Revised Professional Practice Environment scale (RPPE), and Massachusetts Burnout Inventory (MBI).

Results: Data will be presented for 22 NHS sites. Early analysis, to be completed in July, demonstrates an impact of peer shadowing on ward sister/charge nurse confidence.

Discussion and conclusion: Preliminary analysis supports the hypothesis that a peer shadowing intervention improves self-reported confidence in novice wards sisters/ charge nurses, with the potential to provide reciprocal benefit for experienced peers. We will also share findings about the challenges to implementation and suggestions for further refinement.

2.2 Theme: Mental Health

Session no: 2.2.1 Abstract no: 0454

Research Topic: Mental health

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Service users' perceptions of safety in the acute mental health inpatient setting

Presenter: Natalie Cutler, Registered Nurse, BN, MN(MntlHlth), MPubHlth, PhD candidate, University of Wollongong, Australia
Co-authors: Jenny Sim, Australia; Elizabeth Halcomb, Australia

Abstract

Background: Safety is a priority in acute mental health inpatient settings (NMHWG 2005). What constitutes safety from a service delivery (organisational) perspective is clear in local, national and international mental health policy (ACSQHC 2017; OECD 2018). Despite being primary stakeholders, the service users' perspective of what constitutes safety is not well understood however.

Aim: This presentation outlines the findings from a qualitative study which explored the perceptions of safety held by service users who had experienced admission to an acute mental health inpatient unit.

Methods: Fifteen (15) individual interviews were conducted in 2013 and 2014 as part of a PhD study. The transcripts were analysed thematically, informed by a phenomenographic approach. Three (3) themes were identified.

Results: One of the themes identified in this study related to the practice and behaviour of nurses. In this theme, participants perceived safety in terms of nurses who demonstrated availability, responsiveness and caring. Availability meant that nurses were present; responsiveness meant that nurses reached out to them, and acted in accordance with their needs; and caring meant that nurses treated them with kindness, compassion and empathy.

Discussion: From an organisational perspective, safety is predominantly understood as the reduction or elimination of harm. This does not align with the service user perspective, which orients safety more toward the inclusion of supportive factors than the exclusion of harmful ones.

Conclusion: This study provides an insight into mental health service users' experience and perceptions of safety. Although this is an Australian study, the findings have broad implications for nurses working in similar systems, such as many in the OECD. The impact of this research will be a more inclusive understanding of safety that can be used to inform not only nursing practice, but mental health policy and the development of person-centred measures for service evaluation.

Biography

Natalie has over 25 years' experience in mental health nursing, and has worked across a range of clinical, education, leadership, policy, volunteer and advocacy roles in the public and private sector. She has completed a Master of Nursing (Mental Health) and Master of Public Health. After a quarter of a century, Natalie remains enthralled with her chosen field. She is a lifelong learner, and hopes to inspire nursing students to lead the way in their own chosen field. Natalie is currently completing a PhD study exploring the meaning of safety in acute mental health inpatient units. She hopes that her research will contribute to better experiences and outcomes for people who use mental health services.

Session no: 2.2.2 Abstract no: 0514

Research Topic: Mental health

Methodology: Other collection method

Research Approach: Other approaches

Uncharted water: An autoethnographic analysis of negotiating partnership working with a mental health service user

Presenter: Rosie Stenhouse, MRes, PhD, RMN, FHEA, The University of Edinburgh, UK

Abstract

Background: Working in partnership with people who use the health system is an expectation of UK Government and local health policy. Within the field of mental health those who use/have used the psychiatric system have often experienced it as marginalising. Development of partnership working with services-users provides the potential for their voices to be heard within dominant discourses (the intention of inclusion), however, this is not problematized and there is little literature focused on nurses' experience of negotiating partnership working with service users.

Aim: This paper presents an autoethnographic exploration of the author's experience of working closely with a psychiatric service-user in academic and research related activities over a period of seven years.

Method: Autoethnographic approach focusing on the self-other hyphen (Fine 1994) as the space between the two of us in which our subjectivities meet and are negotiated I draw on Ahmed (2014, 2012) and others to analyse the emotional work that happened. Attempting to take the side of the service-user from my subjective position as psychiatric nurse, is problematised.

Findings: Negotiating this relationship for both of us was emotionally challenging. As a psychiatric nurse I find myself positioned as representative of a system which had caused pain and hurt to this (and many other) service user. I confront shame and anger, whilst also becoming the object towards which anger and hurt are directed.

Discussion: My analysis identifies that whilst the work that we attempted was motivated by the hope that it would enable the service user voice to be heard in the dominant discourses of mental health services, academia and mental health nursing, this was in tension with a fear of/being colonised/colonising which became insurmountable.

Conclusion: The discursive positions of service user and psychiatric professional have significant implications for successful partnership working.

Biography

Dr Rosie Stenhouse is a lecturer in mental health at the University of Edinburgh. She is interested in issues of power within the mental health system and uses discourse analysis and other critical methods to explore this. Rosie also uses poetry and other creative methods in her research and is associate director of the Centre for Creative Relational Inquiry at the University of Edinburgh.

Session no: 2.2.3 Abstract no: 0166

Research Topic: Mental health

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Understanding social prescribing for people with co-morbid mental and physical health conditions. A realist evaluation

Presenter: Emily Wood PhD, University of Sheffield, UK
Co-authors: Sally Ohlsen, UK; Sarah-Jane Fenton, UK; Scott Weich, UK; Janice Connell, UK

Abstract

Background: The UK Government has committed to a widespread expansion of social prescribing (DDCMS 2018). Social prescribing is a way of connecting NHS patients with community resources to help improve health and wellbeing (Bickerdike et al 2017) and reduce isolation

Aims: This evaluation explored how social prescribing is being accessed and used by adults with comorbidities and what is working or not working and why.

Method: In 2018, a realist evaluation was conducted in a social prescribing organisation servicing a socioeconomically deprived part of a city in the North of England. Using an iterative process of interviews with key stakeholders (n=35) including staff, referrers and clients, a stakeholder workshop (delegates n=15) and live graphic recorder; the mechanisms and context behind the changes for this cohort where explored and refined and developed into a programme theory which was compared to Antonovsky's Salutogenesis model (Antonovsky 1979).

Results: Social Prescribing delivered benefits via a range of mechanisms. The programme theories were mapped onto Salutogenesis theory of health. Clients, staff and referrers reported outcomes as increased health knowledge and more appropriate service use (comprehension); increased ability to self-manage and reduced stress (manageability); increased social connectedness, confidence and self-worth (motivation). Clients were empowered to mobilise and reflect on the resources they already have available to them (enabling their 'sense of coherence').

Discussion: By focusing on person-centred and client-determined goals using an asset (strengths) based approach to increasing a client's, comprehension, motivation, manageability, social prescribing enables them to cope with stressors and move in a health promoting direction. It is important to understand how and why social interventions have the potential to affect change.

Conclusions: By applying theory to social prescribing we have attempted to develop a theoretical explanation for its popularity and the positive findings from case studies.

Biography

Emily Wood is a mental health nurse and health services researcher. She is currently working on several projects including experiences of advanced nurse practitioners, interventions for people with co-morbid mental and physical health conditions and retention issues for mental health staff. Other interests include animal-assisted therapies and environmental interventions for mental well-being, spiritual care for mental health services users and the physical health care of people with mental health conditions. She works primarily with realist evaluations and pragmatic mixed methods designs.

2.3 Theme: Patient Safety

Session no: 2.3.1 Abstract no: 0365

Research Topic: Primary and Community Care, e-Health (including informatics and telehealth), Service Innovation and Improvement

Methodology: Focus Groups

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Clinical decision support systems for differential diagnosis in primary and out of hours care: A qualitative descriptive focus group study

Presenter: Chris McParland MSc, the University of Glasgow, UK
Co-authors: Mark Cooper, UK; Bridget Johnston, UK

Abstract

Background: As Scotland's older population grows, general practitioner numbers are declining in the community, leading to increased pressure on primary and out of hours care services. Technology may have a role, particularly in supporting the advanced nurse practitioners working in these services during this challenging time.

Aims: The aim of this study was to examine the needs of key stakeholders in relation to differential diagnosis decision support systems (DDDSS): systems which generate a differential diagnosis based on clinical information entered by the user.

Methods: Convenience and snowball sampling were employed to recruit 29 participants to one of six focus groups held in Scotland between April and June 2018. Groups were audio recorded, transcribed verbatim, and analysed thematically. The sample comprised seven members of the public, seven general practitioners, 13 advanced nurse practitioners, and two allied health professional advanced practitioners.

Results: Four themes emerged:

1. current practice
2. attitudes to differential diagnosis decision support systems
3. implementation considerations
4. desirable characteristics of differential diagnosis decision support systems.

Discussion: Passive informational resources, and unreliable web searches accounts for most current decision support usage. Conflicting views were expressed about the potential for DDDSS to both increase anxiety and bolster confidence in clinicians and the public. It is important that current infrastructure is able to cope with any new technologies, and that they can be integrated effectively with both existing technology and current practices.

Conclusions: DDDSS may have a role in supporting the public and clinicians in primary and out of hours care; however, it is important that the needs of the end user are considered during design or implementation. This applies not only to Scotland, but to primary care services in general. More research is needed into how these systems can be integrated into clinical practice.

Biography

Chris McParland is a research assistant at the School of Medicine, Dentistry and Nursing, University of Glasgow. He is also a registered nurse, with a clinical background in emergency department nursing.

Session no: 2.3.2 Abstract no: 0456

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Other collection method

Research Approach: Quantitative (not included in another category)

Nursing-sensitive patient outcomes: An Australian case study on developing a data registry for measuring the quality and safety of nursing practice

Presenter: Jenny Sim, RN, Bachelor Applied Science (Nursing), Grad Dip Clinical Nursing, Grad Dip Business Administration, PhD, University of Wollongong, Australia
Co-authors: Joanne Joyce-McCoach, Australia; Robert Gordon, Australia; Conrad Kobel, Australia

Abstract

Background: Nursing-sensitive patient indicators provide important data on the impact nursing practice has on patients.

Aim: To describe the development, testing and implementation of a data registry of nursing-sensitive indicators for measuring the quality and safety of nursing practice in three hospitals in Australia using a multi-site, cross-sectional design.

Methods: Retrospective data were obtained in 2016 from administrative data sets (nurse staffing, patient flow and adverse events) in three hospitals in NSW, Australia. Periodic observational surveys were conducted on pressure injury prevalence, documentation of processes of care (pressure injury prevention, falls prevention, patient identification) and hand hygiene practices. Patients provided data on the caring attitudes/actions of nurses prior to discharge using the Caring Assessment Tool. The Nursing Work Index-Revised: Australian (NWI-R:A) was used to assess nurses' perceptions of their practice environment. Patient experience/satisfaction was obtained from retrospective Press Ganey® surveys.

Results: The development of the Australian Nursing Outcomes Collaborative (AUSNOC) occurred in three phases. Phase one involved development of data definitions and a data codebook; phase two involved the development and testing of data collection methods; and phase three involved development of data reports and data dissemination strategies. This presentation will provide an overview of these three phases and includes descriptive data from the indicator set.

Discussion: Collection of data was focused on the following constructs: Care and Caring; Communication; Coordination and Collaboration; and Safety. Data was collected and disseminated at unit level. Wards that actively participated in data collection methods had higher levels of engagement with data reports and implemented quality improvement projects to improve nursing care processes.

Conclusion: Nursing-sensitive patient outcomes provide important data at the unit level that nurses can use to improve patient outcomes. Data from AUSNOC can be feasibly collected and used to benchmark nursing performance, evaluate patient outcomes, and identify areas for practice improvement.

Biography

Jenny is an experienced nurse academic and researcher who also has experience as a senior manager in the Australian health care system. Jenny completed her PhD in 2015 and developed a conceptual framework and indicator set for measuring the quality and safety of nursing practice. Jenny has developed a program of research on measuring both the quality and the safety of nursing care in Australia and internationally and is particularly interested in research on pressure injuries. Jenny is the Director of the Australian Nursing Outcomes Collaborative also known as AUSNOC and is empowering nurses to research the structure, process and outcome components of nursing care so that we can measure the impact nursing care has on patient outcomes.

Session no: 2.3.3 Abstract no: 0400

Research Topic: Patient Safety (including human factors, infection, prevention and control etc), Quality Standards, Health and Social Policy

Methodology: Documentary Research

Research Approach: Other approaches

Organisational approaches to prevent falls in in-patient acute hospital settings: S documentary analysis of English National Health Service (NHS) policies and guidelines

Presenter: Annie Topping PhD RN FHEA, University Hospitals Birmingham NHS Foundation Trust, UK
Co-presenter: Jessica Timmins, UK

Abstract

Background: The cost of falls to the UK NHS are estimated to be in excess £2.3 billion1, irrespective of the human harm resulting from falling. For in-patient falls survivors the consequences can be loss of independence, injury, pain, distress, extended hospital stay, disability and even death. Although falls are not limited to older people, 77% of reported inpatient falls occur in those over 65 years and these falls are more likely to result in harm2.

Aims: To investigate prevention and management of falls policies, and guidelines, in use in acute NHS Trusts to examine variations in governance, assessment of risk and risk minimisation strategies.

Methods: All English acute NHS Trusts were approached via freedom of information (FOI) e-addresses to supply current policies, procedures and guidelines. Information relating to document governance, falls assessment, risk stratification, escalation, referrals and care planning were extracted. Two reviewers undertook data extraction working independently. Disagreements were resolved by discussion. Data were analysed using descriptive statistics.

Results: One hundred and forty four (n=144) NHS providers were contacted and 103 responded to the FOI request. Four reported policies as "under review" and 99 trusts supplied relevant policies (response rate 72%). Document governance appeared to be inconsistent across the NHS trusts with variations in form, content and review processes. Falls assessments varied in terms of risk factors assessed, scoring, timing of initial and subsequent assessments, source of underpinning evidence, escalation and referral pathways.

Discussion and conclusions: Preventing avoidable harm is central to the duty of care of health care organisations3. Nationally, and internationally, falls rates are considered nurse sensitive indicators and a marker of organisational performance. The extent of variability across documents, if taken as a barometer of sound governance, has implications in terms of consistency, meeting expectations of the public and assuring compliance with regulatory standards and best practice.

Biography

Annie Topping is Professor of Nursing at the University of Birmingham and University Hospital Birmingham NHS Foundation Trust. She is an experienced clinical nurse, educator and health service researcher with particular expertise in qualitative and mixed methods and improvement research.

2.4 Theme: Workforce

Session no: 2.4.1 Abstract no: 0436

Research Topic: Leadership and Management

Methodology: Mixed

Research Approach: Mixed Methods Research

The evaluation of Compass: An enhanced support programme for newly qualified nurses

Presenter: Jo Lidster RGN Doctorate MSc PGCert Ed BSc, Sheffield Hallam University, UK
Co-presenter: Mary Dougan, UK

Abstract

The Compass Programme (CP) is a new initiative implemented by Rotherham NHS Foundation Trust (TRFT) as a recruitment and retention initiative for newly qualified nurses (NQN). It is a 12-month rotation programme with additional support provided, delivered in addition to preceptorship. The goal is: To increase recruitment numbers by making TRFT more attractive, improve retention by providing extra opportunities, and have to knowledgeable, capable and contented staff. The purpose of this evaluation is to examine if the initial aims, objectives and outcomes of the CP were being met.

Methods: Using a mixed methods study design this evaluation examines:

- experience of nurses undertaking CP
- impact of CP on skills development
- impact of CP on job satisfaction.

Data was also collected from NQNs undertaking preceptorship in order to compare. The evaluation was designed collaboratively between Sheffield Hallam University researchers and senior nurses. Participants completed the CP questionnaire, completed at the start, middle and end of the programme. Self-assessment spider diagrams reflecting the CP outcomes and objectives, used at the start and end of the preceptorship programme. The Job Satisfaction Survey was adapted from the NHS Staff Survey (permissions granted) used at start and end of preceptorship, and end of CP.

Focus group interviews following completion of CP.

Findings: Early analysis of findings indicate CP had a positive impact on NQN's as well as for the organisation. It offers an enhanced recruitment offer; valuable rotation opportunities; opportunity to create an adaptable workforce; accelerated skills development; enhanced supportive mechanisms and opportunity to put the patient first. The impact of CP on skills development was positive, average scores against each skills domain substantially increased. CP had a positive impact on job satisfaction, in particular statements concerning support, learning/development, and career development. Evaluation will be completed May 2019.

Biography

Dr Jo Lidster is the Deputy Head of Nursing and Midwifery (Interim), at Sheffield Hallam University. She is responsible for the Department's post graduate and international portfolio. This includes working closely with stakeholders and practice partners to develop a quality learning experience. Jo leads on learning, teaching and assessment developments for the Department as well as supporting placement learning initiatives. She has had a number of key roles including leading research and innovation and research informed teaching developments as well as course leader roles. Jo is an adult nurse and prior to working in education worked in and managed acute and critical care settings. She teaches on a range of undergraduate and postgraduate courses in the areas of research methods and evidence based practice, health care education and supporting learners in practice. Jo's research interests include nurses' professional identity and their transition into new roles.

Session no: 2.4.2 Abstract no: 0295

Research Topic: Leadership and Management

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The role of empowerment in reconstructing nurses' professional identity to achieve research utilization: A grounded theory study

Presenter: Azwa Shamsuddin MSc Clinical Nursing, University of Edinburgh, UK
Co-authors: Elaine Haycock-Stuart, UK; Sheila Rodgers, UK

Abstract

Research utilization in nursing practice has shown to improve quality of care and health care costs, however, the extent to which nurses use research in practice remains questionable (Squires et al 2011). It is known that leadership is crucial in nurses' research utilization (Cummings et al 2018) whilst empowerment is argued to be an important factor that affects leadership (MacPhee et al 2011). Yet the effects of empowerment on nurses' use of research in practice is largely unknown. This grounded theory study aimed to gain a theoretical understanding of the role of empowerment in nurses' research utilization, including the impact of related contextual factors. Beginning with purposive sampling and later progressing to theoretical sampling, 20 semi-structured interviews of nurses in various roles within one health board in Scotland was done from September 2017 to August 2018.

Findings: The findings of this study illuminate the links between empowerment and nurses' professional identity to achieve sustained research utilization.

Results: Preliminary results show a theoretical model that illustrates five main categories that empower nurses structurally as well as psychologically in affecting their understanding of their own professional identity: integrating research into the nursing role; keeping researchers in practice; building relationships; shifting culture; and impactful opinion leaders. Other issues explored within this study using positional maps are participants' various stances and perceptions of the medical-nursing power struggle, encapsulated as autonomy vs authoritative working cultures and the impact of the nurse manager's perception of research on research utilization. This study provides valuable guidance for nursing leaders at all levels of health care delivery in understanding the role of professional identity in research utilization and the use of empowerment in affecting change.

Biography

Azwa is a full-time PhD researcher in Nursing Studies at the University of Edinburgh, currently in her third year. Having had clinical experience in a variety of clinical areas in Malaysia, she is well-placed in her research interests around nursing workforce issues and leadership. Her primary focus is on qualitative research, particularly grounded theory, alongside a basic understanding of statistics, she hopes to progress to mixed methods studies in her research career. She is an active proponent of research-based nursing practice, having run a workshop on systematic reviews for clinical nurses in Malaysia which she hopes to continue. Azwa is currently working towards her UK nursing registration and looks forward to future work both clinically and academically in the UK with collaborations in Malaysia.

Session no: 2.4.3 Abstract no: 0357

Research Topic: Leadership and Management

Methodology: Documentary Research

Research Approach: Systematic Review and other Secondary Research

Confidence and self-confidence as complementary building blocks for health care middle managers' development of capacity and capability: A systematic review and meta-synthesis

Presenter: Trude Anita Hartviksen OT MRSc PhD student, Faculty of Nursing and Health Sciences, Nord University, Norway

Co-authors: Jessica Marianne Aspfors, Norway; Lisbeth Uhrenfeldt, Norway

Abstract

Background: Health care middle managers are the leadership level closest to clinical context (1), and thus, have the central responsibility of implementing new knowledge, policies and legislation to ensure safe and up-to-date health services (2). Health care management has developed to be primarily top-down controlled, whereas health care middle managers have experienced a loss of involvement and autonomy (1, 3).

Aims: To identify the available evidence and critically discuss how health care middle managers develop their leadership capacity and capability in a health care system characterized by high complexity.

Methods: This systematic review was performed from a critical hermeneutic perspective and was based on an a priori published protocol. The three-step literature search performed using six databases was led by a PICo question. The methods were inspired by The Joanna Briggs Institute and techniques developed by Kvale and Brinkmann. Inspired by Sandelowski and Barroso, the results were illustrated by the effect size.

Results: Twenty-three studies published between January 2005 and February 2019 were included. The findings revealed two main themes, and from these, the following meta-synthesis was developed: Health care middle managers develop capacity and capability individually in an empowering context. A central contrast was shown concerning how health care middle managers experience a need to develop self-confidence based on confidence from an empowering context and their experiences in a typical work situation with low self-confidence and little support from upper management.

Conclusions: This review provides evidence of the need for a different approach in health care based on criticisms of present management and a suggestion to move from command and control leadership styles to leadership development processes based on building self-confidence among health care middle managers through various means, such as confidence, respect, empowerment, networking, support and feedback.

Biography

Trude Anita Hartviksen is a PhD candidate based in Nord University, Bodø, Norway. Her research focuses on health care middle managers` experiences of developing capacity and capability in a complex context. Hartviksen is an occupational therapist, with twenty years of experience in health care middle management and quality and improvement work both in hospitals and municipalities. She works as a lecturer in the Faculty of Nursing and Health Sciences at Nord University.

2.5 Theme: Teenagers and Young Adults with Cancer

Session no: 2.5.1 Abstract no: 0483

Research Topic: Patient Experience, Methodology, Cancer

Methodology: Other collection method

Research Approach: Survey

Research priority setting exercise for teenage and young adult cancer: reducing the mismatch and influencing the agenda from priority to funding

Presenter: Faith Gibson, Great Ormond Street Hospital for Children NHS Foundation Trust and University of Surrey, UK
Co-authors: Susie Aldiss, UK; Lorna Fern, UK; Robert Phillips, UK

Abstract

Background: The research agenda is frequently set by health care professionals and researchers. Yet increasing evidence illustrates research questions and outcomes prioritised by professionals may not be aligned to those experiencing the disease: a mismatch exists (Chalmers et al 2013).

Aims: To conduct a UK-wide survey of young people who have experienced cancer, carers and professionals, to identify and prioritise research questions to inform decisions of research funders and support the case for research with this unique cancer population.

Method: We followed the James Lind Alliance method (JLA, 2018). A steering group was established. Research questions were gathered from young people, carers and professionals via an online survey. Submitted questions were checked to ensure they were unanswered. Interim prioritisation was undertaken through a second survey to identify the highest priority questions. Top priorities were agreed at a consensus workshop.

Results: Eight-hundred and fifty-five potential questions were gathered from 292 respondents; refined into 208 unique questions. Seven were already answered and 16 were ongoing studies, therefore removed. One-hundred and seventy-four respondents completed the interim survey prioritising 30 research questions: prioritisation of these questions was debated at a workshop attended by 25 young people, carers, and professionals. The Top 10 questions reflect the breadth of young people's experiences; recognising cancer is not always curable, young people are supported by a wide network of family and friends and future research should focus not only on drug trials but also the delivery of holistic care.

Discussion and conclusion: The Top 10 research priorities have been identified using a rigorous, person-centred approach involving stakeholders typically not involved in setting the research agenda: thus, reducing the mismatch and describing shared priorities. We discuss how describing priorities is only the first step; how far these priorities influence research undertaken and funding available is yet to emerge (Gibson, 2018).

Biography

Faith Gibson is Professor of Child Health and Cancer Care at Great Ormond Street Hospital for Children NHS Foundation Trust and University of Surrey. Faith Gibson has over 25 years' experience in children's cancer nursing: that includes periods in clinical practice, education and research. She took up her current post, which is a joint appointment, in April 2016. Her main fields of research and supervision include:

- Improving process and outcomes of care for children/young people with cancer and their families.
- Improving assessment and management of symptoms.
- Improving skills of the nursing workforce to deliver cancer care.
- Understanding and improving survivorship care.
- Improving the experiences of children and young people in hospital.

Faith has presented at national and international conferences, and has edited four textbooks and published over 150 research publications. She continues to play an important and influential role in developing practice, through leadership and research, in the care of children and young people being treated for cancer.

Session no: 2.5.2 Abstract no: 0329

Research Topic: Cancer

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

An examination of the role of partners in helping to meet the support needs of adolescents and young adults with cancer

Presenter: Jane Davies PhD LLM BSc (Hons) Dip App SS (open) RGN RSCN, Senior Lecturer and Postdoctoral Research Fellow, Cardiff University, UK

Abstract

Background: Experiencing cancer as an adolescent or young adult (AYA) is not common. In the UK each year between 2013 and 2015, there was an average of 2,630 new cases of cancer in AYAs aged between 15 and 24 years (Cancer Research UK 2018). The diagnosis of cancer can interrupt early adult development (Davies, Kelly and Hannigan 2018). The initiation, maintenance, growth and enhancement of romantic relationships are an example of this 'interruption'.

Aim: The aim of this study was to examine and understand the role of partners in meeting the support needs of AYAs with cancer.

Methods: A purposive sample of 10 partners aged 16-30 years both male and female were invited to take part in the study. They were recruited from two specialist cancer centres where their partners were receiving treatment. Semi-structured interviews were undertaken with partners on two occasions. Each participant was also asked to keep an unstructured electronic/handwritten diary for two months during the study. Thematic analysis was undertaken utilising Braun and Clarke's six steps to iteratively examine the data, develop codes and identify themes (Braun and Clarke 2006).

Results: Themes identified included: supporting those who were unwell prior to and at diagnosis; identifying as the primary carer; navigating relationships with parents; the nature of physical and emotional care; continuing with employment and education; impact on the relationship; and getting through.

Discussion: Discussions have taken place with an advisory group and senior AYA cancer nurses. Guidance is being formulated for staff, assisting partners enabling them to be better informed when caring for AYAs with cancer.

Conclusion: This research was completed in an area of practice where little is known about the role of partners in AYA cancer care. The intention is now to disseminate information for partners widely through publication and presentation.

Biography

Jane Davies' background is in children and young people's (CYP) nursing. Following 15 years in practice, she worked at the University of Chester before going to Cardiff University in 2001. Jane became a Florence Nightingale Scholar in 2002. She worked as Professional Head for CYP nursing between 2007 and 2012 and completed an LLM in medical law in 2007. She was promoted to senior lecturer in 2011 and completed a PhD in 2015. The PhD examined decision making in adolescents and young adults (AYAs) with cancer. In the final year of my PhD Jane was awarded a visiting researcher residency at the Brocher Foundation, Geneva collaborating with international colleagues. In 2017, she worked with colleagues in Sydney after obtaining a European Oncology Nursing Research Travel Award. In 2017, she was awarded an RCBC Wales Postdoctoral Fellowship, exploring the role of partners in helping to meet the needs of AYAs with cancer.

Session no: 2.5.3 Abstract no: 0267

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Questionnaire

Research Approach: Survey

Evaluation of a simulated online clinical ethics committee for teaching ethics to professionals working with adolescents and young adults with cancer

Presenter: Maria Cable RN BSc (Hons) MA, Coventry University, UK
Co-presenters: Emily Gartshore, UK
Co-author: Debbie Critoph, UK; Laura Strumidlo, UK

Abstract

Background: Health care professionals are constantly presented with ethical challenges and dilemmas, never more so than within the field of Adolescent and Young Adult Cancer Care where ethical decision making is often highly complex and multifaceted. To consolidate knowledge of biomedical ethical principles an online postgraduate course has created a simulated Clinical Ethics Committee (CEC) to discuss the case of a 15-year-old boy with complex learning difficulties who refuses curative cancer treatment. The purpose of this is to challenge decision making based on moral intuition and consider various biomedical, ethical and lay perspectives.

Aims: To implement and evaluate the use of a simulated online CEC as an educational tool in an international cohort of postgraduate nurses and allied health professionals working with adolescents and young adults with cancer.

Methods: A purposive sample of 22 students undertaking the Postgraduate Certificate in TYA Cancer Care was used. Since June 2017 we have run two simulated online CEC's, facilitated by a chair of a real CEC. Following this experience, 12 students opted to provide evaluation data on the usefulness of this tool and impact on their knowledge and understanding of ethics through an online survey.

Results: Anecdotal and formal evaluative online feedback reports this exercise as a positive learning experience which prompted students to think differently about approaching ethical challenges in practice. Many students had not heard of such committees and have sought where they might access same locally.

Discussion/Conclusions: This online experience strengthens the need to initiate and foster ethical reflection and include lay perspectives as a contextual and experiential learning process. It was an authentic form of simulation that facilitated collaborative learning as well as nurturing a TYA cancer 'Community of Practice'. There is benefit of online simulation for improving biomedical ethical education across disciplines and an international audience

Biography

Maria Cable is an Associate Professor in Adult Nursing and Adolescent/Young Adult Cancer Care, Coventry University and Professional Doctorate Candidate at Cardiff University. Her professional background is as a cancer nurse in different roles such as Clinical Nurse Specialist in Haematology/Oncology, a Nurse Manager establishing a chemotherapy service in a district general hospital and laterally as an academic at Coventry University.
She has worked closely with Teenage Cancer Trust developing accredited and non-accredited education initiatives for multi-professional health care workers. She is research active with a special interest in the role of the Youth Support Co-ordinator in AYA Cancer care, as well as workforce development, communication skills and leadership.
Twitter Handle @Mariacable2

2.6 Theme: Methods

Session no: 2.6.1 Abstract no: 0342

Research Topic: Research Process Issues

Methodology: Mixed

Research Approach: Mixed Methods Research

Enhancing the impact of qualitative research findings: Development of evidence-based reporting guidance for meta-ethnography

Presenter: Nicola Ring PhD MSc BSc SocSci Nursing, Edinburgh Napier University, UK
Co-authors: Emma France, UK; Maggie Cunningham, UK; Ruth Jepson, UK; Margaret Maxwell, UK; Isabelle Uny, UK; Rachel Roberts, UK; Edward Duncan, UK; Ruth Turley, UK; Jane Noyes, UK

Abstract

Background: Qualitative research findings are often over-looked as a source of evidence in health decision-making. Bringing findings of several studies together (synthesis) can enhance insights and provide new interpretations. Noblit and Hare's (1988) meta-ethnography is a systematic, interpretive seven-phase approach. It is the most widely-used methodology for synthesising qualitative health research. Published meta-ethnographies are often poorly reported reducing confidence in their findings and potential utility of such research to impact on practice and policy.

Aim: To increase the impact of meta-ethnography by improving the quality and transparency of findings through development of the first tailored meta-ethnography reporting guidance.

Methods: The NIHR-funded eMERGe project (June 2015-May 2017) involved a rigorous, mixed-methods design comprising two systematic reviews to identify good practices in meta-ethnography conduct and reporting, interviews with 14 users of evidence syntheses to identify their reporting priorities, consensus studies to agree guidance content, and iterative development of the guidance. International experts, lay advisors and end users of meta-ethnography were involved throughout.

Results: Nineteen reporting criteria relating to the seven phases of meta-

ethnography were systematically developed along with detailed explanatory guidance for users. This evidence-based guidance identifies the level of clarity and completeness required of meta-ethnography reports such as details of how qualitative studies were identified, selected and synthesised; what alternative interpretations of the data were considered; and methods of meta-ethnographer reflexivity.

Discussion and Conclusion: Qualitative research has a key role in evidence-based practice and policy-making by helping to understand the views and experiences of patients and professionals. Well conducted and reported meta-ethnographies can enhance the impact of synthesised qualitative research. Use of the eMERGe reporting guidance will help improve the quality of meta-ethnography reporting thereby increasing the impact on health decision-making. The reporting guidance will benefit researchers, guideline developers, journal editors, peer reviewers and patients.

Biography

Nicola Ring is Associate Professor of Child Health Nursing in the School of Health and Social Care at Edinburgh Napier University. She has a background in nursing (adult and child), health visiting and clinical effectiveness/clinical governance. Nicola was a co-applicant on the eMERGE project which developed meta-ethnography reporting guidance. She specialises in qualitative research but has experience in mixed methods approaches. Her clinical research focus is the management of long-term conditions especially asthma.

Session no: 2.6.2 Abstract no: 0411

Research Topic: Methodology

Methodology: Mixed

Research Approach: Mixed Methods Research

Integration in mixed methods research (MMR): Principles and practice in a study investigating assessment decisions of undergraduate nursing student competence

Presenter: Sarah Burden PhD RN SFHEA, Leeds Beckett University, UK
Co-authors: Annie Topping, UK

Abstract

The increasing proliferation of Mixed Methods Research (MMR) in nursing reflects a pragmatic but nevertheless intentional ‘needs-based’ approach to explore complex social phenomena. MMR is capable of supporting a deeper understanding of the phenomenon of interest. Integration by connecting, building, merging and embedding data draws on the strengths of both quantitative and qualitative paradigms and often a more comprehensive understanding of health problems ensues (Fetters et al 2013, NIH 2018). Selecting a MMR approach is not necessarily a natural or easy methodological choice; the challenges associated with integrating qualitative and quantitative data not least when results may conflict or confound can be demanding. Epistemological concerns regarding the compatibility of paradigms, alongside discussion of integration strategies to develop meta-inferences (integrative findings from MMR), and whether data integration is the only possible outcome of MMR, shape the many debates. Appraisal of studies reveal discrepancies between principles for integration and real world practice with commentators identifying limited, if any, integration, tendency for under-theorization and presentation of multiple methods rather than MMR (Fetters et al 2013, Kuckartz 2017, NIH 2018).

This paper will demonstrate integration is central to the rigorous execution of the principles and practice of MMR. Data drawn from a sequential embedded MM study investigating assessment decisions of undergraduate student competence in practice will be used to illuminate the processes employed to achieve integration extending beyond any one individual method. ‘Side by side’ displays (Kuckartz 2017) presenting the interaction between coherent and divergent data and cross paradigm synthesis will be used to illustrate the underpinning principles and stages of a planned integration strategy. With the intention of stimulating debate, this paper seeks to demonstrate the benefits of integrative synthesis and theorisation in MMR to provide impactful explanations for problems encountered in nursing practice.

Biography

Dr Sarah Burden is a Reader in the School of Health and Community Studies at Leeds Beckett University (LBU), UK. A Registered Nurse, experienced nursing academic and a Senior Fellow of the HEA, she is widely experienced in curriculum development and delivery, with her teaching, research supervision and research activity concerned with practice based education and assessment, and evaluation of the use of educational strategies such as Simulation in End of Life Care. She is an active member and researcher in the Centre for Dementia Studies at LBU, involved in exploring training and education in Dementia care, and is currently Deputy Chair of the RCN Education Forum Steering Committee, where she has contributed to publications on placement learning and mentoring practices.

Session no: 2.6.3 Abstract no: 0152

Research Topic: Inequalities in Health

Methodology: Other collection method

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Using creative methodologies with hard to reach groups: Health inequalities, intersectionality and the role of decriminalisation in sex work (The Leeds Managed Approach as a case study)

Presenter: Fiona Meth MSc PGDip(Nur) PGCAP, Leeds Beckett University, UK

Abstract

Aims: The ‘Managed Approach’ is a pilot partnership safety initiative and tolerance zone in a strict geographically limited area of Leeds. Scire (2018) outlined key health issues that affect street sex workers in Leeds (TB, mental health, CHD and respiratory disorders). A local health needs assessment in 2016 found that 27% of service users (with an average age of 28) had COPD, 18% had a heart condition, 50% had chest infections, and 20% of respondents reported 4 or more long term health conditions. (Scire, np, 2018). This is a similar picture nationally and has far reaching public health implications (Department of Health, 2014). Most research on sex workers to date focuses on STIs and sexual health, and not on wider public health issues.

Methodological discussion: In order to better understand and give voice to the intersectionality of their lives, and the continued impact of the stigma and bias that the women face, a grounded theory approach (Feminist Constructivist theory) is being utilised, using narratives from semi structured interviews, and an adjunctive creative methodology (timelines). The conference presentation will focus on pilot stage interviews completed this year. Timelines were chosen as a non-threatening way of eliciting narratives around which discussions of respondents' journeys through their lives in terms of their health and wellbeing could take place. At present nationally and internationally, decriminalisation of sex work is being widely debated (Amnesty 2016). The data from the timeline approach draws out women's experiences to hopefully inform future policy and decision making.

Conclusion: The usefulness of creative methodologies will be explored, particularly in relation to working with hard to reach groups, looking at how to address some of the ethical considerations in conducting research with this group of people who by virtue of being hard to reach are often overlooked and go unheard.

Biography

Fiona Meth is a Senior Nurse Lecturer at Leeds Beckett University. She has a long-standing interest in social policy, qualitative methodologies and health inequalities, having a Masters in Urban Planning and previously having worked in Social Policy Research at Queen Mary University, LSE and Shelter before training to be a nurse. Fiona is currently undertaking a part-time PhD at Leeds Beckett University, and also works as a volunteer outreach worker with street sex workers in Leeds. She developed an interest in creative methodologies after working on a research project in 2016 that looked at Post Traumatic Growth in Asylum Seekers and Refugees, using artefacts.

2.7 Theme: Patient Experience

Session no: 2.7.1 Abstract no: 0281

Research Topic: Public and Patient Involvement

Methodology: Documentary Research

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

"Same same or different?" A review of reviews of person-centred and patient-centred care

Presenter: Inger K Holmström, PhD, RN, Mälardalen University, Sweden
Co-authors: Jakob Håkansson, Sweden; Tomas Kumlin, Sweden; Elenor Kaminsky, Sweden; Karin Skoglund, Sweden; Jessica Höglander, Sweden; Annelie Sundler, Sweden; Emelie Condén, Sweden

Abstract

Background: During the last decades, different types of centeredness have been launched in health care such as family-, patient- and person-centred care (Coyne et al 2018). They seem to share a common goal to put the person in need of care in the foreground, rather than the health care professionals and biomedical aspects. Patient- and person-centred care seems at a first glance to be similar, or is there a difference?

Aim: To provide a synthesis of already synthesized literature on person- and patient-centred care in order to identify similarities and differences between the two concepts.

Methods: A synthesis of review articles was conducted to locate synthesized literature published between January 2000 and March 2017. Nine authors screened, extracted data, and quality appraised the sources. A total of 21 articles deemed relevant to this overview were synthesized using a thematic analysis according to Braun and Clarke (2006).

Results: The analysis resulted in nine themes, common to both person-and patient-centred care:

1 empathy
2 respect
3 engagement
4 relationship
5 communication
6 shared decision-making

7 holistic focus
8 individualized focus
9 coordinated care.

The analysis further revealed that the goal of person-centred care is a meaningful life, in contrast to the goal of patient-centred care, which is a functional life.

Discussion: Clarification of the concepts may assist nurses, researchers and educators to develop the relevant aspects of care. Person-centred care broadens and extends the perspective of patient-centred care by considering the whole life of the patient.

Conclusions: There are evidently a number of similarities between patient- and person-centred care but the goals differ. The similarities are at the surface and there are important differences when the concepts are regarded in light of their different goals. This is important for nurses to consider in organization of care and in individual patient encounters.

Biography

Inger K Holmström PhD RN is Professor in Caring Sciences at Mälardalen University, and associate researcher at Uppsala University, Sweden. Her main research interests are communication in health care, the patient-professional encounter, especially in telephone nursing, person-centred care and qualitative research approaches.

Session no: 2.7.2 Abstract no: 0412

Research Topic: Primary and Community Care

Methodology: Focus Groups

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Encountering parents in Primary Health Care Centers: A balancing act between different perspectives and expectations

Presenter: Maria Harder RN Public Health Nurse, Associate Professor Caring Science, School of Health Care and Social Welfare, Research group ChiP, Mälardalens University, Sweden
Co-authors: Maja Söderbäck, Sweden

Abstract

Background: In Sweden Primary Health Care Centers are the first instance for care for persons who are not acutely ill. Children between 0-18 years account for 23% of all visits to Primary Health Care Centers. These children are always accompanied by parents or guardians. Thereby the health care professionals need to relate to two individuals in the care situation. Parents or guardians are a resource for their child, and they should be given the opportunity to participate with the child in caring situations. The care relation between the health care professional the parent and the child influences the outcome of the encounter in the caring situation.

Aim: To describe health care professionals' reflections on encounters with parents seeking care for their children at the Primary Health Care Center.

Method: Repeating reflective forums (n=6) with health care professionals (n=8) regarding encountering children in primary health care situations was used as data collection method. A qualitative content analysis with inductive approach was used to describe the health care professionals' reflections.

Results: Encountering parents who seek care for their children in Primary Health Care Centers are described as a balancing act. Meaning the health care professionals in the ongoing care situations balance between different perspectives and expectations. This balancing act includes:

- To have beliefs about parent's perceptions and expectations
- To encounter parents and children as a unit and unique individuals
- To guide parents.

Conclusion: The prerequisite for health care professionals to create a caring relationship with parents and children in a care situation involves understanding and encountering parents' and children's perspectives. Also, a caring relationship benefits the care situation, children's health and the parents' trust in the health care professionals.

Biography

Maria Harder is a Public Health Nurse and Associate Professor in Caring Science. She had her PhD degree from Karolinska Institutet in 2011. She works as a researcher and teacher in the School of Health Care and Social Welfare in Mälardalen University, Sweden. She also works as a Project Manager and Health Care Development Officer in child health care. In her doctoral thesis she explored children's (three to five years of age) participation in health visits in the child health care. In her current research she is still focusing children and health care professionals in primary health care, child health care and school health care.

Session no: 2.7.3 Abstract no: 0137

Research Topic: Learning/ intellectual disability, Patient Experience, Methodology

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The experiences of orthopaedic and trauma hospital care from the perspectives of adults with an intellectual/learning disability in England, UK: An Interpretative Phenomenological (IPA) study

Presenter: Mary Drozd, RGN MSc BA (Hons) PGCE FHEA ENB 219, University of Wolverhampton, UK
Co-presenters: Darren Chadwick, UK; Rebecca Jester, UK

Abstract

Introduction: Musculoskeletal conditions and injuries are prevalent in people with intellectual disabilities and have significant impacts on wellbeing. This study was important as this group seldom have their voices heard and their experiences valued and interpreted.

Aim: To better understand the orthopaedic and trauma hospital experiences from the perspective of people with an intellectual disability.

Methods: A qualitative perspective focusing on peoples' lived experiences was utilized. A purposive sample of five participants was recruited and one-to-one, semi-structured interviews were undertaken. Analysis of the interviews employed an interpretative phenomenological analytical framework.

Results: A cross-case comparison was undertaken and the themes below represent common experiences across participants:

- Communication problems.
- Lack of person-centred care.
- Issues related to pain.
- Lack of confidence in hospital care.

- The support of carers.
- Incompetence of hospital staff.
- Loneliness.

Implication for practice: Specific and on-going education and training of health care staff is required to improve orthopaedic and trauma care for people with an intellectual disability around:

- Effective communication
- Regular and competent pain assessment and management
- Including and valuing carers of adults with an intellectual disability
- Person-centred care for all

Biography

Mary is undertaking a Professional Doctorate in Health and Wellbeing at the University of Wolverhampton, Institute of Health Professions where she works as the Course Leader for the MSc Advanced Clinical Practice. The research study is entitled, 'The orthopaedic or trauma hospital experiences of people with a learning disability.' Mary has over 30 years' experience as a Registered Nurse within orthopaedic nursing. She was a member of the National Steering Committee for Royal College of Nursing (RCN) Society of Orthopaedic and Trauma Nursing for 8 years from 2009-2013 and was re-elected 2013-2018. She has been part of the working group developing the updated national competency framework for orthopaedic and trauma practitioners due to be published by the Royal College of Nursing in 2019. Mary has published papers in peer reviewed journals, chapters in key orthopaedic nursing text books along with being a regular presenter at orthopaedic nursing conferences.

3.1 Theme: Dementia

Session no: 3.1.1 Abstract no: 0398

Research Topic: Dementia, Patient Safety (including human factors, infection, prevention and control etc), Older People

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Safety culture, responsibility and power in UK care homes: How is responsibility for safety negotiated in England care homes?

Presenter: Emily Gartshore RN MRes MSc, University of Nottingham, UK
Co-authors: Stephen Timmons, UK; Justin Waring, UK

Abstract

Background: Internationally, care homes are vital settings providing 24-hour long-term care residential care or nursing care to a growing population of vulnerable older people with complex needs and high levels of dependency. These individuals are at significant risk of harm and are often dependent on others to meet their safety needs. With care homes facing many challenges in relation to funding, increasing demand and staff shortages it is essential that steps be taken to understand safety cultures in this setting.

Aims: To explore safety cultures in care homes using a narrative ethnographic case study approach.

Methods: 200 hours of observation were undertaken across two England care home sites between January 2018-December 2018. 65 narrative interviews were completed with residents, relatives and staff across four care home sites.

Results: Safety cultures in care homes are complex and stem from the way that individuals in these setting make sense of their situation or job role and the interactions between residents, relatives and staff. Who holds power and responsibility for safety depends on multiple factors including, the residents' level of cognitive or physical ability, relationships with the resident, perceived role within the care home and underpinning values.

Discussion: Power relationships between residents, relatives and staff in care homes can offer improvements in safety and person centred care when acknowledged and all parties act in the best interest of the individual. Residents retain and hold a level of responsibility for their own safety and wellbeing, but the degree to which this is possible is directly affected by their degree of cognitive and physical ability.

Conclusions: Acknowledgement of the extent to which staff and relatives hold responsibility for the safety and wellbeing of residents with significant disability can enable person centred safety and risk management. This offers translatable findings within older people's care.

Biography

Emily Gartshore is a Registered Nurse, Lecturer and Doctoral Student currently in her final year of a PhD based in the University of Nottingham Centre of Health Innovation Leadership and Learning and is a part time Lecturer in teenage and young adult cancer care at Coventry University. Her clinical background is in oncology and teenage and young adult cancer care and her research interests include health and wellbeing, safety culture, long-term care and teenage and young adult cancer care.

Session no: 3.1.2 Abstract no: 0117

WITHDRAWN

3.2 Theme: Clinical

Session no: 3.2.1 Abstract no: 0363

Research Topic: Service Innovation and Improvement, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Questionnaire

Research Approach: Survey

Resilience and determination: Nursing insights into clinical academic careers and roles in the East Midlands

Presenter: Louise Bramley, PhD, Nottingham University Hospitals, UK
Co-authors: Emma Rowley, UK; Diane Trusson, UK

Abstract

Background: A research-active workforce is important to the NHS, which aims to harness the best research and innovation to improve patient outcomes and transform services (NHS England 2017). Nurses are well placed to devise solutions to problems, through research, in day to day practice. Despite NIHR investment in clinical academic training, nurses remain less successful than AHP colleagues (NIHR 2017) and challenges exist at local level for role implementation and substantive contracts that combine font-line nursing practice and research.

Methods: A multi-professional survey and qualitative interviews were conducted with those aspiring to, or working in clinical academic roles across the East Midlands in January 2018. Data was analysed by professional group using descriptive statistics and thematic analysis.

Results: Survey responses were received from 19 nurses, with five of these also undertaking qualitative interviews. Resilience and determination are employed to secure funding and overcome barriers when combining academic study with clinical roles. Even though financial sacrifices were sometimes necessary, nurses were driven to explore interventions that will ultimately benefit patients, carers, colleagues and the NHS more widely. Convincing managers and colleagues of the value of research by sharing research findings was seen as essential, alongside encouraging and supporting other nurses to pursue clinical academic careers.

Conclusion: Despite challenges, nurses are working in clinical academic roles at the frontline and undertaking research that has multiple potential benefits, including greater efficiency, increased patient safety and satisfaction and cost benefits for the NHS. As role models, they encourage and support future clinical academics which is crucial for addressing issues around recruitment and retention of talented staff. Investing in training for nurses is vital in developing and retaining a research-active workforce where patient care remains the central consideration.

Biography

Dr Louise Bramley is currently the lead for Clinical Research in the Institute for Nursing and Midwifery Care Excellence at Nottingham University Hospitals Trust. She is a qualified nurse and continues to practice clinically. Her research interests include issues affecting the frail elderly, compassion in nursing and end of life care. She is a key figure in driving forward the Clinical Academic Career agenda for nurses and allied health professionals both within Nottingham University Hospitals Trust and nationally.

Session no: 3.2.2 Abstract no: 0502

Research Topic: Research Policy, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Questionnaire

Research Approach: Mixed Methods Research

Research internships: An evaluation of progression within and beyond the HEE/NIHR Integrated Clinical Academic Careers Programme

Presenter: Julie Nightingale PhD MSc DCR(R), Sheffield Hallam University, UK
Co-presenters: Robin Lewis, UK
Co-authors: Kate Grafton, UK; Shona Kelly, UK; Sally Fowler Davis, UK; Carrie Langham, UK; Brooke Bianco, UK; Deborah Harrop, UK

Abstract

Background: In partnership with the National Institute for Health Research, Health Education England delivers the Integrated Clinical Academic (ICA) Careers programme to nurses, midwives and allied health professionals within England [1]. The Internship is the entry point to this research training framework, providing an introduction to 'hands on' clinical-academic research.

Aims: To provide a national evaluation of four completed cohorts (approximately 400 individuals) to ascertain progression onto further training and research-related roles.

Methodology: A mixed methods project used framework analysis to combine initial themes emerging from stakeholder focus groups, with findings from an online survey distributed to previous cohorts of Interns, their managers and academic mentors. Ten semi-structured interviews subsequently explored the challenges and opportunities afforded by the internships.

Results: Important differences regarding programme aims, recruitment strategies and expectations emerged. 104 Interns completed the survey (40 nurses), and while progression through the ICA framework was achieved by some, it was noted to be highly competitive. Participants noted achievements beyond the Internship including career and research role progression, sustaining research activity beyond the Internship, and supporting a research culture. All groups noted challenges in covering clinical lists, with middle manager and institutional support essential for future progression.

Discussion: Research Internships are highly valued, but are not without their challenges. Even with supportive organisations and managers, releasing staff time from busy clinical environments is difficult. Expectations vary, with some programmes highly selective, and others offering wider 'taster' opportunities. Closer liaison between different Internship providers and the other levels of the ICA framework may be beneficial.

Conclusions: There is no clear consensus on the measures of success for Internships, with variable expectations between regions, employers and individuals. However examples of impacts, outputs and progression are noted by many interns, progressing to new roles, developing research activities, and having positive effects on their workplace.

Biography

Julie Nightingale is a diagnostic radiographer by background, and works in the Department of Allied Health Professions at Sheffield Hallam University as a Professor of Diagnostic Imaging Education. She has more than 25 years of experience in higher education, supporting the rapid development of health professions by working with many organisations across the UK and overseas. She is currently the programme lead for the HEE North NIHR Integrated Clinical Academic Internship programme. Research interests are related to supporting and developing the health workforce, including leading several educational and research projects across radiography, allied health professions and nursing. She has expertise in qualitative methodologies to investigate workforce transformation, guideline development and practitioner behaviours.

3.3 Theme: PPI

Session no: 3.3.1 Abstract no: 0402

WITHDRAWN

Session no: 3.3.2 Abstract no: 0362

Research Topic: Public and Patient Involvement, Dementia, Research Process Issues

Methodology: Other collection method

Research Approach: Other approaches

An approach to enabling people living with dementia to influence research design

Presenter: Jane McKeown PhD RMN, The University of Sheffield, UK
Co-presenters: Howard Gordon, UK

Abstract

This paper offers critical reflection on one approach to enable meaningful patient and public involvement (PPI) in dementia research.

South Yorkshire Dementia Research Advisory Group comprises people living with dementia, family carers or supporters of people living with dementia and others affected or interested in dementia in some way. The group meets quarterly to offer researchers in South Yorkshire a forum to share some aspect of their research in order to receive critical feedback from people affected by dementia. Initially established to aid researchers to achieve PPI on funded research bids, the group has evolved to educate and influence researchers and student researchers in appreciating the range of benefits of seeking the knowledge of 'experts by experience' in order to improve their research design.

This paper presents some of the conditions and considerations perceived as necessary in order to ensure involvement is a positive and meaningful experience for all involved (group members and researchers). These include: careful planning of the agenda in terms of a balance between informality and pace whilst also progressing through the business of the meeting; advice to researchers on ways of presenting their ideas in order to gain the best engagement with group members; and the required facilitation in terms of creating a safe and supportive atmosphere and enabling everyone to share their views.

Three short case study examples will be used to illustrate what helps and what hinders these conditions and considerations. Notions of power, voice, ethics and authenticity in relation to patient and public will be discussed.

This paper will be of interest to researchers and students interested in exploring and developing meaningful PPI in dementia research. The paper will be co-presented by the group facilitator and a group member affected by dementia.

Biography

Jane McKeown is a mental health nurse working in a clinical academic role. In her role within Sheffield Health and Social Care NHS FT Jane has recently been appointed as one of seventy National Institute for Health Research Senior Nurse Research Leaders. Jane also works as a lecturer at the University of Sheffield, School of Nursing and Midwifery. Jane's work has an emphasis on developing and evaluating methods and approaches to enable the views and experiences of people living with dementia to be captured and shared to inform dementia care practice, education and research. Her PhD explored the use of life story work with people with dementia in health and social care practice. Jane is Chair for the South Yorkshire Dementia Research Advisory Group, which invites researchers to share their research ideas with people living with dementia in order to receive critical feedback from 'experts by experience'.

3.4 Theme: Public Health

Session no: 3.4.1 Abstract no: 0256

Research Topic: Sexual Health, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Mixed Methods Research

Managing short-term, high-intensity interactions: Does clinical supervision meet the needs of the sexual health nurse?

Presenter: Jenny Dalrymple RN RM MN PhD, NHS Greater Glasgow and Clyde, UK
Co-authors: Jamie Frankis, UK; Imali Fernando, UK; Lorraine Kelso, UK; Satinder Panesar, UK; Karen Lorimer, UK

Abstract

Background: Sexual health nurses work with patients who increasingly bring complex sexual, mental health and social issues. Patient expressions of stigma and anxiety, and experiences of gender-based violence are common within this specialty. Treatments are tailored towards minimal attendances, restricting opportunities for ongoing supportive relationships. It is unclear if current clinical supervision (CS) provision adequately addresses this type of care delivery. Our mixed methods study, conducted from May-November 2018, examined sexual health nurses' experiences of CS.

Methods: We invited all sexual health nurses in mainland Scotland (n=205) to complete an online questionnaire, including the Manchester Clinical Supervision Scale (MCSS), based on Proctor's model. Inferential analysis examined demographic and workplace factors related to CS effectiveness. We subsequently conducted semi-structured interviews with n=11 nurses and n=6 trainee specialty doctors, which were thematically analysed, providing organisational context and depth.

Results: From 109 (53% response rate) nurse participants, 61 (56%) currently received CS. Two-thirds (64%, n=39) completed the MCSS. Those receiving at least some individual supervision rated CS as significantly more effective for the total MCSS** and across all three sub-domains; normative (everyday practice)*, restorative (emotional support) ** and formative (knowledge and skills) ***. Interview themes identified desire for clear definitions of CS, consistent delivery, and safety within groups. Key relationships and control of the CS structure were considered central to ideal CS; the flexible arrangements doctors experienced indicating a potential solution. Perceived barriers to effective CS included:

1. resources
2. organizational ethos
3. supervisory skills.

Discussion: As the central resource in sexual health care, it is vital that nurses are supported to maintain consistent high standards and longevity of wellbeing. This Scotland-wide study highlights deficits in current CS provision and evidence to support innovative future interventions tailored to nurses providing short term, highly focused care both in sexual health and beyond.

$^*p<0.05^{**}p<0.01^{***}p<0.001$

Biography

Jenny Dalrymple is a sexual health nurse based at the Sandyford sexual health service in NHS Greater Glasgow and Clyde. She is currently on a post-doctoral clinical academic research fellowship jointly funded by NHS Greater Glasgow and Clyde and Glasgow Caledonian University. Her research interests include older adults' sexual health, HIV and sexually transmitted infection (STI) risk reduction and sexual health service improvement. Her current projects include clinical supervision for sexual health nurses and assessing factors associated with HIV testing among older and younger men who have sex with men.

Session no: 3.4.2 Abstract no: 0178

Research Topic: Sexual Health

Methodology: Other collection method

Research Approach: Evaluation (process, impact)

The use of Balint methodology to explore how nurses process the sensitive sexual health issues arising from working in the clinical area

Presenter: Su Everett RN RM BSc (Hons) MSc PGCert (HE), Middlesex University, UK

Abstract: The paper will explore, preliminary findings, using the work of Balint to inform the analysis of digital diaries generated by nursing students when in clinical placements.

Background: The researchers experience in sexual health highlighted nursing care which did not address patient's sexuality causing mismanagement. There is little research on how nurses process the emotional impact of their work, and how these unconscious emotions effect nursing care. This paper explores how teachers can develop nurses who meet the NMC'S expectations of non-judgmentally in relation to sexuality and the impact on nursing care. (NMC.2015). Balint's psychodynamic theory brings understanding to the unconscious feelings experienced in nursing care (Montford and Skrine, 1993). Listening closely to the reflections of student nurses in the digital diary puts the researcher in touch with the feelings experienced at the time; Clifford argues that these provide powerful learning forums (Clifford in Barnes et al, 1998).

Methods: Participants were recruited from the second-year undergraduate nursing degree at one Higher Education Institute in England. In total 27 students were recruited, three groups participated in online discussion groups, seven digital diaries and three interviews completed. Data was analysed using pluralistic methodology, narrative and Balint theories to explore the emotions invoked in the diaries.

Findings: Findings reveal how student nurses navigate nursing care and the complexity of working with trained nurses with value judgements. The diversity in student nurses reveals a variety of linguistic resources and emotional responses. The use of Balint as a methodology enabled the researcher to understand how student nurses process emotions and gives a greater understanding of the complex nature of nursing care.

Biography

Su Everett is a Senior Lecturer at Middlesex University and a Senior Nurse Practitioner in Sexual Health at the Royal Free Hospital. She is the nurse representative for the Faculty of Reproductive sexual health journal. Previously Su was chair of the RCN Sexual Health Forum that merged with other forums to become the RCN Public Health Forum. Over the years Su has contributed to the RCN's work on sexual health and the RCOG guidance on abortion. She has published three books on Sexual Health and Contraception and is currently writing a fourth book. She is currently undertaking a PhD focusing on sexuality in the undergraduate programme, exploring the potential of the nursing curriculum to develop nurses who are non-judgemental and tolerant of differences and diversity.

3.5 Theme: Mental Health

Session no: 3.5.1 Abstract no: 0252

Research Topic: Mental health

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Understanding why people in mental distress attend the emergency department: From a patient perspective

Presenter: Karon Glynn RMN RLDN, Sheffield Hallam University, UK
Co-presenters: Sally Fowler Davis, UK; Russell Ashmore, UK

Abstract

Background: There is pressure on Accident and Emergency (A&E) departments and access targets across England have failed. People in mental health crises are sometimes unable to address underlying loneliness, isolation and acute distress and attend A&E but their needs are not being fully met. This professional doctorate study investigated experiences of people who regularly attended A&E and describes the unique decision to attend, their care experience and their reflections on what would work well for them.

Aim: The aim was to collate patient perspectives to inform future commissioning and practice.

Methods: A narrative research approach was used that included six patient interviews utilising a non-interrupting method, in order to capture their unique stories. A narrative analysis was used. The data was collected between November 2016 and June 2017.

Results: The findings showed that: there were high degrees of loneliness and isolation; many had experienced significant trauma; there was no other option other than A&E available 24/7. Participants were directed to the emergency department by other professionals or taken there by friends and once there they believed they waited longer than other patients. They reported significant stigma and discrimination; they were not listened to or believed and they felt they were being judged and shunned; one was told that she should not be there. The participants were able to communicate a number of alternative support options that would have helped them including: preventative interventions; helpline support, opportunity to self-refer to mental health liaison team and increased voluntary sector support.

Discussion: The patient narratives reflected a lack of choice in terms of service options and poor patient experience. Prior trauma was compounded by loneliness and severe social isolation.

Biography

Karon Glynn is undertaking a Doctorate of Professional Studies at Sheffield Hallam University; the study is in the writing up stage. Karon has a background in mental health and learning disability nursing and is currently a commissioner in a NHS England specialised commissioning team; commissioning high cost low volume mental health services which includes: high, medium and low secure mental health and learning disability services. Previously she has had experience commissioning local mental health hospital and community services across a number of Clinical Commissioning Groups as well as experience in delivering direct patient care in provider trusts and in social care.

Session no: 3.5.2 Abstract no: 0266

Research Topic: Mental health, Chronic Illness

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Understanding how Scottish community nurses' work with individuals experiencing mental distress while living with a long-term condition

Presenter: David Banks PhD MA BSc (Hons) DMS Grad Cert Ed RMN RGN, Centre for Person-centred Practice Research, Division of Nursing, Queen Margaret University, UK

Abstract

Aims: This project seeks to understand how Scottish Community Nurses support people living with a long term condition who are experiencing mental distress

Methods: In-depth interviews were conducted with 25 Community Nurses employed across five Scottish Health

Boards in 2018/19. A stakeholders meeting was held with people affiliated to COPE Scotland, who have lived-experience of anxiety and/or depression. Feedback from other key informants, a literature review and this event informed construction of open ended questions. Data was transcribed and analysed thematically. Fieldwork was funded by QNIS Scotland.

Results: Previous career experiences since pre-registration: Participants came from a wide variety of hospital and community based backgrounds. This included experience of working with people experiencing long-term conditions, and mental health issues.

Assessment and building relationships: Divergent practices were revealed based on assumptions regarding job roles, the perceived needs of the person and their competence in working with people with mental health issues.

To intervene or not: Differing levels of awareness around power relationships, specifically where interventions were taking place, home or clinic. Interventions more likely to be initiated by nurses with specific education/training. Another influencing factor was working relationships within the Inter-professional team.

Referral: Referral was driven by a wide range of practices based on formal and informal working relationships. Mental Health services clearly valued, but access was problematic. Some nurses' priorities meant mental health of their patients was not always addressed.

Assets, strengths and possibilities: Practitioners revealed intriguing skillsets. Some wished to consolidate this work through further education and experience. There was local evidence of innovation, through service development, extension of role and advancing practice.

Conclusions: The findings challenge some assumptions by Health Education England (HEE) about the characteristics of Practice Nursing in Scotland. Finally, innovatory work by individual nurses could be affected by competing pressures from the new GMC Contract.

Biography

David Banks is a Lecturer in Nursing at the Centre for Person-centred Practice Research, Division of Nursing, Queen Margaret University, Edinburgh. He has specific research interests and publications in mental health, social identity and social exclusion. Since 2018, as a member of the Scottish Government Taskforce on Rape and Sexual Violence, David has been leading a Pan Scotland MSc Forensic Advanced Practitioner Pathway curriculum development at QMU. He is the QMU programme pathway leader for MSc/PG Dip Person Centred Practice (Mental Health and Wellbeing) and the QMU Academic Link Person for the NHS Scotland South of Scotland PG Masters Training Programme in Cognitive Behavioural Therapy.

4.1 Theme: Cancer

Session no: 4.1.1 Abstract no: 0006

Research Topic: Primary and Community Care, Chronic Illness, Cancer

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Living on: An exploration of healthful cancer survivorship among grey nomads

Presenter: Moira Stephens RN PhD MSc BSc (Hons), University of Wollongong, Australia
Co-authors: Elizabeth Halcomb, Australia; Jan Dewing, UK

Abstract

Background: Cancer is primarily both a life-limiting and a chronic condition of ageing and older people. Older people, however, are not a homogeneous group; there are several generations and many different groups to be considered. Grey nomads are one such group and are characterised as being retired and travelling domestically for extended periods of time, usually in a caravan or motorhome. An increasing number of older Australians, colloquially known as 'grey nomads', take to the road on retirement. In 2011, Australia's grey nomad population was estimated to be about 2% of the total (Davies 2011). The seasonal nature of the grey nomad lifestyle provides challenges for both receiving and delivering health care to support cancer survivorship. There is little known about the health and health needs, cancer-related or otherwise, of grey nomads (Halcomb et al 2017, Raven 2016).

Design: Prospective qualitative phase of a larger, sequential, explanatory, mixed-methods project.

Methods: A series of 14 semi-structured, in-depth interviews were conducted over six months (August-December 2016) with 14 self-identified grey nomads living with a diagnosis of cancer. Interviews were transcribed verbatim and analysed using thematic analysis.

Findings: Participants travelled despite of, and because of, their cancer diagnosis. These two key themes, with their associated sub-themes, explain how older people incorporated their cancer-related work, that is to say, managing their cancer-related follow-up and treatment health needs into their travelling life; how they normalised it; and how they developed strategies for healthful survivorship.

Conclusion: Participants were living healthfully in that they were living a lifestyle that promoted their well-being. Participants developed strategies in response to their changed environment and thus created new capacity to support what they wanted to do. Despite being cancer survivors — some of whom were undergoing active treatment — participants gained 'healthfulness' through their chosen nomadic lifestyle.

Biography

Moira Stephens is a senior lecturer in nursing at the University of Wollongong, Australia. Moira is a registered nurse and enjoyed 30 years in bone marrow transplant and cancer nursing in the UK, Australia and Saudi Arabia. Moira is passionate about teaching undergraduate and post graduate health care professional students and enabling them to become discerning and critical users of information and empathetic, skilled delivers of health care. Moira is a past president of the European Blood and Marrow Transplant Nurses' Group; founding member and past president of the Haematology Society of Australia and New Zealand Nurses' Group and currently editor of the Australian Journal of Cancer Nursing. Moira gained her PhD from Sydney Medical School and her doctoral research explored the experience of living with multiple myeloma the topic of which evolved from her everyday interactions with people affected by myeloma.

Session no: 4.1.2 Abstract no: 0384

Research Topic: Children and Young People, Nursing, Midwifery or Support Worker Education, Cancer

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Parental cancer and death in divorced families: Double bereavement and interventions targeted the related child's and young adult's mental health (Part of an ongoing PhD-study)

Presenter: Rhonda Wilson RN BNSc MNurs(Hons) PhD, University of Canberra, Australia
Co-authors: Jette Marcussen, Denmark; Lise Hounsgaard, Denmark; Frode Thuen, Norway

Abstract

Background and aim: This study investigated the experiences of children and young adults experiencing double bereavement (parental divorce and subsequent parental cancer and death). Almost half of Danish children, who experience parental death, also experience the divorce of their parents. Our literature review revealed that children and young adults have an increased risk for developing mental health problems and will require support from health professionals. The study presents new knowledge about double bereavement and introduces a new nursing model to promote the mental health of children and young adults.

Method: The qualitative study interviewed 20 nurses and conducted a field study including 27 children and young adults from divorced families to explore children's experiences of double bereavement, and nursing interventions to target promotion of children´s and young adults mental health. Analysis was conducted according to Ricoeurs interpretation theory.

Results: Double bereaved children and young adults experience multiple losses, whether they lose a custodial or non-custodial parent, and they require support to promote mental health well-being. The study revealed four themes:

1. Collecting information about family structure
2. Assessing need for support
3. Initiating well-being support
4. Coordination and follow-up.

These themes form the basis of a new nursing model: "The Divorced Family Focused Care Model" which can be applied to promote the mental health and well-being of double bereaved children and young adults.

Conclusions: A profound gap for adequate support of double bereaved children and young adult and their divorced families has been identified, with a need for improved support services throughout the illness and death phases apparent. This study demonstrates the ways that nurses can intervene to target divorced families within cancer care populations to improve children and young people's future mental health and well-being through application of the Divorced Family Focused Care Model.

Biography

PhD student, Master in Educational Psychology and RN. Worked many years as a senior lecturer. Interests in bereavement, mental Health and Family Nursing and in this study particular in children and young adult experiencing double bereavement when a divorced parent dies of cancer.

Session no: 4.1.3 Abstract no: 0105

Research Topic: Patient Experience, Cancer, Men's health

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Impact of prostate cancer on younger men's sense of masculinity and daily lives

Presenter: Bróna Mooney PhD MSc MA BNS(Hons), RGN, RNT, National University of Ireland, Galway, Ireland
Co-authors: Gerard Fealy, Ireland; Philip Larkin, Switzerland

Abstract

Background: Prostate cancer is the most common male cancer in Ireland and approximately one third of men are under the age of 65 years at time of diagnosis. A review of the literature revealed that there was a dearth of research internationally examining younger men's experience and how gender and masculinity influence men's experience of the disease.

Aim of study: The aim of this study was to examine younger men's experience of prostate cancer diagnosis, treatment and survival. In particular, this inquiry aimed to understand men's experiences of prostate cancer and how the experience impacted on men's sense of masculinity and daily lives.

Methods: Interpretative Phenomenological Analysis was used to examine 26 younger men's experience of prostate cancer following treatment for prostate cancer. Data was collected using semi-structured interviews from June to October 2016 and data analysis was guided by Smith's Interpretative Phenomenological Analysis approach (Smith et al, 2009).

Results: Four super-ordinate themes emerged. Men's testimonies in this study point to evidence that the effect of prostate cancer diagnosis and need to adjust to and cope with side-effects of treatment had a notable impact on men's sense of masculinity and daily lives.

Discussion: Prostate cancer caused disruptions to younger men's energy levels, physical strength, mental health, sexual and urinary function. Men's experience was influenced by their adherence to traditional masculine narratives, which both assisted men in their recovery and deprived them of important sources of social and emotional support.

Conclusions: This study has contributed to scholarship on the effects of prostate cancer on younger men and offers valuable insights into younger men's experience of the disease, particularly relating to men's ability to perform normal activities of daily living following treatment and how social and cultural influences construct and impacted on their sense of masculinity.

Biography

Dr Bróna Mooney is a College Lecturer in nursing studies at the National University of Ireland, Galway. She completed her PhD studies in 2018, examining 'Younger men's Experience of Prostate Cancer: Influence on their sense of masculinity and daily lives'. She has worked in the area of nursing education for 18 years and has previously held posts at the University of Dublin, Trinity College and St James's Hospital School of Nursing. She undertook her nursing training at St Vincent's Hospital, Dublin and her clinical practice background is in the area of intensive care nursing and cancer care.

4.2 Theme: Older People

Session no: 4.2.1 Abstract no: 0160

Research Topic: Older People

Methodology: Observation

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Researching compassion in nurse-patient interaction using conversation analysis

Presenter: Rachael Drewery BSc MSc MA RN SCPHN (HV), University of Nottingham School of Health Sciences, UK
Co-authors: Alison Edgley, UK; Alison Pilnick, UK; Joanne Cooper, UK; Ruth Parry, UK

Abstract

Background: Despite recent health care policy stipulating that nurses should act in a compassionate manner, compassion remains poorly and vaguely conceptualised. Whilst previous research has argued that compassion is part of effective nurse-patient interaction, there is little detailed knowledge about how compassion is actually enacted in practice.

Aim: To identify and describe ways in which compassion is enacted within nurse-patient interaction.

Methods: The study uses conversation analysis (CA), an inductive approach involving the collection and analysis of audio-visual recordings of naturally-occurring interaction (Clayman & Gill, 2004). Audio-visual recordings of consultations (n.40) between older in-patients and advanced clinical practitioners have been collected. Using a definition of compassion developed from a literature review and from how CA conceptualises interaction, recordings have been analysed to identify the verbal and non-verbal practices that show how compassion is achieved within the interactional context.

Findings: Findings demonstrate that compassion is fundamentally an interactional phenomenon involving both nurse and patient. Using recordings, I will show the verbal and non-verbal practices nurses use to display compassion in response to observable patient conduct, such as crying. I will also show cases in which, although the patient's observable conduct does not indicate suffering, the nurse's responses display compassion and treat the patient as possibly suffering. In both scenarios, I will show how the patient's responses evidence that the nurse's practices were received as compassionate.

Conclusion/discussion: The present study expands the knowledge base regarding nurse-patient interaction, through the identification and articulation of verbal and non-verbal skills nurses use to achieve compassionate care. These findings provide empirical evidence that future communication skills training can be built upon. They also add to a growing body of knowledge about the complex skill set possessed by nursing professionals.

Biography

During Rachael Drewery's twenty-year nursing career she has worked in a variety of specialities including oncology, paediatric bone marrow transplant and health visiting. Prior to commencing her PhD, Rachael worked on an intensive home visiting programme with vulnerable families. She has always worked in areas where effective communication skills are critical to providing people with ongoing nursing care, during periods of vulnerability. In recent years, she has become particularly interested in how nurses research and evidence the communication skills that they use to care for patients. During an NIHR-funded MA in research methods, Rachael completed a pilot project using conversation analysis (CA) to explore health visitor-client interaction. The research highlighted the potential of CA, for expanding the nursing profession's knowledge about the communication skills that we are in practice. Hence, I she is using CA in her PhD research to explore the enactment of compassion in nurse-patient interaction.

Session no: 4.2.2 Abstract no: 0103

Research Topic: Dementia, Acute and critical care, Older People

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The effect of the work system on nursing staff capacity for relational care with people with dementia

Presenter: Emily Oliver BSc RMN, Dementia UK, UK

Abstract

The Department of Health estimates that a typical general hospital in the UK will have 100 people with dementia admitted at any given time with approximately one in four hospital beds occupied by someone with a diagnosis (Department of Health 2009). Due to this increasing prevalence of people with dementia in hospitals, providing high quality care for this patient group is now a public health priority, however, ongoing reports have identified consistent failures. Many empirical studies have explored care for people with dementia in hospitals commenting on the impact of contextual features on nursing care, however, most of these have been based on acute hospital wards (Featherstone, Northcott et al 2019) and limited research has been conducted in specialist older persons wards.

This ethnographic study has contributed to this gap in the knowledge base providing an in-depth exploration into the impact of the work system on relational care for people with dementia on medicine for older person's wards. Data was collected between January 2017 and March 2018 and consisted of 125 hours observations and 26 interviews with nursing staff (health care support workers and nurses).

The results highlight that nursing staff capacity for relational care for sits at an organisational level and not with the individuals themselves. Nursing staff are continuously balancing the needs of the patients with the priorities of the organisation which is detrimental to the care they provide. Rigid routines and expected task durations are causing nursing staff to become "task blind" in which they cannot see the patient behind the task. Power imbalance no longer sits within the medical-nursing hierarchy but within the nursing teams themselves. All of these factors, mixed with strong emotions of fear, guilt and a lack of autonomy are contributing to the shortfalls of care that are being seen nationally.

Biography

Emily is a Consultant Admiral Nurse at Dementia UK working towards her Clinical Academic Doctorate at the University of Southampton. Emily is a mental health nurse by background and has specialised in dementia care since qualifying in 2014.

Session no: 4.2.3 Abstract no: 0203

Research Topic: Dementia, Patient Experience

Methodology: Mixed

Research Approach: Mixed Methods Research

Development of an evidence-based dementia care leaders toolkit

Presenter: Clare Abley PhD MSc PGDL BSc (Hons) Nursing RCN, Newcastle Hospitals NHS Foundation Trust, UK

Abstract

Background: Approximately 50% of patients in hospital aged 65 and above, have dementia and/or delirium (RCPsych 2005). Staff need to be enabled to meet the needs of these patients.

Aim: To develop a toolkit to improve general hospital care for older people with cognitive impairment (dementia/ delirium).

Methods: The study design incorporated three work streams: a mixed methods systematic review of care interventions using narrative synthesis, a single case study (one NHS Trust) of hospital patient experiences using ethnographic observations and staff and carer interviews, and the subsequent co-design of a toolkit with stakeholders. Ethnographic data was analysed using Interpretative Phenomenological Analysis.

Results: The systematic review found no sufficiently robust evidence of the effectiveness of interventions to be incorporated into an evidence based toolkit. Therefore a toolkit focusing on the patient experience has been developed based on three key themes that emerged from the ethnography: valuing and empowering the patient and optimising the social environment. The toolkit explicates 'what good looks like' in relation to each theme, in a written resource and animated film clips. It includes key questions for dementia care leaders to facilitate reflective practice and documentation to support implementation.

Discussion: This research found a lack of robust empirical evidence on the effectiveness of care interventions, but has used findings from the ethnography of patient experiences to develop a toolkit. One of the study's strengths is the prominence of the patient 'voice'. The experiences of older hospital patients with dementia/ delirium are seldom considered in research. This study has shown that eliciting meaningful data is possible and extremely valuable.

Conclusions: The Dementia Care Leaders Toolkit has the potential to transform hospital care for older patients with cognitive impairment. It provides an evidence based approach, enabling staff to focus on three key areas, to optimise the patient experience.

Biography

Dr Clare Abley is nurse consultant vulnerable older adults for the Newcastle upon Tyne Hospitals NHS Foundation Trust and honorary clinical senior lecturer Newcastle University. She focuses on the care of older people, including those living with dementia. In her nurse consultant role she chairs the Trust dementia care steering group, has led on development of the Trust dementia strategy, monitors its implementation and provides clinical leadership for the Trust dementia care team. Her recent NIHR Clinical Lectureship (2014-19) focused on improving general hospital care for older people with cognitive impairment (dementia and / or delirium) and resulted in the development of an evidence based toolkit for dementia care leaders. During the next 12 months further work will be undertaken to evaluate its use and impact locally, plan national roll out and apply for further funding for a feasibility study.

4.3 Theme: Children and Young People

Session no: 4.3.1 Abstract no: 0201

Research Topic: Children and Young People, Public Health (including health promotion), Service Innovation and Improvement

Methodology: Other collection method

Research Approach: Other approaches

Using 'Capacity for Impact' principles to strengthen health visitors' and school nurses' research engagement and activity to make a difference

Presenter: Sue Peckover RGN HV PhD RGN MMedSci, Sheffield Hallam University, UK
Co-presenters: Jo Cooke, UK; Louise Wolstenholme, UK

Abstract

Background: Research is core business for the NHS. All nurses have an important role in utilising evidence, engaging with research, supporting study recruitment and undertaking research. Whilst progress is evident, public health nurses, health visitors (HV) and school nurses (SN) have been much less visible (Cowley et al, 2013)

Aims: We will describe two innovative initiatives that address this challenge and consider the key organisational, practical and philosophical/aspirational elements contributing to their success. Examples of what these initiatives have achieved will also be shared.

Discussion: Drawing upon, and extending the principles of research capacity building described by Cooke (2005), the paper discusses two inter-linked initiatives supporting HVs and SNs to engage, influence, develop and deliver research. Both act as communities of practice (CoP) operating at different levels: a region-wide research network and a Trust-wide research interest group. Both initiatives have embraced and shaped the 'Capacity for Impact' principles that extend the Cooke framework by being mindful on what matters for practice, impact on services and people. Both display infrastructure, leadership, membership with agreed responsibilities, and accountability to funders. There is a strong emphasis on building research skills and confidence. Opportunities are sought through linkages and collaborations with others and using practice knowledge in relation to research. Outcomes include increased reach of research to marginalised groups, increased number of HVs and SNs doing research, and the co-production of research projects and outputs based on what practitioners advise.

Conclusion: These initiatives have been developed during turbulent times and have been sustained through a focus on what matters and what is achievable, underpinned by string capacity and impact theory. The original Capacity framework has been extensively used internationally and across differently professional groups and the mechanisms identified by Cooke et al (2018) paper reinforces the need to make a difference.

Biography

Dr Sue Peckover is Reader in Public Health Nursing at Sheffield Hallam University. Sue has a health visiting background and has practiced, taught, researched and published in the field of child and family health and welfare. Sue's research interests include public health, safeguarding children, domestic abuse, e-technologies and professional knowledge and practices. Her research has an applied and inter-disciplinary focus and has been widely published. Sue joined Sheffield Hallam University in January 2014 having previously held posts in the Centre for Applied Childhood Studies at the University of Huddersfield and at the University of Sheffield School of Nursing and Midwifery.

Session no: 4.3.2 Abstract no: 0153

Research Topic: Sexual Health

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Experiences of school health nurses on guiding adolescents in their decision-making about reproductive health in Ogun State of Nigeria

Presenter: Dr Toyin Ogunyewo, PhD, Nursing, University of Jos, Nigeria

Abstract

Background: School health nurses have a responsibility to guide adolescents in their decision making about reproductive health. This is necessary because studies have established that risky decision-making in reproductive health accounts for a large proportion of adolescent mortality. Adolescent reproductive health entails unprotected sex, unsafe abortion, and HIV/AIDs. Guiding adolescents in their decision making about reproductive health is an adaptive role of school health nurses which requires they are prepared to take up the role.

Purpose: The purpose of the study was to explore the experiences of school health nurses on the provision of guidance to adolescents in their decision making about reproductive health.

Methods: This is an exploratory, descriptive and contextual study. The study took place in the secondary school environment. Qualitative research approach was used for the study. The participants for the study were purposively selected from among school health nurses and adolescents. Semi-structured interviews and focus group discussions were used to obtain data for school health nurses and school adolescents respectively. The data collected was transcribed in verbatim, and inductive content analysis was employed.

Results: The findings from the data showed that what school health nurses provide is not proximate to guidance rather some form of health talk which has no bearing on decision-making process of adolescents in reproductive health. Findings further show that they lack adequate skills and the knowledge needed for guidance.

Implication for nursing practice: School health nurses need to move beyond their formalized roles toward adaptive and proactive ones as this helps in further evolving a true professional status.

Biography

Dr Toyin Ogunyewo was born in 1963. He attended University of Ibadan for his Bachelor of Science, Master of Science degree in Nursing, and another Master of Science degree in Medical Sociology. Toyin obtained his PhD in nursing from the University of the Western Cape. He has been working at the University of Jos as a Lecturer in the Department of Nursing Science. Currently, he is a Senior Lecturer and has up to 20 publications to his credit. Toyin has been a lecturer in the Department of Nursing Science for upwards of twelve years. Currently, he is a Senior Lecturer. His area of specialisation is Community Health Nursing with a bias in school nursing that focuses on adolescent decision-making in reproductive health.

Session no: 4.3.3 Abstract no: 0114

WITHDRAWN

4.4 Theme: Women's Health

Session no: 4.4.1 Abstract no: 0498

Research Topic: Public Health (including health promotion), Under Represented Groups (including black and minority ethnic), Women's health

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

We work, we play, we change: Women's lived experience of the transition to natural menopause

Presenter: Yvonne Middlewick RGN RMN Registered Teacher MSc in Science, PGCert in Clinical leadership, PGCert in Academic Practice, BSc (Hons) in Nursing Studies, PhD Student, University of Southampton, UK
Co-authors: Tracy Long-Sutehall, UK; Michelle Myall, UK

Abstract

Background: The transition to natural menopause affects midlife women who have not experienced surgical or chemical interventions. Contemporary women are more likely to experience the transition while they are working and yet little is known about how the menopause impacts on women's life/work balance.

Aims: To explore how women make sense of their transition to menopause; the meaning they attribute to their experiences within the context of their lives; and to understand the shared perspectives of women as they transition to menopause.

Methods: Interpretative Phenomenological Analysis [IPA] was used to explore the lived experiences of five women aged 45-58 years old; two registered health care professionals, two student health care professionals and a qualified teacher working in higher education with health care students. Data were collected via semi-structured interviews and analysis guided by the idiographic, phenomenological and heuristic principles of IPA.

Discussion: Data analysis generated three higher order concepts capturing the biopsychosocial experiences of the women who participated in this study: Losses: “I kind of assumed that it was something that lasted for a year or two and then it went and you went back to normal” (Kate:36), Liberation: Freedom from “cultural baggage...to feel that you're becoming yourself finally” (Kate:486) and Women's Business: The “stuff of legend” that only can be experienced and shared by women (Rose:278).

Conclusions: This study contributes to alternative discourse offering insight into the complex, individualised nature of the natural transition to menopause. The implications of the study are considered within a contemporary context in terms of strengthening policy, heightening awareness of the needs of women; to employers, clinicians and with women themselves.

Biography

Yvonne is a dual registered nurse (RGN/RMN) and a lecturer within the School of Health Sciences at the University of Southampton. She is the Programme Lead for the BN (Hons) nursing programmes and the four year MNurs programme leading to dual registration. Her early career was working in gynaecology and breast surgery which led to an ongoing interest in women's health and wellbeing. This was pivotal in influencing the focus of her PhD study exploring the lived experience of the transition to natural menopause particularly when so many women work in health care. Along with studying and working she spent time as a volunteer researcher for 28 Too Many, a charity that is working to end the practice of female genital mutilation (FGM). Her role as a volunteer researcher contributed to the profiling of FGM and its impact in Senegal.

Session no: 4.4.2 Abstract no: 0158

Research Topic: Patient Experience, Women's health

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Hope for the best, but expect the worst: How do women experience the early waiting period of a new pregnancy following recurrent miscarriage?

Presenter: Sarah Bailey, PhD MSc RGN RM RHV, University Hospitals Southampton NHS Foundation Trust, UK

Abstract

Introduction: Recurrent miscarriage (RM) is an extremely distressing condition. Increased levels of distress and anxiety are common during the early waiting period of any subsequent pregnancy whilst the woman waits for confirmation that her pregnancy is ongoing and viable (Ockhuijsen et al 2013, 2014), posing a significant threat to the woman's psychological well-being.

Methods: A qualitative process evaluation employed semi-structured interviews to explore initial experience of pregnancy following RM. This was nested within a two-centre feasibility study of a novel self-help intervention aimed at improving psychological wellbeing during the stressful waiting period of a new pregnancy. Data for this study were collected between April 2014 and May 2018. Data saturation was achieved after 14 interviews and analysed using a thematic network approach (Attride -Stirling 2001).

Results: Six main organising themes were identified:

1. 'Preparing for the worst' - Women reported that they 'prepare for the worst,' fully expecting a further miscarriage to occur.
2. Uncertainty and emotional turmoil - Women continually ruminate between the potential outcomes of their new pregnancy. Levels of anxiety and worry are extreme, affecting every aspect of their lives.
3. Monitoring for symptoms of ongoing pregnancy - Women were hyper-vigilant in their monitoring and checked compulsively for onset of vaginal bleeding.
4. Social isolation and loneliness - Social isolation seen as a method of controlling the potential threat of social interaction with other pregnant women.
5. Guilt - Participants reported 'constant guilt' that they were to blame for their miscarriages.
6. Professional care - Women expressed the importance of supportive care and understanding health professionals.

Conclusions: Data from this study gave candid personal insight into the lived experience of the waiting period of a new pregnancy. The study adds valuable information to the limited body of evidence regarding the understanding of the initial experience of pregnancy following RM and highlights the unmet needs of this vulnerable patient population.

Biography

Sarah Bailey has extensive clinical experience working as a clinical nurse, research nurse, midwife and health visitor, mainly within the arena of women's health. In 2013 she was awarded a National Institute of Health Research (NIHR) Clinical Doctoral Research Fellowship. Her research investigated the development of supportive paradigms of care for women who have experienced recurrent miscarriage and focused on improving their psychological well-being during the early 'waiting period' of a new pregnancy. She successfully completed her PhD in 2018. Post-doctorally Sarah works in a novel cross division clinical/academic/specialist research role. This has enabled her to develop a specialist role leading the development and evaluation of supportive nursing care for recurrent miscarriage patients working as an academic lead for this speciality and to develop the next step in her programme of research whilst maintaining her established links with research nursing. She is one of the NIHR Training Advocates (Nursing)

Session no: 4.4.3 Abstract no: 0284

Research Topic: Patient Experience, Women's health

Methodology: Questionnaire

Research Approach: Mixed Methods Research

Termination of pregnancy procedures: Patient choice, emotional impact and satisfaction with care

Presenter: Joanne Fletcher MA BA(Hons) DipILM RN, Sheffield Teaching Hospitals, UK
Co-authors: Jennifer Heath, UK; Natalie Mitchell, UK

Abstract

Background: Termination of pregnancy (TOP) is a common procedure with approximately 190,000 abortions performed in England and Wales each year. In recent years, new abortion methods have increased choices for women. The decision to terminate a pregnancy is not easy and can be influenced by many factors, which may impact on how a woman copes with the procedure.

Aims: To investigate whether women felt that they were able to choose their TOP method of choice, what factors influenced their choice and what effect their choice had on emotional responses and satisfaction with care.

Methods: A mixed method prospective comparative study in which women requesting a TOP between 5 and 18 weeks gestation under Ground C of the 1967 Abortion Act were asked to complete a semi-structured pre-TOP interview and questionnaire and a post-TOP questionnaire four weeks after the procedure. Quantitative data was collected using the Patient Health Questionnaire, Generalised Anxiety Disorder Scale, Positive and Negative Affect Scale, Impact of Event Scale (Revised) and Client Satisfaction Questionnaire. Statistical analysis was carried out using SPSS. Qualitative information was analysed using content analysis.

Results: 120 women were included in the study, this represents 37.4% of the women invited to participate. Pre-TOP emotion-based factors did not differ between abortion method groups. Most women felt they were able to choose their preferred method. Decisions were based on factors associated with the procedure, lifestyle or social circumstances, emotional or other

factors. When no choice was perceived reasons reported were:

1. gestation too far along

or

2. an appointment not available in the required timeframe.

These women found the procedure more stressful. All women reported high satisfaction with care.

Conclusion: Being able to choose preferred method is important in reducing procedure-related stress and ensuring high satisfaction with care. Service development can be improved by understanding patient's experiences.

Biography

Joanne is a registered nurse with over 30 years working in women's health. She is currently employed as Consultant Nurse Gynaecology at Sheffield Teaching Hospitals Foundation Trust, specialising in early pregnancy and abortion care. She is also a qualified sonographer. Her research interests include the patients and staffs experiences, and she is currently PI on a number of local and national research projects. She is the co-founder and co-chair of British Society of Abortion Care Providers. She was previously a member of the RCN Women's Health Forum and has worked on national guideline development groups for the RCN, RCOG and NICE.

4.5 Theme: Workforce

Session no: 4.5.1 Abstract no: 0234

Research Topic: Mental health, Research Process Issues, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Mixed Methods Research

Using mindfulness training to mitigate workplace stress and burnout risk for nurses and staff during mandated organisational change

Presenter: Sara Belton, RN, College of Nursing, University of Saskatchewan, Canada

Abstract

Background: Research has shown how workplace stress negatively affects nurses, and can influence burnout and staff turnover in health care organizations.1,2,3 In 2018, thirteen local health networks were mandated to combine into one provincial system in Saskatchewan, Canada. In an attempt to mitigate the potential workplace stress of nurses and other staff during this transition, an online mindfulness training course was provided to all employees. The impacts of this program and implications for nursing practice settings will be discussed.

Aims: To discuss the results of this research and apply them to nursing practice issues, particularly workplace stress, burnout, and staff well-being.

Methods: After completion of a one month online course, self-selected participants (N=87) reported their experiences and outcomes via an online survey or in-person interview. Data collection took place during May- December 2018, and included quantitative and qualitative questions on the barriers and facilitators of program participation and personal experiences. Thematic analysis was used to group and categorize responses for their qualitative content, with quantitative analysis ongoing.

Results: Participants reported the course was beneficial in reducing their stress, with over 75% interested in continuing a workplace-based practice. Positive themes included improved personal life and workplace satisfaction, decreased stress and anxiety, and increased coping and tolerance when facing challenging situations and people. Negative themes included a lack of time for practice, fears of stigma, and difficulty keeping a regular practice schedule due to shift work.

Discussion and Conclusions: There was significant interest in the continued use of workplace-facilitated mindfulness programming for stress reduction. Participants requested more flexible practice and content delivery options, as well as content tailored to health care-specific workplace stressors. Research is currently underway to develop health care-specific content and practices for the workplace. Providing workplace-based mindfulness training can reduce the risk of stress, burnout, and staff turnover in health care organizations.

Biography

Dr Sara Belton is an Assistant Professor at the College of Nursing, University of Saskatchewan, Saskatoon, Canada. She is a former Emergency Room nurse who has worked in global health research, health policy and planning, and health system administration and management. She received her PhD in Social Psychology from the London School of Economics for a dissertation that focused on the barriers and facilitators of health system access for children and families affected by HIV/AIDS. Her current area of research examines the use and impact of mindfulness-based interventions on workplace stress and occupational health.

Session no: 4.5.2 Abstract no: 0110

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Questionnaire

Research Approach: Survey

Violence and aggression experienced by New Zealand nurses

Presenter: Jinny Willis BSc (Hons) PhD, New Zealand Nurses Organisation, New Zealand
Co-presenters: Sue Gasquoine, New Zealand; Sandra Richardson, New Zealand; Paula Grainger, New Zealand

Abstract

Background: Violence and aggression against nurses is common in health care settings but national data for New Zealand is lacking.

Aims: To determine the prevalence of violence and aggression against New Zealand nurses.

Methods: The New Zealand Nurses Organisation (NZNO) is a professional and industrial organisation with a total membership of more than 52,000 nurses, midwives, health-care workers and students. An online survey, hosted on the Survey Monkey (Pro) platform, was sent by email to a randomly selected sample of NZNO members. Questions asked specifically about physical assault, verbal abuse and sexual innuendo directed against nurses by patients/service users or relatives. Free text comments were also collected. Standard demographic questions including gender, age, qualifications and ethnicity were also included. Consent was implied by completion and submission of the survey questionnaire.

Results: Data were collected between 8 January and 12 February 2019. A total of 1436 responses were received, representing a response rate of 29.6%. Over the preceding 12 months, a total of 260 (25%) members reported being physical assaulted; 637 (62.5%) members reported being verbally abused and 215 (21.4%) had experienced sexual innuendo, abuse or threats from patients/service users or relatives. In an average week, 35% of respondents experienced verbal abuse and 12% of respondents were subjected to physical assault.

Discussion: Violence and aggression against health care staff has previously been reported in a regional emergency department in Christchurch, New Zealand. This first national survey confirms that violence and aggression against health care staff is not a regional phenomenon, nor restricted to emergency department staff.

Conclusion: The extent to which New Zealand nurses experience physical or verbal abuse in the course of performing their role is unacceptably high. These data will inform development of policy and procedures to reduce violence and aggression against nurses.

Biography

Dr Jinny Willis is the Principal Researcher for the New Zealand Nurses Organisation. Prior to her appointment to this role in 2017, Jinny was employed as a Scientific Officer in the Lipid and Diabetes Research Group at Christchurch Hospital. Undergraduate training in Clinical Biochemistry and a PhD in Biochemistry led to research including laboratory and clinical studies ranging from epidemiology studies to randomized controlled clinical trials of novel therapies for diabetes and lipid disorders.

Session no: 4.5.3 Abstract no: 0486

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Survey

A mixed methods research study: Exploring resilience in contemporary nursing roles in Wales

Presenter: Judith Benbow MA, School of Health care Sciences, Cardiff University, UK
Co-author: Daniel Kelly, UK; Aled Jones, UK

Abstract

Background: Nursing is categorised as a highly stressful occupation, stress and burnout are known consequences of health care workplace adversity, which can negatively affect care. Resilience can buffer stress. Nurses' ability to perform is inextricably linked to challenges and support available (Maben et al, 2012). However, limited research exists that examines nurses' understanding of resilience and its relevance to workplace environments.

Aim: To explore a more holistic socio-ecological (Ungar 2011) examination of nurses' resilience. To provide novel insights into the intrinsic and extrinsic influences, that shape resilience of nurses in Wales.

Methods: A mixed methods design consisting of a purposely-designed questionnaire and analysis of free text responses exploring perceptions of resilience and work environments was employed (December 2016). Participants included Registered Nurses (N = 1459) from across Wales, quantitative and qualitative responses including 8,000 free-text comments (over 89,000 words), were descriptively analysed utilising "Smart Survey", SPSS, Excel and Microsoft Word and shared with stakeholders (March 2018).

Findings: The number and scope of adversities experienced will be discussed, within the context of recent research and policy. First, environmental then individual adversities including factors that can increase the risks for nurses. Then critical tipping/turning points and personal thresholds. The large sample, volume, and depth of disclosures made the adversities more easily detected, leaving no doubt concerning the demanding and high-risk nature of nurses' work.

Conclusion: These unique insights concerning adversities experienced by nurses within the environment that they respond to it, can inform practice, education, policy and research. Even if nurses have high intrinsic resilience resources if their external environment is poor, their risks will be increased; knowing these risks is key to appropriate interventions being instigated. More broadly, this improved understanding can help nurses' resilience and lead to better environmental support for nurses striving to deliver quality care.

Biography

Judith Benbow has a background in adult critical care nursing and has enjoyed a variety of clinical and educational roles. Judith is currently Senior Lecturer at Cardiff University's School of Health care Sciences and Royal College of Nursing Wales PhD Research Fellow.

4.6 Theme: Patient Use of Mobile Applications

Session no: 4.6.1 Abstract no: 0118

WITHDRAWN

Session no: 4.6.2 Abstract no: 0246

Research Topic: Older People, Service Innovation and Improvement

Methodology: Mixed

Research Approach: Mixed Methods Research

A consensus-based approach to the development of a digital dysphagia management guide for care homes

Presenter: Sue Pownall PhD, Sheffield Teaching Hospitals NHS Foundation Trust, UK
Co-presenters: Elizabeth Barnett, UK; Julie Skilbeck, UK
Co-authors: Sally Fowler Davis, UK; Angel Jimenez-Aranda, UK

Abstract

Background: Dysphagia (difficulty swallowing) is common in older people. Up to 75% of nursing home residents have swallowing difficulties. Effective management of dysphagia is complex and multi-dimensional. Without proper understanding of what is needed residents' health and well-being are compromised. An integrated whole systems approach across both catering and clinical services is required.

Aim: To develop and evaluate an evidence based digital guide to effectively manage dysphagia in care homes.

Study Design: A consensus based, co-design approach was used to:

- examine the evidence-base, views of residents, staff and company representatives to better understand management and shared decision-making in dysphagia care
- co-design a digital guide that promotes adoption of best practice
- conduct a validation process of the guide.

Findings: A purposive sample of four homes were recruited. Eight focus groups were conducted with 37 members of the workforce and semi-structured interviews were carried out with four care home managers, four quality managers and six residents. Analysis highlighted four key themes around good practice:

1. Training
2. Food
3. Quality and Safety
4. Workforce.

Themes were used to design a digital guide incorporating text, photographs and videos, to enable staff to use the evidence to support their residents to eat and drink safely.

The guide was piloted by 57 staff over 12 weeks. Remote monitoring of activity showed that pages were displayed a total of 1913 times, with Food as the most viewed section (33%).

73% of people reported the guide helped them do their job more effectively and 88% would recommend it to others. 90% reported the guide was easy to use.

Discussion: Using a co-design approach to the development of a digital guide to support dysphagia management in care homes resulted in a resource which was evaluated positively for content, design and usability. Funding is now being sought for a large scale evaluation.

Biography

Sue Pownall is Head of Sheffield Adult SLT Service, Honorary Professor at Sheffield Hallam University and the Academic Director for the Therapeutics and Palliative Care Directorate in Sheffield Teaching Hospitals NHS Foundation Trust. Sue is co-lead for the Yorkshire and Humber CRN AHP Specialty Group and also co-lead of the South Yorkshire CAHPR Hub. Sue's clinical specialism is in the area of dysphagia and she has extensive experience of working with patients who present with dysphagia resulting from a range of medical conditions, across clinical pathways and from both acute and community settings. Sue is an active researcher with an interest in assessment and treatment interventions for dysphagia, implementation of research into clinical practice and educational approaches to skill sharing across professional boundaries.

Session no: 4.6.3 Abstract no: 0326

Research Topic: Primary and Community Care, Patient Experience, e-Health (including informatics and telehealth)

Methodology: Mixed

Research Approach: Systematic Review and other Secondary Research

A mixed methods systematic review of the effects of patient online self-diagnosing in the 'smart-phone society' on the health care professional-patient relationship and medical authority

Presenter: Annabel Farnood, PhD student, University of Glasgow, UK
Co-authors: Bridget Johnston, UK; Frances Mair, UK

Abstract

Background: The internet is becoming increasingly popular and becoming a commonplace for patients to self-diagnose and seek health information online. It is important to understand the influence this may have on the patient-health care professional relationship.

Aims: To systematically review qualitative, quantitative and mixed method evidence concerning the public and health care professionals' perceptions of public online self-diagnosis and health information seeking, and how this can impact the patient-health care professional relationship.

Methods: The systematic literature search was conducted using five databases: MEDLINE, EMBASE, CINAHL, SCOPUS and ACM. Studies published between 2007-2018 were included. Relevant data were extracted, and quality appraised using the mixed methods appraisal tool, and a thematic analysis was conducted. The theoretical framework for the review was Normalisation Process Theory (NPT) – all results were mapped using the NPT framework.

Results: Twenty-eight articles met the inclusion criteria for the review. The findings indicated that patients found the internet to be a complementary information source alongside health care professionals, as well as a means for self-diagnosis. People used the internet to reduce uncertainty, often because they had not fully understood everything said in consultations. Patients tended to present information

to the health care professional to support the therapeutic relationship rather than to challenge it. Most patients hoped the outcome of this would help support the development of a partnership with their health care professional. Health care professionals had mixed reviews regarding patient's online health information seeking but generally agreed on the importance of collaboration with patients.

Conclusion: Most people found health care professionals to be the most valued source of health information. The internet has the potential to be beneficial if the online health information being sought, is accurate and relevant and health care professionals react in a positive and supportive manner to internet-informed patients. These findings can inform recommendations for practice, professional development and further research.

Biography

Annabel Farnood is a 2nd year nursing PhD student at the University of Glasgow. Annabel has been a registered nurse for over four years and works clinical hours whilst pursuing her PhD. Her PhD is focused on the area of digital health and specifically focuses on online self-diagnosis and the impact this has on the relationship between the public and health care professionals.

4.7 Theme: Service Innovation and Improvement

Session no: 4.7.1 Abstract no: 0199

Research Topic: Leadership and Management, Quality Standards, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Questionnaire

Research Approach: Quantitative (not included in another category)

Perception of nurse managers' workplace environment and its impact on organizational silence level

Presenter: Begum Yalcin BSN PhD, Koc University School of Nursing, Turkey
Co-authors: Saliha Koc, Turkey; Nilgun Goktepe, Turkey; Emine Turkmen, Turkey; Sonay Sonay Canbolat, Turkey; Nese Bakoglu, Turkey; Sehriban Serbest, Turkey

Abstract

Background: Organizational silence is defined as an active and conscious act of withholding the ideas that can improve the organization. Workplace environment can affect the climate of the organizations' communication styles. Behaviours of managers as role models are effective in the employee silence within the organization because they are responsible for creating strong organizational cultures that can support professional nursing practice.

Aim: This study aimed to determine the relationship between workplace environments that may affect nurse managers' silence behaviours.

Method: This study conducted in hospitals chains in Turkey between April 2018-July 2018. Nurse Manager Practice Environment Scale, Organizational Silence Behaviour Scale and sixteen social-demographic and job related questions were asked to the participants. The questionnaire were sent via email to the all 265 nurse managers working in that hospital chains.

Results: 169 nurse managers participated into the study. The results indicated that nurse managers had low scores from organizational silence behaviour scale (2.46±.69) and high scores from nurse- manager practice environment scale (4.94±.55). Due to the results of Pearson Correlation analysis, there was a strong negative correlation between two scales. The results of the multiple regression analysis showed that nurse manager' gender and having managerial experience more than seven years found to be the effecting factors for organizational silence behaviour.

Discussion: Nurse Managers have an important role of being the voice of their subordinates in front of the hospital executive management. Positive work environment decreases the level of silence. This study showed that the nurse managers who have positive work environment do not stay silent and raise their concerns freely in order to improve their organization.

Conclusion: Positive work environment is a contributing factor for communication. Organizational silence can cause problems about nursing turnover and patient safety. Nurse managers have an important role creating a safe environment for communication.

Biography

Begum Yalcin was born in Istanbul. She obtained her BSN degree from Koc University School of Nursing in 2008 and completed her PhD on Nursing Management at Istanbul University in 2017. She worked as an ER nurse between 2008-2011. Since 2011 she has been working at Koc University School of Nursing as a lecturer. She teaches nursing management and supervise students in clinical settings. She is also an Instructor for Semahat Arsel Nursing Education and Research Center. This centre is a continuing education centre for professional nurses. Her research interests are teamwork development strategies, organizational communication and silence, and nursing education.

Session no: 4.7.2 Abstract no: 0271

WITHDRAWN

Session no: 4.7.3 Abstract no: 0348

Research Topic: Service Innovation and Improvement, Chronic Illness

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Facilitating person-centred care: Feasibility and acceptability of the Support Needs Approach for Patients (SNAP)

Presenter: Morag Farquhar PhD MSc BSc (Hons) RGN PGCert, University of East Anglia (UEA), UK
Co-authors: Carole Gardener, UK; Gail Ewing, UK

Abstract

Background: The Support Needs Approach for Patients (SNAP) is a 5-stage complex intervention to facilitate delivery of person-centred care in progressive non-malignant conditions, such as chronic obstructive pulmonary disease (COPD).

SNAP intervention comprises:

1. the validated SNAP tool: designed for purpose, comprising 15 evidence-based questions to help patients consider areas where they may need more support1
2. the SNAP approach: a needs-led conversation between the patient and health care professional (HCP) to express, prioritise and address unmet support needs identified through the patient-completed tool.

Feasibility and acceptability of SNAP in clinical practice requires investigation.

Aim: To explore the feasibility and acceptability of the SNAP intervention in clinical practice.

Methods: HCPs from three care settings (primary, community, secondary) were recruited in the East of England. SNAP-trained HCPs implemented the intervention with patients with COPD (n=56) over a four-month period and participated in monthly qualitative interviews to monitor tool use and identify modifiable barriers to SNAP delivery. Purposively sampled patients (n=20) who received the intervention were interviewed about the experience. End of pilot HCP focus groups explored barriers and facilitators to delivering SNAP (data collection: July 2018-March 2019). Normalisation Process Theory guided data collection and analysis.2

Results: Early results suggest SNAP is acceptable to HCPs and patients with COPD across settings; modifiable implementation barriers were identified. Patients described how SNAP facilitated expression of their unmet support needs. HCPs reported how SNAP enabled new needs-led conversations (including future care conversations), even where patient-HCP relationships were well-established. Analysis completes May 2019.

Discussion: Enabling patients to identify and communicate their support needs to HCPs, including supportive input in responding to those needs, has the potential to enable delivery of person-centred care. Identifying modifiable barriers will inform SNAP training refinement.

Conclusion: SNAP appears feasible and acceptable, benefitting patients with COPD and their HCPs across care settings. https://thesnap.org.uk/

Biography

Morag has worked in health services research for over 30 years, predominantly in palliative and supportive care. An early graduate nurse (King's College London), she holds a Masters in Medical Sociology and PhD (University of London) on the definition and measurement of quality of life in older people. Research interests include breathlessness in advanced disease, palliative care, informal carers, older people, and methodology – particularly developing and testing of interventions. As a Senior Lecturer at UEA she leads a research programme on improving care and support for patients and carers living with advanced disease, including the SNAP and Learning about Breathlessness programmes.

- SNAP (the Support Needs Approach for Patients) is developing and testing an intervention to enable person-centred care in progressive disease (Marie Curie grant): https://thesnap.org.uk
- Learning about Breathlessness (LaB) is developing an educational intervention for carers of patients with breathlessness in advanced malignant and non-malignant disease (LaB2: NIHR RfPB grant).

5.1 Theme: End-of-life Care

Session no: 5.1.1 Abstract no: 0107

Research Topic: End of Life Care, Cardiovascular Disease and Stroke

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Bereaved families' experiences of end-of-life care in the acute stroke setting in Wales, UK: A qualitative interview study

Presenter: Tessa Watts PhD MSc BA (Hons) RN (Adult), Cardiff University, School of Health care Sciences, UK
Co-authors: Manju Krishnan, UK; Mohammed Bakar, UK; Tal Anjum, UK; Jaspal Mann, UK; Sophie Picton, UK; Sharon Storton, UK; Lynda Connor, UK; Sarah Yeap, UK; Mushtaq Wani, UK

Abstract

Background: Stroke is the second leading cause of death worldwide and the fourth in the UK (Stroke Association 2018). Despite impressive advances in diagnostics, therapeutics and care, dying within thirty days of hospitalization following severe acute stroke is unfortunately not uncommon (Cowey et al, 2015). Improving end-of-life care after stroke is a priority of international governments and professional organisations. This paper reports findings from a larger evaluation of a staff training intervention for end-of-life care after stroke in one University Health Board in Wales, UK.

Aim: This study sought to explore bereaved families' experiences of end-of-life care after stroke following the training intervention's implementation.

Method: A qualitative exploratory approach was adopted. A convenience sample of bereaved (> three months) family members of people who had died in the acute stroke setting following a severe, acute stroke was recruited by health board research nurses between February and May 2018. Data were generated using in-depth, semi-structured, face to face, digitally audio-recorded interviews, either in participants' homes or at the University. Interviews were fully transcribed, anonymised and analysed using Braun and Clarke's (2006) thematic approach.

Results: Nine women participated. Analysis identified three major themes: doing care at the end-of-life; toward the realisation of a certain manner of good death and the variable nature and quality of interaction with health care professionals.

Discussion: In terms of delivering compassionate, dignified, individualised comfort care to dying people, families' experiences were positive. However, participants articulated needs for better privacy throughout the dying trajectory and timely, proactive communication with health care professionals.

Conclusion: End-of-life care after stroke in acute hospital environments is challenging and communicating with families of imminently dying people is delicate, difficult territory. Nevertheless, there is still much work to do in terms of supporting health care professionals' to have timely, open, sensitive communication with these families.

Biography

Tessa is a Senior Lecturer in the School of Health care Sciences at Cardiff University. Tessa is a qualitative researcher with an academic grounding in the social sciences and nursing. She is particularly interested in end of life care nursing and the boundaries between palliative and end of life care.

Session no: 5.1.2 Abstract no: 0397

Research Topic: End of Life Care

Methodology: Focus Groups

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

What do informal carers of people living with breathlessness in advanced disease want to learn about "Knowing what to expect in the future"?

Presenter: Morag Farquhar PhD MSc BSc (Hons) RGN PGCert, University of East Anglia (UEA), UK
Co-authors: Sylvia Barnes, UK; Gail Ewing, UK

Abstract

Background: Breathlessness is distressing, disabling and common in advanced cancer and non-cancer conditions. Informal carers (family members/friends) provide unpaid support, but many lack knowledge/confidence in caring, experiencing anxiety and helplessness. The Learning about Breathlessness programme (LaB) is addressing this. LaB1 identified six topics carers want to learn about breathlessness1. LaB2 is working with carers and clinicians to co-develop a prototype web-based educational intervention for carers on breathlessness. Content for five of the six topics has been established, but we need to understand more about learning needs for the sixth topic, "Knowing what to expect in the future".

Aims: To establish what carers of people with breathlessness in advanced disease want to learn about "Knowing what to expect in the future".

Methods: Two disease-specific focus groups and six interviews conducted (January 2019) with bereaved carers of people with breathlessness due to cancer/COPD (n=12) recruited across settings. Data were sought on what carers would have liked to have known about "what to expect in the future". Data transcribed; content analysis conducted; validation sought from Carer Advisory Group (CAG) and Study Advisory Group (SAG: includes clinical experts).

Results: Carers wanted to learn about: coping with symptom changes as the patient's condition worsened, discussing 'the future' with others, accessing care/support, administrative tasks (for example, death registration), and coping with emotions after patient death. Findings were validated by the CAG and SAG. Follow-on workshops with current carers and patients reviewed the resulting draft topic webpages for utility and sensitivity.

Discussion: Bereaved carers were able to express what they would have liked to have known regarding what to expect in the future, enabling creation of sensitive website content.

Conclusion: This study establishes relevant and appropriate content for what carers of people with breathlessness in advanced disease want to learn about "Knowing what to expect in the future".

Biography

Morag has worked in health services research for over 30 years, predominantly in palliative and supportive care. An early graduate nurse (King's College London), she holds a Masters in Medical Sociology and PhD (University of London) on the definition and measurement of quality of life in older people. Research interests include breathlessness in advanced disease, palliative care, informal carers, older people, and methodology – particularly developing and testing of interventions. As a Senior Lecturer at UEA she leads a research programme on improving care and support for patients and carers living with advanced disease, including the SNAP and Learning about Breathlessness programmes:

- SNAP (the Support Needs Approach for Patients) is developing and testing an intervention to enable person-centred care in progressive disease (Marie Curie grant): https://thesnap.org.uk
- Learning about Breathlessness (LaB) is developing an educational intervention for carers of patients with breathlessness in advanced malignant and non-malignant disease (LaB2: NIHR RfPB grant).

Session no: 5.1.3 Abstract no: 0464

Research Topic: End of Life Care

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

The palliative care needs of people with motor neurone disease (MND) and their informal caregivers: A qualitative evidence synthesis

Presenter: Kate Flemming PhD MSc PG Cert BSc (Hons) RN, University of York, UK
Co-author: Victoria Turner, UK

Abstract

Background: Despite being a terminal neurodegenerative disease, the role of palliative care is less recognised for MND than for conditions such as cancer. Understanding the palliative care needs of patients and carers impacts on, and guides, the development of health care services and policy for this population.

Aim: To explore the palliative care needs of adult patients and their informal carers living with MND, or bereaved carers of people with MND through a qualitative evidence synthesis.

Method: Four electronic databases were searched (MEDLINE, CINAHL, PsycINFO, Social Science Citation Index), from inception until November 2018 using terms for MND, ALS, palliative care, and a qualitative research filter. Relevant data were extracted from included papers and checked by a second reviewer. Papers were appraised for quality although there was no a priori threshold for excluding papers. The review was conducted using Thematic Synthesis (Thomas and Harden 2008).

Results: The searches identified 410 internationally based papers of which 39 were included, representing the experiences of 480 people with MND and 373 informal caregivers.

Two analytical themes were determined. The first related to experiences at distinct biographical points in the MND disease trajectory through which all individuals passed.

The second represents commonalities in experiences which overlay the trajectory of disease, including living a life which contained uncertainty, unremitting loss and a need to plan for the future. Palliative care was rarely discussed and was associated by patients and carers with end of life only.

Discussion and Conclusion: Despite being a life-limiting condition people with MND and their carers have limited awareness of, or involvement with, palliative care services. There are clear points in the disease trajectory where palliative care input could impact on and enhance patient and carer experience of the disease, particularly at times of significant physical change.

Biography

Dr Kate Flemming is a highly experienced academic and nurse, internationally known for her leading research and service innovation in palliative care nursing. Kate leads by example through her pioneering clinical leadership and research in Palliative Care within the Hospice and community settings most notably involving St Leonard's Hospice, York. Kate's research programme focuses on complex interventions including patient and carer experience of palliative care across different service models, disease types and morbidities, including motor neurone disease and heart failure. This work is closely integrated with her methodological expertise in qualitative evidence synthesis. Kate is internationally known for her quality approach to research and acts as co-convener of the Cochrane Qualitative and Implementation Methods Group. Kate has recently worked with the WHO on the use of qualitative evidence synthesis to inform guideline development for complex interventions.

5.2 Theme: Children and Young People

Session no: 5.2.1 Abstract no: 0447

Research Topic: Children and Young People

Methodology: Other collection method

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Children coming to hospital: Working with children to develop child-centred resources

Presenter: Lucy Bray RN (Child), BA (Hons) MSc PhD, Edge Hill University, UK
Co-authors: Bernie Carter, UK; Ed Horowicz, UK

Abstract

Background: Despite the evidence highlighting the positive outcomes for children who are informed and supported when having procedures such as X-rays and blood tests, we know that children continue to have poor experiences of undergoing procedures. There is a lack of empirical data directly from children about how they can be best supported before, during and after procedures.

Aim: This presentation will discuss a research study which aimed to develop a deeper understanding of what children want in terms of information and support during procedures and showcase the resource developed from the findings.

Methods: This participatory qualitative research study used drama as a creative method. Two drama workshops used scenarios to help children improvise and express their opinions and thoughts about procedures. Children with experience of hospital were recruited through flyers distributed to drama groups within the UK. Semi-structured field notes captured the dialogue, phrases and actions of the scenes. Data were collected in October 2018. Thematic analysis was used to identify, analyse and develop themes.

Results: Fifteen children aged seven to 14 years participated in the drama workshops. Two themes of 'having to be brave but feeling scared inside' and 'wanting to get involved but feeling too afraid to ask' were generated. Children felt 'left-out' of adult-dominated interactions in hospital and they wanted to know more about what would happen during their procedure and have some choice in how procedures were carried out.

Discussion: The findings informed the development of a resource called Children Coming to Hospital, consisting of animations and a comic which aims to ensure evidence directly impacts and hopefully improves the experiences of children attending hospital for planned procedures.

Conclusions: Children need to be able to access resources to help them know what is going to happen before, during and after their procedure.

Biography

Professor Lucy Bray is a children's nurse and academic with over 20 years of experience of working with children, young people and families, both clinically and as a researcher within a range of health care settings. Lucy is passionate about improving the health of children and young people and most of her work focusses around using innovative methods to facilitate the involvement of children and young people in research and their health care. Lucy Bray is a Professor of Child Health Literacy and her work focusses on the education, information needs and preparation of children, young people and their parents for surgery, procedures and interventions. Her work explores how children and young people can be provided with information in a meaningful and timely way and how this influences their interactions with health professionals.

Session no: 5.2.2 Abstract no: 0446

Research Topic: Children and Young People

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Children's information needs before coming to hospital for a planned procedure: Informing the development of a child-centred app

Presenter: Lucy Bray RN (Child) BA (Hons) MSc PhD, Edge Hill University, UK
Co-authors: Ashley Sharpe, UK; Victoria Appleton, UK

Abstract

Background: If children are prepared and informed about what will happen throughout a procedure such as an X-ray or blood test, they are more likely to have a positive experience. Despite this children frequently have unmet information needs resulting in them experiencing uncertainty and anxiety. Finding out what children want to know before they attend hospital for a procedure could provide benefits for children, their families and health professionals.

Aims: This research aimed to investigate children's information needs before they attend hospital for a planned procedure. The study aimed to directly inform the development of an app (Xploro) specifically designed for children.

Methods: An activity sheet underpinned a semi-structured qualitative interview with children attending hospital in the UK for a planned procedure. The interview focussed on the information children thought was important or useful to know before coming to hospital for a procedure. Data were collected from April to July 2018 and analysed using content analysis techniques.

Results: 106 children aged between 8-12 years participated in an interview. Many children expressed that they had unmet information needs regarding their procedure. The children identified three categories of important information to know before a procedure; procedural information, sensory information and self-regulation information. Children thought it was important to know procedural and sensory information first and then scaffold this with information to help them cope with and self-regulate the situation.

Discussion: This study demonstrated that children have unmet information needs regarding procedures; the information they perceive as important can vary to that currently provided to them by health services. The findings from this study have directly informed the development of an app (Xploro) for children attending hospital for procedures.

Conclusion: It is important that resources for children are developed with children to ensure their content is child-centred.

Biography

Professor Lucy Bray is a children's nurse and academic with over 20 years of experience of working with children, young people and families, both clinically and as a researcher within a range of health care settings. Lucy is passionate about improving the health of children and young people and most of her work focusses around using innovative methods to facilitate the involvement of children and young people in research and their health care. Lucy Bray is a Professor of Child Health Literacy and her work focusses on the education, information needs and preparation of children, young people and their parents for surgery, procedures and interventions. Her work explores how children and young people can be provided with information in a meaningful and timely way and how this influences their interactions with health professionals.

Session no: 5.2.3 Abstract no: 0463

Research Topic: Children and Young People, Patient Experience, Cancer

Methodology: Observation

Research Approach: Case Study

"It's a very good vehicle to create your relationship": Importance of the physical environment when creating a social hospital environment

Presenter: Sarah Lea, University College London Hospitals NHS Foundation Trust, UK
Co-authors: Rachel Taylor, UK; Faith Gibson, UK

Abstract

Background: Specialist units for teenagers and young adults (TYA) with cancer are estimated to provide for only half of TYA in England; the rest being cared for in child/adult environments. Centred mainly on specialist units alone, previous research has described the importance of the environment on experiences of cancer care. Whether this is the same or different for all places of care has yet to be determined.

Aims: To explore the impact of the physical health care environment on young people and professionals' social experiences during care.

Methods: A multiple-case study was conducted in 28 hospitals in England, between 2014-2015, across child, TYA, and adult settings. It included:

semi-structured interviews with TYA (n=29) and health care professionals (n=41); observations in 24 hospitals (total=120hrs). Thematic analysis was used to analyse transcripts/field notes.

Results: Three key themes were apparent relating to the physical and social environment and the relationship between the two. The provision of a physical space for socialising was vital as it enabled: TYA to come together; engage in peer support opportunities; socialise with existing peers; and to spend time with their family away from their hospital bed. Although fun, bright décor was beneficial, the impact of the social space had greater significance. The majority of those in child/adult settings reported poor experiences of social interaction when in hospital.

Discussion and Conclusion: This study has compared experiences across child/adult settings, against those in bespoke TYA care: advocating for the provision of dedicated spaces which bring TYA together. Previous research has reported that TYA have a poor experience in adult (Dean and Black, 2015), and child care settings. Services must be skilfully developed to create optimal spaces to deliver holistic, age-appropriate care (Lea et al, 2018). This will assist the structure, design and commissioning of TYA health services that are fit for purpose.

Biography

In 2013, Sarah joined the BRIGHTLIGHT study team as a PhD student, sponsored by London South Bank University. Sarah's particular part of the project is a case study looking at the culture of care and care experiences of young people with cancer, not only in specialist centres but also out in different hospital settings. Sarah has recently completed her doctorate. Previously a Sports Therapist and then qualifying as a children's nurse as a post-graduate, Sarah has worked as a staff nurse in the teenage and young adult cancer service in University College London Hospital alongside doing her PhD. Last year, she stepped away from the clinical area to focus full-time on her development as a researcher, and currently works as the Research Facilitator for the BRIGHTLIGHT team. This role entails working on aspects of the BRIGHTLIGHT study, in addition to working on some of BRIGHTLIGHT's affiliated studies.

5.3 Theme: Infection Prevention and Control

Session no: 5.3.1 Abstract no: 0036

WITHDRAWN

Session no: 5.3.2 Abstract no: 0293

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Mixed

Research Approach: Mixed Methods Research

Infection prevention and control in homecare settings: Results of an observation and interview study

Presenter: Dawn Dowding PhD RN FAAN, Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of Manchester, UK
Co-authors: David Russell, USA; Marygrace Trifilio, USA; Margaret McDonald, USA; Jingjing Shang, USA

Abstract

Background: In the USA, a significant portion of home health patients are re-hospitalised during their episode of home care because of infection (Shang, et al, 2015). There has been little prior research on infection control practice, including barriers and facilitators to infection prevention, in home care settings.

Aims: To assess home care nurses' infection control practices and barriers/facilitators to effective infection prevention and control in a home care agency.

Methods: A mixed-methods study. Fifty home care nurses were observed across eight home care visits each (400 observations). Data on infection control practices were collected between November 2017 and October 2018 using the WHO hand-hygiene tool. Following the observations, all nurses were interviewed about their views of infection control.

Adherence rates for hand hygiene were calculated from observation data. Interviews were transcribed and analysed using thematic analysis.

Results: Hand hygiene adherence rate (number of hand hygiene activity observed divided by total number of opportunities) was 46.24%. Key themes that arose out of the interview data included how nurses identified patients who may be at increased risk of developing an infection, their perceptions of how they adhere to infection control practices, and specific characteristics of the home environment which may inhibit infection control practices.

Discussion: Previous research has highlighted that home care nurses self-reported a high-rate of compliance with infection control practices (Russell, et al, 2018). The results of this study suggest that actual compliance with infection control practices, such as hand hygiene, is low. There are specific factors related to the environment which need to be taken into account when exploring infection prevention for patients being nursed in community settings.

Conclusions: Results from this study can be used to inform future initiatives to improve infection control and prevention practices in home care nurses.

Biography

Dawn Dowding is Professor in Clinical Decision Making, Division of Nursing, Midwifery and Social Work, School of Health Sciences, University of Manchester, UK. She is a health services researcher, nurse and psychologist with expertise in the field of health care decision-making and nursing informatics. Her particular research interests are the development and evaluation of decision support tools, and more recently the application of Health Information Technology for assisting decision making in practice. Before her position at Manchester, Dawn was Professor of Nursing at Columbia University School of Nursing and the Visiting Nurse Service of New York (which is the largest not-for-profit home care agency in the USA). Additional past appointments include Professor of Applied Health Research, University of Leeds UK and a Harkness Fellow in Health Care Policy and Practice from 2009-2010, working at Kaiser Permanente, Oakland, California. Dawn is an elected fellow of the American Academy of Nursing.

Session no: 5.3.3 Abstract no: 0233

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Mixed

Research Approach: Mixed Methods Research

Use of non-sterile gloves in the ward environment: An evaluation of health care workers' perception of risk and decision making

Presenter: Ashley Flores MSC BSc (Hons) RN Dip Infection Control, Surrey & Sussex Health care NHS Trust, UK
Co-presenters: Martha Wrigley, UK

Abstract

Background: Research suggests that an overuse of non-sterile gloves (NSG) in health care settings can affect hand hygiene compliance. Health care workers (HCWs) are less likely to wash their hands after wearing gloves, consequently increasing the risk of infection.

Aims: The aims of this study were to explore the accuracy of HCW risk assessment and decision making in regard to the use of NSG, and compliance with guidelines.

Methods: The study was conducted in two acute NHS Trusts and a community social enterprise, focusing on HCWs in the wards. A cross-sectional survey of staff using a self-completion questionnaire was conducted, followed by qualitative semi-structured interviews.

Results: The data set consisted of 1084 questionnaires and thirteen interviews. There were highly significant differences at the 95% probability level between staff groups, unqualified staff being significantly more likely than qualified staff to report NSG use when not indicated ($p<0.0001$). The primary motivating factor for staff to wear NSG was for personal protection; the secondary motivating factor being the protection of patients. Staff were motivated by a desire to create an image of professionalism, cleanliness, and to protect patients' dignity. Respondents were more likely to follow the lead of seniors in their own profession.

Discussion: The results suggest a necessity for change interventions. Infection Prevention and Control policies need to be well-defined regarding NSG use, more accessible, and form part of mandatory training. With current NHS and societal emphasis upon sustainability and environmental assets, use of resources needs to be responsible, and based on clinical understanding.

Conclusion: Multi-modal interventions are recommended to change habitual and ritual behaviours. Reviewing the indications for glove use and amending organisational policy to reduce the indications for glove use would be beneficial. Leaders in each professional staff group are necessary to influence practice across an organisation, taking into account motivating factors.

Biography

Ashley Flores, MSc BSc (Hons) RN Dip Infection Control is a Nurse Consultant and Deputy Director of Infection Prevention and Control at Surrey & Sussex Health care NHS Trust. She initially graduated as BSc Psychology (Hons) at the University of Leeds before completing her nurse training in Glasgow in 1996. Ashley worked in a range of clinical areas before specialising in Infection Prevention and Control in 2000. She completed her MSc in Infection Prevention and Control in 2006. Ashley is an active researcher and her interests include the use of gloves and the effect of glove use on hand hygiene, and the management of urinary catheters. Ashley is also a member of the Infection Prevention Society Research and Development Committee.

5.4 Theme: Diabetes

Session no: 5.4.1 Abstract no: 0011

Research Topic: Inequalities in Health

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

What demographic and clinical factors influence the visual response to anti-vascular endothelial growth factor therapy in patients with neovascular age related macular degeneration in the UK and other comparable health care settings? A systematic review

Presenter: Claire Gill BN (Hons) RGN MClin Res, University of York, UK
Co-authors: Tracy Lightfoot, UK; Catherine Hewitt, UK; Richard Gale, UK

Abstract

Background: It is known that nAMD is one of the leading causes of blind registrations in the developed world. With an ageing population in developed countries, this will lead to an increase in the burden of visual disability due to nAMD. The incidence of nAMD in the UK is estimated to be 450 per million. It is predicted that the burden of nAMD will increase by a third between 2010 and 2020. Although the overall effectiveness of anti-VEGF treatment is clear, there is individual variability in clinical response and therefore visual outcome. The pivotal phase III clinical trials of anti-VEGF agents demonstrate this individual variability amongst their sample of participants.

Research aim: To explore the demographic and clinical factors that influence the effectiveness of anti-vascular endothelial growth factor (anti-VEGF) for neovascular macular degeneration.

Methods: Study eligibility criteria: patients with nAMD being treated with anti-VEGF, associated demographic and clinical factors, in comparable settings to UK hospitals. A narrative synthesis was conducted.

Results: 28 papers were included in this review. The main finding of this review was that the number of anti-VEGF injections that patients receive and age and lesion size at baseline are factors that influence the effectiveness of anti-VEGF therapy. Visual acuity at baseline is a factor that influences effectiveness of anti-VEGF therapy at longer timepoints.

Conclusions: This review showed that having a higher number of injections, a lower baseline age, and a smaller baseline lesion size, and a higher baseline visual acuity led to better effectiveness of anti-VEGF therapy for nAMD. The results of this review highlight the importance of patients receiving regular anti-VEGF injections to achieve the best possible visual outcomes, and nurses must take the lead in encouraging adherence to treatment regimes.

Biography

Claire graduated from the University of Liverpool in 2010 with a degree in Adult Nursing. She then undertook a variety of clinical roles. In 2012 she began a role as a specialist research nurse with The Brain Infections Group at the University of Liverpool. During this time she was also awarded a part-time NIHR Masters Studentship, and completed a master's degree in Clinical research at the University of Manchester in 2015. In 2015 Claire also undertook a three month secondment with the University of Oxford as a research nurse and project manager on a trial for a potential treatment for Ebola, working in Sierra Leone during the Ebola crisis. The topic of Claire's PhD is Variation in UK neovascular age-related macular degeneration outcomes. Age-related macular degeneration is the leading cause of blindness in people aged over 50 in the developed world.

Session no: 5.4.2 Abstract no: 0196

Research Topic: Patient Education, Diabetes, Children and Young People

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

A narrative review of the efficacy of cognitive behavioural interventions to improve well-being in young people with type 1 diabetes

Presenter: Alice Lewis BSc (Hons) Nursing (Child), Leeds Children's Hospital, UK
Co-author: Alison Rodriguez, UK

Abstract

Background: Type 1 diabetes is a long-term, complex condition that requires daily self-monitoring of blood glucose levels and the administration of insulin injections. Clinical guidelines suggest all young people with type 1 diabetes should have psychosocial support to help them cope with diagnosis, emphasising cognitive behavioural therapies (CBT) (NICE, 2015).

Aim: To explore whether CBT interventions improve psychosocial well-being, self-management and glycaemic control in young people with type 1 diabetes.

Methods: CINAHL, Medline and PsychINFO databases were searched to identify 5 trials. The search was limited to randomised controlled trial (RCT) studies, from year 2000 that examined the efficacy of CBT type interventions for young people with type 1 diabetes compared to other supportive interventions. The quality of the studies were evaluated using a recognised CASP tool (Critical Appraisal Skills Programme, 2017).

Results: In the five trials included, CBT interventions were beneficial for young people with type 1 diabetes. Three of the trials found significant improvements in one or more psychosocial outcomes. Most interventions only had positive results on glycaemic control in young people with poorest control. A combination of coping skills training and intensive diabetes management showed most promise.

Discussion: Few RCT studies have been conducted with young people with type 1 diabetes. The review found that CBT-type interventions can improve psychosocial well-being and self-management in young people. For those with the poorest glycaemic control, a CBT intervention alongside intensive diabetes management delivered by health care could improve psychosocial well-being and better diabetes outcomes.

Conclusion: Psychological support needs to be widely available in standard diabetes care for young people with greater use of CBT interventions. Health professionals require additional training to provide the ongoing psychological support that young people need to improve self-management. Further research is needed to explore what other psychosocial interventions could improve glycaemic control and psychosocial outcomes.

Biography

My name is Alice Lewis and I am 24 years old. I studied BSc (Hons) Nursing (Child) at the University of Leeds and gained a first-class degree. I am now working as a Children's Staff Nurse at Leeds Children's Hospital on a specialist medical ward where I care for patients with anything from diabetes to asthma, gastrointestinal diseases to epilepsy, cystic fibrosis to sepsis etc. I have been qualified for nearly two years now.

Session no: 5.4.3 Abstract no: 0255

WITHDRAWN

5.5 Theme: Education

Session no: 5.5.1 Abstract no: 0167

WITHDRAWN

Session no: 5.5.2 Abstract no: 0361

Research topic: Nursing, Midwifery or Support Worker Education

Method: Mixed

Research approach: Mixed Methods Research

The element of psychological safety in clinical simulations using actors: Learner ratings and experiences

Presenter: Faith Wight-Moffatt PhD RN, Dalhousie University, Canada.

Background: Use of clinical simulation is common in nursing education and practice, intended to facilitate integration of nursing knowledge, skills and attitudes in scenarios designed to simulate clinical situations in a laboratory setting. Research to identify influences of simulation design and other factors on nursing student learning has been limited, possibly restricting opportunities for optimal learning.

Aim: The aim of this research study was to investigate factors influencing BScN student knowledge, critical thinking, self-confidence, satisfaction, psychological safety, and experiences of home visit simulations with actors portraying mothers and families with a new baby at home. This presentation will focus on the results specific to the factor of psychological safety.

Methods: Mixed-methods involved questionnaires and focus groups. Psychological safety data were collected via a 12 Likert-type item instrument; higher scores equate to higher perceived safety (score maximum = 52). Focus groups allowed qualitative exploration of perceptions regarding psychological safety. Our samples were of convenience; questionnaire sample size determination was for a power >.80, alpha = .05, and medium effect size.

Results: Data were collected between March 2017 and April 2018, across three academic terms. The mean psychological safety score was 42.40 (SD 7.66), n= 79. Regression analysis of factors associated with psychological safety will be reported. Focus group data (n=6) provides deeper understanding of quantitative data, with themes of “not knowing”, “situating the self” “feeling real”, and “a fuller perspective” identified.

Discussion/Conclusion: Participants rated their psychological safety during the simulation highly, demonstrating that application of simulation theory and best practices can result in positive learning outcomes. However, perceptions about aspects of psychological safety in relation to design components varied and will be discussed in relation to current literature. Our study results help inform simulation development, and can be applicable for optimizing simulation learning in any area of nursing education and practice.

Biography

Dr Faith Wight Moffatt is an Assistant Professor at the School of Nursing, Faculty of Health and the Department of Obstetrics & Gynecology, Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada. She is a graduate from Memorial University of Newfoundland, Boston College and the University of Toronto. She teaches foundations of nursing, nursing care of families, research methods and evidence-based practice. Her research passions include investigating effectiveness of specific nursing interventions in strengthening physical and psychological health outcomes of childbearing women, their babies and families, and in testing new ways of supporting student learning. Faith also is active in advocating for the importance of inclusion/maintenance of maternity nursing education as core in Canadian entry-to-practice nursing education.

Session no: 5.5.3 Abstract no: 0141

Research Topic: e-Health (including informatics and telehealth)

Methodology: Questionnaire

Research Approach: Experimental Research

The impact of a virtual reality training programme on health professionals' knowledge, understanding and empathy

Presenter: Florence Sharkey RN & RNT (UK) RN & RNT (ROI) DipHE BSc (Hons) MSc PGCE, Cert Nurse Prescribing, FHEA, Western Health & Social Care Trust, Ireland
Co-author: Kevin Moore, UK

Abstract

Background: Dementia is one of the major causes of disability and dependency among older people worldwide. Virtual Reality programmes offer a new and innovative sensory distortion programme designed to provide participants with a greater understanding of people living with dementia. To date, limited research has been undertaken on the impact of such programmes.

Aim: To investigate the impact of the Virtual Dementia Tour (VDT) programme on understanding of the thoughts, emotion and behaviour of people with dementia.

Methods: A quasi-experimental one sample quantitative repeated measures research design using a psychometrically acceptable instrument was used to measure changes in the knowledge, understanding and empathy levels. A convenience sample of health care professionals (n=233) who participated in the virtual reality training programme in February - March 2019 completed pre and post experience questionnaires. The programme, using virtual reality technologies, allowed participants to appreciate the symptoms of moderate dementia. Full ethical approval was gained.

Results: The findings demonstrated a positive and statistically significant impact on participant's knowledge and understanding of empathy. Participants also reported that the training allowed them to 'walk in the shoes' of the person with dementia. Significant increases were noted across empathetic understanding of cognitive/emotive impact of dementia; the behaviours of people with dementia and the provision of person-centred practice for people with dementia. These changes were noted across all health professionals and informal carers. All (100%) of participants recommended the programme as an effective training tool.

Discussion: Participants reported that the VDT training had a significant impact on their understanding of the impact of dementia, helping participants to bring their theoretical understanding of dementia 'to life'.

Conclusion: The virtual reality experience is an effective, well received training programme providing a unique opportunity to experience dementia. It has a significant impact in understanding and insight into the world of dementia.

Biography

Florence is the Lead Nurse for Research and Development within the Western Health & Social Care Trust in Northern Ireland. Florence has over 20 years of experience within a variety of different fields of nursing ranging from medicine, clinical nurse specialist in palliative care within the hospital and community settings and within education a lecturer in nursing. She completed her MSc in 2009 with Southampton University and has been awarded a Research Internship with Florence Nightingale Foundation in London to explore the implications of living with both diabetes and dementia for individuals and their informal carers.

5.6 Theme: Medication Errors

Session no: 5.6.1 Abstract no: 0156

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Quantitative (not included in another category)

Medication administration incidents reported as causing patient death in England and Wales between 2007-2016

Presenter: Marja Härkänen RCN PhD, University of Eastern Finland, Finland
Co-authors: Katri Vehviläinen-Julkunen, Finland; Trevor Murrells, UK; Bryony Franklin, UK; Anne Marie Rafferty, UK

Abstract

Background: The World Health Organization (WHO) launched a third global patient safety challenge "Medication Without Harm", aimed at improving medication safety, because medication errors are found to be a leading cause of injury and avoidable harm in health care systems globally (WHO 2019). Medication administration is a routine nursing tasks and known to be prone to errors. Medication administration errors may contribute to patient harm and mortality, thus additional understanding of such incidents is required.

Aims: The aims of this study were to analyse medication administration errors reported in as resulting in death, to identify the drugs concerned, and to describe medication administration error characteristics (location of error, error type, patient's age) by drug group.

Methods: Medication administration errors reported in acute care in 2007-2016 (n=517,384) were obtained from the National Reporting and Learning System for England and Wales. Of those, incidents reported as resulting in death (n=229) were analysed. Drugs were classified by using the British National Formulary. Drug categories were described by medication administration errors' year, location, patient age, and error category based on the incidents' original classification.

Results: Errors were most often reported on wards (66.4%, n=152), and in patients aged over 75 years

(41.5%, n=95). The most common error category was omitted medicine or ingredient (31.4%, n=72) and most common drug groups were cardiovascular (20.1%, n=46) and nervous system (10.0%, n=23), antibacterials (n=20), cytotoxic drugs (n=8), and insulin (n=7). Most errors in patients under 12 years concerned drugs to treat infection; cardiovascular drugs were most common among other age groups.

Discussion and conclusions: Interventions should focus on avoiding dose omissions, and administration of drugs especially for patient over 75 years old, as well as safe administration of parenteral anticoagulants and antibacterial drugs to prevent the most serious of medication administration errors.

Biography

Marja Härkänen is a registered nurse (2002), nurse teacher (2011), and PhD in Health Sciences (2015). In her dissertation thesis she studied medication-related adverse outcomes and their contributing factors. Her post doc study's (MASI - Medication administration safety and interventions) aims are to study the medication administration safety and skills of nurses. Her post doc study has been funded by the Finnish Work Environment Fund 2015-2016, by the Finnish Foundation of Nursing Education 2016, by the Finnish Cultural Foundation 2017, and by the Academy of Finland 2017-2020. The research collaboration has been made with the King's College London since 2016 under guidance of Professor Anne Marie Rafferty.

Session no: 5.6.2 Abstract no: 0273

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Documentary Research

Research Approach: Mixed Methods Research

What do incident reports tell about communication related to medication incidents?

Presenter: Tiina Syyrilä PhD candidate, MSc RN, University of Eastern Finland, Finland
Co-authors: Katri Vehviläinen-Julkunen, Finland; Marja Härkänen, Finland

Abstract

Background: WHO's (2017) Target of halving medication errors necessitates new interventions. Communication is a major factor in medication incidents (Keers 2013). However, little is known about medication communication (Manias 2019).

Aims: The aim of the study was to assess communication related to medication incidents.

Methods: This was a mixed methods study in a university hospital district serving 1.6 million population. A convenience sample of 500 voluntarily submitted incident reports was obtained from January to June 2015. "Medication incidents and communication in hospital" (MIComHos) assessment tool was utilized. The tool included 12 structured organizational variables, dichotomous variables of 145 indicator phrases of communication, and three open-ended questions. Quantitative data were statistically analysed. Extracted qualitative data (108 sample phrases) were used to describe detected communication factors.

Results: Most frequent communication pairs were nurse-nurse (68%) and nurse-physician (42%). Communication concerning incidents happened mostly inside the unit (77%) and seldom between hospitals and primary health care (3%). Individual factors such as psychological ability were detected among patients in 20% and professionals' guideline noncompliance in 65% of cases. Lack of communication coordination (38%) was detected as an organizational factor. Environment (7%) and look-alike-sound-alike medications (5%) were the most common indirect factors. Challenges existed mostly in digital (68%), verbal (50%) and printed communication (27%). False presumptions (26%) of work-process between professionals appeared as communication barriers. Frequent process challenges were that prescriptions were not communicated (39%) or read (23%).

Discussion: MIComHos tool revealed detailed information of communication related to medication incidents. Patients' communication was rarely detected from the incident reports, but when it was observed, it often had prevented or minimized error. Unjustified presumptions of colleagues' work process caused medication incidents.

Conclusions: To reduce medication incidents, patients and relatives should be advised about medication communication, and professionals should share information about their work processes between colleagues and units.

Biography

Mrs Tiina Syyrilä is a PhD candidate, MSc, and RN. She started as an early stage researcher in University of Eastern Finland in February 2019. Her doctoral thesis focuses on communication related to medication incidents in hospital contexts.
Her interest in patient safety and medication safety issues derives from clinical experiences as quality lead in an abdominal clinic and nurse manager in Helsinki University Hospital. She has gained clinical nursing experience since graduating 1991 and worked as a staff nurse among adult patients, mainly in surgery wards in Finland. She has some nursing experience also in the UK as an agency nurse between 2009-2012. In the UK, she worked in a university hospital, community nursing and military rehabilitation care. In addition, she has gained experience about developing virtual public hospital services on local and national levels in Finland.

Session no: 5.6.3 Abstract no: 0078

Research Topic: Methodology

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

A meta-synthesis of how registered nurses make sense of their lived experiences of medication errors

Presenter: Efstratios Athanasakis RN BSc MA, Nottingham University Hospitals, UK

Abstract

Background: Medication errors are a frequent phenomenon in nursing, as the nurses are primarily responsible for the preparation and administration of medicines to patients. Little is known about how nurses make sense of their experiences of medication errors as a lived phenomenon.

Aim: To aggregate, synthesise and interpret the qualitative evidence of studies which explored nurses' lived experiences of medication errors.

Method: The meta-synthesis design by Sandelowski & Barroso (2007) is adopted, followed by thematic analysis by Thomas & Harden (2008). Qualitative studies (1980-2018) retrieved from PUBMED, BNI, CINAHL, EMBASE, AMED, PsychINFO, ProQuest, ScienceDirect and Wiley Online Library. The PRISMA flowchart used to retrieve studies, the CASP (Critical Appraisal Skills Programme) tool and COREQ (Consolidated criteria for Reporting Qualitative research) checklist to appraise their quality.

Results: A total of 326 papers identified, and eventually 8 qualitative studies included. Eight themes developed: 'moral impact', 'emotional impact', 'constructive learning', 'impact on professional registration and employment', 'nurses' coping strategies with the experience', 'patient and family', 'identification of contributing factors to medication errors', 'preventive measures for medication errors' and 17 subthemes.

Conclusion: To my knowledge, this is the first meta-synthesis that focuses on this topic. It provides a holistic perspective on how registered nurses made sense of their lived experiences of medication errors. The moral and emotional impact of medication errors to nurses was devastating for themselves. Yet, they detected strategies to cope with their error. More, they translated their experiences into constructive lessons and identified ways to prevent any future errors. Finally, the meta-synthesis contributes to sharing the accounts of nurses who experienced errors, a better self-management and self-reflection of their experiences, medicine safety training by nurse educators, influence the ways nursing leaders support frontline nurses, influence policies and initiatives about medications and improve the overall learning climate about medicine safety.

Biography

I have completed my BSc degree (2011) in general nursing in Greece. Moved to the UK in 2014 and started working for the National Health System in the Northwest of the country. Currently I live in East Midlands, where I have completed my MA degree in Research Methodology degree and work as a respiratory staff nurse in an admissions unit. Since being nursing student, I have participated in workshops, conferences with poster and oral presentations and published papers about various nursing topics. However, my main research interest concerns medicine safety and medication errors in nursing, for which both of my dissertations for my degrees presented. My last work was about the methodological and ethical considerations in the investigation of nurses' experiences of medication errors.

5.7 Theme: Advanced Practice

Session no: 5.7.1 Abstract no: 0245

Research Topic: Acute and critical care, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Observation

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Situated learning in discharge decision making. An ethnographic study of ANPs in the ED

Presenter: Rachel King, The University of Sheffield, UK
Co-authors: Angela M Tod, UK; Tom Sanders, UK

Abstract

Background: Emergency departments (EDs) in the UK are under increasing pressure, due to waiting time targets, the aging population and workforce shortages. One solution has been the introduction of advanced nurse practitioners (ANPs); a role plagued by international ambiguity of scope of practice, education, and regulation. Standards for UK advanced practice have recently been published, although are not compulsory (Health Education England 2017, Royal College of Nursing 2017).

Aim: The aim of this research was to explore knowledge mobilisation (how knowledge is acquired and processed) in discharge decision making (DDM) by ANPs in the ED.

Method: An ethnographic study was undertaken (between September 2016 and July 2017) in a single ED in the North of England. Data was collected by observation of ANPs (n=5) and interviews with ANPs and senior clinicians (n=13), and analysed thematically.

Findings: Findings indicate that the drivers for role development differed between stakeholders. Managers viewed the role as medical substitution, whereas ANPs saw it as a hybrid between nursing and medicine. The ANP role blurred significantly with medicine. Boundary blurring was characterised by role ambiguity and knowledge gaps. Knowledge mobilisation in DDM by ANPs was messy and complex, illustrated by the wide variety of knowledge sources accessed, and preference for shortcuts to knowledge – such as smartphone apps. ANPs valued opportunities for 'situated learning' from medical colleagues, peers and through clinical experience.

Discussion: Tensions in the drivers for ANP role development led to differences in role understanding and expectations. ANPs filled their knowledge gaps in a variety of ways. The implications of the findings in preparing ANPs to be autonomous discharge decision-makers are discussed (Lave and Wenger 1991).

Conclusion: Role clarity and consensus are crucial in managing boundary blurring. In light of the mess and complexity of knowledge mobilisation ANPs prefer knowledge via situated learning and shortcuts.

Biography

Following a degree in pharmacology, I completed a master's in health care sciences with registration as a nurse in 2000. I have worked clinically as a nurse in emergency admissions, substance misuse, and primary care, most recently as an advanced nurse practitioner (ANP). In 2015, I commenced a PhD at the University of Sheffield's School of Health and Related Research (ScHARR) exploring knowledge mobilisation in discharge decision-making by ANPs in the emergency department, funded by NIHR CLAHRC YH. I have been working as a research associate at the School of Nursing and Midwifery, since 2018, as part of a team undertaking a programme of work on nursing workforce issues, funded through a strategic research alliance with the Royal College of Nursing. I currently supervise PhD students with a focus on advanced nursing practice and am a Fellow of the Higher Education Academy (FHEA).

Session no: 5.7.2 Abstract no: 0171

Research Topic: Health and Social Policy

Methodology: Questionnaire

Research Approach: Other approaches

The Advanced Level Nursing Practice cohort study

Presenter: Emily Wood, PhD, University of Sheffield, UK
Co-authors: Rachel King, UK; Bethany Taylor, UK; Steven Robertson, UK; Tony Ryan, UK; Angela M Tod, UK

Abstract

Background: Advanced Nursing Practice (ANP) is not a protected title in the UK and is poorly defined. In order to improve patient safety and create a recognised standard for advanced practice, the RCN developed credentialing, including four pillars of advanced practice. The RCN has developed credentialing partly in response to the NMC's decision not to regulate ANPs. Few nurses are credentialed, however the scheme is set to expand, so it is crucial to understand nurses' experiences of the system and its impact.

Aim: The overall aim of the study is to map the cohort's experience as ANPs and their attitude to, and the impact of, the RCN credentialing system.

Method: This is a four-year longitudinal cohort study. The cohort contains nurses who are eligible to join the credentialing system (but may or may not have joined) and will be a sampling frame for other studies relevant to ANPs. Annual questionnaires will yield data to investigate job satisfaction, experiences and wellbeing.

Results: After the first recruitment round the cohort has 125 members. This presentation will include the results from the first annual survey (collected Oct 2018-Mar 2019). Job titles and associated pay bands vary dramatically as does time dedicated to the four pillars of advanced practice. Sectors such as mental health and learning disabilities are underrepresented.

Discussion: To our knowledge, this is the first attempt to understand the working environment and experiences of ANPs in the NHS. At present we do not know how many ANPs there are or if efforts to standardise and regulate this group are welcomed either by the ANPs themselves, or by their employers.

Conclusion: The four pillars of advanced practice are not equally valued. ANPs still have a wide range of job titles and pay bands. Reasons for and against credentialing are explained.

Biography

Emily Wood is a mental health nurse and health services researcher. She is currently working on several projects including experiences of advanced nurse practitioners, interventions for people with co-morbid mental and physical health conditions and retention issues for mental health staff. Other interesting include animal assisted therapies and environmental interventions for mental well-being, spiritual care for mental health services users and the physical health care of people with mental health conditions. She works primarily with realist evaluations and pragmatic mixed methods designs.

Session no: 5.7.3 Abstract no: 0212

Research Topic: Patient Experience

Methodology: Mixed

Research Approach: Mixed Methods Research

The identification of complex processes, delivered by palliative care clinical nurse specialists, that benefit patients in acute settings: A literature review

Presenter: Alison Humphrey, Registered nurse, Sheffield Teaching Hospitals, UK
Co-presenters: Vanessa Spawton, UK

Abstract

Background: According to the European Academy of Nursing Science (EANS) nursing is a complex activity. Clinical Nurse Specialists (CNSs) in Palliative Care deliver complex interventions including emotional support for patients. The CNSs role increasingly requires justification in terms of 'value for money' (Marples et al 2011).

6.1 Theme: Workforce

Session no: 6.1.1 Abstract no: 0018

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Questionnaire

Research Approach: Survey

Factors influencing nurses' intentions to leave adult critical care areas: A cross-sectional survey

Presenter: Nadeem Khan PhD student, Oxford Brookes University, UK

Abstract

Background: The shortage of critical care nurses has been an ongoing issue for many decades. Although all areas of nursing are affected, critical care areas are especially vulnerable to recruitment and retention problems. High nursing turnover in critical care areas is evident, however research into the factors that influence nurses' intentions to leave adult critical care areas is limited.

Aim: To explore factors that may influence nurses' intentions to leave adult critical care areas.

Design: A cross-sectional survey design was used via an online self-administered questionnaire.

Methods: An adapted version of the Nursing Work Index-Revised tool was used to collect quantitative data via a cross sectional survey. This study was conducted from November 2017 to March 2018 in 263 adult critical care units across England. Surveys were distributed via the national lead for critical care networks. The data were analysed using chi-square tests, t-tests, factor analysis and logistic regression analysis to determine factors which are associated with nurses' intentions to leave adult critical care areas.

Results: Autonomy, work environment, working relationships, opportunities for professional development and age were statistically significantly associated with nurses' intentions to leave adult critical care areas.

Conclusions: This study highlighted key factors that influence nurses' intentions to leave adult critical care areas. These factors need to be considered when developing strategies to improve turnover. The study also highlighted the need for qualitative research to gain in-depth information about the factors identified to further understanding on how these factors influence nurses' intentions to leave and to explore possible solutions.

Relevance to practice: The shortage of critical care nurses is currently a global issue impacting costs, patient safety and quality of patient care. These findings may inform strategies and development of interventions that may help to improve turnover and reduce nurses' shortages in the adult critical care settings.

Biography

Professional development nurse in critical care and a part-time PhD student.

Session no: 6.1.2 Abstract no: 0457

Research Topic: Primary and Community Care, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Mixed

Research Approach: Mixed Methods Research

Investigating workforce and retention issues in home visiting nurses

Presenter: Vari Drennan PhD MSc BSc RN RHV, Joint Faculty Kingston University & St George's University of London, UK

Abstract

Background: Health care systems internationally are challenged to improve patient experience and population health within financial constraints. One strategy for many countries, including the UK, has been to increase the focus on primary care and care outside of hospitals. Many, but not all countries, have home visiting nurse services, known as district nursing in the UK. In parts of the UK this group of nurses have paradoxically been described as in declining numbers.

Aim: This paper draws on a programme of studies undertaken in England 2015-2019 to investigate:

- the extent of changes in the composition of the nursing workforce over time
- the stability and turnover rates
- evidence for the interventions to increase retention.

Method: Narrative synthesis from the findings of:

- quantitative data analysis of national workforce data
- quantitative analysis of anonymised electronic staff records semi-structured and group interviews with nurse managers and nurses in district nursing services
- systematic review of interventions to address retention in home visiting nurses.

Findings: The size and composition of the workforce is presented in comparison to other sectors and countries. Comparisons by region and employing organisation demonstrate variation in size, as well as stability and turnover. Interviews with managers and nurses identify some key issues which are similar and others distinct from those of nurses working in other sectors. The evidence base for interventions to improve retention of home visiting nurses is sparse.

Conclusion: The synthesis of findings generates explanatory theories and ideas about interventions which require further investigation and testing in different contexts, including other countries.

Biography

Vari Drennan MBE is professor of health care and policy research. She joined the academic community after working as a senior community health service manager and professional head of community nursing. Her academic background is sociology and social policy. She has undertaken a wide range of research concerned with: new roles and workforce developments; health and social care workforce issues, health and social care services for older people, particularly those with long term conditions such as dementia; health service provision for women, particularly those socially excluded; and interfaces between the health service and the criminal justice system. All of her research activities involve the public and service users. She is particularly interested in the interface between policy and practice in arenas where public service delivery involves multiple agencies. Vari was awarded an MBE in 2016 for services to health service research, development and nursing.

6.2 Theme: Research Careers

Session no: 6.2.1 Abstract no: 0175

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

What could work better and in what context in clinical research nursing? A Realist Review to explore the factors influencing multiprofessional perceptions of the CRN role

Presenter: Linda Tinkler, MClinRes (Leadership) BSc (Hons) RN, The University of Sheffield, UK
Co-presenterss: Angela M Tod, UK; Steven Robertson, UK

Abstract

Introduction and Background: The importance of clinical research in improving health outcomes is widely acknowledged. The Clinical Research Nurse (CRN) role is a fundamental aspect of this agenda, yet the role remains broadly misunderstood outside of clinical research. Increasingly, evidence highlights the challenges faced by CRNs in practicing within their roles. The evidence review described is the first part in a Royal College of Nursing (RCN) Strategic Research Alliance PhD Scholarship.

Methods: The CRN role can be described as a complex policy intervention; therefore, a realist Review is underway to answer:

- What factors influence how clinical research is perceived by health care professionals?
- What impact do the perceptions/ influences have on clinical research nurse experiences, practice and successful patient recruitment to research in the NHS?

Initial searches included the Cochrane Library of Systematic Reviews(n=1), BNI/CINAHL/ HMIC(n=21) grey literature including The King's Fund(n=3) The Health Foundation(n=2) and theses (n=4), with searches continuing as appropriate to the realist methodology.

Results: The review will reconcile published and un-published evidence on the range of factors that impact on multiprofessional individual, team and organisational perceptions of research which impact the resulting behaviours and culture. The aim is to describe what could work better, in what context in relation to the CRN role. Evidence related to perceived social and physical barriers, communication, and the perceptions of multiprofessional colleagues including their resulting behaviours towards CRNs will be situated within the context of NHS leadership, demonstrating how a lack of visibility/awareness at individual, team and organisational level can affect organisational culture in relation to research. The review demonstrates how each element, has the potential to impact on CRN experiences, affecting their ability to successfully recruit patients to research.

Conclusion: This ViPER session will share the findings of the work to date and discuss implications/collect views on the continuation of the research.

Biography

Linda has worked as a Clinical Research Nurse and an Academic Research Nurse over the last decade, supporting and leading the delivery of a range of NIHR portfolio studies whilst supporting Clinical Fellows with PhD/MDs in a specialist Gastroenterology team. Linda now works as a Trust Lead, driving the NMAHP Research agenda in a large North East NHS Foundation Trust. During her career, Linda has developed her own programme of qualitative research exploring the barriers to successful research delivery through the perceptions and experiences of Clinical Research Nurses. She is currently continuing this work through a PhD funded by the RCN Strategic Research Alliance at the University of Sheffield School of Nursing & Midwifery. Linda is a qualified coach with an interest in Leadership in the NHS and was awarded a Florence Nightingale Leadership Scholarship in 2018. Linda has recently been appointed to the NIHR 70@70 Senior Nurse Leader programme.

Session no: 6.2.2 Abstract no: 0195

Research Topic: Research Policy

Methodology: Questionnaire

Research Approach: Survey

Nurses who are doctors (PhD): Why do they do it and where do they go?

Presenter: Susan M Hampshaw BA (Hons) MSc, The University of Sheffield, UK
Co-presenter: Jo Cooke, UK

Abstract

Background: Nurses, midwives and allied health professionals (NMAHP) have a poorly developed clinical academic career route, although there is a need to develop this (Westwood et al 2018). Little is known about what happens to NMAHPs who undertake a doctorate, and whether they use these skills in the next career steps. Previous work highlights NHS NMAHP clinical academic structures are inconsistent at best or non-existent (Cooke et al, 2016).

Aims:

- Develop insight into the motivations, perceived benefits and risks of doctoral level study for NMAHPs.
- Understand the career pathways for NMAHPs and the role of their doctorate within this.

Methods: An e-survey was developed based on literature and views from a community of practice. This was distributed via professional networks and Twitter (closed March 2019)

Results: The survey was completed by 228 people (21% were Nurses); 46.6% had completed in a hospital/ inpatient setting. 29.8% had employer funding and 59.6% studied part time. The most frequent motivations for starting a doctorate were professional development (74.1%) and intellectual curiosity (74.5%). 43% had undertaken some form of capacity building before starting. Benefits of doctoral study to employers included critical thinking and a deepened subject knowledge. Further analysis will highlight examples of good practice and ways that clinical academic balance can be sustained, and difference in professional groups. Barriers and pitfalls will also be shared.

Discussion: Findings will be delivered in the context of the doctoral value literature and policy related to clinical-academic careers. We will make recommendations for action for

individuals and organisations wishing to support clinical academic careers for NMAHPs.

Biography

I am public health principal at Doncaster Council where I am lead for reducing health inequalities. My portfolio also includes building capacity to develop research which is closers to policy and practice and which can improve health and wellbeing. I am an honorary research fellow at the School Health Related Research at the University of Sheffield ScHARR where I co-lead the Knowledge into Action theme and teach on the Knowledge Mobilisation module of the MPH programme. I also work in the Health Equity and Inclusion Theme. I have long standing interest in the knowledge to action gap and am an NIHR CLAHRC YH funded PhD candidate examining knowledge use (specifically NICE) in local government using realist methods. I am also an honorary research fellow at Rotherham, Doncaster, and South Humber Community Mental Health NHS Trust.

6.3 Theme: Methods

Session no: 6.3.1 Abstract no: 0150

WITHDRAWN

Session no: 6.3.2 Abstract no: 0374

Research Topic: Public Health (including health promotion), Midwifery, Methodology

Methodology: Interviewing

Research Approach: Evaluation (process, impact)

Combining normalisation process theory and logic modelling to enhance impact in a complex intervention: A critical reflection

Presenter: Susan Jones RGN BSc MSc, Teesside University, UK
Co-author: Sharon Hamilton, UK

Abstract

Background: This paper arises from observing that complex interventions in public health, even when devised from high-quality, trial-based evidence, often fail to achieve expected outcomes and impact in practice. Addressing this theory-practice gap will be discussed in the context of Medical Research Council (MRC) Guidance, Process evaluation of complex interventions (Moore et al, 2014). MRC guidance (2014) refers to using Normalisation Process Theory (NPT) (May & Finch, 2009) and also to using logic modelling (Kellogg, 2004) but does not give any examples of them being used together. Combining this theory (NPT) and method (logic modelling) in an innovative way are the focus of this paper. A researched example of the implementation of a complex intervention based on National Institute for Health and Care Excellence (NICE) Public Health guidance: 26 Quitting smoking in pregnancy and following childbirth (2010) will be used to illustrate the proposed method.

Aim: To consider the contribution of NPT together with logic modelling to improving the impact of a complex intervention.

Methodological discussion: NPT shows promise as an analytical tool, since it focuses on eliciting the implementation process of an intervention, and its feasibility and sustainability in context. A logic model can be used to hypothesise the intervention process; allowing for comparison with the findings from a thematic analysis, followed by analysis of the intervention and implementation using NPT. Elements of the theory-practice gap, largely overlooked in trials evidence, were clarified through eliciting other active ingredients and mechanisms of delivery using NPT and logic modelling.

Conclusion: NICE guidance (2010) is principally based on evidence from trials and would benefit from being combined with knowledge derived from logic models and research based on social theories, such as NPT. Routinely incorporating NPT, or similar, and logic models should be considered when implementing trial-based interventions into complex, public health systems.

Biography

Susan Jones is a research associate in research and evaluation of public health initiatives. In 2019 she is due to submit her doctoral degree thesis, which looks at Normalisation Process Theory and its use in evaluating complex interventions. Susan has completed a number of qualitative studies both in primary and secondary health care. Topics include smell and taste post-stroke, stopping smoking in hospital, treatment of frozen shoulder and back pain. These studies have focused on the experiences of staff and patients. Since 2012 her main research has been looking at implementing changes to maternity and stop smoking services to support pregnant smokers to quit. Recently she has been evaluating introducing smoke free policies into mental health trusts.

6.4 Theme: Public Health

Session no: 6.4.1 Abstract no: 0270

Research Topic: Criminal justice/prison nursing

Methodology: Delphi

Research Approach: Survey

Defining research priorities for prison health in Scotland: A Delphi study

Presenter: Aisha Holloway, The University of Edinburgh, UK
Co-authors: Lisa Scholin, UK; Iris Ho, UK

Abstract

Background: Prison health in Scotland was the focus of a recent Scottish Parliamentary short Inquiry. There is an acknowledgment from key stakeholders that further evidence to better understand prison health is needed to enhance the prison health agenda.

Aims: This study aimed to define research priorities for the next 15 years in Scotland using an adapted Delphi method.

Methods: The study was carried out with two rounds between December 2018 and March 2019. The sampling criteria for this study were:

1. people who are or have been involved in prison health research or the provision of services in criminal justice system and community in Scotland.
2. people with lived experience of detention or incarceration in Scotland. Ninety-six prospective participants were invited for taking part in the study.

Responses from round one were content-analysed and collated into topics and themes subsequently used to design the second round of survey questions. Results from round two were analysed using frequency and descriptive tests to determine the number of responses that reached 70% consensus by the panel.

Results: Through the analytic process, 11 themes and 50 topics emerged from the first-round survey. Consensus was achieved for 28 out of 50 topics or seven out of 11 themes in the second round. Top themes rated by the panel were mental health and learning disabilities, substance use, reintegration and continuity of care, and person-centred culture and service users' voice.

Discussion: Substance use and reintegration are key priorities for prison health research. These findings can support the prison health research agenda, whilst informing policy makers and funding bodies regarding key areas for focus.

Conclusions: There remains a gap in our understanding of the perception of prison health priorities from the perspective of those who are detained in the prison setting. This is an area for future research.

Biography

Aisha Holloway is Professor of Nursing Studies and Head of Nursing Studies at The University of Edinburgh. A Registered Adult Nurse, she has a clinical background in General and Acute Medicine as well as Intensive Care. With a programme of research spanning over 20 years, Aisha's work has a particular focus on alcohol related harm and global public health, with a methodological expertise in Randomised Controlled Trials (RCTs) and the development and evaluation of complex interventions and innovative multi-disciplinary, public engagement methodologies for research co-production. A Florence Nightingale Leadership Scholar, former Hon Nurse Consultant for Alcohol Research and Policy at Scottish Government, and current Adjunct Professor at Johns Hopkins School of Nursing, Baltimore, USA, Aisha's personal and professional journey has at its core, a commitment to develop political nurse leadership to lead, shape and inform the contribution of the nursing profession and elevate its global positioning of influence. Aisha has recently been appointed as Programme lead for research (Evidence for effective practice) for the Nursing Now Global campaign.

Session no: 6.4.2 Abstract no: 0325

Research Topic: Public Health (including health promotion)

Methodology: Focus Groups

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Putting new therapeutic communication skills into public health nursing practice: the student experience

Presenter: Patricia Day, Sheffield Hallam University, UK
Co-presenters: Gayle Hazelby, UK

Abstract

Background: Specialist community public health nurses (SCPHNs)—who provide universal health promoting services to families with children in the 0–19 age range – are well placed to influence lifestyle-related health behaviours at an early stage. To undertake this work effectively a toolkit of health promotion strategies is required. This presentation reports the findings of a small study which examined the impact of teaching Motivational Interviewing skills to health visitor and school nurse students (Day et al, 2018). It was undertaken at a university in the north of England which has pioneered the teaching of motivational interviewing and behaviour change skills within the SCPHN curriculum.

Aims: The aim was to examine student perspectives about if, and how, education in behaviour change skills impacts on the nature and effectiveness of consultations with clients.

Methods: The study took place in 2017. Focus groups, attended by 11 SCPHN students examined students' views and perspectives about engaging with clients and utilising behaviour change skills in practice. Transcribed and anonymised data was analysed using a thematic approach.

Results: Findings indicate that SCPHN students had begun to apply an approach based on Motivational Interviewing to consultations in practice as a result of their education. Key themes arising from the data were: changing approach, skills and techniques, education and learning, use in practice, and time.

Discussion and conclusions: Findings of this small study suggest that an intensive and skills-based approach has enhanced the therapeutic communication skills of SCPHN students. This is likely to have a substantial impact on practice and client outcomes. A shift towards client-led consultations rather than advice giving is evident. Time constraints and competing practice priorities can be challenging. In order to ensure health and social care practitioners are equipped to address behaviour change with clients, consideration should be given to including a skill-based approach within future education programmes.

Biography

Pat Day is an experienced nurse and teacher. She worked in acute adult

Aims: To investigate the benefits to patients in acute settings that are achieved through complex processes of CNS in Palliative Care.

Methods: A mixed methods literature review was undertaken by two Palliative Care CNS's within a clinical team in an NHS Trust. The search strategy included four facets; patients with palliative care needs, CNS role, acute hospital, beneficial patient outcomes.

Results: 123 articles were sourced, 26 were full text screened and six selected. Complex interventions, patient benefit and acute setting were rarely discussed. No articles captured patient benefit from complex CNS interventions. There was reference to complexity with developing emotionally supportive relationships with patients.

career for several years after qualifying as a nurse. Pat became a school nurse 20 years ago. This role fitted well with her interests in family health, health promotion and public health. Pat enjoys working with children and young people and has specialist skills in mental health and sexual health. Pat is a sexual health practitioner and runs a youth clinic once a week on Saturdays. She also has an honorary contract with Sheffield Children's Hospital and supports teenagers with mental health issues in a secondary school. Pat is passionate about nursing and loves teaching students about primary care and public health.

6.5 Theme: New Roles

Session no: 6.5.1 Abstract no: 0335

specialist palliative care nurse has the knowledge and expertise to undertake the care that benefits patients and their families' (Coller and Blythe 2017) there is little evidence to define the complex interventions that benefit patients in the acute setting.

Conclusion: The literature review was undertaken by the CNS team to define patient benefit. There is a gap in the literature to support and justify the CNS contribution. It therefore remains difficult to demonstrate the value for money of the role in the acute setting, although patients and families appear to appreciate care co-ordination. Further studies into this patient population are warranted.

Biography

Alison Humphrey – Clinical Nurse Specialist in Palliative Care Therapeutics and Palliative Care, Sheffield Teaching Hospitals NHS Trust. Qualifications: Advanced Diploma in Adult Nursing. PG Cert Clinical, Midwifery and Public Health Nursing. MSc in Advancing Professional Practice. Current role: Hospital Specialist Palliative Care Team interests: Palliative Care in non-cancer, Palliative Care in Learning Disability, Evaluation of Seven Day Working and clinical academic work in palliative care nursing.

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Focus Groups

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Trainee nursing associates: An exploratory study of an emerging role

Presenter: Steven Robertson PhD, University of Sheffield, UK

Co-presenters: Rachel King, UK

Abstract

Background: The Trainee Nursing Associate (TNA) role has been developed as one solution to nursing workforce shortages in England. The role aims to fill a perceived gap between health care assistants and registered nurses but also offers an alternative route into registered nursing. Policy assumptions have been made that 50% of TNAs will go on to become registered nurses, and that the transition into nursing will be smooth with low attrition rates. These assumptions are yet to be tested. This exploratory study contributes to this emerging and currently under-researched area of workforce development.

Aim: To gain early insight into the motivations, experiences and aspirations of TNAs.

Method: TNAs registered on two cohorts (one approaching completion and one which started training six months ago) at a University in Northern England were recruited via email and took part (in December 2018) in one of three focus groups. The number of focus group participants ranged from three to nine with fifteen participants in total. Data were transcribed and analysed thematically.

Results: Findings suggest that TNA development is facilitated by; affordable local training, role clarity with good support networks and clear pathways for career progression. Conversely, such development can be challenged by; problems in placement settings, role ambiguity and future career uncertainty.

Discussion: A combination of practical and workplace identity issues impact TNA experiences. In turn, these experiences influence and modify their career aspirations in both positive and negative ways. To maximise what TNAs bring to the nursing workforce requires alignment of their aspirations with organisation and clinical area requirements.

Conclusion: There are clear opportunities and challenges to the emerging TNA role. This exploratory study will inform a larger cohort study following TNAs over time to consider these issues in more detail.

Biography

Steve worked as a nurse and health visitor for over twenty years before commencing a career in research in 1999. His main interests and publications are around social theories of masculinity and their application to public health and health promotion. He has recently developed a focus on research relating to the nursing workforce including an interest in safe staffing, skill mix and emerging roles in nursing. He was formally Professor of Men's Health and Gender and is currently programme Director for the Strategic Research Alliance at the University of Sheffield. He also holds an Adjunct Professor role at Waterford Institute of Technology in Ireland. Steve has published three books and over 75 peer-reviewed publications. He is Editor-in-Chief of the International Journal of Men's Social & Community Health and Mental Health Section Editor the American Journal of Men's Health.

Session no: 6.5.2 Abstract no: 0413

WITHDRAWN

6.6 Theme: Nursing Issues

Session no: 6.6.1 Abstract no: 0366

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Mixed

Research Approach: Mixed Methods Research

Gender, diversity and the nursing profession: Ensuring that nurses are valued and paid their worth

Presenter: Rachael McIlroy, Royal College Nursing, UK

Co-authors: Kate Clayton-Hathway, UK; Heather Griffiths, UK; Anne Laure Humbert, UK; Sue Schutz, UK

Abstract

Background: This presentation covers the main points of a forthcoming paper written in collaboration between Oxford Brookes University and the RCN. The paper examines issues at the nexus of gender, pay and nursing to better understand barriers to a sustainable profession. The presentation covers the main results from the literature review; quantitative analysis; and stakeholder interviews.

The literature review examines inequalities in the context of nursing, drawing on historical, sociological, cultural and political developments that have shaped a female dominated workforce.

The quantitative analysis focuses on the pay, well-being and working conditions within nursing, using data from the Labour Force Survey and the RCN Employment Survey. The analysis focuses on gender as a form of power relation, and extends that perspective by extending to other diversity grounds such as ethnicity, age and disability. It highlights that nurses are among the least paid health professionals within the health sector despite being a graduate profession and shows that while there is evidence of a gender pay gap in the health sector, there is only a marginal gap in nursing suggesting that the issue is not gender at the individual level but how it operates at a more structural level. The data also suggests that there is evidence of an ethnicity pay and restricted career progression opportunities for nurses

The paper includes voices of key nursing stakeholders, presenting a qualitative analysis of interviews exploring the current issues and challenges facing the workforce.

At the heart of the report is the concept of value: the value of work done and the care given, the value of individuals as nurses, and the value given to the nursing profession. Not valuing nursing manifests itself through low pay, low scope for progression and challenging working conditions. This corresponds to the challenges facing nursing: recruitment, retention, reward and representation.

Biography

Rachael McIlroy is the Senior Research Lead in the Employment Relations Department at the Royal College Nursing. She leads on the RCN's research activity in relation to pay, working conditions and working environments within the UK nursing workforce.

Session no: 6.6.2 Abstract no: 0511

Research Topic: Methodology, Leadership and Management

Methodology: Questionnaire

Research Approach: Other approaches

The psychometric testing of the nursing teamwork survey in Turkey

Presenter: Gülcan Taşkıran, Florence Nightingale Faculty of Nursing, Istanbul University-Cerrahpaşa, Turkey
Co-author: Ülkü Baykal, Turkey

Abstract

Aim: The aim of the study is to test the validity and reliability of Turkish adaptation of 'Nursing Teamwork Survey' which has been developed for measuring overall teamwork and five factors of teamwork: trust, team orientation, backup, shared mental models, and team leadership.

Methods: This is a methodological study. The sample of the study consisted of 444 nurses who selected with convenience sampling and worked as bedside nurses in three hospitals in Istanbul, who had at least six months of experience and volunteered to participate in the study. 'Nursing Teamwork Survey' was used to collect data. This survey has 33 items and five subscales. The scale is a 5-Likert type (1=Rarely, 2=Sometimes, 3=Often, 4=Mostly, 5=Always). Higher scores indicate better teamwork. In the original study, the Cronbach Alpha internal consistency coefficient of the survey was found to be 0.94. Ethical and institutional approvals were gained before data collection. Data were analysed using IBM SPSS Statistics 21.0 and LISREL 8.51.

Findings: Content validity indices of 33 items were .94. The factor loadings of all items were between 0.31 and 0.89. As a result of the confirmatory factor analysis, it was determined that the factor structure (consisting of 33 items and 5 factors) of the original scale was verified without any modification. The goodness of fit indices were $\chi2/df=2.97$, RMSEA=0.067 and CFI=0.88. In addition, similar results were obtained with the goodness of fit indexes of the original survey. Cronbach's coefficient alpha was .91 for the total scale (it varied between .88-.94 for the subscales).

Results: Turkish version of the Nursing Teamwork Survey is a current, valid and reliable tool used to assess five factors of teamwork of nurses.

Biography

Gülcan Taşkıran graduated from Başkent University with a Bachelor's Degree in Nursing and Health Services Department in 2012. She graduated with a first degree in her department from Başkent University in Ankara. Before she graduated, she stayed for six months in Holland with the Erasmus Program. After graduation, she worked as a nurse at a university hospital in İstanbul. While she was working, she started her Master Degree at İstanbul University in Nursing Administration. She graduated from her Master Degree in 2015. Then she started to work as a Research Assistant in 2016 at Florence Nightingale Nursing Faculty of Istanbul University in the Nursing Administration Department. After that, she started doctorate degree at Istanbul University in Nursing Administration in 2016. Now she is studying in the doctorate thesis. Up to 2017, she participated in lots of congress, seminars and courses on Nursing. Her academic interests are nursing administration, disaster management, patient safety, medical errors and social media in nursing.

6.7 Theme: Mental Health

Session no: 6.7.1 Abstract no: 0450

Research Topic: Mental health, Inequalities in Health, Health and Social Policy

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Mapping the field: Are organisational and structural factors impacting on mental health nurses' ability to provide physical health care?

Presenter: Gearoid Brennan BA (Hons) BN MN RMN AFHEA, Department of Nursing Studies, The University of Edinburgh, UK
Co-authors: Rosie Stenhouse, UK; Graeme D Smith, UK

Abstract

Background: People with serious mental illness experience higher rates of physical co-morbidities. These include HIV infection, cardiovascular disease, metabolic disorders and certain types of cancer. There appears to be ambiguity surrounding nursing roles in addressing these health inequalities. Previous studies have highlighted certain organisational and structural factors which play a role but without significant depth of how they impact on nursing practice.

Aims: The study aimed to examine how registered mental health nurses working in one UK mental health service understood their role in providing physical health care to people with mental distress. In particular, the impact of organisational and structural factors, relationships and educational competencies on their role.

Methods: This study was informed by Pierre Bourdieu's Theory of Practice (1977). Semi-structured 1:1 interviews were conducted with nurses (n=7 inpatient, n=7 community) working in one UK service between January-May 2018. Interviews were transcribed verbatim and analysis was informed by Braun and Clarke's (2006) Thematic Analysis. The study received a favourable ethical opinion from the author's institution.

Results: Analysis reveals that mental health nurses' physical health care practice takes place in a complex field.

Their work in this area is often invisible. This field is shaped by the burden of accountability and its use as a form of symbolic violence, the unpredictability of mental health, emotional labour of caring, poor organisational support and tensions around boundaries in care. It is questionable what role policy is playing in influencing practice.

Discussion/Conclusions: The study highlights various structural factors impacting on mental health nurses ability to address patients physical health needs. Services need to give consideration as to how they are going to remove such barriers, which should help nurses to practice more competently, confidently and would allow them to develop creative practice without fear of blame.

Biography

Gearóid is a PhD student within the Department of Nursing Studies at The University of Edinburgh. He works clinically as a staff nurse within NHS Lothian's acute mental health inpatient service at the Royal Edinburgh Hospital. He currently holds a Florence Nightingale Foundation travel scholarship.

Session no: 6.7.2 Abstract no: 0083

Research Topic: Mental health, Quality Standards, Health and Social Policy

Methodology: Documentary Research

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Engagement and observation in mental health nursing: A review of policies in England and Wales

Presenter: Russell Ashmore PhD, Sheffield Hallam University, UK

Abstract

Background: Globally, observation is a widely used intervention for preventing mental health inpatients from harming themselves or others. It requires nurses to be within close proximity of the patient for a specified period of time.

International guidelines for this practice are conspicuous by their absence. Bowers et al (2000) raised concerns about the availability and content of observation policies produced by organisations in England and Wales. The study raised concerns about the safety of patients being observed. In response the Department of Health (1999) attempted to standardise guidance on observation, however there is no legal requirement for organisations to comply with this or other guidance. Two decades later it is unclear whether Bowers et al's concerns have been addressed.

Aim: To determine what guidance is provided by organisations on the implementation of observation in England and Wales.

Method: During May 2017 a Freedom of Information request was submitted to all mental health trusts in England (n=57) and health boards in Wales (n=7) asking them to supply a copy of their observation policy. Policies were analysed using thematic content analysis.

Results: All organisations had an observation policy. Twenty organisations provided patients with written information on observation. Seven themes were generated: 'observation versus engagement'; 'terminology'; 'purpose of observation'; 'reasons for observation'; 'patient information'; 'initiating, increasing, decreasing and terminating observation'; and 'who observes?'

Discussion: Local policies remain variable in content and quality and to do not reflect contemporary research. There is a lack of consistency on: the terminology used to describe observation; who should undertake the intervention; and which mental health professionals are responsible for increasing and decreasing levels of observation. Finally, despite rhetoric to the contrary policies remain focused on observation over engagement.

Conclusion: There is a need to produce evidence-based standards that organisations are required to comply with.

Biography

Russell Ashmore is a senior lecturer at Sheffield Hallam University. Qualifying as a registered mental health nurse in 1987, Russell has worked in day hospitals, acute inpatient settings and the community. He has published on a variety of subjects including; Section 5(4) of the Mental Health Act 1983, nurses' interpersonal skills, nurses' relationship with the pharmaceutical industry, clinical supervision, and nurses' experiences of stalking. He is a member of the editorial board of the Journal of Psychiatric and Mental Health Nursing and Mental Health Practice. In 2013 he was awarded an Akinsanya special commendation by the RCN Research Society for innovation in doctoral studies in nursing.

7.1 Theme: Safe Staffing

Session no: 7.1.1 Abstract no: 0490

Research Topic: Acute and critical care, Workforce and Employment (including health and wellbeing roles, research careers), Health and Social Policy

Methodology: Mixed

Research Approach: Mixed Methods Research

Implementation and impact of policies for safe staffing in acute hospitals: A mixed methods study

Presenter: Jane Ball PhD BSc (Hons) RN, University of Southampton, UK
Co-authors: Peter Griffiths, UK; Jo Rycroft Malone, UK; Jeremy Jones, UK; Chris Burton, UK; Jane Lawless, UK; Rob Couch, UK; Hannah Barker, UK

Abstract

Background: The public inquiry into a care scandal in an NHS hospital in England highlighted that nurse staffing decisions had been taken without consideration of patient safety. National policies for 'safe-staffing' were developed in response.

Aim: To examine the implementation of national safe staffing policies in NHS acute hospitals and identify factors that influenced implementation.

Methods

1. Analysis of national workforce data since 2010
2. National survey of Directors of Nursing (N=147, response rate 61%)
3. Realist informed evaluation of policy implementation in 4 case study hospitals.

Results: New approaches to staff planning, rostering and board awareness of safe staffing were viewed as the most helpful changes. Clearly defined leadership, a shared sense of accountability, consideration wider workforce issues such as recruitment and retention, engagement with external stakeholders and a high degree of goodwill, were factors associated with successful implementation. The number of nursing staff employed in the NHS acute sector increased since 2013 by 10% for registered nurses (RNs) and 30% for support staff (HCAs). Staffing per admissions had not increased, due to concurrent increase in admission numbers. 25% of Trusts reported the RN per number of patients exceeded 1:8 > 65% of shifts over 12 months. Directors of Nursing reported that biggest challenge to achieving safe staffing was difficulty filling posts; average RN vacancy rate was 10%.

Discussion: External pressures (lack of workforce supply and reduced access to temporary staffing), have constrained NHS hospital Trusts from fully implementing policies aimed at ensuring safe staffing on acute wards.

Conclusions: Policies provided leverage, raising the profile of nurse staffing at board level. However failure to assess the national increase in workforce required has impeded policy implementation locally.

Biography

Professor Jane Ball (RN, PhD) started undertaking research into nursing workforce and related policy in 1990. She has worked at Institute for Employment Studies, as Policy Adviser at the RCN, as Deputy Director of the National Nursing Research Unit (King's College London) and since 2014 has been based at the University of Southampton. She also holds an affiliated research position at Karolinska Institute (Stockholm, Sweden). Her research focusses on exploring how features of nursing employment and deployment are related to quality of care, patient outcomes and organisational effectiveness.

Session no: 7.1.2 Abstract no: 0452

Research Topic: Older People

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Intentional rounding in hospital wards: What works, for whom and in what circumstances?

Presenter: Ruth Harris PhD MSc BSc (Hons) RGN, King's College London, UK
Co-authors: Sarah Sims, UK; Mary Leamy, UK; Ros Levenson, UK; Nigel Davies, UK; Sally Brearley, UK; Robert Grant, UK; Stephen Gourlay, UK; Giampiero Favato, UK; Fiona Ross, UK

Abstract

Background: Part of the government response to care failures at Mid Staffordshire NHS Trust was to announce the policy imperative of introducing "regular interaction and engagement between nurses and patients". Consequently, "Intentional Rounding" (IR), an hourly or two-hourly structured bedside round developed by the US Studer Group to address fundamental elements of nursing care, was implemented.

Aims: The study investigated the impact and effectiveness of IR on the organisation, delivery and experience of care in hospital wards in England.

Methods: Mixed-method, realist evaluation including a national survey of NHS trusts (n=108, 70%) and in-depth case studies of IR in six wards (across three trusts) investigating the perspectives of senior managers (n=17), nursing staff (n=33), other health care professionals (n=26), patients (n=34) and carers (n=28); 188 hours of observation; and cost analysis.

Results: 97% of NHS trusts had implemented IR, although with considerable variation. Observations demonstrated that fidelity to the IR protocol was low. Opinion was divided about whether all patients should receive IR however all nursing staff thought IR should be tailored to individual patient need. Few nurses felt IR improved the quality or frequency of their interactions with patients. Instead, staff perceived the main benefit of IR was documented evidence that care had been delivered despite concerns that this evidence was not always reliable. Patients and carers valued the relational aspects of communication with staff, however, this was rarely linked to IR.

Conclusions: Evidence indicates effectiveness of IR, as currently implemented, is weak. However, there is also evidence of a lack of clarity in the purpose and expectations of IR and lack of staff preparation and resources to support its introduction and sustainability. Concerns were expressed that IR oversimplifies nursing, privileges a transactional and prescriptive approach over relational nursing care, and prioritises documentation and risk management above individual responsive care.

Biography

Ruth Harris is Professor of Health Care for Older Adults at King's College London. She is a nurse and her research focuses on the impact of the nursing and the multi-professional workforce on processes of care and patient outcomes, particularly for older people and those with chronic conditions. Her clinical background is in acute medical nursing and care of older people. She has worked in a range of research posts, with responsibility to lead research studies and other research capacity building activities in clinical and academic settings. Her current work includes a NIHR HS&DR funded study to evaluate intentional rounding by nurses on acute wards and a NIHR HS&DR funded study to enhance patient activity in acute stroke units (CREATE study). Ruth is an associate editor of the International Journal of Nursing Studies, a Fellow of the European Academy of Nursing Science and Chair of the RCN Research Society.

Session no: 7.1.3 Abstract no: 0455

Research Topic: Workforce and Employment (including health and wellbeing roles, research careers), Health and Social Policy

Methodology: Other collection method

Research Approach: Action Research / Participatory Inquiry / Practice Development

Achieving impact with research informed policy development

Presenter: Sue Gasquoine RN BA MPhil, New Zealand Nurses Organisation, New Zealand
Co-presenter: Jinny Willis, New Zealand

Abstract

Background: This critical reflection on a research related issue was motivated by a briefing requested by the New Zealand Nurses Organisation (NZNO) management team on violence and aggression towards nurses which established this as a global issue for all health workers and has been investigated by New Zealand nurses, for example Rolls (2006). It also drew on more recent research including Richardson et al (2018).

Aim: To draft and consult on a position statement on violence and aggression towards nurses for the organisation.

Methods: NZNOs member consultation process distributes a draft via the website seeking feedback. Analysis of the extensive feedback received, including from members who had been assaulted at work, clearly signalled the need for a clear and unequivocal position statement that supported a whole of organisation response.

Results: The biennial employment survey of members included questions on experiences of violence and aggression at work, most of which replicated those used by Richardson et al (2018).

A working group has been convened to develop and implement an evidence-based strategy drawing on national and international data that sees NZNO working at multiple levels with members, employers and government. NZNOs Nursing Education and Research Foundation (NERF) have set their 2019-2025 research priorities which include research that relates to workforce and working conditions and safety including violence and aggression towards nurses alignment with likeminded organisations seeks to achieve a balance between the experiences of distress and urgency of NZNO members affected and a perspective that offers a responsive rather than reactive position so that the complexities of nursing practice contexts, including mental health, forensic services and dementia care, can be included.

Conclusion: Impactful research and policy can achieve a measurable effect on the work and wellbeing of nurses and therefore health and wellbeing outcomes for care recipients.

Biography

I was appointed as Nursing Policy Adviser/Researcher to the Professional Services Team at the New Zealand Nurses Organisation (NZNO) in March 2017. I am also an adviser to the Nursing Education and Research Foundation Board which supports nurses with scholarships and grants for education and research. Prior to joining NZNO I worked in as an academic in nursing education for 25 years including seven years as Head of Department. Teaching research to undergraduate nursing students and supervising and examining the research of postgraduate students of the health professions were highlights. My research interests and publications include: online professionalism for health professionals; inter-professional education to enable teamwork and collaboration in health care; and since joining NZNO, researching nursing workforce and policy development issues such as violence and aggression towards nurses and the development of school-based nursing services.

7.2 Theme: Methods

Session no: 7.2.1 Abstract no: 0359

Research Topic: Methodology

Methodology: Documentary Research

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Reconsidering narrative method in nursing research

Presenter: Michael Traynor, RN HV MA(Cantab) PhD, Middlesex University, UK

Abstract

Background to the method/ debate: Narrative analysis, in various forms, is a popular qualitative method in nursing research. Narrative research is considered to foreground individual human experience because it prioritises an effort to understand the world from a research participant's—often a patient's—viewpoint. Narrative analysts commonly understand humans as making sense of, or finding meaning in, experience through the telling of stories. It is argued that identity is established through the practice of telling one's story and that coherence of the told self is a sign of good mental health. The job of the researcher is to record such meanings and use them to inform some aspect of nursing practice (Hill Bailey, Montgomery et al 2013).

Aims of the paper: The aims of this methodological paper are:

1. To critique some of the above humanist assumptions at work in some forms of narrative analysis taken up in nursing.
2. To draw on poststructuralist and psychoanalytic theory to present an alternative approach to narrative.

Methodological discussion/ presentation: Post-structuralism places structures at the centre of analysis and decanters the individual, meaning that we can only tell stories that already exist (Butler 2001). Some psychoanalysts understand the human subject as unknown to itself. This unknowability is always a threat to the authority of the 'I' proposed as the teller of a story. The advantage, in ethical terms, of expecting gaps, contradiction and 'failure' in a story is that the researcher may not demand, and work to find, coherence and consistency within the stories of others.

Conclusion/summarising the contribution of the paper: This paper attempts to critique common assumptions at work in a popular research method in nursing. It proposes a more theoretically developed alternative with potential to enable more nuanced analysis of stories told by patients or nurses.

Biography

Michael Traynor has a background in the study of literature. He has worked in research roles in Australia, the RCN in London and currently works in the Centre for Critical Research in Nursing and Midwifery, Middlesex University. He has recently written about the promotion of resilience among nurses. His new book 'Stories of Resilience: tales from the front line of nursing' is being published by Routledge.

Session no: 7.2.2 Abstract no: 0308

WITHDRAWN

Session no: 7.2.3 Abstract no: 0481

Research Topic: Methodology

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

The role of qualitative evidence synthesis in enhancing the impact of nursing research

Presenter: Kate Flemming PhD MSc PG Cert BSc (Hons) RN, University of York, UK

Abstract

Background: Qualitative evidence synthesis (QES) is an umbrella term for the methodologies associated with the systematic review of qualitative research evidence (Booth et al 2016). Undertaking a QES enables researchers to gain a greater understanding of individual's experiences, views, beliefs and priorities for nursing and health care (Flemming et al 2019). They can either be conducted as stand-alone reviews or integrated with some form of quantitative systematic reviews eg a review of interventions, to help understanding of the effectiveness and impact of those interventions.

Aim of the paper: The paper will present the role QES can play in enhancing the understanding of nursing interventions and their complexity. In doing so, it will demonstrate how the use of a QES can help make nursing research findings more impactful.

Methodological discussion: The presentation will outline the different aspects of nursing intervention research that a QES can help address eg: exploring the experiences of living with a condition, which can impact on the feasibility and acceptability of an intervention; factors affecting implementation, including context; how a system may change when an intervention is introduced; understanding the experiences of those receiving an intervention which may impact on its implementation and effectiveness. Three basic methodologies for conducting a QES, relevant to nursing research, will be outlined along with an appraisal of their strengths and limitations. Exemplars will be provided of where the use of a QES has helped enhance the impact of nursing research.

Conclusion: Qualitative evidence syntheses have an important role to play in providing an in-depth understanding of patient, carer and health professional's experiences, views and priorities of, and for, health care. In achieving this they can inform and enhance the impact of research findings, particularly in topics relevant to nursing.

Biography

Dr Kate Flemming is a highly experienced academic and nurse, internationally known for her leading research and service innovation in palliative care nursing. Kate leads by example through her pioneering clinical leadership and research in Palliative Care within the Hospice and community settings most notably involving St Leonard's Hospice, York. Kate's research programme focuses on complex interventions including patient and carer experience of palliative care across different service models, disease types and morbidities, including motor neurone disease and heart failure. This work is closely integrated with her methodological expertise in qualitative evidence synthesis. Kate is internationally known for her quality approach to research and acts as co-convener of the Cochrane Qualitative and Implementation Methods Group. Kate has recently worked with the WHO on the use of qualitative evidence synthesis to inform guideline development for complex interventions.

7.3 Theme: Acute and Sub-acute Care

Session no: 7.3.1 Abstract no: 0231

Research Topic: Acute and critical care, Leadership and Management, Health and Social Policy

Methodology: Observation

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Constrained compassion: An ethnography exploring compassion in the acute hospital setting

Presenter: Donna Barnes PhD, University of Derby, UK
Co-authors: Jane Seymour, UK; Paul Crawford, UK; Joanne Cooper, UK

Abstract

Background: This paper reports a study which contributes empirical findings to the global debate regarding compassion in health care. Specifically, how a shared organisational commitment to noticing and responding to the suffering of others (Worline and Dutton, 2017) can lessen the impact of the problematic aspects of contemporary health care (Crawford et al, 2014). Discourse on compassion in the UK (UK) is unique, due to a series of National Health Service (NHS) scandals, whereby poor care was framed as a 'lack of compassion'. Media coverage accused NHS care, specifically nurses, of lacking compassionate values, which justified changes to nursing recruitment, regulation and education as well as national health policy. NHS Trusts were scrutinised to demonstrate 'values-based culture', despite scant evidence to support the efficacy of these strategies for improving care (Patterson et al, 2016).

Aim: To investigate compassion within the context of one acute NHS setting, examining facilitators, inhibitors, and the enactment of compassion.

Methods: An ethnographic design involving patients, visitors and staff was conducted from September 2015-August 2016 using participant observation and in-depth interviews. Thematic, key-event and deviant-case analyses were utilised.

Findings: Poor care, where this exists does not equate to a lack of compassion. Nonetheless, contextual conditions facilitate and inhibit compassionate care, with the result that staff develop strategies including compromise to deal with inherent challenges.

Discussion: This paper argues the monolithic focus on staff values as a strategy for improving care is detrimental to staff and patient well-being. It assigns responsibility for compassionate care to nursing staff, while divorcing it from the challenging context of contemporary health care.

Conclusions and recommendations: Factors related to organisational context need to be recognised and incorporated into strategies for improving care. National policy must shift from mandating staff to be more compassionate, and move towards creating more compassionate health care environments.

Biography

I worked as a palliative care nurse in hospices and acute hospital settings for many years, looking after a range of patients and their families. In 2013, I won an Economic and Social Research Council scholarship to explore compassionate care and began a four year doctoral study. I present the results of this at the conference. I am currently a lecturer/researcher at the University of Derby, teaching adult and mental health nursing students about research and evidence-based practice, as well as supporting other research projects. My interests are qualitative research, staff well-being and developing compassionate organisations.

Session no: 7.3.2   Abstract no: 0187

Research Topic: Acute and critical care

Methodology: Mixed

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The influence of a 100% single-room environment on the experience of person-centred practice in acute care

Presenter: Rosemary Kelly MSc (Nursing) RSCN, Ulster University, UK
Co-authors: Donna Brown, UK; Tanya McCance, UK; Christine Boomer, UK

Abstract

Background: The role of the physical environment in facilitating person-centeredness in health care remains unclear. While there is a significant body of work relating to person-centeredness, the delivery of person-centred care, and the impact of the environment on care delivery; there is no current evidence that links person-centred practice, staff and patient experience, and the single room environment.

Aim: To explore the influence of a 100% single-room, acute-care environment on the experience of person-centred practice, from the perspective of staff and patients.

Methods: An explorative ethnography study underpinned by the Person-centred Practice Framework (McCormack and McCance 2017) was used within a new inpatient block in a district general hospital in Northern Ireland. The data collection methods included observations of practice (108 hours), patient interviews (n=9), and staff reflexive groups (n=3). Data was collected between March and June 2018 and thematically analysed using the Braun and Clark Framework (2006).

Results: The results of the data analysis suggest tentative themes of managing the physical environment; managing expectations; organising delivery of care; developing relationships.

Discussion: The themes in this study reflect how the physical environment can create tensions between ensuring privacy and maintaining patient safety with an emerging hotel culture. The limitations of the built environment can impact on the organisation and delivery of care and meaningful engagement may become less evident in single rooms. New environments inevitably lead to new ways of working, and staff require a sustained period of support to make the step change needed to adapt to the new physical workplace.

Conclusion: There is little published evidence on the impact of the single-room environment on care delivery and experience. This study identifies the positive and negative impacts of the environment on person-centred care. Further consideration should be given to staff preparation for change and managing the public's expectations around new facilities.

Biography

Rosie trained as a Paediatric Nurse in Belfast and spent 20 years in clinical practice in a leading children's hospital in London. She also spent four years working as a school nurse in an inner city area. Rosie completed her MSc in 2005 at City University London. She returned to Northern Ireland in 2007 to become Lead Nurse for Paediatrics and Neonatology in a Health & Social Care Trust. She and her NI team were involved in the Paediatric International Nursing Study (PINS), exploring nursing key performance indicators. Shortly before retiring in 2016 Rosie was offered the opportunity to undertake a PhD at Ulster University and she is now close to submission of her thesis. Rosie has presented nationally and internationally, has contributed to several published papers, published a literature review related to her PhD and has written chapters for two books.

Session no: 7.3.3   Abstract no: 0154

Research Topic: Rehabilitation

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Finding a safe way: A grounded theory of male nurse practice in inpatient rehabilitation

Presenter: Mark Baker PhD, University of Sydney, Australia

Abstract

Aim: To report on a grounded theory study to identify and make visible male nurse practice in inpatient rehabilitation in Australia.

Background: In Australia (Pryor, 2005) and internationally (Long, Kneafsey, Ryan & Berry, 2002) nurses contribute to rehabilitation broadly through a range of nursing activities. This contribution is largely reported from a female or gender neutral perspective. Despite the work of male nurses being explained in a range of other specialities (Fisher, 2009), their work within inpatient rehabilitation remains unexplored.

Methods: Constructivist grounded theory methodology and methods, informed by symbolic interactionism, guided data collection and analysis leading to the emergence of a substantive theory. Data were collected from interviews and observation of practice from October 2013 to April 2015 in inpatient rehabilitation and included 23 male nurse participants, 15 patient participants, and 63.5 hours of observation.

Results: Male nurses were mindful of patient perceptions about nursing being an occupation for women and male nurses being sexual threats, which led to the problem of 'potential for misinterpretation'. To address this problem, male nurses engaged in a three-phase process known as 'assessing and managing risk' in order to minimise risk and to keep themselves safe in practice. However, two contextual conditions, 'type of care' and 'urgency of care', influenced the need for 'assessing and managing risk'. The core category and substantive grounded theory to explain these results is 'finding a safe way'.

Discussion/Conclusion: Theoretically, gender relations affected the daily working lives of male nurses in inpatient rehabilitation. Interpersonal relationships were used by male nurses to counter the risk of misinterpretation and to enact the range of problem solving strategies encountered in their working lives. However, male nurse efforts were often influenced by conditions outside of their control and they practised cautiously to keep themselves safe in order to practise nursing.

Biography

Mark Baker is a registered nurse in the UK and Australia, holding a Bachelor of Nursing, Master of Nursing, Graduate Diploma of Nursing (mental health), Diploma of Health Service Management, Professional Certificate of Teaching and Learning in Higher and Professional Education, and a Doctorate of Philosophy. Mark was awarded his PhD for 'Finding a safe way: a grounded theory of male nurse practice in inpatient rehabilitation' at The University of Sydney. He currently works full-time as a Senior Teaching Fellow at King's College London. Mark is a member of the Australasian Rehabilitation Nurses' Association and the Nightingale Fund Council, as well as being an editorial board member and contributor to two peer-reviewed professionals journals: Journal of Australasian Rehabilitation Nurses' Association, and British Journal for Neuroscience Nursing.

7.4 Theme: Care Homes and Frailty

Session no: 7.4.1 Abstract no: 0008

Research Topic: Older People

Methodology: Delphi

Research Approach: Mixed Methods Research

Designing a nurse-led holistic assessment and care planning intervention (HAPPI) to support frail older people in primary care

Presenter: Helen Lyndon RN MSc BSc, University of Plymouth, UK
Co-authors: Bridie Kent, UK; Jos M Latour, UK; Jonathan Marsden, UK

Abstract

Background: Frailty is a clinical syndrome associated with ageing which progresses through cumulative cellular damage over the life course. Frailty manifests when multiple body systems fail, the more systems that fail, the more likely it is that the person will become frail and lose independence (Clegg et al 2013). To meet the challenges of the increasingly frail, older population, we need to provide proactive, holistic person-centred care using a standardised intervention in primary care. This should be cost and time-effective and should enable resources to be targeted at patients who will benefit most.

Aims: The aim of this e-Delphi survey was to gain consensus from an expert panel on the components of a holistic assessment and care planning intervention for frail older people in primary care.

Methods: A three-round modified e-Delphi approach was used with an expert panel of 33 specialist older people and primary care nurses in the UK. Panel members gave ideas about the components of an intervention that are important and will improve clinical outcomes and these were combined with other components identified from reviewing the literature. In subsequent rounds components were rated for importance and feasibility and consensus was established by 75% panel agreement.

Results: Thirty-six components met the consensus threshold importance, however only eleven components met the consensus threshold for feasibility.

Discussion and Conclusions: The important and feasible components of an intervention for frail older people were identified. There was some concern that some important components would not be included in the final intervention as they did not meet consensus for feasibility. It was therefore decided to present the results to research stakeholders, including older people and carers to further refine the intervention ensuring it was comprehensive and appropriate to their needs. The intervention will then be tested in a feasibility randomised controlled trial.

Biography

Helen Lyndon, Nurse Consultant Older People/NIHR Clinical Academic Doctoral Research Fellow. Helen has worked as a district nurse, nurse leader, community matron, nurse practitioner and nurse consultant in primary/community care settings. She set up services for older people in the Cornwall including Hospital-at-Home, Community Matrons and Telehealth. In 2016 she completed a two-year secondment to NHS England as Clinical Lead for Frailty. In April 2017, Helen was awarded a NIHR/HEE Clinical Academic Doctoral Research Fellowship. Helen's PhD study with the University of Plymouth aims to develop and test an assessment and care planning intervention for frail older in primary care using mixed methods research.

Session no: 7.4.2 Abstract no: 0193

Research Topic: Acute and critical care, Older People, Patient Experience

Methodology: Interviewing

Research Approach: Case Study

One chance to get it right: Exploring perspectives on decision-making for discharge to care home

Presenter: Gemma Logan BSc (Hons) MN PhD Candidate, Queen Margaret University and NHS Lothian, UK
Co-authors: Sarah Rhynas, UK; Jenni K Burton, UK; Juliet MacArthur, UK

Abstract

Background: Discharge from acute hospital to care home is a complex and life changing process. Previous work found variation in documented discharge practices and identified the complexity of patients involved (Harrison et al, 2017).

Aim: This study aimed to explore the perspectives of key stakeholders who contribute to decision-making about discharge to care home.

Methods: A case-study research design was used to explore the experiences of six people admitted to hospital from home for whom discharge to care home was planned. Each dataset included semi-structured interview data from a person, their significant others and multidisciplinary professionals (n=30). Health records were also reviewed. Datasets were analysed using an inductive thematic approach before cross dataset analysis.

Results: Discharge from hospital to care home was found to be a fragmented process. Professionals were uncertain about the process resulting in disjointed communication. A professional division of roles/responsibilities was evident. Patients were keen to talk about, and rationalise their decision-making. Family members highlighted the complexity of balancing risk and care needs. The significance of the decision to the individual and their family was often not reflected in the professionals' responses.

Discussion: The hospital context has the potential to facilitate decision-making in practical ways and in permitting conversations about care needs/wishes. Professionals should recognise the person and the centre of decision-making, recognising an inter-disciplinary shared responsibility for supporting them. Better understanding of the discharge process and improved communication is central to enhancing the experience of older people and their families.

Conclusion: Exploring the perspectives of key stakeholders who contribute to decision-making about discharge to care home has offered a valuable opportunity to gain in-depth insights into the complexity of this process. The findings have demonstrated that this is a life changing decision, requiring greater recognition by health care professionals and offering opportunity to improve person-centred discharge practice.

Biography

Gemma Logan is undertaking a PhD at Queen Margaret University in collaboration with NHS Lothian focused on person-centred discharge for older people. She also works part time as a staff nurse. Gemma began her career combining both clinical and academic/research pathways in 2014, undertaking a Masters in Nursing in Clinical Research at The University of Edinburgh and working as a staff nurse with older people. Following completion of the Masters, Gemma was appointed as a Research Nurse at the National CJD Research and Surveillance Unit in Edinburgh where she worked part time on a study to identify missed cases of Prion disease in older adults with atypical Dementia. Gemma worked here for a duration of three years, during which time she also became the Principal Investigator for a qualitative study exploring care home discharge decision-making. Gemma's clinical and research interests include older people, acute hospital discharge and person-centred practice.

Session no: 7.4.3 Abstract no: 0462

Research Topic: Older People

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Plugging the gap: Evaluating a home visiting service for care homes

Presenter: Robin Lewis PhD, Sheffield Hallam University, UK

Abstract

Background: All the evidence shows that there is a clear need to avoid unnecessary Emergency Department (ED) attendance and hospital admission in frail, older adults who are resident in care homes. Targeting clinical resources at these frail older adults requiring urgent care for relatively minor conditions which do not need an emergency ambulance is both clinically and cost effective and would greatly contribute to the experience of the older person. A 24/7 rapid response home visiting services (HVS) staffed by advanced clinical practitioners was commissioned in a large metropolitan area in the North of England. The service remit was to treat minor injury and illness on scene via a clinical triage and referral pathway.

Aims: The aim of the study was to examine the perceptions of care home managers regarding the HVS service, and the factors that affected its use by the care home staff.

Methods: Semi-structured interviews were conducted with a purposive sample of care home managers (n=28) from the population of care homes with access to the HVS service (n=96). Care homes were chosen for their use of the HVS service, size, geographical location and resident demographic. Thematic analysis used for the analysis of the interviews.

Results/discussion: There was a reduction in the number of emergency 999 calls. The flexibility and timely access to a health professional was highly valued, particularly out of hours. Care 'in situ' was preferred to care in hospital. There were however several challenges. Due to constant staff turnover, there was a 'patchy' lack of awareness of the HVS, and a residual use of emergency 999 calls as the default position by some care home staff.

Conclusions: The provision of a 24/7 HVS for care homes does make a qualitative difference to the experience of care home residents suffering minor injury or illness

Biography

Dr Robin Lewis is a senior lecturer at Sheffield Hallam University. He was awarded his PhD in 2007 and is an expert in workforce development in health care. His area of research interest lies in the development of new roles and new ways of working. He has extensive experience in undertaking evaluation research and is currently working on a number of funded projects evaluating the impact of new roles such as the Advanced Clinical Practitioner (ACP) role. He also has an interest in the impact of the third sector on health care, and in developing partnerships between Higher Education Institutions such as Sheffield Hallam University and third sector, not for profit organisations.

7.5 Theme: Dementia

Session no: 7.5.1 Abstract no: 0209

WITHDRAWN

Session no: 7.5.2 Abstract no: 0317

Research Topic: Dementia

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Experiences of health and social care by persons with young onset dementia and family carers: Implications for nursing

Presenter: Tracey Williamson PhD MSC BSc (Hons) RGN Association for Dementia Studies, University of Worcester, UK
Co-authors: John Chatwin, UK; Luisa Rabanal, UK; Chris Sewards, UK

Abstract

Dementia is often associated with ageing, yet not only affects older adults. There are over 40,000 people in the UK living with dementia who are under 65 years of age.

Between 2015 and 2018, the Salford Institute for Dementia led a three-year study exploring the experiences of people living with YOD from the perspective of persons living with YOD, their care partners and health and social care related service providers. Data collected 02/2016-4/2018.

The study included interviews with 72 participants (22 with YOD aged 52-67; 25 carers; and 25 staff from health and social care organisations). Uniquely a dedicated Development Worker focused on the engagement and support of participants to make involvement in research easier for them.

Thematic analysis using the approach of Braun and Clarke (2006) identified the following themes:

Persons with YOD: the process of diagnosis; the impact of living with YOD; the needs of people with YOD; living well with YOD.

Family carers: impact of dementia on function and behaviour; social and psychological impact of dementia; diagnosis; needs of carers and younger people living with dementia.

Services staff: having a purpose; social support; future priorities.

The findings from Themes 1-2 are presented using verbatim quotes to illustrate points made. The implications for nursing practice will be drawn out including how family carers can be better supported; how services can be made more age-specific; nurses' role in meeting social and psychological support needs of persons with YOD and family carers; nurse's role in support during and after diagnosis of YOD.

The presentation will conclude with recommendations for nurses around reviewing existing services and influencing service design, enhanced family engagement and meeting social, psychological and information needs. Implications for practice centre on nurses creating young dementia-friendly environments and services. Policy implications are less reliance on-one-size-fits-all approaches to dementia services.

Biography

Tracey is a Registered Nurse with a background in the NHS working in older people's care settings latterly as a Nurse Consultant. Following a Department of Health PhD fellowship, she undertook a programme of work around patient and public involvement in research, technology co-design and evaluation of services. Recently she has focused in the dementia field including evaluation of dementia environments (hospital and care home) and experiences of people living with young onset dementia. She is a participatory researcher. In her joint-funded post as Dementia Carers Count Professor of Family Care in Dementia, Tracey is working to establish a programme of research with an emphasis on family carers of persons with dementia. Her focus on family and friends will ensure much needed research on their experiences and needs, in the hope of making these more positive experiences wherever possible and helping family carers to be better supported and more resilient.

Session no: 7.5.3 Abstract no: 0279

Research Topic: Dementia

Methodology: Focus Groups

Research approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Prison initiatives to support older prisoners and those with dementia: the prisoner's lived experience

Presenter: Joanne Brooke, Professional Doctorate, RN, Birmingham City University, UK

Abstract

Background: The prevalence of dementia in the prison setting is increasing (Brooke et al 2018). Initiatives to support older prisoners and those with dementia have been implemented (Hodel and Sanchez, 2012), but have not been robustly evaluated (Peacock et al 2018). The aim of this study was to explore prisoners lived experience of attending an initiative exclusively designed for older prisoners including those with dementia.

Method: A phenomenological inductive study conducted in a category C male prison within Her Majesty's Prison Service in England and Wales, which implemented a work group and a social group for prisoners over the age of 55. Data were collected in 2017 through focus groups (n=4) with prisoners (n=11) attending the work group (n=2) and social group (n=2). Focus groups were completed, audio recorded, transcribed verbatim, and thematic analysis was completed.

Result: Participants from the social group were older and more physically and cognitively impaired than those attending the work group. Three themes emerged across both groups. Firstly, the need to feel safe, attending these initiatives provided older prisoners with a safe haven away from boisterous and unsettled youngsters. Secondly, the need to have a purpose and belong to a group, which motivated older prisoners to complete activities. Thirdly, the need to feel included and not excluded, to support this all initiatives should be open to older prisoners.

Conclusion: Prisoners experienced the support and safety of attending groups created and designed for older prisoners and those with dementia, however also expressed the need to be integrated into wider prison initiatives. Both the social and work group supported prisoners with dementia to be active in the prison setting and not be unduly locked in their cells. The impact of these initiatives beyond prisoner's experiences needs to be further explored.

Biography

Dr Joanne Brooke is a Registered Adult Nurse and a Chartered Health Psychologist.Joanne's research background includes work across medical, psychological and nursing fields, including the approaches of quantitative and qualitative designs from randomized controlled trials to epidemiological studies. Joanne's focus has been within dementia and diabetes, although now focuses on the wider aspect of mental health, cognitive impairment and delirium. Joanne has published a number of papers on the link of diabetes and dementia, and the importance of the development of cognitive screening tools that are validated for people with diabetes, and is currently exploring dementia and cognitive impairment in offenders serving a prison sentence.

7.6 Theme: Patient Safety

Session no: 7.6.1 Abstract no: 0407

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Mixed

Research Approach: Mixed Methods Research

Pressure injury prevalence and practice improvement: A realist evaluation of nursing care and nursing knowledge to reduce pressure injuries in# an Australian hospital

Presenter: Jenny Sim RN Bachelor Applied Science (Nursing), Grad Dip Clinical Nursing, Grad Dip Business Administration, PhD, University of Wollongong, Australia
Co-authors: Valerie Wilson, Australia; Karen Tuqiri, Australia

Abstract

Background: Pressure Injuries place a significant burden on the health care system and cause patient harm. Hospital acquired pressure injuries (HAPI) can be prevented by high quality nursing interventions.

Aim: To explore how periodic pressure injury prevalence (PIP) surveys can impact on HAPI rates and the knowledge and attitudes of nursing staff towards preventing pressure injuries in an acute care hospital.

Methods: A concurrent, two phase, case study design was used to assess PIP and the knowledge and attitudes of nursing staff towards preventing pressure injuries in 4 wards at a large teaching hospital in NSW, Australia. Data was collected from July 2018 to February 2019. The PIP survey also collected data on nursing care processes to assess risk and plan interventions. Multiple action learning sets were then used for staff to identify areas of improvement and make changes. PIP and the knowledge and attitudes of nursing staff towards preventing pressure injuries were then re-measured at the end of the project.

Results: The rate of HAPI prevalence decreased from 4.6% to 1.9% during the project. Nurses' initial knowledge and attitudes towards prevention of pressure injuries revealed a strong knowledge on risk assessment (82.6%) and poor knowledge on prevention (31.1%). Nurses' knowledge on

most themes of the Pressure Injury Prevention Knowledge Assessment Tool (PUKAT 2.0) increased during the project.

Discussion: Four wards participated in this study. Some wards engaged with the action learning sets and used Plan-Do-Study-Act cycles to improve nursing care processes and nursing knowledge during this project. Wards with higher levels of engagement improved patient outcomes by reducing pressure injuries and increased nursing knowledge.

Conclusion: Pressure injuries are preventable. Nurses' knowledge and attitudes towards prevention in combination with valid and reliable data can assist nurses working in acute care hospitals to prevent pressure injuries.

Biography

Jenny is an experienced nurse academic and researcher who also has experience as a senior manager in the Australian health care system. Jenny completed her PhD in 2015 and developed a conceptual framework and indicator set for measuring the quality and safety of nursing practice. Jenny has developed a program of research on measuring both the quality and the safety of nursing care in Australia and internationally and is particularly interested in research on pressure injuries. Jenny is the Director of the Australian Nursing Outcomes Collaborative also known as AUSNOC and is empowering nurses to research the structure, process and outcome components of nursing care so that we can measure the impact nursing care has on patient outcomes.

Session no: 7.6.2 Abstract no: 0372

Research Topic: Patient Safety (including human factors, infection, prevention and control etc), Research Ethics and Governance, Older People

Methodology: Documentary Research

Research Approach: Quantitative (not included in another category)

Does the use of the term 'frailty' adequately describe cause of death in an older population admitted to hospital and how has 'frailty' been identified, assessed and managed in hospital?

Presenter: Margaret Dunham RGN BA (Hons) MSc PhD, Sheffield Hallam University, UK
Co-authors: Ali Ali, UK; Ian Eady, UK; Sally Fowler Davis, UK

Abstract

Background: Frailty is a significant factor in the morbidity and mortality of older people. Increasing numbers of older people are admitted to hospital and are either admitted with frailty or become frail after admission. Frailty may be a cause of death but is not an inevitable consequence of ageing. This leads to questions of how frailty might be detected and prevented. This is primary research to explore the clinical practices associated with 'frailty' at end of life -intended to inform a range of discussions about the multi-disciplinary management of older people.

Aim: To explore the practices of identifying, assessing and managing frailty in the older patient population against the frailty good practice guide Fit for Frailty.

Methods: Ethical approval was gained to undertake a retrospective case note analysis of the medical records of older people who died, in a large NHS hospital, between January and June 2017 (N=176) with the term 'frailty' noted on their death certificates. Thirty sets of notes were randomly selected. Data was collected relating to the assessment and management of frailty (BGS 2014).

Results: Preliminary analysis suggests that the identification of frailty is not always clearly or consistently documented on admission however during in-patient stay, most had been referred to the local frailty unit for assessment. The use of trends in BMI, falls other assessment tools and co-morbidities were used varyingly to inform a diagnosis of frailty.

Discussion: This study may not have captured all those where frailty was a factor in length of stay or risk of death. The importance of clearly documenting frailty indicators is evident.

Conclusion: Assessment for frailty on admission or during a hospital stay is a significant factor in determining patient outcome. Further study is needed to consider the impact of education on practice.

Biography

Margaret is a senior academic, in the Nursing and Midwifery Department at Sheffield Hallam University, with specialist interests in pain management and older people's needs in particular. Margaret has worked at the University since 2006, previously having worked as a non-clinical academic at the University of Sheffield. Margaret specialises in older people's experiences of health care, focusing on their pain experiences. Since 2013 she has been Associate Editor of the British Pain Society's Pain News and is currently chairman of the British Pain Society Older People Special Interest Group. Margaret also works with groups locally and nationally to improve and enhance experiences of pain services. Margaret currently supervises three PhD students. Her current research activities include reviewing documentation of frailty in the records of older people in an acute NHS hospital and considering older people's experiences of non-cancer related palliative care services.

Session no: 7.6.3 Abstract no: 0477

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Mixed

Research Approach: Mixed Methods Research

Sharing learning from practice to improve patient safety (SLIPPs): Gathering and exploring student accounts of practice learning experiences about patient safety

Presenter: Alison Steven BSc(Hons) MSc PGCRM RN, Northumbria University, UK

Co-authors: Valerie Larkin, UK; Lucy Patterson, UK; Sarah Morey, UK

Abstract

Background: SLIPPs is an EU co-funded project involving the UK, Finland, Spain, Norway and Italy. Project principles are: education for patient safety is complex and socially situated; experiential placement learning is powerful; reflection and reflexivity are important; much can be learned from student's lived experiences.

Aims: To gather and study student experiences and reflections on placement learning events related to patient safety. An overview of UK student's use of the tool and experience of recording learning events will be presented.

Methods: An online tool was developed drawing on established approaches and existing work (Steven et al 2014, Tella et al 2015), development included pre-testing, piloting across five countries and translation into 5 languages. Ethical approvals were gained and accounts gathered. Statistical analysis was undertaken. Interviews were held between October 2018-April 2019 with students who had used the tool (n=6) and thematically analysed (Saldana 2016) to explore experience of recording events and tool use.

Results: Between November 2017 and April 2019, 91 UK nursing student accounts were collected, data gathering is ongoing. Descriptive statistical analysis will be presented. From the interviews three themes emerged: Events and Significance; Processing to add meaning; Educating others.

Discussion and conclusions: A range of events were recorded from diverse placements. The majority were identified by students as episodes of good practice and related to communication, decision making and team working, potentially indicating a preference for learning from positive experiences. Interview findings suggest the tool stimulates processes of picking apart, dissecting and questioning to add meaning, with unexpected impacts including taking the event record back into practice for team learning. Thus the tool acts as both data collection device and educational intervention. The multinational tool has relevance for an international audience. This paper contributes to developing knowledge regarding how students learn about patient safety during placements.

Biography

Dr Alison Steven BSc(Hons) MSc PGCRM RN is Associate Professor/Reader in Health Professions education at Northumbria University with over 20 years' experience in health services research. She gained her PhD in 2002 from Newcastle university Medical school. Her research focuses on health professions education, learning and wellbeing for the enhancement of safety and quality in professional practice. Alison has undertaken research across a spectrum of settings into practice based education, mentoring, practice development, organisation and delivery, and knowledge translation. She has lead or been involved in over 30 funded projects. She teaches a range of health professions from undergraduate to post graduate level and supervises doctorates - with 11 successful PhDs completions to date. Currently Alison leads the 'Sharing learning from practice to improve patient safety' project (SLIPPS) co-funded by the Erasmus + programme of the European Union.

7.7 Theme: Workforce

Session no: 7.7.1 Abstract no: 0485

Research Topic: Nursing, Midwifery or Support Worker Education, Acute and critical care, Health and Social Policy

Methodology: Observation

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The health care assistant-registered nurse dyad: A new concept of team

Presenter: Rachael Carroll MSc BSc (Hons) RMN, De Montfort University, UK

Abstract

Health care assistants (HCAs) are integral to adult nursing teams. Their role and responsibilities has been widely debated. However, it is unclear how HCAs make sense of and enact their role.

Ethnographic methodology was used to describe and explain the HCA's role and their contribution to the nursing team. Data was collected in 2017, on four in-patient adult wards, in one hospital. Observations followed by interviews were conducted with HCAs (n=22) and their paired Registered Nurses (n =24).

Analysis found that HCAs and Registered Nurse (RN), when paired for a shift in a bay, formed a "dyadic team". Within the dyadic team, the HCA and the RN joined and separated in order to complete all of the nursing tasks. To be able to contribute to the HCA – RN dyad, HCAs needed to be able to work non-dependently and interdependently from their RN partner. Non-dependent working was achieved through carrying out the routine scaffolding. This comprised of three levels of tasks; compulsory timed tasks, mandatory flexible tasks, and RN requested tasks. The extent of the success of non-dependent working was reliant on the RN having trust in the HCA. Inter-dependent working included any tasks that required two people and relied upon the willingness of the RN to co-work. When a HCA was able to work non-dependently and inter-dependently, their contribution to the HCA-RN dyadic nursing team was considered successful and effective by both partners.

Through exploration of how HCAs make sense of and enact their role, the importance of the relationship with

the RN that they were paired with has been highlighted. Working as a separate entities and a cooperative pair within the HCA-RN dyad increased the success of completion and documentation of all nursing tasks within the shift time.

Biography

Rachael Carroll has been a mental health nurse for over 20 years. In 2014, Rachael moved from her post as a ward sister to become a research fellow at De Montfort University, Leicester. Here, Rachael took the opportunity to study the role of the Health Care Assistant in an adult nursing environment at doctoral level and is now in her final year. Rachael also holds a post as the Practice Development Lead at De Montfort University.

Session no: 7.7.2 Abstract no: 0440

Research Topic: Dementia, Workforce and Employment (including health and wellbeing roles, research careers)

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Optimising nursing care of people living with dementia who return to their nursing home from hospital

Presenter: Angela Richardson, Centre for Applied Dementia Studies, University of Bradford, UK
Co-authors: Alison Blenkinsopp, UK; Kathryn Lord, UK; Murna Downs, UK

Abstract

Background: Improving transitional care has received global attention from researchers and policy makers. Many nursing home residents live with dementia and co-morbidities, placing them at risk of hospital admission. The transition back to nursing homes from hospital is fraught with negative outcomes, yet we lack evidence to improve care between these settings. Recent research identified eight components required for quality transitional care for older adults moving between hospital and their own home (Naylor et al 2017). Little is known about UK nurses' perspective on the relevance of these components for their role in the transition from hospital to nursing home; including their relevance for residents with dementia.

Aims: To explore hospital and care home nurse perspectives on the roles they need to perform to ensure quality transitional care for people living with dementia who return to their nursing home from hospital; and the extent to which they consider Naylor's components applicable to this transition.

Methods: Sixteen registered nurses from two hospitals and seventeen from four nursing homes in England participated in focus groups or interviews, from May to August 2018. A deductive analysis was conducted.

Results: Hospital and care home nurses described roles which mapped on to six of the eight components and were cited as ensuring quality of care at transition for residents living with dementia. These included complexity management, care continuity, caregiver engagement, accountability, patient and caregiver well-being and patient engagement. Roles pertaining to patient and caregiver education were absent.

Discussion: Quality transitional care for people living with dementia requires that nurses perform multiple roles, many of these identified by Naylor and colleagues, though requiring some modification for residents with dementia returning back to nursing homes; and not all apply.

Conclusion: The study findings can be used to inform future care home and hospital policies, and staff training.

Biography

Angela is a full time final year PhD student in the Alzheimer's Society funded Doctoral Training Centre on Transitions in dementia care at the University of Bradford. She has a clinical background in mental health nursing with a special interest in dementia care and previously worked as a nurse lecturer. Her research is focused on the transition between hospitals and care homes for people living with dementia.

Session no: 7.7.3 Abstract no: 0378

Research Topic: Older People

Methodology: Mixed

Research Approach: Mixed Methods Research

Contributing to workforce excellence for older people health care: Evaluating the contribution of a specialist programme for expert nurses and allied health professionals

Presenter: Joanne Fitzpatrick BSc PhD RN PGCEA, King's College London, UK
Co-presenter: Ivanka Ezhova, UK
Co-author: Nicky Hayes, UK

Abstract

Background: More needs to be done to get the best outcomes for older people living with complex needs. A key contribution to achieving this is workforce transformation and development, building a workforce for quality, one that is able to deliver safe, high quality care; to innovate; to lead and to inspire others; and to value the voice of older people. Helping achieve this is an innovative postgraduate programme for specialist nurses and allied health professionals working across a range of services and settings in England to care for older people.

Aims: To evaluate the impact of this programme on participants' professional development, and the development and quality improvement of older persons' services.

Methods: A mixed methods approach, comprising a longitudinal survey (n=198) and focus groups with programme participants (n=48) and a longitudinal survey with managers and colleagues (n=42). This paper will present the findings of the focus groups; focus group data collection commenced in October 2015 and ended in March 2019. The focus groups explored participants' vision for older people care, motivations and experiences of the programme, and views about its impact for professional development and for older people care and services. Data are being thematically analysed.

Results: To date, three interrelated and interdependent themes are: building confidence through knowledge and skills, like-minded network to influence care and services, and recognition of expertise.

Discussion and conclusions: This innovative programme develops a critical mass of nurses and allied health professionals working in older people care who are expert thinkers and practitioners, skilled collaborators, and influential role models and leaders. To ensure that the voice of older people is heard and actioned, we need a long-term strategy that commits to the ongoing development and support, and valuing of a workforce of nurses and allied health professionals working in older people services.

Biography

Dr Joanne Fitzpatrick is reader in Older People's Health care at King's College London. Her research interest and expertise involve nurse education and performance, older person care, the organisation and delivery of health care for older people in the acute and care home sectors, health care workforce caring for older people.

Symposium 1

Abstract no: 0179

Intervention studies to support compassionate care in practice: Context, methodology and outcomes

Lead: Mary Flatley, University of Surrey, UK

Symposium Statement: Chaired by Professor Ruth Harris, this symposium reports from two multi-centre studies, each focusing on context, methodology and outcomes in the evaluation of complex interventions to support compassionate care in practice. Both studies were funded by NIHR in response to Francis Inquiry concerns raised about compassionate care. One study (Schwartz) focuses on Schwartz Centre Rounds; organisation-wide forums for health care staff where staff share stories about their work to prompt group reflection and discussion of the emotional, social or ethical challenges of health care work. The other (CLECC) focuses on supporting ward nursing teams to develop leadership and team reflective practices in the workplace. Both interventions are designed to support staff and to enhance compassionate care practices.

The symposium begins with a joint paper outlining the studies, detailing each intervention, and the challenges of access, time and support, laying the groundwork for the subsequent papers. This is followed by a paper reporting findings from the CLECC study, in particular qualitative findings on the influence of organisational context on implementation and outcomes of the intervention. Pilot trial outcomes will also be reported. A third paper draws on realist evaluation methodology to report the important contextual elements of Schwartz Rounds and how these contextual factors facilitate the mechanisms of the intervention to fire or not in different settings to produce outcomes in terms of reflection, empathy and compassion. The symposium concludes with a panel discussion that draws on findings from both studies to explore the impact of context, methodology and outcomes on the implementation of interventions of this kind in health care settings.

This symposium's focus on the context of implementation, measurement of their consequences and the identification of the different methodological contributions to understanding the factors that may enable or inhibit implementation will be of high interest to practitioners, educators, policy makers and researchers.

Paper 1

CLECC and Schwartz Rounds: Design and delivery of two intervention studies in compassionate care

Authors and affiliation: Professor Jackie Bridges, University of Southampton, UK; Professor Jill Maben, University of Surrey, UK

Abstract

Background: The consistent delivery of compassionate health care to health care recipients is a matter of global concern. The development and evaluation of effective interventions to address this concern is of prime importance.

Aims: To introduce two intervention studies targeted at the promotion of compassionate hospital care.

Methods: The Creating Learning Environments for Compassionate Care (CLECC) intervention focuses on supporting ward nursing teams to develop leadership and team reflective practices in the workplace. A pilot cluster RCT and associated process evaluation was conducted on six hospital wards in two hospitals to assess the feasibility of the CLECC intervention in practice and evaluate its impact. Schwartz Centre Rounds are multidisciplinary organisation-wide forums for health care staff where staff meet (usually monthly) to share stories about their work to prompt group reflection and discussion of the emotional, social or ethical challenges of health care work. A realist evaluation methodology was used to evaluate Schwartz Rounds in nine case studies in England where Rounds have been implemented since 2009.

Findings: This paper will report each study's intervention and evaluation methodologies, providing opportunities for comparative analysis. We will also share data about the challenges of access, time and support to implement the interventions as planned, illuminating the strategies required for successful implementation of programmes of this kind.

References

Bridges J, May CR, Griffiths P, Fuller A, Wigley W, Gould L, Barker H & Libberton P (2017) *Optimising impact and sustainability: a qualitative process evaluation of a complex intervention targeted at compassionate care.* BMJ Quality & Safety, 26(12), 970-977.

Gould L, Griffiths P, Barker H, Libberton P, Mesa-Eguiagaray I, Pickering RM, Shipway LJ & Bridges J (2018). *Compassionate care intervention for hospital nursing teams caring for older people: a pilot cluster randomised controlled trial* BMJ Open, 8, e018563

Maben J Taylor, C Dawson, J Leamy, M McCarthy, I Reynolds, E Ross, S Shuldham, C Bennett, L Foot, C (2018) *A Realist informed mixed methods evaluation of Schwartz Center Rounds® in England.* Health Services and Delivery Research Volume: 6, Issue: 37, Published in November 2018 https://doi.org/10.3310/hsdr06370

Paper 2

Creating Learning Environments for Compassionate Care (CLECC): Developing and evaluating the feasibility of a complex intervention

Authors and affiliation: Professor Jackie Bridges, University of Southampton, UK

Abstract

Background: Despite concerns about the degree of compassion in contemporary health care, there is a dearth of evidence for health service managers about how to promote compassionate health care. This paper reports on the implementation of the Creating Learning Environments for Compassionate Care (CLECC) intervention by four hospital ward nursing teams. CLECC is a workplace educational intervention focused on developing sustainable leadership and work-team practices designed to support team relational capacity and compassionate care delivery.

Objectives: To identify and explain the extent to which CLECC was implemented and sustained in existing work practices by nursing staff in two acute hospitals, and to report pilot trial outcomes.

Methods: Pilot cluster RCT with primary outcome measure of quality of staff-patient interactions (n=273) and longitudinal process evaluation using normalisation process theory. Data gathered included staff interviews (n=47), observations (n=7 over 26 hours), and ward manager questionnaires on staffing (n=4).

Results : Frontline staff were keen to participate in CLECC, were able to implement many of the planned activities and valued the benefits to their wellbeing and to patient care. The quality of interactions between staff and patients also improved, although not significantly so. Factors outside of the direct influence of the ward teams mediated the impact and sustainability of the intervention. These factors included an organizational culture focused on tasks and targets that constrained opportunities for staff mutual support and learning.

Conclusions: Relational work in caregiving organisations depends not just on individual caregiver agency but also on whether or not this work is adequately supported by resources, norms and relationships located in the wider system. High cognitive participation in compassionate nursing care interventions such as CLECC by senior nurse managers is likely to result in improved impact and sustainability.

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Gould L, Griffiths P, Barker H, Libberton P, Mesa-Eguiagaray I, Pickering RM, Shipway LJ & Bridges J (2018). *Compassionate care intervention for hospital nursing teams caring for older people: a pilot cluster randomised controlled trial* BMJ Open, 8, e018563

Paper 3

A realist evaluation of Schwartz Centre Rounds: how interventions may work differently in different contexts and why

Authors and affiliation: Professor Jill Maben, University of Surrey, UK

Background: Despite concerns about the degree of empathy and compassion in current health care settings, there is a lack of organisation –wide interventions, open to all, to support staff to deliver compassionate health care. This paper reports data from the evaluation of Schwartz Centre Rounds in the UK, an intervention which supports staff to share stories about their work to prompt group reflection and discussion of the emotional, social or ethical challenges of health care work.

Objectives: To identify the key contextual elements of Schwartz Rounds and how these facilitate the mechanisms of the intervention to fire (or not) in different settings to produce outcomes.

Methods: Realist evaluation in nine case study sites examining staff well-being at work and reported staff and patient outcomes. Data gathered included staff interviews (n=177), observations (n=42 Rounds; 29 panel preparation and 28 steering group meetings).

Results: Rounds were described by staff as interesting, engaging and supportive and staff appreciated the opportunity to learn more about their colleagues and digest patient cases, understand their perspectives and motivations resulting in greater understanding, empathy and tolerance towards colleagues and patients. Four contextual layers explained variation in Rounds implementation and nine CMOs detailed how Rounds work. Contextual elements included: (i) individual capabilities and characteristics of key actors (e.g. facilitators); (ii) interpersonal relationships; (iii) the organisational setting and (iv) the intra-structural setting.

Conclusions: Rounds offer a safe, reflective space for staff to share stories with their peers about their work and its impact on them. Enhancing compassion and empathy in caregiving relationships is complex and depends on a range of contextual factors to support fidelity to the intervention and sufficient support for Rounds in practice, Realist evaluation with a focus on context + mechanism = outcome allowed the contextual factors which allowed key mechanisms to fire to be identified.

References

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Paper 4

Intervention studies to support compassionate care in practice: A panel discussion

Authors and affiliation: Mary Flatley, University of Surrey, UK; Professor Jackie Bridges, University of Southampton, UK; Dr Mary Flatley, Homerton University Hospital NHS Foundation Trust, UK

The need to better understand how complex interventions such as CLECC and Schwartz rounds are implemented, their causal effects and the impact of context are increasingly recognized as crucial for policy and practice (Moore et al, 2015). Drawing on findings from two multi-centre studies that explored the feasibility of interventions to support compassionate hospital care, this panel discussion will consider and explore key contextual factors that can support or inhibit implementation in acute hospital settings.

The Creating Learning Environments for Compassionate Care (CLECC) intervention focuses on supporting ward nursing teams to develop leadership and team reflective practices in the workplace. A pilot cluster RCT and associated process evaluation was conducted on six hospital wards in two hospitals to assess the feasibility of the CLECC intervention in practice and evaluate its impact. Schwartz Centre Rounds are organisation-wide forums for health care staff where staff share stories about their work to prompt group reflection and discussion of the emotional, social or ethical challenges of health care work. Trained facilitators guide discussion of emerging themes and issues, allowing time and space for the audience to comment and / or reflect on similar experiences. A realist evaluation was conducted in case studies in nine organisations to understand how Rounds work to produce their outcomes and what contextual factors influence this.

Panel members are senior investigators drawn from both study teams. Discussions will be chaired by Professor Ruth Harris and will be initiated by a small number of key questions. Audience members will be encouraged to ask additional questions, and the discussion will conclude with a closing statement from each member.

References

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Symposium 2

Abstract no: 0262

Developing research capacity in nursing, midwifery, allied health and social care: Collaborative approaches

Lead: Josephine Gibson, PhD RGN, University of Central Lancashire, UK

Symposium Statement

The provision of evidence-based health care depends on the existence of robust research findings which reflect the most pressing concerns of patients, service users, carers and practitioners. Nurses, midwives, allied health professionals and social care practitioners provide the vast majority of direct health and social care, yet hitherto they have rarely contributed to the evidence base for their own professions, when compared with their medical counterparts.
The introduction of formal funding schemes for clinical academic careers in nursing, midwifery and allied health may go some way to address this, but innovative approaches are needed to overcome barriers to development.
In this session we will outline the major challenges and opportunities in clinical academic career development, present three programmes which have taken different approaches to fostering novice and early career practitioner-researchers by enabling them to develop and deliver projects which address the needs of patients, service users and communities in North West England, and will learn from the experiences of early career practitioner-researchers themselves.

Paper 1

Evaluation of a research internship scheme for health care practitioners

Authors and affiliation: Dr Stephanie Jones, Ms Anne-Marie Timoroksa, Dr Josephine Gibson, University of Central Lancashire, UK

Abstract

The development of a research culture in nursing, midwifery and allied health professions (NMAHPs) is essential for the provision of evidence-based health care. In 2012 an integrated clinical academic (ICA) pathway for NMAHPs was launched in the UK. The first stage of the ICA pathway is for early career NMAHPs to participate in a pre-master's clinical academic internship scheme. One such programme has been taking place at the University of Central Lancashire since 2014. The programme consists of 30 days' secondment from clinical practice over 9-12 months, including eight training days comprising sessions on good clinical practice in research, ethics, data collection and analysis (qualitative and quantitative); poster presentations, and writing for publication. The programme has been completed by 27 health professionals from across Lancashire and Cumbria including: nurses, occupational therapists, therapy assistants, physiotherapists, health care assistants and psychologists. An optional aspect of the programme is to complete two modules as part of a degree or masters pathway. An evaluation of the programme found that there is the potential for considerable impact in clinical practice from the research undertaken, the networks developed and from personal and professional development. Collaboration and support from other interns, colleagues and managers enhances engagement in the programme. Outputs from the programme have included changes to clinical practice, contribution to organisational strategy, peer-reviewed publications, conference presentations, and successful funding applications at masters, pre-doctoral and doctoral fellowship level. This presentation will also include a personal perspective from one of the participants, reflecting on her internship journey.

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Paper 2

Everybody wants to be a 'CAT': Developing a clinical academic trainee scheme

Authors and affiliation: Dr Philippa Olive, Lancashire Teaching Hospitals NHS Foundation Trust, UK

Abstract

Clinical academic careers in nursing, midwifery and the allied health professions (NMAHPs) are relatively new. Though much has been achieved, the number of NMAHPs participating in national research training schemes remains comparatively small. To develop and support local NMAHP-led research and clinical academic career progression, Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and the University of Central Lancashire (UCLan) formed the UCLan/LTHTR Clinical Academic Faculty. Launched in 2016, the Clinical Academic Faculty was tasked with developing and establishing successful and sustainable infrastructure to support the growth of our NMAHP clinical academic research community and clinical academic research careers at all levels and stages of development.

As part of this initiative we introduced a new Clinical Academic Trainee (CAT) role specifically for early career NMAHPs to undertake an evidence-based health care improvement project of importance and benefit for their clinical team and patient population. This CAT role is a three-year, '4+1' model (four days per week clinical practice and one day protected research time). In Year 1 training is focused on information literacy leading to an evidence review, in Year 2 the focus is on implementation science and in Year 3 the emphasis is on developing the CATs' clinical academic career progression.

Our Clinical Academic Trainee programme was developed to offer early career clinical academic research opportunities, and to embed evidence-based health care and patient-focused research and innovation in practice. In this presentation we detail the components of, and systems to support, our early career NMAHP Clinical Academic Trainee programme. With very few similar models in operation we have learned much along the way about what works (or not) and why. We will share our experiences, insights and programme evaluation to inform future, local Clinical Academic Trainee programmes and clinical academic career progression that can sit alongside and feed into NIHR Academy programmes.

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Paper 3

From staff nurse to NIHR doctoral fellow

Authors and affiliation: Mrs Alison McLoughlin, University of Central Lancashire, UK

Alison Mcloughlin will use her personal career journey to highlight some paths that can be taken by others to expand their research knowledge, experience and careers. With a background in acute medicine she specialised in stroke care. She then spent time as a clinical research nurse. Prior to her successful National Institute for Health Research (NIHR) Doctoral Research Fellowship (DRF) application she worked as part of a small team (Clinical Academic Faculty) tasked with developing research capacity and capability at Lancashire Teaching Hospitals NHS Foundation Trust whilst also maintaining direct clinical practice as a Stroke Specialist Nurse.

Alison is now based in the Stroke Research Team at the University of Central Lancashire. Her doctoral project is focusing on neurological assessment and monitoring in acute stroke. This talk will:

- Briefly outline her project and her top tips for applications
- Explore how individuals can search out and grasp opportunities keeping their goals in mind
- Highlight the importance of support and mentoring when undertaking a research journey
- Discuss why perseverance and resilience can be important attributes in getting you where you want to be.

Paper 4

Building research capacity aligned with health and social care partners' priorities

Authors and affiliation: Mrs Joanna Harrison, Ms Colette Miller, University of Central Lancashire, UK

Career development of the health care workforce has been an integral part of the capacity building theme of the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) North West Coast. By engaging with partner organisations across the region, we have promoted, encouraged and supported health care professionals to engage with career development opportunities that are available regionally and nationally. These opportunities include internships that support the development of research, evaluation and implementation skills, and encourage the sharing of this learning within organisations and with other partners. Internships have been fundamental in supporting the work being undertaken in the Partner Priority Programme, working on projects which address the needs of the CLAHRC's NHS and local authority partners whilst building capacity in research knowledge and skills in their organisations.

Internships have also been beneficial in motivating health care professionals interested in developing their research careers, and we have supported a number of potential clinical academics with preparing successful bids for NIHR Fellowships.

Symposium 3

Abstract no: 0217

Person-centred practice research for personal transformation and service innovation

Lead: Professor Jan Dewing, PhD, Queen Margaret University Edinburgh, UK

Symposium Statement

The symposium presents five papers that are all linked together through the ideas and principles of person-centredness and person-centred practice research. Fundamentally, each presenter and their research share similar values and commitments about i) the philosophical ideas and methodological principles that underpin the body of knowledge on person-centred practice research (Dewing et al 2017) ii) all the presenters are linked together via a research centre at a Scottish University and iii) also via with an International Community of Person-centred Practice Research (ICoP). The various presenters have established working relationships with each other and all are international partners, with others, in the ICoP.

We have chosen four research initiatives (plus an overview paper) that illustrates the shared values and principles underpinning our research and yet also highlights the range and diversity of our research activities in Scotland and internationally. It is very evident in papers two- four that our research requires a practice based presence; that the 'doing' of the research and the 'being' of the researcher mostly takes place in health care provider settings and where possible researching with others in and about their practices, services and organisations. Paper five focuses on the preparation of new nursing and health care researchers from a range of countries to learn how to become a person-centred researchers and contribute to developing impact in this field of research.

Dewing J, Eide T and McCormack B (2017) Philosophical perspectives on person-centredness for health care research in McCormack B van Dulmen S Eide H Skovdahl K and Eide T (eds). *Person-centred Health care Research.* Oxford, Wiley-Blackwell.

Paper 1

Philosophical and methodological foundations for person-centred research: Organising for international impact

Authors and affiliation: Professor Jan Dewing, Queen Margaret University Edinburgh, UK

Abstract

Background: Person-centred cultures and person-centred care are growing in popularity within health care policy and practices around the world (World Health Organisation 2015). It is therefore vital that nursing research in this field is nurtured and can demonstrate its effectiveness and a longer term impact for a range of stakeholders (Health Foundation 2015).

Aims: The presentation will focus on:

i) the philosophical ideas that underpin one body of person-centred practice research organised within a research centre at a Scottish University and with an International Community of Practice Research (ICoP) and international partners (Dewing et al 2017)

ii) the methodological principles that create the foundations for critical and creative research within the research centre and the ICoP.

Discussion: This presentation sets the scene for the remainder of the symposium. The presentation will show the plurality and complexity of person-centred practice research, perhaps both a challenge but also a strength of this type of research. It will argue that person-centred research must have coherence with the underpinning values, assumptions and ideas and yet avoid seeking a single 'fit' approach. The session will also consider the growing need for this nursing research to be organised in a way that creates maximum impact at an international level.

Conclusions: Philosophy and methodology have an evaluative aspect as a form of knowledge and help nurse researchers achieve deeper levels of understanding needed to generate new knowledge that is necessary for transformation and service innovation. This however, needs to sit alongside the pragmatic need for creating impact.

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Paper 2

Building capacity for transformation of person-centred cultures in a large NHS organisation: Lessons learnt and outcomes

Authors and affiliation: Dr Debbie Baldie, Tayside NHS Board and QMU Edinburgh, UK

Abstract

Background: The association between staff experience and patient outcomes and experience is well understood (Doyle, C et al, 2012). Person-centred cultures that focus on human flourishing enable the continual critique and improvement of care cultures and care outcomes (McCormack et al, 2011). There is evidence to indicate how care cultures can be enhanced at the micro level and in particular the facilitation this requires (Martin, 2018). Less is known however about how capacity and capability for facilitation of person-centred cultures using a practice development methodology can be can be built across a whole organisation and what sorts of impact that has.

Aims: The presentation will i)share findings from a collaborative, person-centred research project that sought to understand the impact of a year-long practice development programme and; ii)describe the opportunities and challenges in facilitating a co-designed programme that seeks to span across staff-learners' needs and theoretically informed prerequisites for person-centred facilitation.

Discussion: This presentation will highlight our key findings from the first year of this development programme. It will focus on the opportunities and challenges associated with developing communities of practitioners seeking to work in person-centred ways; the opportunities and challenges with facilitating a co-designed programme; a description and critique of the research methods used to explore outcomes and our key research findings.

Conclusion: Service innovation and research can play complimentary roles within complex systems. Taking a pragmatic, multi-method approach can both help inform stakeholders of impact and the requirements needed to achieve such impact. Developing capacity for person-centred cultures develops research ideas and an increased vitality and subsequent capability to undertaking further person-centred research.

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Paper 3

The journey towards a person-centred culture in a Swiss hospital group

Authors and affiliation: Ms Therese Hirsbrunner, Development SolothurnerSpitäler AG, Switzerland

Background: In their strategical considerations, the nursing management team at a Swiss hospital group decided to commit to develop a person-centred culture through a practice development approach in all the nursing departments. Working in partnership with the ICoP, a project group was established to lead the practice based research forward. And so, the journey had begun.......

Aims: To implement person-centred culture across four hospitals.

Methods: The project team translated the Person-centred Framework by McCormack & McCance (2017) into German as the guiding model of person-centredness that the teams are working towards making real in their workplaces and practices.

In workshops and in group meetings a range of active learning methods were used (Dewing 2010): for example installations, role plays, story-telling, painting to enable nurse leaders to become familiar with the model, and to critically reflect on the implications for them and for the teams they work with from development of a person-centred culture.

Results: Nurse leaders committed to work together in intentional person-centred ways. In the site groups, nurse leaders began to recognise and reflect on 'person-centred moments'. The leaders engaged in a creative work around creating vision statements for person-centredness; and learnt how they might facilitate similar leaning activities with teams in the workplace. They also started working on plans to engage team members in developing a shared vision of person-centredness and what this then means for developing practice.

Discussion: In the presentation the project will be outlined and a discussion about how the workshops and active learning have already begun to have an effect will be shared.

Conclusions: Active learning methods contributed a lot to starting a person-centred journey towards a person-centred culture. The methods seemed to be useful even with a diverse group of nurse leaders unused to this work of working and learning.

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Paper 4

A national programme to enable cultures of person-centredness

Authors and affiliation: Mrs Lorna Peelo-Kilroe, Health Service Executive, Irish Health Service, Ireland & QMU Edinburgh, UK

The Irish Health Service Executive (HSE) has introduced a National Programme to Enable Cultures of Person-centredness across all settings – services, administration and corporate. The aim of the programme is twofold:

1. to enable a culture of person-centred practice throughout the HSE as a means of achieving better outcomes for persons using and providing services;
2. to develop the necessary facilitation skills, capabilities and supporting structures to embed this approach system-wide. The HSE is partnered with Queen Margaret University, Edinburgh. Phases 1 and 2 are completed and phase 3 has just commenced.

Aims: To share the learning from this national programme, the methodology and methods used and the findings from the first year throughout the HSE.

Methods: Progress and evaluation were based on the *Person-centred Practice Framework* (McCormack and McCance, 2017). Primary data analysis, carried out at mid and end points included focus groups with all participants, purposeful selection of participants for telephone interviews, individual reflective accounts and testimonials. We used secondary data gathered by participants and their active learning groups analysed using Creative Hermeneutic Analysis (Boomer and McCormack, 2008). This data include records of learning group sessions, activities undertaken in the workplace, learning form observations, language exercises, staff and resident narratives.

Results: Results from the first year of the programme identified five key common themes and four key outcomes. These will be presented in the session.

Discussion: The approaches used challenged traditional thinking on adult ways of learning and opened up possibilities for participants and active learning groups to co-create and co-design a new future for person-centred workplace cultures.

Conclusions: This programme appears to offer a sustainable, accredited approach that builds capacity by imbedding cultures of person-centredness within services systematically and incrementally. The findings may be of interest to other health services interested in a system wide approach.

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Paper 5

Future impact: Building nursing research capacity in person-centred research through a doctoral programme including an international community of practice.

Authors and affiliation: Mrs Kate Sanders, Foundation of Nursing Studies & QMU Edinburgh, UK

Background: The training of doctoral candidates is largely an apprenticeship in which the trainee is supervised by an ‘expert ‘researcher to become an independent researcher. This training is known to be highly variable (Cashin et al 2017). Many factors influence the effectiveness of research training including the interplay between the supervisor and supervision research relationship; the institution and/or graduate programme and the organisation or agency funding the PhD/Prof Doc. In person-centred practice research, there is a need to build internationally capacity in this field of nursing research.

Aims: To discuss how one research centre is preparing Doctoral candidates in the field of person-centred research.

Methods: Drawing on contributions from the research of all the Doctoral candidates (PhD and Prof Doc) within an International Community of Practice at one university, a synthesis was carried out to map out the philosophical, methodologies and methods that are being developed.

Discussion: The presentation will share the findings of the synthesis and map them against core principles of person-centred practice research and the Vitae Researcher Development Framework (RDF) to demonstrate how effective the doctoral training is with preparing candidates to become independent researchers of the future.

Conclusions: There are multiple and complex factors that interplay to influence doctoral preparation. Novice researchers in person-centred research require generic research training that is embedded within the values, ideas, principles and approaches of person-centred research. There is a need to move towards clearer international clarification on what person-centred research training looks like.

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Symposium 4

Abstract no: 0476

Development and implementation of an intervention to increase retention and decrease burnout of early career nurses

Lead: Judy Brook, BSc, MSc, RHV, RN (Child), RGN, Snr Fellow HEA, City, University of London, UK

Symposium Statement

In the UK health care workforce, there is a growing shortfall of nurses, with a vacancy rate of over 10% (41,000 WTE vacancies) in England (Buchan et al 2019). Turnover is higher shortly after qualification (Zhang, et al, 2016). Despite extensive literature on nurse retention, there is a lack of knowledge about:

1. the components that are effective in interventions to increase retention
2. the benefits of co-production as a model to develop interventions
3. the development of social networks as a strategy to retain early career nurses.

The papers submitted for this symposium report on four aspects of a Burdett Trust for Nursing funded study to develop, implement and evaluate an intervention to increase retention of early career nurses. The study is a partnership between City, University of London and a large inner city health care organisation with a turnover of nursing staff higher than the national average.

The first paper reports the process and findings of a large systematic review undertaken to inform the development of the intervention, exploring which components of interventions to increase retention and reduce turnover contributed to effectiveness. The second paper reports on the development of the intervention using a co-production process involving early career nurses and nursing students, reporting process acceptability from the perspective of group members. The third paper reports a mixed methods evaluation of the feasibility and acceptability of the co-designed intervention from the perspective of student nurses and academic staff involved in the implementation. The final paper is a methodological paper discussing the novel use of self-drawn network diagrams to identify social capital and support in practice, implemented as one aspect of the intervention.

The four papers together showcase aspects of a large study that both individually and collectively, inform educational and clinical practice to retain early career nurses.

Paper 1

Characteristics of successful interventions to increase retention of nurses: A systematic review

Authors and affiliation: Mrs Judy Brook, Professor Leanne Aitken, Professor Debra Salmon, Dr Julie MacLaren, Dr Jennie Brown, Miss Leyla Ahmet, City, University of London, UK

Abstract

Background: Nurses leaving their roles, particularly soon after qualification, present significant barriers to building the global nurse workforce. In England, nurse shortages are particularly acute with 36,000 nurse vacancies in 2018 (NHS Pay Review Body 2018), despite implementing interventions to increase the nursing workforce (NHS Improvement 2018).

Aim: To evaluate the characteristics of successful interventions to promote retention and reduce turnover of early career nurses.

Method: This systematic review was conducted according to Preferred Reporting Systems for Systematic Reviews and Meta Analyses (PRISMA) guidelines. Online databases were searched in April 2018 to identify relevant studies published in English between 2001 and 2018. Included studies used turnover or retention figures as measures of effectiveness to evaluate interventions designed to increase retention or reduce turnover of early career nurses. Joanna Briggs Institute Critical Appraisal Tools for Quasi Experimental and Randomised Controlled Trials were used to assess the quality of studies. Effectiveness of interventions, as measured through retention or turnover data guided the comparison between studies. Appropriate measures of central tendency and dispersion were calculated and presented, based on the normality of the data.

Results: In total 11,656 papers were identified, resulting in 53 eligible studies. Data detailing the characteristics of the interventions and individual components were extracted. Interventions that led to improved turnover or retention rates included internship/residency programmes or orientation/transition to practice programmes. Beneficial programmes lasted 27 to 52 weeks and contained a teaching, preceptor or mentor component.

Discussion: Despite a large number of studies being identified, inconsistent and poor methods limited the conclusions that could be drawn. Improved standardization of method, outcome measures and reporting of intervention studies is required.

Conclusions: Organisations employing early career nurses are recommended to assess their current interventions against the identified successful components to improve effectiveness of recruitment and retention strategies.

References

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Paper 2

Co-production of a nurse retention intervention with students and early career nurses: Challenges and successes

Authors and affiliation: Mrs Judy Brook, Professor Debra, Professor Leanne Aitken, Dr Julie MacLaren, Dr Jennie Brown, Miss Leyla Ahmet, City, University of London, UK

Abstract

Background: Co-production is becoming popular for engaging service users and staff in health care service improvement. Experience Based Co-design (EBCD) is a well-established co-production method (Dimopoulos-Bick, et al, 2018) but use of the toolkit with students and early career nurses is innovative.

Aim: To co-produce an intervention to improve retention and reduce turnover with students and early career nurses and evaluate the process regarding acceptability and group member experience.

Method: A co-production group of five nursing students and two early career nurses, met six times in summer 2018 with two research project facilitators. Discussion was initiated by a bespoke film outlining the local and national retention issues and subsequently focused on the transition from student to qualified nurse, including suggestions to ease this transition.

Evaluation of the co-production process used a multi methods approach including: 1) the published EBCD evaluation questions; 2) an acceptability questionnaire based on the Theoretical Framework of Acceptability (Sekhon et al 2017); 3) semi-structured interviews exploring group members' experience; 4) reflexive facilitator field notes. Descriptive data were used to analyse the questionnaire data, and interviews and field notes were thematically analysed.

Results: Participants successfully co-produced an intervention. Data indicated members found the process acceptable, enjoyable and aligned with their personal values. Interviews and field notes data revealed added value for all members related to the group interaction. Challenges identified related to member commitment and fixed boundaries of the project.

Discussion: Challenges with co-production in an educational context related to difficulties with member commitment but the process offered opportunities for all group members to develop transferrable interpersonal and problem solving skills.

Conclusions: Co-production was an acceptable and effective approach to designing an intervention to improve retention and reduce turnover from the perception of group members.

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Paper 3

Feasibility of an intervention to improve early career nurse retention and reduce burnout

Authors and affiliation: Mrs Judy Brook, Professor Leanne Aitken, Professor Debra Salmon, Dr Julie MacLaren, Dr Jennie Brown, Miss Leyla Ahmet, City, University of London, UK

Background: Nurse retention is a significant issue globally, with a nursing vacancy rate of over 10% (41,000 WTE vacancies) in England (Buchan et al 2019). This project explores the implementation of a co-designed mindfulness, psychological and interpersonal skills-based intervention to increase early career nurse retention in an inner-London health care trust. The intervention comprised of four additional curriculum days for final stage pre-registration student nurses, implemented between January and May 2019.

Aim: To test feasibility of a new intervention designed to increase early career nurse retention in one organisation for improving nurse retention and reducing burnout with early career nurses.

Methods: An explanatory, sequential, mixed-methods design was used. Prospective, concurrent and retrospective questionnaire data were collected during implementation to assess feasibility and acceptability. Qualitative data were collected via semi-structured interviews to add context to the questionnaire data. Quantitative data were analysed and presented descriptively; interviews were analysed thematically.

Results: Thirty-nine final stage adult and child nursing students at City, University of London participated in the intervention and the feasibility study. Initial analysis indicates participants found the sessions helpful for dealing with stressful situations and developed transferrable skills applicable to both professional and personal lives. Participants found scheduling of the sessions during placement blocks difficult, as this was perceived to conflict with multiple competing priorities. Key perceived benefits were opportunities to share experiences in a group and explore personal values, a focus on mindfulness techniques, and developing transferrable skills.

Discussion: Low attendance reflected participants' concern about negotiating absence from placements. Incorporating sessions into simulated practice blocks of the nursing programme may maximise impact and attendance.

Conclusion: The content of the additional sessions was appropriate to support participants as newly qualified nurses but advanced planning is required to schedule the sessions effectively.

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Paper 4

Exploring the use of self-drawn network diagrams to identify social capital and support in practice

Authors and affiliation: Mrs Judy Brook, Professor Leanne Aitken, Professor Debra Salmon, Dr Julie MacLaren, Dr Jennie Brown, Miss Leyla Ahmet, City, University of London, UK

Background: Many interventions have been implemented to improve early career nurse retention (Brook et al 2019), but there is little published evidence of focus on community and nurse relationships within an organisation, or 'social capital' (Heinen et al 2012). Increased psychological and social engagement is a predictor for lower turnover. Using self-drawn network diagrams (MacLaren 2018) may provide a measure for social capital and embeddedness within an organisation.

Aim: To explore the use of a social networking methodology as part of an intervention to increase retention of early career nurses.

Methodological discussion: Final stage nursing students were asked between May 2018 and March 2019 to identify and create ego-centric network diagrams of their professional social networks in their placement area. Network diagrams were annotated with detail on relationship, strength of connection and attributes promoting learning (MacLaren 2018), and mapped onto the four typologies identified in the Developmental Networks Framework: receptive, traditional, opportunistic, entrepreneurial (Higgins and Kram 2001). Participants were supported to analyse and discuss their own networks and the diagrams were analysed independently by researchers.

Preliminary results indicate that social network mapping offers an easily administered method of collecting data about student support in practice. To avoid differences in interpretation of verbal and written instructions for administration of data collection, further clarification is required.
In the context of group discussion consideration should be given to the impact of social desirability for entrepreneurial networks.

Conclusions: Social networking methodology offers an innovative method to help individuals explore their own professional networks and discuss implications for their professional development. This may be a useful predictor of the need for additional student support. The methodology requires explicit verbal and written instruction in guiding participants, and care not to value network typologies above each other.

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Symposium 5

Abstract no: 0375

Knowledge Mobilisation through 'Collective Making' in nursing and health services research

Lead: Daniel Wolstenholme, BSc RGN MMedSci, Sheffield Teaching Hospitals NHS Foundation Trust, UK

Symposium Statement

This symposium will present, a theoretical background, and then a series of case studies to explore current issues in Knowledge Mobilisation. It will outline the current thinking around knowledge mobilisation and how it impacts on delivering 'evidence based practice' and therefore impact, in nursing research and practice.

After presenting the process model for 'collective making' the following papers will illustrate the process, drawing from a range of case studies undertaken by the Translating Knowledge into Action Theme of the National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care, in partnership with other teams and researchers across England, spanning a broad range of areas from domestic abuse, to promoting activity after stroke and mental and physical co-morbidities.

The symposium will conclude with reflections on commonalities across these diverse projects and a reflection on how the model might support nurses and nurse researchers to better combine research and other forms of evidence to deliver best practice to their patients, clients and carers.

Paper 1

'Collective Making': A contribution to knowledge mobilisation practice

Authors and affiliation: Mr Daniel Wolstenholme, Sheffield Teaching Hospitals NHS Foundation Trust, UK; Dr Joe Langley, Sheffield Hallam University, UK

Abstract

Background: Knowledge mobilisation is the practice of getting knowledge into practice. Historically, in nursing, this has focussed on getting research evidence into practice, under the auspices of evidence based practice. As the critical discourse around knowledge mobilisation (KMb) has developed there has been a shift from a linear model of; researcher does research, puts research in paper or book, practitioner uses knowledge (known as Mode 1 KMb) to a Mode 2 model that acknowledges that knowledge is a social and contextually fluid thing, and recognises that there are many other forms of knowledge, besides research evidence, that are used in day to day life and decision making. Mode 2 KMb is also referred to as co-production or co-creation (Greenhalgh et al 2016) .

Aims of the paper: Mode 2 Kmb is heralded as having the best chance of getting knowledge into practice, and yet there are challenges about bringing people together to do such activity. In the literature the challenges are often typified as being about Power, Voice, Trust and Time. Without a conscious attention to these factors the process is unlikely to work. This paper presents an emergent process model (Langley, Wolstenholme, Cooke 2018) drawn from the KMb Literature and from the presenting teams' own practice within the National Institute for Health Research (NIHR), Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Yorkshire and Humber (YH).

Methodological discussion: The paper proposes that a process of 'collective making', using methods that preference creative practices are more likely to enable Mode 2 KMb. The process has an impact on the participants, the knowledge (to be mobilised) and the implementation process. We will present how this impact is enabled.

Conclusion: Using these methods enables complex and diverse views and forms of evidence to be synthesised, delivering contextually sensitive solutions.

References

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Paper 2

Using participatory approaches to develop tools to help primary care nurses support women victims of domestic violence from black and ethnic communities

Authors and affiliation: Dr Parveen A Ali, University of Sheffield, UK; Dr Julie McGarry, University of Nottingham, UK

Abstract

Domestic violence and abuse (DVA) is a major public health and social problem that affects millions people in every community, culture and country. However, migrant women and those from Black and Minority Ethnic communities (BME) experience additional barriers when accessing health and social care services.

We still do not know the extent to which nurses working in primary care are adequately prepared to respond to DVA victims generally and those from BME communities in particular. There is a need to explore the perspectives of nurses working in primary care and victims of DVA about roles, responsibilities of nurses and expectations on the provision of appropriate services to those experiencing DVA. Such knowledge may help in understanding the factors affecting nurses' ability to identify and manage DVA in primary care setting. This session aims to presents our learning as to how we used a participatory co-production approach this issue and to develop an educational resource to support nurses working in primary care, who support BME women victims/ survivors of DVA.

We engaged with 74 participants who contributed 18 individual interviews, four focus group discussions and two participatory workshops attended the first and second workshop respectively. Participants included women victims of domestic violence and abuse, domestic violence workers, nurses, GPs, and specialist support workers from GP surgeries.

Both nurses and female participants felt that nurses are not always able to support women effectively and that they need further education and training to improve their knowledge, understanding and skills to be able to provide effective support. This study helped us develop prototype of educational resources which has the potential to be implemented in various GP practices. We will look for further funding opportunities to get some funds to develop the intervention further and to test its feasibility.

Paper 3

Enhancing the uptake of exercise after stroke: START (Small Task Aid Recovery Time)

Authors and affiliation: Dr Remi Bec, Sheffield Hallam University, UK

Background: Stroke is the fourth leading cause of death and of adult disability in the UK affecting 152,000 individuals annually and costing the UK health economy nearly £9 billion. A quarter of these strokes are recurrent, and they can often be preventable through being physically active. Yet less than half of adults over the age of 65 years in the UK achieve the recommended levels of activity, and this declines further after stroke and transient ischaemic attack.

Aims: The aim of this project was to explore ways to promote exercise in stroke survivors living in Sheffield (UK) using creative co-production workshops.

Methods: Following the double diamond approach (User Centred Health care Design 2015) the multidisciplinary team facilitated a series of 5 workshops. Through using co-creative methods, this design-led project co-defined a series of briefs which were co-developed and prototyped.

Throughout the project, 71 people were involved (such as stroke survivors, health care professionals, social services, commissioners) including ten students from the product design course (Sheffield Hallam University), who were paired with stroke survivors and health care professionals to develop their own brief.

Results: Five briefs emerged from the research:

1. a marketing campaign to burst myths and promote physical activity
2. a video raising awareness of the benefits of promoting exercise
3. a staff training package about information delivery regarding exercise
4. a stroke survivor's passport to access relevant and customised information while keeping one's medical record in one place
5. a buddy box to increase wellbeing among survivors.

Discussion: Collaborating with design students allowed creative methods to be brought to the fore. The use of such methods supported people who may have otherwise struggled to contribute in workshops to engage fully, and the focus on practical solutions valued the participants contribution in a way that more traditional approaches may not have.

References

User Centred Health care Design (2015) Better Services by Design. Available at: http://www.bsbd.org.uk/ (accessed 13 August 2019)

Paper 4

Avachat: Co-designing a virtual agent to support self-management for individuals living with physical and mental comorbidities

Authors and affiliation: Mrs Cheryl Grindell, Sheffield Teaching Hospitals NHS Foundation Trust, UK

Background: Individuals living with long-term physical health conditions, such as chronic obstructive airways disease (COPD), frequently experience mental health problems (National Institute for Care and Excellence 2009, 2010). This co-morbidity can have a significant impact on individual's levels of emotional distress and their health outcomes leading to increased health care use (2). Health care services are struggling to meet this demand and are increasingly moving into the community. Digital tools are being promoted to support patients to self-manage their health (de Silva D 2011). One such technology is the autonomous virtual agent.

Objective: To co-design the content, functionality and interface modalities of an autonomous virtual agent to support self-management for patients with an exemplar long-term condition (Chronic Pulmonary Obstructive Disease).

Methods: We conducted two co-design

workshops with adults with COPD and health professionals to explore the look, sound, format and content of an autonomous virtual agent. A video-based scenario prototype was used to test the acceptability of the virtual agent with adults with COPD and health professionals involved in their care.

Results: As well as the look, sound and format of the virtual agent four priority self-management scenarios, for which adults with COPD would like to receive support, were identified from the co-design workshops: at time of diagnosis (information provision); during acute exacerbations (crisis support); during periods of low mood (emotional support); and for general self-management (motivation). The virtual agent was iteratively developed and the video based scenario prototype was found to be acceptable to 12 adults with COPD. They felt the system would be particularly useful for individuals living alone.

Conclusions: The co-design process allowed the research team to identify key design principles, content and functionality to underpin an autonomous agent for delivering self-management support to older adults living with COPD and potentially other long-term conditions.

References

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National Institute for Care and Excellence (2010) *Clinical Guidelines 101. Chronic obstructive pulmonary disease: management of COPD in adults in primary and secondary care.* National collaborating Centre for mental health: London.

de Silva D. (2011) *Evidence: Helping people help themselves. A review of the evidence considering whether it is worthwhile to support self-management.* The Health Foundation.

Symposium 6

Abstract no: 0435

The pyramid of evidence: Challenges and opportunities for nursing research

Lead: Dr Susanne Cruickshank, PhD, MSc, BSc, University of Stirling, UK

Symposium Statement

Historically evidence has been categorised according to a hierarchy. The evidence pyramid has been described in different ways but all of them focus on weaker study designs in the bottom (expert opinion, qualitative studies) and strong designs at the very top, systematic reviews and meta-analysis. The problem with this approach is that it assumes that all clinical problems, or indeed all research questions, lend themselves to the stronger designs. In reality, there are a number of steps needed to move from the bottom to the top of any pyramid. Nurses benefit from using a stepped approach in their research careers and learning their craft, gaining confidence to appraise evidence and using the outcomes to determine the best research method to answer the clinical question/problem.

This symposium presents papers that reflect a shared interest in undertaking research in the field of breast cancer (UK and internationally). Appraising the evidence systematically using different approaches is presented in paper 1 and 2 while paper 3 describes the use of normalisation process theory within an acceptability study to inform the development of a pilot trial. Each paper considers their contribution within the pyramid of evidence and the learning gained. The researchers are at different stages in their career; Ms Hakami is a PhD student (paper 1), Ms Brown a Research Fellow (paper 2), and Dr Cruickshank an independent researcher (paper 3).

Paper 1

A systematic review and narrative summary of workplace-based interventions to increase breast mammography screening uptake: implications for research in Saudi Arabia

Authors and affiliation: Ms Manal Hakami, Susanne Cruickshank, Rob Polson, Gill Hubbard, University of Stirling, UK

Abstract

Background: The global burden of breast cancer is growing and is one of the leading causes of death among women. Mammography screening uptake is very low in Islamic countries compared to non-Islamic countries. Workplaces provide a convenient location for reaching large groups of women in Islamic countries. As a first step towards developing an effective workplace intervention in Saudi Arabia, aimed to increase mammography screening rates, we conducted a comprehensive systematic review to provide an overview of the available evidence in this area.

Objective: This review aimed to identify randomised controlled trials that assessed the effectiveness of workplace interventions to increase breast mammography screening in Islamic countries.

Methods: Thirteen databases were searched in English language or Arabic with no date restriction.

Result: Of a total of 1374 papers identified, no studies about workplace interventions in Islamic countries to increase mammography screening uptake were found. Broadening our search beyond Islamic countries, we found three educational intervention from the USA (n=2) and China (1). The TIDier checklist and theory coding scheme were used to describe the intervention function and theoretical basis respectively.

Conclusion: The findings illustrate the lack of knowledge about existing workplace interventions to enhance mammography screening uptake in women. This presentation will discuss the benefits of systematically reviewing the evidence prior to undertaking research. The author was able to change the path of her research design to better understand the views of Saudi women in relation to breast cancer and mammography screening to design more effective interventions for this population.

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Michie S, Prestwich A, (2010) Are interventions theory-based? Development of a Theory Coding Scheme. *Health Psychology.* 29:1–8

Paper 2

Opportunities and challenges when updating Cochrane reviews: Specialist breast care nurses for supportive care of women with breast cancer

Authors and affiliation: Ms Tamara Brown, Maria Noblet Susanne Cruickshank, University of Stirling, UK

Abstract

Background: Cochrane methodology to conduct systematic reviews is internationally recognised as ensuring the highest standards of quality in summarising the best available evidence to improve health care decision making. Cochrane methodology is continually being developed and this provides challenges to reviewers who regularly update reviews.

Aim: To describe our experiences of updating a Cochrane review conceived over a decade ago that assessed the effects of interventions carried out by Breast Care Nurse's on quality of life outcomes for women with breast cancer. A breast care nurse (BCN) is a registered nurse with a qualification or specialist knowledge in breast care. Interventions by BCNs aim to support women and help them cope with the

impact of the disease on their quality of life.

Methodological discussion: Using our experiences of updating a Cochrane review we describe how both the Cochrane methodological tools and the interventions themselves have changed over time. We introduce debate about the opportunities and challenges posed through improved reporting standards, particularly assessing the quality of the body of evidence using the GRADE approach.

Conclusions: Reviews are continually updated to improve the evidence base and the reporting of this evidence, to improve our understanding of the components of interventions, to inform the development of future interventions and the direction of further research. This paper reports on our experience of building a body of evidence, how the evidence base has changed and our experience of using Cochrane tools within the nursing field as a case study.

References

Cochrane Library (2019) Accessed on 13 August 2019 from www.cochranelibrary.com/about/about-cochrane Cruickshank S, Kennedy C, Lockhart K, Dosser I, Dallas L. *Specialist breast care nurses for supportive care of women with breast cancer*. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD005634. DOI: 10.1002/14651858.CD005634.pub2

Paper 3

Acceptability of specialist breast cancer nurses to embed a fear of cancer recurrence intervention in their daily practice: How can normalisation process theory help?

Authors and affiliation: Dr Susanne Cruickshank, University of Stirling, UK

Introduction: Fear of cancer recurrence (FCR) is defined as “fear, worry, or concern about cancer returning or progressing”. It is one of the most frequent unmet needs reported in the immediate post-treatment phase. Our aim was to investigate how Specialist Breast Cancer Nurses (SBCN) respond to their patients’ fears of cancer recurrence and analyse their views about embedding a new psychological intervention, the Mini-AFTERc, into their consultations.

Method: A mixed methods sequential design was used, informed by Normalisation Process Theory. Data collection took place between Nov 2017 and Feb 2018. Phase 1: UK SBCNs were emailed a web-based survey to investigate how breast cancer survivors’ FCR is currently identified and managed, and their willingness to utilise the Mini-AFTERc. Phase 2: a purposive sample of respondents (n=20) were interviewed to augment phase 1 responses, and explore views on the importance of addressing FCR, interest in the Mini-AFTERc intervention, skills required and challenges to delivering the intervention.

Results: Ninety nurses responded to the survey. There was no consensus on the size of the problem or unmet need. SBCNs estimated that 20-100% people experience moderate FCR and 10-70% severe FCR. The interviews identified that clinical conversations are focused primarily on giving information about signs and symptoms of recurrence rather than addressing the psychological aspects of fear.

Conclusion: Findings indicate wide variability in how FCR was assessed. Using NPT to inform the study design provided a useful structure to illicit information to assist the planning of a pilot trial, the focus of this presentation. In particular how, and what was required to test the efficacy of the Mini-AFTERc intervention in clinical practice, a step often overlooked in the development of trials that can lead to assumptions being made about roles and relationships that either do not exist or as we found, are highly variable.

References

Cruickshank S, Steel E, Fenlon D, Armes J, Scanlon K, Banks E, Humphris G (2018) *A feasibility study of the Mini-AFTER telephone intervention for the management of fear of recurrence in breast cancer survivors: a mixed-methods study protocol* http://dx.doi.org/10.1186/s40814-017-0161-8

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Symposium 7 - Please note this has now moved to Thursday 5 September, 11.15am-12.40pm

Abstract no: 0488

Single site approach to developing clinical academic careers: Strategy, personal and organisation impact

Lead: Professor Faith Gibson, PhD MSc RGN RSCN ONC Cert Cert Ed RNT FRCN, Great Ormond Street Hospital for Children NHS Foundation Trust and University of Surrey

Symposium Statement

The Integrated Clinical Academic (ICA) Programme was launched in 2013, an amalgamation of previous programmes, consolidated in a revised Health Education England (HEE) Clinical Academic Careers Framework. This revised document reinforces the Mandate from the Government to HEE) to develop a workforce that embraces research and innovation. Diversity in nursing and allied health professional (AHP) roles has always been highly evidenced at Great Ormond Street Hospital for Children NHS Foundation Trust. This was continued in 2014 with financial support from the Biomedical Research Centre (BRC) we were able to appoint to a post that would initiate and sustain a mixed portfolio of activities to facilitate these professions on a clinical academic pathway. Uncertainty has been a constant 'friend' on this journey; financial investment has not always felt secure, success (however that is defined) is not always guaranteed. This is a journey where we have taken every opportunity to 'take people with us', either through our belief in professionals that they can be successful on this pathway, or through engaging with those outside of nursing, and AHP roles, to evidence, 'the why', 'why now', and 'how'. Our learning has been incremental, we have learnt from others running similar programmes, and listened to members of our Clinical Academic Faculty to continuously improve what we provide. In 2020 we will see our first NIHR C-DRF fellow complete their programme, we will be ready, and we will have in place agreed individual work plans that map clear pathways. In this symposium, we want to share with you some of our journey, to evidence our strategy and thinking, to share opportunities we have grasped, and doors we have needed to open; exploring with participants, 'the why', 'why now', and 'how', and the impact.

Paper 1

Clinical Academic Careers for nurses/AHPs: Building a strategy for success

Authors and affiliation: Dr Kate Oulton, Great Ormond Street Hospital for Children NHS Foundation Trust, UK

Abstract

Background: In 2014, Great Ormond Street Hospital for Children NHS Trust (GOSH) Biomedical Research Centre (BRC) funded the first Clinical Academic Programme Lead specifically for Nursing and Allied Health Professionals (AHP). Funded initially for three years, they were embedded within the existing Centre for Outcomes and Experience Research in Children's Health, Illness and Disability (ORCHID).

Aims: The goal was to enhance the research culture to make the clinical academic career (CAC) pathway for nurses/AHPs a more attractive choice, ultimately leading to better engagement and interest in research, and increased research capacity and capability (Westwood et al, 2018).

Methods: A rich and varied programme of support was developed and delivered through the ORCHID Clinical Academic Faculty: including an Academic Inquiring Minds (AIM) Forum to network, share ideas and engage in critical debate, training workshops, guest lectures and a writing mentorship scheme. Capacity building was facilitated through a bespoke internship scheme aimed at supporting individuals to disseminate their research, implement findings and secure further funding.

Results: The programme has positively impacted the research environment, facilitating multi-professional working and national/international clinical and research collaborations. Twenty-one nurses/AHPs have secured NIHR or Health Education England funding to undertake a Masters in Clinical Research and 11 obtained doctoral funding, including seven NIHR Clinical Doctoral Research Fellowship Awards, generating income in excess of £1.5 million. Six nurses/AHPs have undertaken a development internship to disseminate findings from their Masters, using these to influence clinical care. Our ongoing success helped us to secure over a further £700k to support nursing/AHP research for five years through the NIHR GOSH BRC Award.

Conclusions: Challenges remain in terms of space, and clarity around 'new roles', but with a clear strategy, links to local and national initiatives, we have the structures in place to build and sustain CAC going forward.

References

Westwood G, Richardson A, Latter S, Macleod Clark J, Fader M (2018) Building clinical academic leadership capacity: sustainability through partnership. *Journal of Nursing Research*, 23(4), pp. 346-357

Paper 2

Why would anyone move from a 'Structured, busy, demanding managerial Matron role' to an 'Unstructured creative, exploratory, indulgent PhD student role'?

Authors and affiliation: Mrs Polly Livermore, Great Ormond Street Hospital for Children NHS Foundation Trust and University of Surrey, UK

Abstract

Background: A matron role is a highly respected position within the NHS, one which has often taken years of climbing the career ladder. However, it does not come without responsibility and daily pressure. Despite being proud of my senior role within the Trust, I have always known that I would work towards a PhD at some point in my career. The journey has not always been easy, but as I enter my third and final year, it has definitely been well worth it (so far that is!).

Aim: This paper will present the journey taken and challenges faced along the way, encouraging others to be brave and risk changing the status quo for a different life.

Methods: I will provide some background to previous roles attained and present the drivers for applying for fellowship funding. Through describing my experience completing a National Institute of Health Research (NIHR) Clinical Doctoral Research application form and subsequent interview, I will then briefly present the subject to my PhD study. The obstacles and benefits will be discussed along the way.

Discussion: Twelve years ago, the ‘Finch report’ investigated the barriers faced by nurses wanting to pursue a research career (2007). These barriers, evident in the majority of NHS Trusts today, include: education and training; employment structures; lack of capacity in the workforce; need for financial support. In Trusts that can see the potential to modernise careers and provide support, encouragement and secondment opportunities (like my Trust), then nurses and allied health professionals have a distinct advantage. However, if nurses have a passion for research and ultimately want to lead future programmes of clinical/health service research, then a degree of tenacity is essential from the outset.

Conclusion: Completing a PhD is not for everyone, but if you want one, then do not give up.

References

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Paper 3

Being in the right place at the right time: Going digital – The implementation of EPIC Electronic patient records (EPR) and its impact on patients, parents and staff

Authors and affiliation: Mrs Pippa Sipanoun, Great Ormond Street Hospital for Children NHS Foundation Trust and University of Surrey, UK

Background: I had two PhD Research Fellow Internships, then disappointment followed, I was not funded through an application to the NIHR. Fear not, opportunity awaits, which I grasped to undertake a Trust-wide, world first study about the implementation of electronic patient records (EPR) in a paediatric tertiary hospital, forms my PhD study at University College London and is part of my Clinical Academic Pathway.

Aim: The aim of this presentation is to:

1. highlight the potential issues associated with the transition of GOSH to becoming a digital hospital
2. how these will be explored through a concurrent mixed methods study pre and post implementation
3. my experience during this process.

Methods: The creative methodology of ‘World Café’ workshop was used to explore stakeholder perspectives of what ‘Going Digital’ means to them as patients or parents, or staff, raising important ethical and legal dilemmas that needed consideration. Findings from the workshops will be shared in addition to my learning, including challenges faced.

Discussion: Important issues were raised, with children and young people wanting to know who is looking at their health data, not wanting to be reminded of their condition(s) all the time, and the worry of reading something they did not want to or were not meant to read. Stakeholders wanted assurances that their health data is safe, and debated issues surrounding the Mental Capacity Act (2005), fluctuating capacity to access their data. This methodology gives stakeholders a way of having a voice in the biggest change the Trust has ever seen.

Conclusion: Determination and resilience can prevail! Being instrumental in developing, managing and conducting this study is developing my clinical academic skills rapidly and effectively with the additional reward that workshop findings will help shape the service the Trust provides for the benefit of all stakeholders.

References

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Burke C and Sheldon K (2010) Encouraging workplace innovation using ‘World Café’ model, *Nursing Management* 17 (7) 14-19 Mental Capacity Act 2005

Paper 4

Clinical academic careers for nurses/AHPs: Have we turned the corner yet, yes/no?

Authors and affiliation: Professor Faith Gibson, Great Ormond Street Hospital for Children NHS Foundation Trust and University of Surrey, UK

Background: Research is vital to provide the transformative and sustainable health and care services we need to deliver the *NHS Long Term Plan* (www.longtermplan.nhs.uk). A clinical academic workforce has an important role to play, but we need to build capacity and capability, we need to lead in nursing and allied health professions (AHP), to improve health outcomes for patient benefit (Macleod Clark, 2014).

Aim: We set out to build capacity and capability in nursing and AHPs, to positively influence the research culture, to offer leadership and academic support to those wanting to take a journey towards being a clinical academic.

Methods: Developing a research centre at Great Ormond Street Hospital (GOSH), now known as the Centre for Outcomes and Experience Research in Children’s Health, Illness and Disability (ORCHID), was the first step in the late 1990s. The foundations were put in place, PhD prepared nurses and AHPs were recruited to the centre, and we have cemented a Research and Clinical Academic Faculty within that structure. People, passion, and drive have been at the forefront of the methods we have capitalised on in our ambitious, but realistic plan.

Discussion: The preparation of clinical staff to undertake research is a strategic priority. Yet challenges for Trusts, such as GOSH, include how best to identify, support and further develop those aspiring to or considering clinical academic roles within and outside the established pathways (Westwood et al, 2018), and supporting those who are not yet clear of their preferred career option. Partnerships are key, as are role models, champions throughout a Trust are essential, at all levels.

Conclusion: Our aim is to share some of our past, as well as plans for our future, and in this final paper of the symposium we will welcome discussion and debate to assist us and others to ‘turn that corner’.

References

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Symposium 8

Abstract no: 0235

Scholarly publishing and research impact: A tribute to James P Smith

Lead: Professor Roger Watson, BSc PhD RN, University of Hull, UK

Symposium Statement

For research to make an impact it first needs to be known about and publishing in scholarly journals is still the main medium for the dissemination of research.

It used to be sufficient for researchers just to 'get published' and research productivity was reflected in quantity. With ever-increasing scrutiny of research, particularly through national research assessment exercises, the emphasis has shifted from quantity to quality and, more recently, with a growing focus on research impact.

Journals have responded to these shifts in emphasis with tighter quality control of content and by guiding authors to present papers in ways that maximise potential for impact. Preoccupation with journal impact factor rankings has given way to a focus on measures of author impact and, increasingly, those established citation metrics are being complemented by new alternative ways of assessing the broader impact of published research.

This symposium will examine these trends in the context of research in nursing and will open up discussion of how journals can continue to play a crucial role in disseminating research with impact.

The symposium is supported by Wiley, the publisher of Journal of Advanced Nursing (JAN). JAN's current Editor in Chief, Roger Watson, and his predecessor Alison Tierney are two of the speakers, both mindful of the aspiration of James P Smith, the Founding Editor, who in launching the journal said it must not become 'an end in itself' but, instead, "a means towards the ends of improving the effectiveness" of practice, education and management. JPS died last year. This symposium is in honour of Jim. Paying tribute at this conference is fitting because Jim was one of the founding members of this RCN group.

References

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Paper 1

Views on research impact in nursing and publishing

Authors and affiliation: Professor Alison Tierney, University of Adelaide, Australia

Abstract

The pioneers of nursing research in the UK in the 1950s and 1960s were motivated by an ambition to improve practice and patient care over generating nursing knowledge. But as Florence Nightingale declared: 'reports are not self-executive' and that, early in the research planning process, a post-publication implementation strategy should be devised.

There certainly was clear understanding among UK nurse researchers from the outset that research must be published, and the RCN monographs issued through the 1970s from the 'Study of Nursing Care' project (https://tinyurl.com/y67dxps2; accessed 26 March 2019) represent some of the first substantive publications from that early era of UK nursing research.

But few practising nurses were reading research. Nursing practice was still rooted in tradition and routines, and university-based nurse education had barely begun. Nursing research and nursing practice were operating in separate worlds (Tierney 1974). The so-called 'gap between research and practice' became a real concern (Hunt 1981). Practitioners blamed 'ivory-tower' researchers for writing in gobbledegook, and researchers blamed practitioners for failing to try to understand research and implement its findings. This simplistic duel was based on lack of understanding – on both sides - of the complexities of research and the process of its translation and utilisation.

Based on 'lived experience' – and drawing on the literature – this paper will try to chart how our thinking in nursing about the value - the impact - of research has developed over time, and how that thinking has been shaped. Key policy initiatives, movements such as 'evidence-based' health care, developments in journal publishing and, more recently, the demands of external research assessment all have contributed to shaping our views over time on the value of research in and for nursing, and for its wider benefit for health and society.

References

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Paper 2

Measuring the impact of published research

Authors and affiliation: Professor Roger Watson, University of Hull, UK

Abstract

Impact of academic publications raises different ideas in people’s minds and such impact has changed and evolved. Traditionally, publication impact in science and social sciences has been measured by the extent to which work is cited in other publications expressed either in total or over time, as in the controversial impact factor (Seglen, 1997). Academics also measure their own citation impact, with the h-index gaining popularity (Watson et al, 2016).

Impact was initially only considered within the field where the research was generated, and little consideration was given to impact outside that field on the well-being of people and the economy. Where impact was seen outside a field, it was unclear how it got there and what the extent of the impact was. This has changed since the UK Research Excellence Framework, and similar exercises elsewhere, have introduced assessment of research impact, specifically defined in terms of broader impact on society.

One relatively new way of measuring impact—which essentially bridges the gap between impact within a field of research and impact outside of it—is Altmetrics® (www.altmetric.com; accessed 21 March 2019) whereby impact via social and other forms of media are measured. Altmetrics—meaning ‘alterative metrics’—was developed in 2010 and in only a few years the major publishers have been studying them and making them visible alongside articles on their journal webpages.

This session will explain the concept of Altmetrics and, using a recent example from Journal of Advanced Nursing (Dardas et al, 2018), will demonstrate what form these mainly take and the relationship between Altmetrics and traditional citation metrics of the kind generated by Clarivate and Scopus. The implications of Altmetrics for academic research and publishing and for the forthcoming REF will be explored. Ways of increasing social media attention for research will also be explored.

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Paper 3

Research outputs and impact in the REF: A quality relationship

Authors and affiliation: Professor Hugh McKenna, University of Ulster, UK

For almost 30 years the quality of publicly funded research in UK universities has been assessed in a series of exercises now called the Research Excellence Framework (REF). Australia, Sweden, New Zealand and other countries have run similar exercises. The results are mainly used to inform the allocation of research funding and provide accountability for tax payers’ money.

In their early iterations, it was the outputs of research – most commonly in the form of research papers published in journals – that was the main focus of the assessment. Outputs still account for 60% of the overall rating derived from scoring each submitted output on a 5-point scale.

In 2014, REF (REF2014, 2011) included research impact. Governments believe those whose research work is undertaken at public expense should provide evidence of the benefits. The impact must influence areas including: the economy; society; quality of life; culture; and health care. Universities must produce impact case studies and explain how they support the development of impact from their research. These case studies must be underpinned by internationally recognised publications.

In REF2021, (REF2021, 2019) research impact will account for 25% of the total REF profile. This represents a 56% increase in the weighting for impact case studies since REF2014. When you consider that the results of the exercise enable the allocation of around £2 billion each year to UK universities, this is not an inconsiderable percentage. Furthermore, since a four-star impact case study equates with six four-star papers, the benefits of producing good case studies are evident.

One would expect an applied discipline like nursing to score high on impact. This symposium paper will show how quality publications underpin research Impact, how to differentiate outstanding impact from weak impact and how researchers can ensure that their work is impactful.

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Paper 4

Postgraduate research students and early career researchers and the publication process

Authors and affiliation: Dr Parveen A Ali, University of Sheffield, UK

Publishing in scholarly journal is considered prestigious, but challenging. When someone undertakes a PhD, they are encouraged to consired publication. However, can research students understand the publishing process and negotiate the issues associated with submission, peer review, revision – and rejection (Ali, & Watson, 2016)? Are research students provided with opportunities to learn how to achieve research impact?

The process, speed and opportunities for publication change rapidly. Journal articles, book chapters or books used to be the form of publications with a few dominant publishers. With advanced information technology and internet, opportunities to publish have increased. It is easier to publish in blogs, for example, but increasingly difficult to pick a reputable journal where one should aim to publish their work. There are many predatory journals and it is difficult for even experienced researchers to recognise these (Van Nuland, & Rogers 2017). At the same time, to make publishing process contemporary, interesting, and futuristic, and to maximise research impact, it is essential to exploit various options such as podcast, graphical abstract and use of social media. But how do we ensure that we prepare our future generation for all of these? What can we do ensure research students and novice researcher are kept up to the speed of changes in publication process while meeting demands of their studies?

This paper is intended to inject into the symposium views of a younger nurse researcher to encourage speculation about how journals and the publishing process may need to change and exploit new disruptive approaches and technologies in order to modernise and maximise their role in promoting the publication of research that makes an impact, both within and beyond nursing. It will also explore what can be done to prepare our research students and novice researchers for future publication challenges.

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Symposium 9

Abstract no: 0431

Retention of newly qualified nurses (NQNs) in the UK National Health Service (NHS)

Lead: Dr Jane Wray, PhD, Faculty of Health Sciences, University of Hull, UK

Symposium Statement

It is hard to remember a time in any part of the world when there has not been concerns regarding a shortage of nurses. This is especially acute in the UK National Health Service (NHS) where we are currently losing more nurses from the NHS than we are recruiting (Triggle 2018). Nurses are lost at many points in their career trajectory through planned retirement, premature retirement, career change and the pressures of other commitments. In addition to the large number of nursing students who 'drop out' during their nursing programmes—up to 25% according to some (Siddique 2018)—we also lose nurses within one year of registration and entering employment; some of these leave the NHS and some leave the profession. This symposium will include four presentations from three teams on work related to the experience and retention of NQNs and will use a range of designs including systematic review, and qualitative methods.

Three of the presentations are from studies funded by the Burdett Trust for Nursing. A rapid evidence assessment (Paper 1) will cover international research on retention of NQNs. Paper 2 will present the perspectives of students, NQNs academics and managers on issues related to transition. Papers 3 and 4 (respectively) will focus on the concept of 'job embeddedness' to explain findings from telephone interviews with NQNs on their experience of the workplace and finally, online peer support to promote NQN well-being.

Following the presentations there will be a chaired discussion around the emerging issues and the impact of this on retention of the nursing workforce.

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Paper 1

Retention of newly qualified nurses (NQNs): A Rapid Evidence Assessment (REA)

Authors and affiliation: Dr David I Barrett, Dr Jane Wray, Dr Helen Gibson, Professor Roger Watson, Faculty of Health Sciences, University of Hull, UK

Abstract

Background: Nursing workforce shortages continue to concern the profession and retention strategies are central to long-term solutions (Buchan 2017). NQNs are one group at risk from early exit from the workforce as they report feeling overwhelmed by expectations, unprepared for the role and lacking in confidence (Ke et al 2017).

Aim: Present the findings of an REA on NQNs retention during transition.

Methods: Database searching (CINAHL complete, Academic search premier, Open Grey, ERIC* (Education), Web of Science - Social Science Citation Index and PubMed) was undertaken during February – April 2018. The REA used an adapted methodology (Varker et al 2015) and comprised the following stages:

1. Classification of papers using RAE tool
2. Quality assessment using CASP
3. Data extraction
4. Narrative
5. Final assessment and scoring
6. Reporting.

Results: 2,647 references were identified and 49 papers were included in the final review; RCTs N=2, Quantitative studies N=8, Systematic Reviews N=8, Qualitative studies N=31.

Discussion: There was considerable variation in definition of 'NQN' and length of time of the transition period. Study quality was generally moderate to low. Experimental studies were all pre-post intervention with no blinding of participants and quantitative studies were single location or programme with small numbers. Outcomes measures included organisational commitment,

confidence, satisfaction, stressors and intention to quit – all of which were proxy measures for retention. Of the systematic reviews, only two papers reported sufficiently on search methods, critical appraisal and analysis. Qualitative studies focused on preceptorship, experiences of NQNs and support with considerable variation in quality and reporting styles.

Conclusion: Despite decades of research into the experiences of NQNs and development of schemes and frameworks to support them during this period, there is little substantive or robust evidence in terms of impact on retention.

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Paper 2

Perspectives on support during the transition from student to newly qualified nurse (NQN): Views of students, NQNs, academics and clinical managers

Authors and affiliation: Dr Jane Wray, Dr Helen Gibson, Dr David I Barrett, Professor Roger Watson, Faculty of Health Sciences, University of Hull, UK

Abstract

Background: The transition from student to NQN is seen as a period characterised by 'transition shock' (Duchscher 2008) in which professional and organisational socialisation occurs. Transition frameworks and support (e.g. preceptorship) are seen as central to supporting NQNs during this period (Brooks et al 2019), enhancing competence and confidence and reinforcing the 'flaky bridge' (Health Education England 2018).

Aim: To share findings from interviews with students, NQNs, academics and clinical managers on the transition period.

Methods: Semi-structured interviews were conducted with students (final year, final semester of programme), NQNs (at 1 month post starting employment), academics and clinical managers (n=32). Data was collected during 2018. A volunteer sample was recruited to the study and the interviews were part of larger project funded by the Burdett Trust for Nursing into successful transition and retention of NQNs. All data was imported into NVivo (V12) and content analysis undertaken.

Findings: The following themes will be presented; The person in transition (emotional responses, identity, and managing expectations of self and of others), The professional in transition (accountability and the competence – confidence continuum), Organisational Culture and Context (academic, clinical and organisational enablers of and barriers to supportive transition).

Discussion: There is consensus that a supportive environment during the transition period is important for successful transition. The role of the preceptor is seen as pivotal, however wider organisational support from the multi-disciplinary team, peers and the organisation is equally important (if not more so) in ensuring that NQNs become effectively socialised into the profession and feel competent and confident.

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Paper 3

Job embeddedness: Towards a theory of retention in newly qualified nurses/midwives

Authors and affiliation: Professor Austyn Snowden, School of Health and Social Care, Edinburgh Napier University, UK; Dr Rosie Stenhouse, Edinburgh University, UK

Background: There is a complex relationship between personal attributes such as emotional intelligence, and performance levels in nurses. This longitudinal study has followed a large (n=897) cohort of nurses/midwives from 2013, measuring engagement levels, emotional intelligence, resilience and burnout yearly, alongside proxy measures of performance such as retention, academic grade and following qualification, pay. This presentation summarises key statistical findings over the last five years to show why engagement was the most important attribute, and so a deeper investigation into engagement of newly qualified nurses is now relevant.

Aim: to explore the experience of newly qualified nurses in relation to their sense of fit with the workplace environment

Method: Semi-structured telephone interviews with a purposive sample of 23 newly qualified nurses (male= 6 female= 17) about their experience of the workplace and the transition to becoming a newly qualified nurse. Data were collected 2017-2018 in Scotland and analysed thematically.

Findings: Four themes emerged not fitting into the work environment; feeling supported; coping emotionally; and having a growth mindset. Lack of fit was a function of poor resources in terms of staffing and support, interference of work with home life, and a feeling of isolation. These experiences contributed to participants voicing doubts about staying in nursing. Conversely, those who felt supported described being invested in and experienced a sense of collegiality.

Discussion: The findings are theoretically consistent with the concept of ‘job embeddedness’. Where there was a lack of fit between the person’s expectations, life context out with job and the job environment; participants experienced distress that subsequently impacted on their long-term vision of remaining in the profession.

Conclusion: The concept of job embeddedness explains the findings here and offers managers a structured way of planning to ensure newly qualified nurses feel part of a team.

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Paper 4

A qualitative study of experiences of online peer support for newly qualified nurses (NQNs)

Authors and affiliation: Analisa Smythe, Birmingham and Solihull Mental Health NHS Foundation Trust, UK; Catharine Jenkins, School of Nursing and Midwifery, Birmingham City University, UK; Professor Jan Oyebode, Centre for Applied Dementia Studies, University of Bradford, UK

Background: It is important that the psychological well-being of NQNs is addressed (Edwards et al, 2015). Online peer support could be beneficial in addressing wellbeing and can decrease stress, isolation and anxiety and foster a sense of community (Bautista and Lin, 2017; Green, Wyllie and Jackson, 2014).

Aim: To explore the experiences of online peer support for NQNs accessed via smartphone or PC.

Method: The Burdett Trust for Nursing funded this two-phase study. Phase one involved nine focus groups with NQNs to refine an online peer support intervention (n=25 Registered General Nurses and n=25 Registered Mental Health Nurses). Focus groups were conducted between June 2018 and February 2019. Phase two involves 30-40 NQNs joining an online peer group for three months to access emotional support via the online platform.

Findings: Qualitative data from the focus groups was analysed using thematic analysis with the aid of NVivo software. Phase one themes will be presented and include growing in confidence, supporting each other, sharing experiences, feeling overwhelmed and sharing information online.

Discussion: Online peer support offers a sustainable and accessible means of support for NQNs. Developing supportive peer networks provides opportunities to promote psychological, social and emotional well-being. Practical information and advice can also be shared.

Conclusion: Online peer support could be beneficial for new nurses; it can increase NQN wellbeing and potentially decrease intention to leave the organisation and the profession.

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Symposium 10

Abstract no: 0170

Transitions from paediatric to adult health services for people with complex intellectual disabilities: Learning from carers and nurses

Lead: Juliet MacArthur, PhD MSc, PGCert BSc RN RNT, NHS Lothian, UK

Symposium Statement

The number of children and young adults with intellectual disabilities (ID) is increasing and more are living longer with a range of complex health needs. A well-managed transition from paediatric to adult phealth services is crucial for both the individuals and their family/carers. However, evidence suggests that people with ID continue to experience poorly managed transitions, with insufficient coordination, communication and planning. This symposium will present four inter-related papers stemming from a Scotland-wide research study conducted 2016-2019 that explored the transition from paediatric to adult health care for people with complex ID from the perspective on nurses and family carers, with an aim of developing a guide for best practice and an educational resource for nurses. The study involved ten parents who had recently been through the transition process with their child and 46 nurses with varying roles and from a range of specialties.

Paper 1 sets the international context on transitions for young people with ID from a systematic review that identified four emerging themes that carry relevance for nursing.

Paper 2 presents the experiences of family carers of young people with ID who have been through the transition process and consider the role that nurses can play to provide person-centred care.

Paper 3 presents data from the study which identified the hallmarks of effective transition planning and focuses on the contribution that nurses should make in relation to planning, preparation and setting up processes that ensure continuity.

Paper 4 outlines the education resource developed from the outcomes of the research to promote the role of nurses in ensuring an effective transition and presents the findings from the feasibility study to test the resource in two Health Boards.

Paper 1

Setting the international context on transitions: A fragmented landscape for young people with intellectual disabilities and their families

Authors and affiliation: Dr Juliet MacArthur, NHS Lothian, UK

Abstract

As a foundation to this Scotland-wide research study a systematic review was undertaken to examine the experiences of health transitions for young people with intellectual disabilities (ID) and their carers and determine the implications for nursing practice (Brown et al, 2019).

A systematic review and critical appraisal of relevant literature published 2007-2017 was carried out in AMED, ASSIA, CINAHL, MEDLINE, PsycINFO, PubMed and Science Direct Sociological Abstracts databases. A total of 12 out of 637 papers met the inclusion criteria and a narrative review was undertaken. Research had been undertaken in France, Netherlands, UK, Canada and the USA with an equal split between qualitative and quantitative research designs.

The overall findings indicate that current services in most countries are often ill-prepared to respond to the multifaceted health needs of young people with ID at the point of transition from paediatric to adult health care. There were four emerging themes:

1. becoming an adult
2. fragmented transition process and care
3. parents as advocates in emotional turmoil; and (iv) making transitions happen.

The findings were interpreted within Meleis et al's (2000) Transition Theory recognising transitions as complex processes occurring simultaneously in multiple dimensions. Consistent with this theoretical framework the review reiterates the importance of awareness, engagement, adapting to change and difference as being core properties of health transitions from paediatric to adult health services with a need to focus on time span, critical points and events. The implications for nursing policy, practice and education will be considered with a focus on transition planning, co-ordination, communication and raising awareness of issues pertaining to capacity and consent.

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Paper 2

The views and experiences of families of young adults with intellectual disabilities in Scotland

Authors and affiliation: Mrs Anna Higgins, Edinburgh Napier University, UK

Abstract

Background: Family members play a crucial role during transition from paediatric to adult health services; however the experience of families of young people with ID may not have been fully considered when planning effective processes (Brown et al, 2019)

Aims: To investigate and understand the experience of families and carers of young people of with complex ID of the transition between child and adult health services.

Methods: Ten family carers of young adult with ID and complex care needs who were in the process of or had recently completed a transition from paediatric to adult health services participated in a one-to-one, semi-structured interview.

Results: Thematic analysis revealed that these carers' experiences of transition had been largely negative and five themes were identified: "a deep sense of loss", "an overwhelming process", "parents making transitions happen", "a shock to the adult health care system" and "the unbearable pressure". Overall, families expressed a strong need for greater recognition of their needs, particularly in terms of information and support during this period. Furthermore they stressed the importance of recognising their expertise to make the transition to adult health services smoother.

Discussion: Nurses have previously been identified as instrumental to the transition process (Betz, 2007) and can play an important role in counteracting some of the challenges described by carers in this study. Nurses need to ensure they take responsibility for providing information and support to carers and people with ID, coordinating the transition process through multidisciplinary collaboration and enabling continuity of person-centred care in adult health services.

Conclusion: Whilst families want to be involved in the transition process they do not want to feel that they are responsible for the ensuring that all the needs of their family are met. Nurses need to play a central role in coordinating the transition process.

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Paper 3

The nursing role in effective transition planning for young adults with intellectual disabilities

Authors and affiliation: Professor Michael Brown, Queen's University Belfast, UK

Background: Children and adults with complex ID are likely to be cared for by nurses throughout their lives whether this is at home, school or in primary care and hospital settings. Given the challenge that young people and their families face during the transition from paediatric to adult services is it essential to understand the role nurses can play delivering safe, effective and person-centred care during this period.

Aim: To explore the involvement of nurses in facilitating the transition from child to adult health services for young adults with intellectual disabilities.

Methods: An interpretative qualitative design was used involving forty-six (n=46) nurses from across Scottish health services with experience of facilitating the transition from child to adult health services. Data were collected from June 2016-July2017. Qualitative one-to-one interviews were conducted, and data analysed to identify emergent themes.

Results: Nurses make many and varied contributions and are involved in all aspects of the transitions process, including proactive transitions preparation, multiagency transition planning, facilitating the transitions process and care pathway implementation and supporting continuity of care in adult health services.

Discussion: The transitions process can be complex and cause anxiety for the young adults with intellectual disabilities and their family. Careful, early planning is required to ensure that the process is smooth and effective. Nurses have important contributions to play supporting and facilitating the transition from child to adult health services and can take a strong leadership role. Implications for nursing practice, education and future research will be presented.

Conclusion: Previous research focusing on other patient groups highlights the important role that nurses play throughout the transitions process. In relation to young adults with intellectual disabilities nurses need to undertake a range of roles that can be integrated into their practice to ensure that the transitions experience is smooth and effective.

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Paper 4

The development and piloting of an educational resource "Transitions from child to adult's health care for young adults with learning disabilities" for nurses.

Authors and affiliation: Anna Higgins, Edinburgh Napier University, UK

Previous research undertaken by Brown et al (2012) has shown that young people with learning disabilities are faced with many challenges due to their long-term health conditions and dependency upon all health services when they go through transitions between services and move from children to adult services. During these transitions, their care can reach critical points. If these points are not supported managed in a person centred way, service users and their family carers run higher risks for morbidity and mortality, and suffer from higher levels of distress, and confusion. Nurses are in an ideal position to address care and support needs at the time of transition for children with learning disabilities with long-term health conditions.

As part of the wider study the current nursing best practice at the time of transition was identified and used to develop and pilot an education resource for nurses in practice on how best to manage transition between child and adult health services for people with learning disabilities and their families and carers. The education resource seeks to increase awareness, skills and confidence in managing transitions between services for people with learning disabilities with long-term health conditions across clinical settings and focuses on the following areas:

1. multiple morbidities and health inequalities for people with a learning disability
2. transition and why it matters
3. needs of the young person and their family at the point of transition - the nursing perspective
4. welfare and legal system changes relevant to transition.

The education resource will be piloted in two NHS Board areas in Scotland with nurses, including Learning Disability Liaison Nurses, child health nurses, primary care nurses and general hospital nurses.

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Symposium 11

Abstract no: 0438

Time for Dementia

Lead: Stephanie Daley, PhD MSc DipCOT, Brighton and Sussex Medical School, UK

Symposium Statement

Time for Dementia is an innovative undergraduate education programme developed for nursing and other health care students in order that the future workforce can truly deliver person-centred care and be able to meet the needs of those living with dementia.

This symposium aims to give an overview of research evolving from the Time for Dementia programme, from four nested studies. The first presentation will provide an overview of the programme, background literature, rationale, evaluation design and preliminary findings. The second presentation will focus on the experience of adult nursing students and Time for Dementia. The third presentation relates to a qualitative study on the implementation factors affecting Time for Dementia within Higher Education Institutes (HEIs) and undergraduate health care curricular change more generally. The final presentation will provide longitudinal and cross section data from the Time for Dementia programme on nursing clinical preferences towards older people, and will explore methodological considerations about how these are measured and how these change during training.

This symposium will be of relevant to researchers interested in dementia, older people, and long-term conditions as well as programmatic educational evaluation.

Paper 1

Time for dementia: A new model of undergraduate health care dementia education?

Authors and affiliation: Dr Stephanie Daley, Brighton and Sussex Medical School, UK

Abstract

Background: In the UK the number of people living with dementia is set to rise exponentially. There is a need for the future health care workforce to have the sufficient knowledge and skills to ensure that people affected by dementia receive the best possible care and support (Department of Health, 2015). In practice, this knowledge is often lacking. In response to this challenge, the Brighton and Sussex Medical School and the University of Surrey have developed the Time for Dementia programme (Banerjee et al, 2017). The programme takes an innovative approach to dementia education for medical, nursing and paramedic students by providing longitudinal contact between students and a family affected by dementia over a two period.

Methods: The aim of this study was to evaluate the Time for Dementia programme in terms of process and its impact on student attitudes, understanding and knowledge towards dementia, using a mixed methods design. This involved assessing quantitative outcomes (dementia knowledge, attitudes and empathy) at baseline, 12 and 24 months for intervention and control group students. It also involved undertaking 39 individual qualitative interviews and five focus groups which were analysed using thematic analysis

Results: Evaluation results have shown statistically significant improvements in dementia knowledge and attitudes. Qualitatively four key areas of learning have been identified; improved insight and understanding about dementia, overcoming negative attitudes and assumptions, relational learning and enhanced dementia practice.

Conclusions: Our research has demonstrated positive impacts on students that have been through the programme. Our students have received an education programme which will equip them to understand the needs of patients with dementia, regardless of the area of health care which they practice in. Our outcomes have led to programme delivery to a much wider group of undergraduate health care students, and to the development of another condition specific programme, for Autism.

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Paper 2

Whole sight: New ways of seeing dementia resulting from relational learning with people living with dementia

Authors and affiliation: Dr Wendy Grosvenor, University of Surrey, UK; Dr Stephanie Daley, Brighton and Sussex Medical School, UK

Abstract

Background: Dementia is one of the key health and social challenges of the 21st Century. Multiple deficits have been identified in dementia education by UK policy makers and, from September 2015, the Department of Health mandated that undergraduate health care curricula included dementia. Here I explore one particular novel approach, the Time for Dementia Programme, which had at its core longitudinal learning from people with dementia and their carers.

Methods: This is a constructivist grounded theory qualitative study. Data were generated over three years with 12 undergraduate adult nursing students. Methods used to collect data during this study included face-to-face interviews (n=12 students), focus group (n=5 students), reflective journals, memos. Consistent with the grounded theory approach, literature was also recognised as a source of data.

Results: Individual interviews (n=12) and one focus group (n=5) with adult student nurses were completed yearly over three years. Students reframed their perceptions of dementia, as attention was given to broadening their view to encompass the person's lives and relationships. Increasing awareness led to a person centred shift to participants' practice and New Ways of Seeing dementia which resulted in development of a new theory of Whole Sight. New Ways of Seeing needs conditions in order to be established; Adaptive Thinking, Building Relationships and Transformative Learning.

Conclusions: Findings suggest that participants realised that they can be active in their contribution to care, make change, and serve as change agents in dementia care. This study add to the evidence that involving people with dementia in education is a valuable learning resource for adult nursing students. Although the focus of this study was on adult branch nursing students', it could be argued that the findings are relevant to health care educators in a variety of disciplines of health care. This has implications for researchers, policy makers and health care educators.

Paper 3

The challenges and facilitators involved in embedding and replicating the Time for Dementia Programme in different HEI sites

Authors and affiliation: Ms Yvonne Feeney, Dr Stephanie Daley, Brighton and Sussex Medical School, UK

Background: Higher Educational Institutions (HEIs) have a responsibility to ensure undergraduate nursing and other health care students are educated in dementia. Traditionally students completed block rotations, however this method may limit development of core values and attributes necessary to provide person-centred care to those with dementia (1). Students completing longitudinal models in dementia report positive learning outcomes, increased knowledge, and better understanding of dementia (2). In 2015, Brighton and Sussex Medical School and University of Surrey piloted a longitudinal programme; Time for Dementia; for nursing, medical, and paramedic students. The programme's success led to further replication in three new HEI's across a range of student disciplines. Time for Dementia is an innovative programme of change, and curricular change is a complex task. Understanding common factors that help and hinder implementation across sites would be advantageous for other HEI's considering this type of innovation. The aim of the study was to investigate the challenges and facilitators involved in embedding and replicating the Time for Dementia Programme in different HEI sites.

Methods: A qualitative study was completed using semi-structured interviews with 12 staff working on the programme from the different sites. Data was analysed using thematic analysis.

Findings: Three key themes were identified from the analysis

1. decision to adopt
2. implementation phase
3. delivery phase.

Facilitators include; leadership, motivation, and resilience. Challenges include; time, resources, and fit within curricula.

Conclusion: This study provides valuable insight about the challenges and facilitators encountered when introducing innovative change into undergraduate health care education. The findings of this study can inform innovators understanding of common challenges and facilitators when implementing innovation within undergraduate nurse and health care education. Longitudinal learning has applicability across a range of long-term conditions and student outcomes. These findings can be used to more effectively manage longitudinal curricular change within nursing education.

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Paper 4

Student nurse preferences for working with people with dementia

Authors and affiliation: Ms Molly Hebditch, Dr Stephanie Daley, Brighton and Sussex Medical School, UK

Background: A current international issue is ensuring health care professionals are both competent and willing to work with older adults with complex needs. This includes dementia care; which is widely recognised as a priority. Yet research suggests that working with older people is unattractive to student nurses (Garbrah et al, 2017). However, factors influencing preferences for working with people with dementia are not well understood.

Aim: To explore nursing student career preferences for working with people with dementia.

Methods: This is a secondary analysis of data collected as part of the Time for Dementia study (Banerjee et al, 2017). A modified career ranking exercise was used (Stevens and Crouch, 1998) to assess changes in preferences over time and factors related to these preferences (n= 488). A content analysis of open-ended questions was conducted to identify factors influencing preferences (n= 110).

Results: Preferences for working with older adults and working with dementia decreased during training and was an unpopular career choice. At the univariate level, students' preferences for working with people with dementia were positively associated with the experience of knowing someone with dementia, knowledge, attitudes and taking part in Time for Dementia. Only attitude scores were significantly associated with preferences after accounting for other variables. Reasons given for a higher preference of working with people with dementia was enhanced skills and knowledge. In contrast, lack of knowledge and experience was cited as a reason for low preference. Negative factors also included communication difficulties with patients and the challenging nature of the work.

Discussion and conclusion: This paper adds to the literature by confirming that working with dementia is not a popular career for nursing students and outlines possible ways to promote working with people with dementia.

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Symposium 12

Abstract no: 0126

Developing the methods used in your PhD study

Lead: Helen Aveyard, PhD, Principal Lecturer for Student Experience, Oxford Brookes University, UK

Symposium Statement

In this symposium, we present examples from three different research projects which illustrate how those undertaking a PhD or equivalent can engage with developing the research methods used in their study. PhD students often focus on the need to develop new knowledge and are conscious that this will be the primary focus of assessment at viva. However, those studying for a PhD or professional doctorate are required not only to develop new knowledge but also to develop and reflect on the methods by which they have obtained this new knowledge. Examination of the methods used in the study is one way to reassure examiners that the method of enquiry has been rigorous and that confidence can be had in the results that follow. Reflection on the research methods used within a study can be undertaken in different ways. Aim: In this symposium we discuss three different approaches. Methodological discussion: In the first example, we discuss how the concept of memory is often taken at face value within qualitative studies and the implications of this for the research method that incorporates use of memory. In the second example, we explore how the practicalities of how focus group data can be collected in different countries and in different languages. In the third example, we discuss the ethical implications of different approaches to the recruitment of people who have recently been bereaved into research studies. Conclusion: Different methodological considerations will arise from different projects and their analysis will complement the overall findings of the project.

Paper 1

The recruitment of older prisoners within the closed setting of a prison: The concept of anonymity

Authors and affiliation: Professor Joanne Brooke, Birmingham City University, UK

Abstract

Background: Health research within prison settings is essential to enable the development of new and innovative treatments for prisoners, which are delivered effectively and within the prison regime. However, unique research challenges need to be addressed and these include the concept and processes of maintaining participant's anonymity. Prison settings are closed environments and prisoners movements are controlled by prison guards, which are witnessed by other prisoners. This closed and controlled environment creates breeches of anonymity when movement is due to participating in a research study (Charles et al 2016).

Aim: To explore the concept and process of maintain anonymity when participating in research within a prison setting. Methodological discussion: The discussion will include the understanding of anonymity in a prison setting and the processes that can be implemented to support but not guarantee anonymity of prison participants. A number of strategies will be discussed, which have been through experience rather than formal guidelines, such as wide dissemination of participant information sheets that are requested to be returned by all prisoners to an expression of interest box, research interviews coincide with the prison regime and regular movement of prisoners, or within routine health appointments.

Conclusion: Ethically, it remains important to explain to potential participants the impact of the closed and controlled environment of the prison, and as such guards and prisoners may become aware of their contribution, although all possible processes have been put in place.

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Paper 2

The recruitment of people who have experienced a bereavement into research studies

Authors and affiliation Mrs Katie Mccallum, Dr Helen Walthall, Oxford Brookes University, UK; Professor Debra Jackson, Professor of Nursing, University of Technology, Sydney (UTS), Australia; Dr Helen Aveyard, Principal Lecturer for Student Experience, Oxford Brookes University, UK

Abstract

Background: As with any study, the recruitment of people who have experienced a bereavement needs to be carefully considered. Those who have suffered a bereavement are often considered as vulnerable. Ethics committees and those who plan studies need to be mindful of this when they consider how they approach people who they would like to invite to participate. Yet adopting a stance that is too protective can inhibit the research that might not in fact result in harm to those who participate and might benefit future patients.

Aim: To explore possible recruitment methods for inviting those who have experienced a bereavement into research.

Methodological discussion: We undertook a focused mapping review to explore current international recruitment practices. A focused mapping review provides a snapshot of current practice. Unlike a conventional literature review in which the results of studies are analysed, the aim of a focused mapping review is to explore trends and common practice in methods used in the published literature over a particular time frame. We explored the methods used to recruit those who had experienced a bereavement in published papers, with interest in the reflections of these methods by the researchers who had used them. The common approaches will be discussed in this session.

Conclusion: The assumptions that

certain groups are too vulnerable to be recruited into studies needs exploring in order to ensure that those who are willing to participate have the opportunity to do so.

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Paper 3

Involving people with dementia in research: A human rights based approach

Authors and affiliation: Mrs Alicia Diaz-Gil, Professor Jane Appleton, Dr Olga Kozlowska, Oxford Brookes University, UK; Professor Joanne Brooke, Birmingham City University, UK; Professor Debra Jackson, Professor of Nursing, University of Technology, Sydney (UTS), Australia

Background: Traditional research methods have been proven to be exclusionary towards people with dementia. This raises issues regarding the rights of this group of people to access research and contribute to society. Recent published literature discusses how the benefits of involving persons with dementia in research outweigh the risks. Several dementia organisations are acting as the voice of people with dementia. These organisations advocate for people with dementia and their human rights, claiming their right to be an active asset for research. Yet their participation is still limited due to the lack of flexibility of researchers and ethics committees on applying different methodologies that adapt better to the requirements of participants with dementia.

Aim: To discuss a human rights-based framework for researchers working with people living with dementia.

Methodological discussion: Understanding the needs of people with dementia who are involved in research is essential to develop adapted methodologies that aim to maximise their participation. Currently there is no guidance for researchers on how to effectively involve people with dementia in research. Having a human rights-based framework ensures that the participants rights are protected and gives researchers the ability to be flexible and develop strategies to involve people in any stage of dementia. Effective communication between researchers and people with dementia is essential in order to promote inclusion. The development of a person-centred approach to obtain informed consent is an important issue to be considered if research aims to support the rights of people with dementia.

Conclusion: Current research needs to evolve towards a more inclusive philosophy, but it is the researchers' responsibility to be able to adapt the methods and develop new strategies of active involvement of people with dementia in research.

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Paper 4

The use of memory in qualitative research

Authors and affiliation: Ms Emma Blakey, Dr Helen Walthall, Oxford Brookes University, UK; Professor Debra Jackson, Professor of Nursing, University of Technology, Sydney (UTS), Australia; Dr Helen Aveyard, Principal Lecturer for Student Experience, Oxford Brookes University, UK

Background: Memory is a complex phenomena; it is the subject of vigorous debate particularly in the field of psychology. There is now ample evidence that memory is not a straight forward snapshot of past events but can be re-processed and altered with time. Hence it is now acknowledged that reliance on the memory of those who are providing witness in legal cases can be fallible and indeed has led to miscarriages of justice.

Aim: The aim of this session is to explore the way memory is used within qualitative nursing research. Methodological discussion: In qualitative research, particularly in nursing, we often rely on memory; and yet, somewhat surprisingly, often there is little discussion about the implications of doing so. Memory is often fallible, and given so, we explore its role in qualitative research and the implications this might have on subsequent data analysis. We will also explore the possible effect on participants when they recall their memories of difficult events with researchers. We will also explore the way in which these factors were considered in a PhD project in which the memories of people over 65 were sought.

Conclusion: The use of memory in research is not as simple as it might seem and requires further discussion amongst nurse researchers.

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Paper 5

The collection and analysis of focus group data from different countries and languages

Authors and affiliation: Mr Mamdooh Alzyood, Oxford Brookes University, UK; Professor Joanne Brooke, Professor of Nursing, Birmingham City University, UK; Professor Debra Jackson, Professor of Nursing, University of Technology, Sydney (UTS), Australia; Dr Helen Aveyard, Principal Lecturer for Student Experience, Oxford Brookes University, UK

Background: Focus groups are a popular method of collecting data about topics where it is anticipated that the data will be enhanced by discussion amongst participants and that this will add to its rigour. The methods for undertaking focus groups are well established and many authoritative texts are provided that guide researchers through the process. This includes how to collect and analyse the group data. However, there is little guidance for how to proceed when the data is collected in different countries and in different languages. Aim: to explore how the principles of focus group research are applied when focus groups are conducted in different language and in different countries. Methodological discussion: There are many examples of focus group discussions which have been held in different countries, yet examination of how researchers have managed the issues of translation, transcription and analysis are often given little attention in published papers, the assumption being that data is managed in the same way as if collected in one country and in one language. Yet questions arise about when translation and transcription should take place, whether data from different countries should be analysed separately and then combined or whether data should be amalgamated at the time of collection. We discuss how these issues were managed within a PhD project in which focus group data were collected in two countries and in two languages. Conclusion: Detailed consideration of data collection is required when data is collected in different countries and in different languages.

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Symposium 13

Abstract no: 0296

Facilitating transformation from within the workplace. Embracing person-centred systems and processes through participatory research

Lead: Michele Hardiman, PhD MA (Health Mgt) HDip Dip RGN, RPN, Research and Education Facilitator, Galway Clinic, Ireland

Symposium Statement

The symposium will enable attendees to see the application of purposeful, facilitated and person-centred philosophies and research principles, integrated and translated into meaningful participation in the development of person-centred cultures. McCormack and McCance (2017) stress the need for a whole system approach to enabling cultures of person-centredness. The presenters are a team who have strategically connected the development of workplace facilitators, the integration of technology with the personal and professional development and participation of nurses. They will share the linking of theory, evidence and practical action to unravel contemporary challenges, including technology use ‘to fit’ within the complexity of nursing practice.

The first presenter will describe the development of two empirically derived models created as part of a doctoral study, to enable nursing leaders working in practice develop the skills necessary to become facilitators of person-centred cultures. The second presenter then presents practice based research that draws on the models to develop a work-based facilitation team within an acute hospital setting and the flourishing of the nurses who participated in the process. The third presenter describes the development of a bespoke electronic nursing record underpinned by the principles of practice development and person-centredness bringing theory into practical action. Setting the scene for successful implementation of an Electronic Medical Record that nurses believe captures the essence of their practice. The final presenter will report on the outcomes of a completed evaluation research study on the electronic record and the outcomes for care, the organisation and on the work-based facilitators who were co-researchers in the programme.

Paper 1

Using two models of workplace facilitation to create conditions for development of a person-centred culture: A participatory action research study

Authors and affiliation: Dr Michele Hardiman, Galway Clinic, Ireland

Abstract

Background: Evidence suggests that person-centred cultures depend on purposeful, facilitated practice based learning activities. For person-centredness to become more meaningful to nursing leaders in their daily work, focus must be placed on their acquisition and use of facilitation skills. The facilitation framework 'Critical Companionship' remains an exemplar in the development of expert facilitation skills. Two sequential facilitation models were developed as 'steps' towards Critical Companionship, as a framework for novice and proficient facilitators and practitioners to learn in and from their own workplaces and practices.

Aims: To examine facilitation in workplace learning where nurses are focused on creating person-centred cultures; to provide a framework for novice and proficient facilitators/practitioners to learn in and from their own workplaces and practices; to provide the conditions where practitioners can gain an understanding of the culture and context within their own workplace

Methods: This research, situated in a critical social science paradigm, drew on participatory action research to devise, explore and refine two facilitation models: Critical Allies and Critical Friends. The researcher adopted an insider approach to work with five nursing leaders, within an acute hospital setting.

Results: Show the complexity of enabling facilitation within the workplace. Four themes and twelve sub-themes emerged from the data that describe the attributes needed to facilitate workplace learning and reveal that mangers can have an active role in enabling person-centred culture development.

Conclusions: This research adds to the body of knowledge on developing person-centred culture. It offers practical stepping stones for novice and proficient facilitators to enable embodiment of the skills necessary to facilitate learning in organisations. The models offer a workplace friendly pathway with practical methods and further contribute to our understanding of how we create person-centred cultures.

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Paper 2

Facilitating and enabling work-based facilitators in the midst of practice

Authors and affiliation: Miss Laura Taheny, Galway Clinic, Ireland

Abstract

Background: Internationally, person-centred practice is being integrated in health care policy to address concerns which arose as a result of failures in meeting minimum standards of care. The Person-Centred Practice Framework states that a "Healthful Culture" will emerge as an outcome; which is linked to flourishing. Flourishing as an outcome from developing person-centred cultures needs to be better understood. This can be done by learning through practice based approaches to research.

Aims:

- To prepare nurses to be work-based facilitators (WBF) of person-centred practice.
- To test a specific method of facilitation; "Facilitation on the Run" developed as part of a PhD research study.

Methods: A programme of systematic practice development activities at micro, meso and macro levels was created; underpinned by critical social science theory, practice development principles and strategic nursing leadership. This will be presented and expanded on in the session.
An empirically designed method of facilitation; "Facilitation on the Run", was also tested. This provided nurses with a model and skill set to prepare and develop themselves to influence others and practice across the hospital.

Results: The programme resulted in a progressive move towards a person-centred culture, improved experiences of care, enhanced perception of flourishing among nurses, decreased the number of complaints, improved retention of nurses and attracted higher quality candidates. Data will be presented in the session.

Discussion: Flourishing requires four elements to exist; to feel challenged, connected, have autonomy and use our valued competencies. This programme enabled nurses to develop their own flourishing. Facilitation on the Run offers methods to create conditions where a person-centred, culture can become a reality, consequently the opportunity for flourishing emerged.

Conclusion: Cultural transformation is a slow process requiring intentional and purposeful action. It is the way of a person living, being, doing, enquiring and becoming, with the ultimate outcome; human flourishing.

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Paper 3

Designing and implementing an electronic nursing record as part of the integrated hospital information system: A practice development approach

Authors and affiliation: Ms Sinead Hanley, Galway Clinic, Ireland

Background: The evolution of nursing documentation and the move to electronic solutions to provide accurate and immediate access to all the information needed to provide care is a priority for hospitals and health care settings throughout the UK and Ireland. As an eHealth agenda moves forward, albeit slowly, the needs of nurses as the largest contributors of care processes in an acute hospital setting can often be far removed from the debate on the implementation of a HIS. The complexity of nursing practice can pose challenges to the development of a record that meets all of the professional standards whilst capturing the essence of the relationship between the nurse and his/her patients. Vendors and suppliers of hospital information systems who largely cater for the US market are less likely to have an off the shelf record available for nurses in UK/Ireland. Within the context of an acute hospital with an existing HIS in Ireland, this paper describes the process of designing and implementing a bespoke record for nurses that is person-centred whilst also maintaining the discrete content of an electronic record.

Aims:

1. Describe the process of developing a shared vision, design and implementation plan using Practice Development (PD) processes and methodology.
2. Demonstrate the collaborative, inclusive and participative process leading to successful implementation of a person-centred electronic nursing record.

Methods: Using PD methodologies and principles to involve end users and clinical leaders in the development of a person-centred and evidenced based record.

Results: Successful implementation and adoption of the electronic record by nurses in the hospital.

Conclusion: Involving the end user in a meaningful way served as an anchor to successful implementation of an electronic nursing record that nurses report satisfaction in everyday use. Further studies are currently underway on the impact of the record in supporting a person-centred culture.

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Paper 4

An evaluation of an electronic nursing record

Authors and affiliation: Professor Jan Dewing, Queen Margaret University, UK

Background: Research by Bøgeskov and Grimshaw Aagaard (2018) found that nurses are divided between a positive view of documentation as something essential, and a negative one of it being a meaningless burden that distracts nurses from their 'real' work. The Galway Clinic in Ireland introduced an e-record of care in 2017.

Aims: To evaluate the nursing contribution within the overall record of care.

1. To evaluate how the Electronic Nursing Record contributes to person-centredness within based on The Person-centred Framework (McCormack and McCance 2017)
2. To suggest how the GCCENR can be further developed and any strategic and education/learning implications.

Methods:

- Ascertained the current level of person-centredness in the documentation and made observations relevant to other aspects of nursing practice.
- Prepared co-researchers to take part in a documentary/record of care analysis against the named model of person-centred practice.
- Prepared co-researchers to take part in observations of practice and staff interviews to see how the record of care is used in every day care.
- Shared feedback to staff groups with the Galway Clinic and made recommendations for education and learning.

Results: The indicators of culture showed that most departments were ready for the project and were responsive to new ideas and practices; suggesting the record of care should have been adopted and absorbed into practice. The results indicate that the record of care was visible in daily care practices to varying degrees. This and the other findings will be discussed, as well as the co-researchers learning outcomes.

Discussion: This project supported the development of research knowledge and skills for nurses with a view to building research and evaluation capacity within the nursing team.

Conclusion: It was anticipated that the unique record would contribute significantly to the knowledge, understanding and impact of person-centred documentation within an electronic format for nursing internationally.

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Symposium 14

Abstract no: 0496

Planting a range of trees and feeding the forest: Describing the different routes to impact of clinical academic career trajectories in clinical research nursing

Lead: Professor Mary Wells, Imperial College Health Care NHS Trust, UK

Symposium Statement

The drive to support and attract nurses to undertake research training, alongside their clinical activity has, thus far, had a relatively limited impact on the numbers of individuals following a clinical academic pathway. Nurses are the least successful group of health professionals outside of medicine in the NIHR ICA Programme, and there are many challenges to growing research capacity in a context of serious nursing shortages. The forest remains sparse with limited established evergreens, though saplings are beginning to grow.

Clinical academic nurses, who remain clinically active whilst developing as health researchers, have the potential to contribute significantly to improving patient outcomes and experience, whilst advancing nursing practice through education, service development and innovation.

There are a range of routes through the forest into a clinical academic career, from clearly defined pathways such as the NIHR ICA programme to bespoke and individual trajectories, carved out by individuals. The role of the Clinical Research Nurse (CRN) is particularly suited to clinical academic development due to the research-related training and understanding of the core principles associated with ethical guidelines, regulatory expectations, research design and successful implementation of research in clinical environments. The CRN can be described as a strong sapling with a range of important roots already established at the outset of a clinical academic career.

This symposium will share four perspectives to demonstrate the potential for CRNs to transition into clinical academics. Papers 1 and 2 will illustrate two contrasting research pathways, providing insights into the ups and downs and advantages of a CRN background. Papers 3 and 4 will provide a more organisational and strategic perspective. Together the papers will highlight different approaches and opportunities, discuss barriers and facilitators at an individual and organisational level, and show the impact of research nurse clinical academics, with examples from across the UK.

Paper 1

Leaves may fall, but the tree continues to grow: The story of developing a research career whilst delivering and supporting the research of others

Authors and affiliation: Ms Linda Tinkler, Newcastle Hospitals NHS Foundation Trust, UK & University of Sheffield, UK

Abstract

In recent years a considerable increase has been observed in the visibility of and the drive to support and enable Nurses, Midwives and Allied Health Professionals to undertake research, alongside their clinical role. Despite the increased awareness and the introduction of funding schemes such as the NIHR ICA pathway, the number of individuals successfully following a clinical academic pathway remain low.

Clinical Academics and Clinically Active Health Researchers have the potential to contribute significantly to improving patient outcomes and experience, whilst also supporting advancement in practice in their Multiprofessional colleagues, through leading education and driving innovation within their clinical services.

This session will use the metaphor of a tree to illustrate the career trajectory of one clinical research nurse who, over a ten year period advanced from supporting and delivering the research studies of other health care professionals, to supporting and leading the development, ethical, patient and public involvement and practical elements of the studies of medical clinical fellows undertaking their PhDs/MDs, to eventually developing and leading on her own research.

The session will describe the challenges faced and overcome, the opportunities taken and missed, the resources available and will share the highs and lows of carving out a clinical academic career. The session will highlight the different funding routes applied to, the anxieties of sharing and disseminating early attempts at the research, the joy of success and the impact and potential for learning from rejection from funding award applications to publications. The importance of resilience, wide collaboration, humility and determination will be shared in addition to the immense fulfilment of being fortunate to benefit from a range of funding sources, mentorship and supervision to eventually commence a nationally funded PhD with real potential to impact on policy and practice which is now in progress.

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Paper 2

The bigger the roots, stronger the tree: Undertaking a PhD alongside a clinical research nurse role

Authors and affiliation: Ms Anita Immanuel, East Suffolk and North Essex NHS Foundation Trust, UK

Abstract

When one looks at a tree, the bigger the roots are, the stronger the tree is. There has been a steady increase in clinical research nurses pursuing a PhD alongside their research nurse role. This session will use a “tree roots analogy” to illustrate the advantages and challenges encountered and overcome, the opportunities available, for a clinical research nurse undertaking a PhD alongside her clinical research nurse

role; the roots being the skills developed as a clinical research nurse, which were instrumental in and formed the basis of embarking on a PhD. This session will discuss the dual role of a clinical research nurse and nurse researcher and the many doors that opened during the journey. One such example was the awarding of a prestigious travel fellowship through a rigorous application and interview process.

One of the complex skills developed as a clinical research nurse was submitting numerous applications for ethics approval. The knowledge and experience acquired enabled the approval process for the PhD to be much more seamless. Wider networking with fellow research nurses nationally and internationally enabled collaboration with experts in the field of my PhD.

This session presents how an understanding of research methodology, ethics, consent, communication, and confidentiality, developed as a clinical research nurse, formed a strong foundation for my PhD journey. It will also describe the experiences that underpinned my choice to pursue a doctoral programme in cancer survivorship for patients treated for haematological malignancies, while working in the forefront of running complex cancer clinical trials.

Paper 3

Establishing a tree alongside developing saplings

Authors and affiliation: Dr Helen Jones, Royal Free London, UK

As a nursing student of the late 1980s, research lacked a presence and significance in my training. As I transitioned into the role of a qualified nurse, the forest was empty and research appeared a sparse, unknown concept that formed minimal relevance to a nurse. However, within four years of qualifying I was appointed to a relatively new role of a clinical research nurse (CRN) within a large London teaching hospital. This would form the setting to plant the tree and set me on a research career trajectory.

My 25-year career as a CRN has run parallel with my development as a clinical researcher and enabled me to not only become established within the forest but also plant other saplings along the way. As a CRN I have worked across numerous clinical areas so growing different branches to form an established tree. This growth has provided a range of diverse and exciting opportunities. As a paediatric research nurse my Masters project aimed to validate a paediatric blood pressure machine and as a matron overseeing the research workforce of a large teaching hospital my doctorate examined the national CRN workforce structure. Managing teams and links with higher education have enabled me to plant saplings along the way as I have supported research understanding and clinical academic careers for undergraduate and postgraduate nurses. Recently my career has facilitated the opportunity to sit on national committees so growing new roots to support further growth.

The role of a CRN within a new forming national workforce has afforded me a unique career trajectory. My current leadership role supporting a large research workforce and recent appointment as a senior research leader within the NIHR 70@70 programme will provide further opportunities for me to facilitate research understanding and ensure ongoing growth of the forest.

References

Jones HC (2017) *Exploring the experience of Clinical Research Nurses working within acute NHS trusts and determining the most effective way to structure the workforce: A mixed methods study.* PhD Thesis available at https://kclpure.kcl.ac.uk/portal/en/theses/exploring-the-experience-of-clinical-research-nurses-working-within-acute-nhs-trusts-and-determining-the-most-effective-way-to-structure-the-workforce(7334ff35-2c8e-4061-ac92-bbfb15991736).html

Paper 4

Growing an orchard of clinical academics: Harvesting the clinical research nurse apples

Authors and affiliation: Dr Juliet MacArthur, NHS Lothian, UK

NHS Lothian has been successful in its strategic approach to nurturing clinical academics and there are currently 34 nurses and midwives at or working towards doctoral level qualifications; a 212% increase in doctoral students in the last eight years. There is a UK-wide aspiration to grow the proportion of the nursing and midwifery workforce in clinical academic roles (Carrick-Sen et al, 2016) and at present NHS Lothian has 0.4% engaged in this type of activity, which compares to around 5% of the UK medical workforce in substantive clinical academic posts (Medical Schools Council, 2018).

A successful orchard is characterised by the diversity of its fruit trees and each variety has specific features which influence cultivation. This paper will focus on the potential of Clinical Research Nurses (CRNs) who currently make up 11% (n=4) of the NHS Lothian 'crop', with two others working up doctoral proposals and two former CRNs in post-doctoral academic positions influencing practice-based research as Honorary Research Consultants. CRNs benefit from their grounding in research governance and processes, with a thorough understanding of the complexities of recruitment, consent and data management. This can lead to a strong growth spurt and firm branches to support the design and conduct of high quality studies.

Critical to the success of the NHS Lothian orchard has been a Master of Nursing in Clinical Research programme (50% theory and 50% practice placements) that provided the ideal conditions for newly qualified 'sapling' to grow. The positive career pathways of the four cohorts (n=17) who undertook this programme 2013-2017 demonstrates the potential this type of focussed post graduate course to provide the right fertiliser and supportive stakes for the saplings to blossom and bear the fruit that will become future clinical academic leaders, founded on excellence in clinical research.

References

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Symposium 15

Abstract no: 0298

How do we ensure family carers are supported during end-of-life caregiving? Lessons from a programme of research on carer assessment and support

Lead: Professor Gunn Grande, BA (Hons) MPhil PhD, Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of Manchester, UK

Symposium Statement

Background: Family carers provide vital support for patients at end-of-life, shouldering the bulk of caregiving and making care at home possible. Most come unprepared for the role, learn through stressful 'trial and error', and suffer considerable impact on their own health. To better enable carers to support patients and look after their own health, and ultimately improve patient care, we need to ensure their support needs are consistently assessed and addressed. This requires a comprehensive person-centred and carer-led approach to ensure that input is targeted towards carers' own support needs and priorities. Such an approach entails a change in practice and change management.

Aim: To present core principles and challenges of implementing comprehensive, person-centred carer assessment and support across care settings.

Discussion: This symposium comprises a set of interlinked presentations from a programme of empirical research into the development, testing and implementation of improved support for carers of people with life-limiting illnesses, both within and beyond the hospice setting. It will present:

1. The principles and evidence behind an intervention for comprehensive carer assessment and support, the Carer Support Needs Assessment Tool (CSNAT) intervention;
2. Factors required at practitioner and organisation level (both structures and processes) to implement carer assessment and support in health care practice;
3. The extent to which these identified, core implementation factors are present in hospice organisations across the UK and what may influence the presence of factors;
4. Challenges of implementing carer assessment and support via the CSNAT intervention in acute care during patient discharge;
5. Considerations for implementing assessment and support via the CSNAT intervention for carers of people with Motor Neurone Disease.

Conclusion: Comprehensive, carer-led assessment and support is a substantial change from usual practice. To be successful, implementation of practice change requires planning, preparation and involvement of several levels within an organisation.

Paper 1

The Carer Support Needs Assessment Tool (CSNAT) intervention for comprehensive, person-centred assessment and support for family carers: Principles and evidence base

Authors and affiliation: Professor Gunn Grande, Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of Manchester, UK; Dr Gail Ewing, University of Cambridge, UK; Dr Janet Diffin, Dr Lynn Austin, The University of Manchester, UK

Abstract

Background: The Carer Support Needs Assessment Tool (CSNAT) intervention comprises an evidence-based comprehensive tool incorporated into a person-centred process of assessment and support for carers of people with life-limiting conditions. It was developed from a programme of research, subsequently implemented across practice settings (community, hospital, hospice). The CSNAT's impact nationally and internationally is substantial: 87 UK services are licensed to use the intervention, the tool has been translated into 13 languages, and is used in 27 countries.

Aim: To outline the research to develop, validate and implement the CSNAT intervention and its accompanying toolkit to support training and practice implementation within organisations.

Methods, Results and Discussion: Three aspects of the research programme will be presented:

1. An overview of development, validation and initial implementation of the CSNAT: a qualitative study with 75 bereaved carers (01/2008-12/2008) identified the 14 support need domains that constitute the CSNAT; a survey of 225 current carers (04/2009-06/2010) established CSNAT's content and criterion validity; implementation studies with 29 practitioners in two hospices (08/2010-12/2010; 01/2011-04/2012) identified use of the CSNAT as a significant change in practice and the importance of adopting a person-centred approach.
2. Two cluster randomised control trials of the CSNAT intervention (UK: n=681 carers; 05/2012-11/2014); (Australia: n=322 carers; 03/2012-02/2014) showed a reduction in caregiver strain in current carers, and lower early grief and better physical/mental health in bereavement.
3. A national implementation study in 36 organisations (11/2013-09/2014) and a hospice case study (11/2015-12/2016) provided key insights into practitioners' training needs and vital organisational structures/processes needed to embed the intervention in practice, to underpin a CSNAT intervention Training and Implementation Toolkit.

Conclusion: This paper identifies the evidence base for the CSNAT intervention and its accompanying toolkit to deliver comprehensive, person-centred carer assessment and support for family carers.

Paper 2

Ten recommendations for organisational change to enable person-centred assessment and support for carers during end-of-life care: A mixed methods study

Authors and affiliation: Dr Gail Ewing, University of Cambridge, UK; Professor Gunn Grande, Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of

Manchester, UK

Abstract

Background: Carers play a vital role in supporting patients at end-of-life (EOL), enabling care at home and preventing hospital (re)admission. EOL care policy promotes comprehensive person-centred assessment and support for carers, but without a clear implementation strategy this remains an aspiration.

Aim: To develop recommendations for organisational structures/processes required for implementation of comprehensive person-centred assessment and support for carers in EOL practice.

Methods:

1. Secondary analysis of existing research data on implementation of person-centred carer assessment and support in 36 organisations allowing initial identification of structures/processes that facilitate or hinder implementation.
2. Expert consultation (December 2016): focus groups with 19 lead practitioners/hospice managers to expand, refine and validate Stage 1 findings and develop draft recommendations.
3. Wider stakeholder consultation (January 2017): two professional workshops (23 participants: hospice, hospital, community, policy and academics), online survey (62 participants) and two carer workshops (nine participants) to validate draft recommendations and explore delivery challenges.

Results: Ten recommendations were identified for structures/processes necessary to achieve comprehensive, person-centred carer assessment and support that are not normally met by current EOL care provision:

- Consistent identification of carers within the care setting
- Demographic and contextual data on who the carer is and their situation
- A method/protocol for assessing carers and responding to assessment
- A recording system for carer information (separate from patient data)
- A process for training staff about carer assessment/support
- Available time/workload capacity for carer assessment/support
- Support from senior managers
- Role models/champions
- Pathways for communication about carer assessment/support
- Procedures for monitoring/auditing processes and outcomes of carer assessment/support

Discussion: Achievement of comprehensive, person-centred carer assessment and support requires whole-systems change; a cultural shift at practitioner and organisational levels. Carers' fit within service provision also urgently needs clarification

Conclusions: These 10 recommendations are key building blocks to enable policy aspirations about comprehensive carer support to be implemented in practice.

Paper 3

The current provision of assessment and support for family carers within UK hospice services: A national survey

Authors and affiliation: Dr James Higgerson, Dr Christine Rowland, Professor Gunn Grande, Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of Manchester, UK: Dr Gail Ewing, University of Cambridge, UK

Background: In 2018 Hospice UK published 10 national recommendations for organisational change needed to deliver current end-of-life-care policy guidance for comprehensive, person-centred assessment and support for family carers. The Hospice UK Organisational Survey of Carer Assessment and Support (HUK-OSCAS) was conducted to provide a snapshot of where the hospice sector stood in relation to these.

Aims: To identify the structures and processes currently in place to achieve assessment and support for carers of patients receiving end-of-life care through UK hospice organisations.

Methods: All hospices providing adult services within Hospice UK's membership (n=200) were eligible to participate in a cross-sectional survey between March and June 2018. Descriptive statistics were used to examine responses.

Results: 115 (58%) hospices responded to the survey. 37% used a formal carer assessment process; 13% reported a specific action plan for carers. Other recommendations were reportedly met at a high rate: recording demographic carer data (95%), consistent identification of carers within hospices (87%), senior management support for carers (78%) and communication in-house around carers (71%). Approximately half reported use of carer champions (56%), carer support included in work descriptions (55%) and provision of carer support training (49%). Less frequently met were monitoring and auditing of carer support (31%), and consistent storage of carer-specific data (18%).

Discussion: Providing well designed and implemented formal assessment and support services for carers can enhance the experience and capabilities of this crucial, unpaid workforce within end-of-life care. Most organisations met recommendations for structures and processes to achieve assessment and support for carers, although comprehensiveness of provision varied, and formal assessment provision occurred at a low rate.

Conclusion: Some recommendations are well established in UK hospices, though particular areas for improvement include the use of person-centred processes specific to carers: formal assessment, action plans, recording processes and monitoring systems.

Paper 4

Exploring the use of the Carer Support Needs Assessment Tool (CSNAT) intervention to support family carers at hospital discharge at end-of-life

Authors and affiliation: Dr Alex Hall, Professor Gunn Grande, Dr Christine Rowland, Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of Manchester, UK; Dr Gail Ewing, University of Cambridge, UK

Background: Most patients in hospital at end-of-life wish to die at home, but family carers often feel unprepared to support this wish. The CSNAT intervention may be able to prepare carers in this context and facilitate ongoing support. Carers and practitioners have recommended a two-stage process, in which the CSNAT intervention is introduced to carers in hospital and followed up post-discharge in the community.

Aim: To explore the feasibility of using the CSNAT intervention to support carers at hospital discharge of patients at end-of-life.

Methods: Case study exploring use of the CSNAT intervention in an English health care organisation (May - December 2018). Participants were palliative care practitioners in a hospital setting (n=13) and a community setting (n=4). We conducted pre- and post-implementation interviews exploring practitioners' perceptions and experiences of using the CSNAT Approach. We also observed team meetings and reviewed implementation procedures.

Results: Prior to using the CSNAT intervention, practitioners emphasised the potential value of its structure and focus to enhance their practice. Reflections after implementation suggested that the CSNAT intervention had helped practitioners feel more confident in assessing carers' needs and in supporting carers to lead the identification of their own support needs. Challenges included finding time and space in the acute setting to assess carers' needs prior to discharge, and in developing a recording system for carer assessment information that was separate from patient data.

Discussion: The CSNAT intervention helped to introduce a cultural shift at practitioner level by allowing practice to become more comprehensive and carer-led. However, the CSNAT intervention struggled to fit into services that are overwhelmingly patient-focussed.

Conclusions: The CSNAT intervention may be feasible for use at hospital discharge, but structural and procedural constraints within acute care and transition to community can pose challenges for carer support that require further investigation.

Paper 5

Adapting and implementing the Carer Support Needs Assessment Tool (CSNAT) intervention to support carers of people with motor neurone disease

Authors and affiliation: Dr Alex Hall, Dr Sarah Croke, Dr Christine Rowland, Dr Gunn Grande, Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of Manchester, UK; Dr Gail Ewing, University of Cambridge, UK

Background: Motor neurone disease (MND) is a debilitating condition that is physically and mentally demanding for carers. There are no current UK interventions that can provide MND carers with the support they need to fulfil their caregiving role and look after their own wellbeing.

Aim: To explore carers' experiences of supporting a loved one with MND, to adapt the CSNAT intervention to fit the context of MND care, and to test implementation of the adapted CSNAT-MND intervention.

Methods: Stage 1 (December 2017 – February 2018): focus groups and interviews with 14 bereaved and 19 current carers to explore support needs, key moments during patient illness, and support services. Stage 2 (May – June 2018): workshops with 24 practitioners and 19 carer advisers to adapt the CSNAT intervention. Stage 3 (November 2018 – June 2019): implementation of the CSNAT-MND in three specialist MND services; interviews with practitioners and carers exploring their experiences.

Results: Carers have to deal with a devastating diagnosis, a constantly changing situation, and receive variable support that rarely focuses on their own needs. An additional focus on relationships was added into the adapted CSNAT-MND. Carers wanted practitioners to endorse carer support routinely and consistently in order to legitimise carer needs. Implementation of the CSNAT-MND should first introduce the intervention, with a dedicated assessment and planning conversation at a later stage.

Discussion: Carers of people with MND urgently require routine and consistent support that focuses on their needs, and including the changing nature of relationships. Implementation of the CSNAT-MND requires the establishment of a clear protocol defined at service level.

Conclusions: This project provides insights into how carers of people with MND want to be assessed and supported, how this process can be delivered as part of routine practice, and the feasibility of implementing the CSNAT-MND in practice.

Symposium 16

Abstract no: 0353

Responding to the problem of conflict and containment in emergency departments: Towards and integrated model of care

Lead: Professor Marie Gerdtz, PhD, Department of Nursing, University of Melbourne, Australia

Symposium Statement

Background: Interpersonal conflict, including aggressive and violent behaviour, is a common clinical problem reported in acute ealth care settings worldwide. This is particularly the case in emergency departments where those affected by drugs and alcohol, as well as physical and mental illness, undergo assessment and treatment. Violent and aggressive behavior threatens staff and consumer safety and has a negative impact on the therapeutic relationship, in which nurses and consumers work in partnership to restore health and well-being. Interventions used to manage this behaviour may involve the use of restrictive interventions. There are serious risks associated with restraining practices. These risks include physical injury and death, re-traumatisation of people with a history of trauma, loss of dignity and psychological harm.

Aims: To present evidence arising from original research studies into the problem of conflict and containment in emergency departments. Our work will consider the nature of the problem and then present an innovative model of care that:

1. identifies at risk populations
2. limits the use of restrictive interventions
3. considers perspectives of staff and consumers
4. considers approaches to consumer education, harm minimisation and optimizes referral pathways.

Approach: The symposium will begin by reporting the outcomes of a multi-centre retrospective study of restraining practices in five Australian emergency departments. This paper will provide the clinical and medico-legal context in which physical and mechanical restraint occurs within emergency care settings. An innovative model of care developed in one ED setting will then be presented. Staff and consumer perspectives on screening for illicit drug use among those presenting with acute behavioural disturbance will be considered alongside evidence for the implementation of brief interventions and referral in this vulnerable population of ED users. The symposium will conclude with a presentation that describes the adaptation of the Safewards model to emergency care settings.

Paper 1

Restrictive interventions in emergency departments: An Australian perspective

Authors and affiliation: Professor Jonathan Knott, Miss Sheriden Dobson, Emergency Department, The Royal Melbourne Hospital, Australia; Dr Catherine Daniel, The University of Melbourne, Australia; Professor Marie Gerdtz, Department of Nursing, University of Melbourne, Australia; Professor Andis Graudins, Dandenong Hospital, Emergency Department, Australia; Professor Biswadev Mitra, The Alfred Hospital, Emergency & Trauma Centre, Australia; Professor Bruce Bartley, Geelong Hospital, Emergency Department, Australia; Dr Pauline Chapman, Ballarat Hospital, Emergency Department, Australia

Abstract

Background: Internationally, a detailed understanding of restrictive practices that are used in emergency departments is lacking.

Aims: To describe restrictive interventions that occur in five Australian EDs.

Methods: A multicenter retrospective study involving five EDs collated data on all people who attended for ED care in 2016 including the rate of security calls for threats to self, patients or staff, and any restrictive interventions used. From each site, 100 people who had a restrictive intervention were randomly identified and detailed data extracted from the medical record.

Results: In 2016, 327 454 people presented to the five EDs; the rate of security codes for unarmed threats was 1.49% (95%CI: 1.45-1.54). Within the population that had a security code, 942 had at least one restrictive intervention (24.3%, 95%CI: 23.0-25.7). Details were extracted on 494 individuals. The majority (62.8%, 95%CI: 58.4-67.1) were restrained under a Duty of Care rather than the Mental Health Act. Physical restraint was used for 165 (33.4%, 95%CI: 29.3-37.8) patients, 296 were mechanically restrained (59.9%, 95%CI: 55.4-64.3), median restraint time 180 minutes IQR: 75-360), and 388 chemically restrained (78.5%, 95%CI: 74.6-82.0). Approximately half the people mechanically restrained were discharged home or to an ED observation ward, only 81 (16.4%, 95%CI: 13.3-20.0) were admitted to a mental health ward.

Conclusion: Restrictive interventions in the ED are largely occurring under a Duty of Care and only a minority of people will be admitted to a mental health ward. Care for those managed under Mental Health Act (2014) which covers assessment and treatment of mental illness has a strong clinical governance framework and focus on minimising restrictive interventions, however this not the case for the majority of people who are restrained in Australian EDs.

References

Mental Health Act (2014) Available at: http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/0001F48EE2422A10CA257CB4001D32FB/$FILE/14-026aa%20authorised.pdf (Accessed 24 July 2019)

Paper 2

Behavioural assessment unit: A new model of care for patients with complex psychosocial needs

Authors and affiliation: Professor George Braitberg, Melbourne Health and Centre for Integrated Critical Care, University of Melbourne, Australia; Dr Jonathan Knott, Emergency Department/Melbourne Health and Centre for Integrated Critical Care, University of Melbourne, Australia; Professor Marie Gerdtz, Department of Nursing| Melbourne School of Health Sciences/ Faculty of Medicine, Dentistry and Health Sciences, Australia; Ms Susan Harding, Dr Steven Pincus, Ms Michelle Thompson, Emergency Department/Melbourne Health, Australia; Dr Celene Yap, Centre for Integrated Critical Care, University of Melbourne & Department of Nursing/ Melbourne School of Health Sciences/ University of Melbourne, Australia; Dr David Kong, Centre for Medicine Use and Safety/Monash University &Pharmacy Department/Ballarat Health Services, Australia; Professor Kay Stewart, Centre for Medicine Use and Safety/Monash University, Australia; Professor David Taylor, Emergency Department/Austin Health, Australia

Abstract

Background: Acute behavioural disturbance (ABD) is an increasing clinical problem facing health services and emergency departments (EDs) (Alarcon Manchego et al, 2015). A behavioural assessment unit (BAU) with highly resourced six beds, is established to create a safe and therapeutic environment for patients with ABD (George et al, 2018).

Aims: To assess the impact of the BAU for patients presenting to the ED with ABD.

Methods: The impact on the ED length of stay (LOS), restrictive intervention rates, time to medical and mental health review was evaluated with a pre-post intervention study. Face-to-face semi-structured interviews were conducted with adults who had received care in the BAU (Yap et al, 2017). The participants were asked about their experiences of receiving care in the BAU. All interviews were analysed thematically.

Results: In 12 months from 1 April 2016, 2,379 patients were admitted to the BAU. They were compared with a similar cohort of 3047 patients from the 2015 ED population. The BAU resulted in a decreased ED LOS (180 min vs 328 min, P < 0.001), a decreased wait for a medical review (40 min vs 68 min, P < 0.001), and a decreased wait for a mental health review (117 min vs 139 min, P = 0.001). Patients in the BAU cohort were less likely to have mechanical restraint (6.6% vs 9.0%, p<0.001) or sedation (6.6% vs 8.2%, P<0.001). Data saturation was achieved from 13 participants recruited from May to September 2016. Trusting relationships and needs or wants following sedation were identified as the main themes.

Conclusions: This new model of care can improve patient flow through the ED, decrease restrictive interventions and establish trusting patient-staff relationship. This specifically designed unit may be adopted by other EDs to improve the quality of care for this complex and challenging group of patients.

References

Alarcon Manchego P, Knott J, Graudins A, Bartley B & Mitra B (2015). Management of mental health patients in Victorian emergency departments: A 10 year follow-up study. *Emergency Medicine Australasia*, 27, 529-536.

Braitberg G, Gerdtz MF, Harding S, Pincus S, Thompson TM & Knott J (2018). Behavioural assessment unit improves outcomes for patients with complex psychosocial needs. *Emergency Medicine Australasia*, 30, 353-358.

Yap CYL, Knott JC, Kong DCM, Gerdtz M, Stewart K & Taylor DM (2017). Don't Label Me: A Qualitative Study of Patients' Perceptions and Experiences of Sedation during Behavioral Emergency in the Emergency Department. *Academic Emergency Medicine*, 24, 957-967

Paper 3

Screening and brief intervention for drug use in the emergency department: Perspectives of nurses and consumers

Authors and affiliation: Professor Marie Gerdtz, Department of Nursing, University of Melbourne, Australia; Dr Celene Yap, Dr Catherine Daniel, Department of Nursing, University of Melbourne, Australia: Professor Jonathan Knott, Emergency Department, The Royal Melbourne Hospital, Australia

Background: Emergency departments (EDs) represent a frontline point of access to health services for people with acute behavioral disturbances and concurrent illicit drug use (Rikki J, 2018).

Aims and Objectives:

1. To determine the prevalence of illicit substance use for all individuals admitted to the ED Behavioural Assessment Unit (BAU).
2. To explore perspectives of staff and consumers regarding routine drug screening and brief interventions for drug use.

Method: A mixed methods study conducted in three phases:

1. an observational study of prevalence
2. focus group interviews with nurses regarding barriers and enablers to drug screening
3. a consumer survey regarding public acceptability of drug screening.

The setting was a metropolitan tertiary referral hospital in Australia. A consecutive sample of adults admitted to the ED BAU were asked about their drug use and underwent point of care saliva (POC) testing for cannabis and methamphetamines (July-December 2017). All nurses working at the study site were invited to participate in a focus group (August to October 2018). A random sample of ED consumers were surveyed regarding the acceptability of routine drug screening (March-April 2019).

Results: The prevalence of meth/amphetamine use was 21. 2% (97/457; 95%CI: 17.7-25.2). A total of five focus groups involving 30 staff identified the key challenges for nurses in initiating drug screening were time pressures, perceptions of role legitimacy and lack of training. Most of the 270 consumers who were interviewed (81.9%) felt it was appropriate to be questioned about drug use and were comfortable answering questions related to this during their ED visit (86%).

Conclusion: Nurses are ideally positioned to carry out drug screening and brief interventions for people with acute behavioral disturbances in the ED. This approach is acceptable to most ED consumers. Nurses require training in detection, referral and harm minimisation strategies.

References

Rikki J, Cindy W & Kim U (2018). Rates and features of methamphetamine-related presentations to emergency departments: An integrative literature review. *Journal of Clinical Nursing*, 27, 2569-2582.

Paper 4

Adapting and implementing safewards for emergency departments

Authors and affiliation: Miss Ashleigh Ryan, Miss Kate Bendall, Peninsula Health, Emergency Department, Australia; Miss Marisol Corrales, Department of Human Services, Australia; Dr Catherine Daniel, Professor Marie Gerdtz, Department of Nursing, The University of Melbourne, Australia; Miss Monique Rosenbauer, Peninsula Health, Emergency Department & Bendigo Health, Emergency Department, Australia

Safewards is an internationally recognised model aimed at reducing harm from restrictive interventions while promoting safety. The Safewards model originated in the UK, and following a successful trial was rolled out to all mental health services in Victoria, Australia. Staff and patients reported increased engagement, safety and confidence in preventing conflict, or reducing its impact. The results also demonstrated a reduction in the use of restrictive interventions, which are known to cause harm to patients and staff1. The need for a similar change in Emergency Departments (ED) was highlighted in 2019 implementation of Safewards in ED.

The Safewards ED pilot focuses on improving outcomes and experiences for patients presenting to ED and staff. The model also aims to address increasing rates of occupational violence in an environment where patients are often acutely unwell on arrival, length of stay is short, turnover is rapid, and time to build rapport is limited. The ten ED Safewards interventions have been adapted to reflect this unique environment. Each intervention is designed to reduce "flashpoints", or situations that may lead to conflict. Using an exploratory model, staff and patients in the ED have been challenged to look for ways of improving their interactions and enhancing their environment, using creative and simple measures.

This paper will outline how a cost effective and adaptable model is being implemented to a new environment, with a new patient population. The model's potential impact on staff culture, de-escalation skills, collaboration, and language will also be explored. The 10 interventions and exploring the impact of Safewards in ED has not been previously reported. This paper will describe the 10 skill-based interventions, challenges, opportunities, and the innovative nature of this intervention in an ED setting.

References

Fletcher J, Spittal M, Brophy L, Tribble H, Kinner S, Elsom S, and Hamilton B (2017) Outcomes of the Victorian Safewards trial in 13 wards: Impact on seclusion rates and fidelity measurement. *International Journal of Mental Health Nursing*, 26, pp 461-471.

Poster tour A

Led by Bridie Kent

Theme: Clinical Academic Careers

Poster No: 1	Abstract no: 0458

Research Topic: Patient Safety (including human factors, infection, prevention and control etc)

Methodology: Other collection method

Research Approach: Other approaches

Lead Research Nurse Specialist (LRNS) role for Quality Assurance and Education: Ensuring a continual cycle of quality and responsive education

Presenter: Jane Forbes, RN, RM, BSc, MRes, University Hospital Southampton NHS Foundation Trust, UK
Co-presenters: Marie Nelson, UK; Emma Munro, UK

Abstract

Aim/purpose: In Clinical Research it is necessary to establish and maintain quality assurance systems to ensure compliance with regulations and concordats relevant to clinical research delivery. To supplement this paradigm we created a role to provide experienced and specialised clinical support for Nurses/AHPs setting up and delivering complex and ward-based IMP studies. The post will ensure oversight, education and support to clinical areas. The role encompasses study audits and programmes of internal monitoring identifying areas for learning and development.

Methodology: The LRNS role evolved from recognition of the need for additional and specific clinical support to aid the collaboration and integration within clinical areas of research in line with our increasing portfolio of complex studies. The LRNS offers an opportunity to provide expertise and specialised 'hands on' support whilst also providing development through responsive education sessions following local audit findings. This ensures equity in standards across all research areas and early identification and resolution of issues leading to improved participant safety and high quality data collection.

This specialist role provides a visible and accessible point of expertise as well as an opportunity to share best practice and learning throughout the research workforce allowing the expansion of a wide portfolio of studies within clinical areas.

Results/Conclusions: The role has been implemented successfully and is still evolving with opportunities to improve practice from incident learning and programmes of audit and monitoring. Responsive education for staff can be delivered following these findings providing regular and relevant updates and consolidation for our research workforce.

Additionally by providing support in the clinical areas we have been able to coordinate, manage and resolve incidents, provide risk assessments and robust plans for undertaking complex and ward-based studies.

Poster No: 2	Abstract no: 0385

Research Topic: Research Process Issues

Methodology: Other collection method

Research Approach: Action Research / Participatory Inquiry / Practice Development

Making research core business: Methods to engage NHS staff and participants with research

Presenter: Tom Almond, , Sheffield Teaching Hospitals NHS Foundation Trust, UK
Co-presenterss: Sheila Duffy, UK; Clare Pye, UK; Lynne Smart, UK; Hilary Rosser, UK; Liz Taylor, UK; Alice Carey, UK; Lynsey Murtagh, UK; Beth Lally, UK

Abstract

The Jessop Wing at Sheffield Teaching Hospitals NHSFT is a purpose built unit that incorporates all services relating to reproductive health and childbirth including:

- a maternity service supporting approximately 7,000 births per year
- a regional neonatal intensive care unit providing specialist care for all premature and unwell term babies
- a tertiary referral centre gynaecology unit comprising outpatients/colposcopy, daycare, terminations, emergency admissions, early pregnancy assessment, general gynaecology, uro-gynaecology and oncology services
- an assisted conception unit that is one of the most successful fully NHS managed centres of its kind in the country

As one of the largest teaching hospitals in the country, Sheffield Teaching Hospitals NHSFT has an obligation to set the standards in improving care and putting evidence behind our practice through research. It is one of the Trusts' five key objectives to deliver excellent research, education and innovation. Jessop Wing has developed a research delivery team that currently includes a Research Lead Consultant, four Research Nurses, three Research Midwives, a Clinical Trials Assistant and a Research Co-ordinator to achieve this objective.

This delivery team would like to share the methods used to engage with all levels of NHS staff and our patient/service user population with the research process to ensure that research is part of the core business to our excellent health care delivery.

Topics within our presentation include:

- Inclusion of research to induction schedules
- Taking on student placements within the research delivery team
- Representing research at open day or recruitment events
- Holding Research Cafes as informal learning events
- Having research updates as standing items at clinical forums, MDT meetings, staff huddles and executive meetings
- Advocating the national Research Champions initiative
- Running a Small Grant Scheme to stimulate research ideas
- Maintaining an experienced Patient and Public Involvement Panel (PPI)

Poster no: 3	Abstract no: 0448

Research Topic: Methodology

Methodology: Nominal Group Technique

Research Approach: Other approaches

WhatsApp Doc? The impact of using WhatsApp on developing doctoral student identity, supporting role adaptation and personal effectiveness

Presenter: Sally Bassett, RN. MSc (Lond), MSc (Oxon), Oxford Brookes University, UK
Co-presenters: Karen Lascelles, UK

Abstract

Background: The challenges and

experiences of doctoral students is well recognised (Aitchison C and Mowbray S 2013). A WhatsApp group that exceeded all expectations of the cohort was established at the outset of a 5-year professional doctorate in nursing programme. A Nominal Group Technique was used one year into the programme to identify the impact of the WhatsApp Group.

Aims: To examine WhatsApp data and establish the impact that the WhatsApp group had on the cohort in developing doctoral personal effectiveness.

Methods: The Nominal Group Technique (Delbecq and van de Ven 1971, Dobbie et al 2004) was adopted to collectively review WhatsApp data and identify, refine and rank order themes through self-facilitated workshops and subsequent electronic communication. Analysis was conducted into the WhatsApp activity over time.

Results: Seven themes were identified from the WhatsApp data with venting and sharing, humour and academic support being ranked as the most important to the cohort members. Over an 8-month period, WhatsApp activity ranged from 137 messages in a month to 618 messages in a month. Peaks of activity corresponded with periods of high academic demand, however not all periods of high academic demand resulted in an increase in WhatsApp activity.

Discussion: The ease of contact associated with WhatsApp appears to have accelerated the psychosocial identity and cohesion of the cohort. Students agreed that in relation to support, WhatsApp serves a different more important role than the dedicated university online discussion fora.

Conclusion: Introduction of informal WhatsApp groups at the commencement of professional doctorate study provide a simple mode of supportive contact, this can impact the development of cohort identity and unity that may accelerate confidence in acquiring personal doctoral effectiveness. Tutors should consider encouraging students to establish such groups and be aware of the implications for other formal learning platforms.

Poster no: 4 Abstract no: 0176

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Mixed

Research Approach: Other approaches

Developing a local strategy to support NMAHP led research in a UK district general hospital; Results from A Florence Nightingale Emerging Leader Scholarship project

Presenter: Linda Tinkler, MClinRes (Leadership) BSc (Hons) RN, Newcastle upon Tyne Hospitals NHS Foundation Trust, UK
Co-authors: Jacqueline McKenna MBE, UK; James Limb, UK; Clare Westwood, UK; Sharon Hamilton, UK

Abstract

Background: In recent years, in the UK there has been national and local strategic investment to support Nurses, Midwives and Allied Health Professionals (NMAHPs) to undertake research alongside clinical activity. This investment aims to create a workforce of clinical academics and clinically active health researchers with the research skills and knowledge to further the evidence base within their discipline.

Influenced by this strategic agenda, scoping work was undertaken in one UK NHS trust (through a Florence Nightingale Foundation Emerging Leader Scholarship), as a precursor to developing a strategic approach to NMAHP research. The aim was to identify the barriers and facilitators experienced by the NMAHP workforce in undertaking research within their roles.

Methods: Data were collected in one organisation, through an online survey shared with all NMAHPs. The survey, adapted from a national survey, included additional questions to explore the perceived barriers and facilitators to undertaking research in an NMAHP role. Additionally, four purposively sampled senior NMAHPs were interviewed. Interviews were digitally recorded, transcribed and anonymised. Graphs and spreadsheets of the categorical, numerical and free text survey responses were produced. Free text responses(n=24) were analysed via thematic analysis alongside interview transcripts. This poster presents the facilitators and barriers to developing NMAHP research emerging from thefree text responses and interview transcripts.

Results: The online survey received 37 responses (July-Aug 2017). Facilitators and barriers to developing NMAHP research in the trust were identified from:

Facilitators:

- National/Regional support
- Examples of success
- Increased funding
- Senior level organisational support

Barriers:

- Time
- Access to available funding
- Lack of confidence
- Lack of awareness of how to access support to progress ideas.

Conclusion: The findings, which are presented in the poster, were pivotal in informing the development of a local NMAHP research strategy. The work has also contributed to the visibility of this agenda in the trust.

Poster No: 5 Abstract no: 0043

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Other collection method

Research Approach: Evaluation (process, impact)

Using the Visible ImpaCT Of Research (VICTOR) questionnaire to evaluate the benefit of an NHS funded fellowship programme for nurses, midwives and allied health professionals (NMAHP)

Presenter: Rachel Taylor PhD MSc DipRes RSCN RGN, University College London Hospitals NHS Foundation Trust, UK

Co-authors: Judith Holliday, UK; Jo Cooke, UK; Julie Hogg, UK

Abstract

Introduction: There is increasing emphasis on developing a NMAHP workforce that is research active (Carrick-Sen et al 2016), with the provision for clinical academic careers being provided for by the National Institute for Health Research (NIHR). However, the low number of successful applicants suggests there are barriers in achieving this. The CNMR was launched in 2010 to support NMAHPs to develop clinical academic careers. Funding bid was received in 2016 to backfill two days a week, for up to a year, to give NMAHPs time to make competitive applications to the NIHR. The aim of this paper is to describe how VICTOR was used to evaluate the CNMR fellowship programme.

Methods: VICTOR was developed by the Yorkshire and Humber CLAHRC as a way of measuring the impact of research. It contains 23 items in five domains, which are responded to as yes/no/not yet. Respondents are asked to provide written detail support the response. VICTOR was designed so multiple stakeholders completed the questionnaire so impact could be measured from various perspectives. The 2016/17 cohorts (n=6) of fellows were asked to complete the questionnaire. These were analysed using a framework approach.

Results: Key benefits of the fellowship were time, opportunities to develop collaborations, increasing awareness to colleagues about research, helping to develop a research culture within NMAHP, being able to publish and present at conferences. Lack of support from line managers and posts not being backfilled were noted to be challenges.

Conclusion: Although some challenges with the fellowship programme were identified, all of the recipients had found it to be a positive experience and were able to undertake a lot of scholarly activity. Although VICTOR was not designed to evaluate an activity, the structure proved to be helpful in guiding respondents to think through the impact of the fellowship.

Poster no: 6 Abstract no: 0106

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Research capacity building for nurses and allied health professionals to enable research evidence-based practice – a novel, proof-of-concept programme

Presenter: Silvie Cooper, PhD, University College London, UK
Co-presenter: Julie Sanders, UK
Co-author: Nora Pashayan, UK

Abstract

Background: Building research capacity for nurses and allied health professionals could enable successful translation of research into clinical practice, and improve patient care and outcomes.

Aims: We report on the development of a proof-of-concept coordinated multi-strategy programme to build research capacity among nurses and health care professionals that surmounts many of the usual barriers to engagement.

Our programme was informed by research evidence, and developed in partnership with a UK National Health Service (NHS) Trust, and delivered to nursing and allied health professional (AHP) staff at the Trust. Programme activities included:

a. active dissemination of easily accessible research messages, relevant to clinical practice
b. increasing research literacy and interpretive skills through interactive masterclasses
c. mentoring point-of-care staff to enable translation of research evidence into practice.

These activities were designed collaboratively to raise the profile of research practice among nursing and AHP workforces to improve awareness, engagement and use of research in clinical settings.

Discussion: Engagement with the programme and initial feedback show that it is feasible to use this programme to deliver training to NHS point-of-care staff in their workplace. The impact of this programme on clinical practice and patient care is under evaluation.

Conclusion: By delivering the programme in the workplace, and providing mentoring, this novel programme overcomes many of the traditional barriers to participating in continuous professional development. We built productive relationships between programme leaders and participants to understand the specific contextual and organisational needs of the group. We collaboratively developed the materials for research awareness activities, engaged a broad cohort through our masterclasses, and encouraged champions to be agents of change for implementing research evidence into practice.

Poster no: 7 Abstract no: 0287

Research Topic: Nursing, Midwifery or Support Worker Education, Service Innovation and Improvement

Methodology: Other collection method

Research Approach: Other approaches

Introduction of junior research nurse fellow role to integrate clinical research activity amongst front-line research naïve staff

Presenter: Jennie Walker, PhD RN, Nottingham University Hospitals Trust, UK
Co-presenters: Karen Asher, UK

Abstract

Background: Despite the fact that research is an essential component of evidence-based practice and clinical effectiveness, it is not commonplace for nurses to engage with and undertake research within their daily clinical practice. Reasons for not engaging in clinical research are commonly cited as lack of time, lack of knowledge and lack of support (Scala et al 2016). Given the challenges of limited staff and resources a novel approach was required to empowering front-line nurses to engage in research.

Approach: A bespoke programme was devised 0.2WTE over six months to provide training and insight in to the clinical research process and the role of the research nurse. The aim of the programme was to develop the knowledge, skills and research networks of research naïve nurses working clinically at a large acute inner-city hospital Trust. Activities included GCP training, insight visits, shadowing research teams and working towards NIHR research competencies. As confidence progressed fellows were allocated a portfolio of studies within their usual clinical setting. This facilitated development of research skills consistent with their clinical speciality, and assisted with the dissemination of information to clinical teams regarding forthcoming and actively recruiting studies in the locality.

Impact: Three nurses were appointed to and completed the initial programme April-October 2018. Two staff extended the opportunity for an additional six-months (0.2 WTE) to further advance their research skills. All fellows made progressive advancement with research competencies across the programme. Preliminary evaluations at six months identified an increased awareness of research studies within the areas where the fellows were based (40.6%). Wider organisational evaluation is ongoing to evaluate the effectiveness of the ongoing commitment from each of the fellows to continue as research ambassadors within their clinical areas.

Poster no: 8 Abstract no: 0161

Research Topic: Leadership and Management, Service Innovation and Improvement, Chronic Illness

Methodology: Focus Groups

Research Approach: Mixed Methods Research

Orthopaedic nurses' engagement in clinical research An exploration of ideas, facilitators and challenges

Presenter: Suzanne Bench, PhD, MSc, PGDipHE, RGN, Royal National Orthopaedic Hospital, UK
Co-authors: Julie-anne Dowie-Baker, UK; Paul Fish, UK

Abstract

Background: Clinical nursing staff are in an excellent position to identify research questions that matter to patients and families, [1] however, although previous international studies have identified individual and organisational barriers to nurses' research utilisation, little data exists on nurses' engagement in research, particularly within the orthopaedic speciality.

Aims: To explore orthopaedic nurses' views regarding the research priorities for neuro-musculoskeletal care and the perceived barriers and facilitators associated with their engagement in research.

Methods: A single centre mixed methods study collected data January-June 2018 via a survey and 14 audio-recorded focus group discussions. All nurses (n=373) working at one national specialist orthopaedic hospital in England were invited to particpate. Qualitative data underwent thematic analysis and descriptive statistics were used to present questionnaire responses.

Results: Only 20 (27%) of our sample (n=75) reported a desire to be involved in research, and most had never published or presented their work (n=65, 87%; n=46, 61%). Research priorities focused on 1. Understanding and improving patient and staff experiences 2. Improving processes, systems and workload models 3. Interventions to improve clinical outcomes. Key themes arising from the focus group discussion data were research activity, priorities and motivation, culture and leadership, and resources.

Discussion: Although some acknowledged its importance, particpants did not see research as part of the nursing role and struggled to identify project ideas. In contrast, two Scandinavian studies[2,3] report increasingly positive attitudes towards research by nurses. However, these survey studies do not provide a picture of views and experiences related to research engagement within the NHS.

Conclusion: There is still significant work required to build research capacity and capability within the nursing workforce. Key to success is developing effective leaders, who create a positive and supportive research culture across an organisation, to strengthen the research voice of nursing and drive improvements in future care.

Poster tour B

Led by Rachel King

Theme; Acute Care and Nursing Care

Poster no: 9 Abstract no: 0469

Research Topic: Patient Education, Patient Experience, Cancer

Methodology: Mixed

Research Approach: Action Research / Participatory Inquiry / Practice Development

Spreading the news about neutropenic sepsis: translating complex ideas into patient care

Presenter: Rachel Mead, Registered Nurse , Sheffield Teaching Hospitals NHS Foundation Trust, UK
Co-authors: Martina Davies, UK; Daniel Wolstenholme, UK; Cheryl Grindell , UK; Remi Bec, UK; Angela M Tod, UK; Clare Warnock, UK

Abstract

Background: Neutropenia is a side effect of chemotherapy that leaves patients at high risk of life-threatening infection and sepsis. It usually occurs outside of hospital so patients need to recognise the symptoms early and contact the cancer centre for advice (NICE 2012). A local study identified that while some patients seek advice immediately, others delay (Warnock et al 2018). Little research exists to explain this variation and how it can be addressed.

Aim: To explore variation in advice seeking behaviours regarding potential neutropenic infection and co-create interventions that support patients to take appropriate action.

Methods: A three stage study was carried out between May 2016 and February 2019 by project partners from clinical practice, academic research and co-creative design. Stage one contained semi-structured interviews with 24 patients who had experienced neutropenic infection. Stage two involved two staff and patient workshops to explore interview themes, identify and prioritise interventions. Stage three used a series of design, test and evaluate cycles with patients and staff to co-create outputs. Novel approaches were utilised to overcome challenges to patient participation.

Results: Analysis of the interviews identified barriers and facilitators to patients contacting the centre for advice. The workshops used this data to create clinically useful products and tools including pen portraits, representations of patient characteristics that can be used to tailor interventions. Products, ranging from information cards to service re-design were developed and evaluated collaboratively.

Discussion: The interviews and workshops provided new insights into factors that influenced whether patients followed advice. These supported the development of interventions that have the potential to be more clinically effective as they are derived from patient perspectives.

Conclusion: Using mixed methods research within a clinically focused project provided a systematic approach to developing interventions that reflect the ways in which patients engage with information and advice.

Poster no: 10 Abstract no: 0479

Research Topic: Pain Management

Methodology: Questionnaire

Research Approach: Mixed Methods Research

Nurse-led procedural sedation and analgesia during pulmonary vein isolation

Presenter: Stuart Barker, BA (Hons), RGN, Northumbria University, UK

Abstract

Background: Nurse-led sedation protocols are common, yet cardiac disease represents a risk factor (Sneyd, 2013). Subsequently, nurse-led procedural sedation and analgesia (NLPSA) during cardiac ablation is rarely practiced or studied (Conway et al, 2014). Such a protocol has potential benefits in resource management (Gaitan et al, 2011), and allows operators to focus on the case (Furniss and Sneyd, 2015). However, NLPSA must be safe and effective in managing pain and anxiety.

Method: An NLPSA protocol for cardiac ablation was studied, using a survey followed by case studies. The survey was completed by 64 patients undergoing pulmonary vein isolation. Safety was studied using Fisher's Exact Test to compare rates of complications to previous studies. Hierarchical Cluster Analysis (HCA) and Fuzzy Set Qualitative Comparative Analysis (FsQCA) were used to construct a model of sufficient conditions for a positive patient experience.

Results: No results indicated NLPSA was less safe than other sedation methods for such cases. No deaths, reversals of sedation, or need for anaesthetic support occurred. Cardiac tamponade occurred in two cases, but this was not significant when compared to other practices (Fisher Exact Test 0.0925; insignificant at $P<0.05$).

HCA revealed three clusters describing patient experience: positive (n=17), mostly positive (n=37) and negative (n=8). FsQCA constructed an equifinal model of pathways resulting in a positive experience. This model included combinations of intravenous medication (fentanyl, midazolam and paracetamol), patient body mass index and age. This model had a high consistency value (0.858674) but moderate coverage (0.613544).

Conclusion: Moderate solution coverage indicated that a causal factor had been omitted. Some sedationists facilitated consistently positive experiences without their cases matching the model's solution terms. In the case study phase, their practice will be studied, both to explain their success, and to comment on the transferability of the protocol's results to other cardiac catheter laboratories.

Poster no: 11 Abstract no: 0497

Research Topic: Acute and critical care

Methodology: Mixed

Research Approach: Mixed Methods Research

Team performance during emergencies in the operating theatre: A simulation-based mixed methods study

Presenter: Carin Magnusson, PhD, University of Surrey, UK
Co-authors: Simon Bettles, UK; Mark Joy, UK

Abstract

Background: Emergencies in operating theatres (example cardiac arrests and massive haemorrhage) are high risk events, requiring effective teamwork (Arriaga et al, 2013). Evidence suggests that team performance during emergencies can be improved by using prompt-cards (Harrison et al, 2006). We developed one of the UK's first set of operating theatre emergency prompt-cards, aiming to improve team performance and non-technical skills. Forty theatre staff (surgeons, anaesthetists, operating department practitioners (ODPs) and theatre nurses) from two hospitals in South East England participated, undertaking simulated emergency scenarios with and without prompt-cards randomised.

Aims: The study aimed to assess the impact and perception of using emergency prompt-cards during simulated operating theatre emergencies on team performance.

Methods: Validated questionnaire assessing self-reported perceptions of team-working in simulated scenarios (Malec, 2007), structured observations, and 8 multi-professional focus groups with a total of forty (N=40) theatre staff. Data-collection 2017.

Results: The questionnaire data revealed that the perception of effective team performance during simulated emergencies was significantly higher in the teams using the prompt cards compared to those without.

Focus group participants desired to help and work as an effective team during emergencies, but some felt unable to speak up due to the hierarchy within the team. The prompt-cards appeared to give, in particular nurses and ODPs, the authority to get involved during emergencies by assigning clearer roles and responsibilities, facilitating assertiveness and confidence. The prompt cards acted as both an aide-memoire for verification of knowledge and a physical reminder to delegate effectively.

Discussion and conclusions: During this presentation we will highlight the complex team working interactions to be considered when managing change and introducing new interventions in operating theatre culture. The focus groups provide unique data from a multiple professional perspectives, stimulating a discussion focusing on professional hierarchies and 'speaking up' in the context of patient safety.

Poster no: 12 Abstract no: 0135

Research Topic: Public Health (including health promotion), Nursing, Midwifery or Support Worker Education, Acute and critical care

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

A Scoping Review: The case for prioritising improving orthopaedic trauma nursing skills in low tomiddle income countries

Presenter: Jennifer Klunder, BSc (Hons), MPH (Hons), University of Salford, UK

Abstract

Background: Traumatic orthopaedic injuries are responsible for 5.8 million deaths every year, with 90% occurring in Low to Middle Income Countries. Approximately six times as many people are injured due to trauma than those who die of it, and these injuries are associated with significant morbidity and disability. The economic impact for individuals and the countries can be devastating, and skilled nursing care is required to manage and reduce risks of injuries such as open fractures. Nursing is an under-utilised resource in global health, but little research exists into the availability of skilled orthopaedic nurses in Low to Middle Income Countries, or what training in available to support development.

Objectives: This scoping review aims to build upon the scarce body of existing research by critically discussing existing work and identifying key areas for future research.

Methodology: A structured literature search was conducted, searching three databases (Medline, CINHAL and SOLAR) with key words and phrases to identify current literature.

Results: 11 papers identified to meet the search criteria, but only four papers specifically on nursing care. Key themes identified include the need to prioritise nursing education in Low to Middle Income Countries and upskill and utilise the nursing workforce to competently provide care to patients with traumatic injuries within their existing capacity.

Conclusions: Significant investment in orthopaedic nursing is needed in Low to Middle Income Countries to reduce morbidity and mortality from traumatic injuries and retain the local workforce, but there is considerable need for more research due to a paucity of existing work.

Poster no: 13 Abstract no: 0101

Research Topic: Patient Education

Methodology: Questionnaire

Research Approach: Quantitative (not included in another category)

Assessing functional health literacy and learning style preferences among Egyptian inpatients: A cross-sectional study

Presenter: Naglaa Youssef, PhD, Medical Surgical Nursing, College of Nursing, Princess Nourah bint Abdulrahman, Saudi Arabia
Co-presenters: Hanan Al Sebaee, Egypt

Abstract

Background: Over the past few decades, studies of Health Literacy (HL) and learning style have increased dramatically. However, information about the health literacy and learning style of Egyptian patients remains scarce.

Purpose: This study aimed to assess functional health literacy (FHL) and learning style preferences among Egyptian Inpatients in a University Hospital and to determine the relationship between the two concepts.

Methods: A cross-sectional correlational survey was conducted over a period of six months (from August 2017 to January 2018). A convenience sample of 280 (84.84% response rate) patients was recruited from 10 medical and surgical wards at one of the biggest university teaching hospitals in Cairo city. Four measurements were utilized in this study together with the demographic data sheet: (1) the Short version of the Test of FHL in Adults (S-TOFHLA), (2) the Rapid Estimate of Adult Literacy in Medicine (REALM), (3) the CHEW screening of HL and (4) the Arabic VARK™.

Results: The mean age of the participants was 40 years (SD 16.81). The level of HL in the participants was low. 57.1% had inadequate/marginal HL level. 15.4% had low reading ability score. Age ($t = 3.76$, $p = 0.000$), education ($t = 2.69$, $p = 0.008$) and present of co-morbidity ($t=2.03$, $p = 0.04$,) predicted the patients' REALM-R score, while the STOFHLA was only predicted by education ($t=2.24$, $p=0.03$). There was no significant relation between HL and learning style among the participant's (Chi-Square 3.436, $p = 0.48$). However, 12.9% of the participants with inadequate literacy preferred multimodal learning style, about 11.1% preferred bimodal and 19.3% preferred single learning modal.

Conclusion and Implications for Practice: Health care providers, especially the nurses should assess the patients' HL and learning style in order to tailor their communications and related health teaching materials.

Poster no: 14 Abstract no: 0341

WITHDRAWN

Poster no: 15 Abstract no: 0286

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Other collection method

Research Approach: Mixed Methods Research

Diet and fluids tolerated: content analysis of written descriptions of nursing care

Presenter: Elizabeth Lumley, RGN, BA (Hons), MSc, The University of Sheffield and Sheffield Teaching Hospital NHS Trust, UK

Co-presenters: Daniel Wolstenholme, UK; Clare Warnock, UK

Abstract

Background: Nursing documentation should accurately communicate information about the patient's condition, nursing interventions and outcomes (Jeffries et al 2012). Previous research identified disconnection between what is recorded, and the nursing care delivered (De Marinaet al 2010). However, there is a lack of research offering detailed analysis of the content and quality of nursing entries.

Aim: To evaluate the quality and content of nursing documentation using content analysis.

Methods: 18 sets of anonymised nursing notes were obtained between August-September 2016, from two inpatient wards. Each dataset contained seven days of nursing documentation, with a minimum of two entries per 24-hours. Statements were initially categorized into themes, including activities of daily living. Each care statement was then examined using quality criteria identified from the literature, including evidence of SOAPIE (subjective, objective data, assessment, planning, implementation, evaluation) (Groot et al 2018). Statements were coded red, amber or green, dependent on the degree to which they met the criteria, green being high quality evidence.

Results: A total of 2092 statements, involving 19,622 words were analysed. 38% were rated as red (786), 50% were rated as amber (1,045) and 12% were rated green (261). Characteristics of the statements in each quality category were identified.

Discussion: The findings provide detailed insights into the characteristics and quality of nursing documentation. The high number of entries categorised as red contributed little to providing a coherent description of the patient's condition or care given.

Conclusion: Our study revealed significant variation in the quality of nursing documentation. Identifying characteristics of the statements from each quality category may potentially provide the basis for developing an approach that communicates care more effectively. The next project stage is a consensus study to identify language and statements that can be used in clinical practice, to bridge the gap between care given and care recorded.

Poster no: 16 Abstract no: 0148

Research Topic: Methodology, Research Process Issues, Ethical and Philisophical Issues

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

Methodological and ethical considerations in investigating nurses' experiences of medication errors

Presenter: Efstratios Athanasakis, RN, BSc, MA, Nottingham University Hospitals, UK

Abstract

Background: This discursive paper summarises the methodological and ethical considerations that a qualitative researcher would possibly deal with when investigate medication errors in nursing, and particularly nurses' experiences of medication errors. Such sensitive and emotive field of research could be difficult, time-consuming because of the nature of the topic itself and if the research protocol is not well designed the participants' recruitment could be even more difficult.

Aim: To examine the range of reflections about the methodological and ethical considerations the investigation of nurses' experiences of medication errors entails.

Methodological discussion: A literature review took place to retrieve studies published in English from 1990-2018 on PUBMED, BNI, CINAHL, ScienceDirect and Wiley Online Library. The follow methodological considerations identified: participants' recruitment, data collection, data analysis; and the ethical considerations included: phrasing of sentences and words, participants' recruitment, location of interviews, type of interviews, management of emotionality, management of the reported medication error incidents, qualitative researcher or nursing professional?. The present piece of work refers only to a specific number of considerations; however, the reported key facets can vary among researchers and communities the study is implemented. It reveals points of how to manage through every stage of the study, how these can be constructed adequately and improved as the study progresses.

Conclusion: The research about medication errors can be complex at times and might need attention, therefore the development of researchers' skills and the identification of methodological needs of the field are necessary. This discursive paper is useful for future qualitative researchers and can be used as a guide to investigate nurses' experiences or parts of it can be integrated in similar projects. By facing as many as possible methodological and ethical considerations, and establishing solutions for them, the study's validity, reliability, rigor are enhanced and the study is ethically robust.

Poster no: 17 Abstract no: 0015

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Questionnaire

Research Approach: Survey

Virtual engagement learning opportunities pilot: The collaborative experiences of student nurses in the UK and New Zealand

Presenter: Hazel Cowls, Registered nurse, University of Plymouth, UK
Co-authors: Kim Young, UK; Michelle Honey, New Zealand

Abstract

Background: It is important for student nurses to gain competency to practice as connected professionals and to have a global perspective on health and nursing. However, student exchanges are expensive and take time from a busy programme of study.

Aims: The aim of the study was to provide the students with a weekly e-learning activity to provide a more global perspective of nursing and health care utilising international e-collaboration.

Methods: Participants were drawn from a small convenience sample of undergraduate nursing students from Plymouth University and the University of Auckland. For this pilot, nine third year nursing students from each site were sought. However, a total of 15 volunteers were recruited to the study. The student nurses were asked to participate in audio/video conferencing once a week for four weeks. The students were placed into three groups with each having three UK students and two NZ students. The researchers were interested in the students' experience of working in small collaborative groups and their experience of e-engagement sessions. An anonymised evaluation form including ten Likert scale statements, plus three open ended questions was used to collect the data using a secure online platform. Ethical approval was sought and granted by both participating Universities' Ethics Committees for the project. Results: Of the 15 participants 13 responded to the survey, giving a response rate of 87%. Qualitative and quantitative data highlighted that students found that this collaborative activity enabled them to engage purposefully with other nursing students.

Discussion: The process enabled students to develop international connections related to future career opportunities and employment. A number of students expressed interest in working overseas.

Conclusion: It was clear that students benefited from the e-engagement. As cultural differences were noted, but similarities were also found. Limitations included managing time differences when using synchronous audio/video conferencing.

Poster tour C
Led by Dominic Roche

Theme: Education / Learning disability

Poster no: 18 Abstract no: 0346

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Mixed

Research Approach: Mixed Methods Research

Objective Structured Clinical Examination (OSCE): Perceptions and experiences of pre-registration nursing students with dyslexia

Presenter: Tamzin Dawson, DEd, MA Ed, RN(Child), RGN, RNT, London South Bank University, UK

Abstract

Background: Pre-registration nursing programmes are mainly an undergraduate degree training in the UK. The Equality Act (2010) directs education towards widening participation, with universities offering inclusive criteria to extend access to all. Ensuring students meet strict fitness-to-practice criteria stipulated by the professional body, however, creates a dichotomy between disability legislation and professional regulation. Objective Structured Clinical Examinations (OSCE) are a method of assessment that requires students to perform clinical assessments and answer questions within standardised conditions and an allotted time. To date few studies have considered the impact of the OSCE on nursing students with dyslexia.

Aim: To explore perceptions and experiences of nursing students with dyslexia who have undertaken the OSCE as a method of assessment.

Methods: Two-phase mixed methods approach was used. A purposive sample of 24 nursing students in year 3 of their course, were approached to participate in an online questionnaire, with 12 responding. Six students participated further in object elicitation interviews, which were analysed using the 'Framework Analysis' method (Richie and Spence, 1994).

Findings: There were two streams of findings identified. Firstly participants as unique individuals who experienced both difficulties and success in their learning. In the second stream there were three themes; the impact and the response to the impact of dyslexia on the individual; the OSCE as an assessment process; future recommendations for student support and preparation for the OSCE examination.

Implications for Practice: It offers suggestions on developing the OSCE as an inclusive assessment strategy, promotion of inclusive teaching and learning strategies within nurse education and changes to the theoretical and clinical support currently offered to students with dyslexia on nursing programmes.

Conclusion: It is the first study to consider the OSCE with regard to nursing students with dyslexia and offers an opening for future studies.

Poster no: 19 Abstract no: 0475

Research Topic: Nursing, Midwifery or Support Worker Education

Methodology: Questionnaire

Research Approach: Evaluation (process, impact)

Inequalities and challenges to delivering basic and advanced anatomy education for nurses: Can we do better?

Presenter: Siobhan Connolly, MSc, The University of Edinburgh, UK
Co-authors: Colin Chandler, UK; Tom Gillingwater, UK; Gabrielle Finn, UK

Abstract

Background: The Francis inquiry and more recently, the Gosport report, detailed poor care standards and an inability to challenge medical decisions that led to sustained patient morbidity and mortality. There is evidence that challenging medical decision-making may, in part, be caused by the widely reported bioscience deficits in nursing education. Critics have argued that a lack of basic sciences in nursing education compromises safe practice. However, the oppositional argument is that the basic sciences are the remit of medicine due to their reductionist approach toward clinical care.

Aim: To explore collaboration and access to resources between nursing and anatomy faculties.

Method: A Survey was distributed to nursing and anatomy departments throughout the UK. 51% responses rate from nursing schools; 84% from medical schools.

Results: Throughout the UK and Ireland the data revealed that 80% of nursing schools had no affiliation with anatomy departments despite 65% of nursing educators believing that collaboration is important. In contrast, 85% of anatomists believe access to resources and collaboration is vital for nurses to learn, research and integrate their anatomy into clinical practice. Despite the desire of nursing bioscientists to have a collegial partnership with expert scientists, they reported that educational leaders, based in social sciences were unsupportive due to professional tribalism that placed boundaries on shared knowledge. Others believed that anatomists were closed off to establishing partnerships. However, anatomists held a different view, evocatively reporting a medical monopoly on teaching hours, facilities and resources that negate the needs of all allied health professionals. Thus, creating educational inequities and marginalisation for pre and post registration student's ability to access anatomical expertise and resources.

Conclusion: An urgent multidisciplinary dialogue to ensure equal access to scientific expertise and resources in the age of team-based health care delivery.

Poster no: 20 Abstract no: 0238

Research Topic: Service Innovation and Improvement, Research Process Issues

Methodology: Other collection method

Research Approach: Action Research / Participatory Inquiry / Practice Development

CAPP in hand: The collaborative production of the Critical APPraisal online training app (CAPP) to support evidence-based practice and decision-making

Presenter: Clare Whitfield, PhD, Faculty of Health Sciences, University of Hull, UK
Co-presenters: Marie Girdham, UK; Danielle Hook, UK

Abstract

Background: NHS England and Clinical Commissioning Groups (CCGs) are committed to supporting research and the use of research evidence in the NHS. This is reflected in key policy documents, such as the NHS Five Year Forward View (DH 2014) and the New NHS 10 Year Plan (DH 2019), which emphasises how research can enable the NHS to transform services and improve patient experiences and outcomes (DH, 2014, p.32). This commitment is underpinned by legislation (DH 2012) which places a statutory duty on CCGs to promote research, and the use of research evidence, to support evidence-based practice and decision-making.

Aims: To explore the process of developing an e-based critical appraisal tool to support the application of research evidence to practice for staff working as evidence-based practitioners and decision-makers.

Method: An R&D support service hosted by a local CCG based in the north of England was approached in relation to improving the integration of knowledge informed commissioning and help to inform commissioning decision-making and the integration of research into clinical practice. In collaboration with a local HEI, online material was developed to be easily accessible initially to health care professionals in commissioning, and managers, as an 'e-learning' package. This was peer reviewed and piloted among a small cohort of commissioners and library-based professionals.

Outcome: The subsequent learning tool is being considered for national roll-out by Health Education England (HEE).

Discussion: The process of collaboration between professional groups and the stages of development are outlined. Barriers and levers experienced during the development and pilot-testing of the Critical APPraisal e-based tool (CAPP) are considered.

Conclusion: The process of inter-professional collaboration and the negotiation of the technical detail requires careful planning and strong levels of communication. On-line packages allow professional groups to integrate learning with daily practice.

Poster no: 21 Abstract no: 0039

Research Topic: Learning/ intellectual disability

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The Being Warm Being Happy Project: A participatory research study

Presenter: Angela M Tod, PhD MSc MMedSci BA RN, University of Sheffield, UK
Co-authors: Bethany Taylor, UK; Daniel Wolstenholme, UK; Melanie Chapman, UK; Annie Ferguson, UK; Jodie Bradley, UK; Alison Owen, UK; Vicky Farnsworth, UK

Abstract

Background: Being cold at home or being in fuel poverty impairs health and can kill. Adults with a learning disability are at a greater risk of inequalities and material deprivation that the general population, and are therefore more likely to be cold at home. The Cold Weather Plan for England expects nurses and other health professionals to act in order to prevent such avoidable, cold related harm.

Aims: The Being Warm Being Happy (BWBH) project aimed to understand what influenced adults with a learning disability (AWLD) in their ability to keep warm at home, how this impacted upon their health, and what could be done to facilitate keeping warm and well at home.

Method: Participatory methods were used to conduct an in-depth interview study with 10 households with an AWLD, plus a co-production stage to translate the household findings into solutions to address the problems identified. All data collection and analysis were conducted collaboratively with researchers who had a learning disability. The study took place between December 2017 and August 2018.

Results: The findings provide understanding of the energy needs and experiences of participants as well as their emotions, attitudes and values related to energy. Impacts on physical and emotional health are considered. Co-production findings identified solutions to improve awareness of strategies and services to prevent cold related harm. The presentation will also reflect on the participatory nature of the study, novel data analysis techniques used and associated benefits.

Discussion: The study used novel participatory approaches to generate a unique understanding of how AWLD can keep warm and well at home. Some practical solutions were generated, including messages for nurses caring for AWLD.

Conclusion: The findings engendered valuable understanding, outputs and methodological developments that will make a contribution to future health care practice and research.

Poster no: 22 Abstract no: 0269

Research Topic: Learning/ intellectual disability, Nursing, Midwifery or Support Worker Education, Inequalities in Health

Methodology: Questionnaire

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Confidence Not Competence: Student midwives' perceptions of supporting women with a learning disability

Presenter: Josie Capel, University of Huddersfield, UK
Co-presenters: Ann-Marie Holmes, UK; Katie Damer, UK
Co-authors: Gemma Dawson, UK; Hannah Barnes, UK; Katie Kay, UK

Abstract

Background: There is increasing prevalence of individuals with learning disabilities becoming parents, Castell and Kroese (2016) estimated the increase to be 40% since the 1990's. Yet current midwifery curriculum includes no mandatory learning disability training. The literature suggests people with learning disabilities do not have equal or adequate access to maternity services. Worryingly expectant mothers who have learning disabilities access midwifery support a less than the general public even though they are more likely to require more support (Castel and Kroese 2016).

Aims:

- To explore student midwives' confidence and competence in supporting women with learning disabilities within maternity services.
- To propose inclusion of learning disability awareness in midwifery education.

Method: Research was conducted by a group of student learning disability nurses and midwives in November 2018. Using a qualitative open-ended questionnaire, data was collected from 22 participants, recruited via purposive sampling. Thematic analysis was used to analyse the data.

Findings/Discussion: The key finding was that participants described confidence not competence. Even more striking was the correlation between exposure and confidence levels. Those with a lack of experience showed a concerning level of confidence, highlighting a lack of awareness of the challenges facing women with learning disabilities. Findings suggest participants who have some learning disability awareness are more aware of challenges and their lack of confidence and competence, but don't know where to seek support. All participants stated they did not feel sufficiently supported by their training and they would like learning disability awareness to be part of their university studies.

Conclusion: This study raises the concern that it is increasingly common for people with learning disabilities to become parents however, student midwives feel ill-equipped and unsupported to meet this population's needs and argues for inclusion of learning disability awareness within pre-registration midwifery education.

Poster no: 23 Abstract no: 0313

Research Topic: Acute and critical care, Methodology, Workforce and Employment (including health and well being roles, research careers)

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The lived experiences of health care assistants newly appointed to an acute NHS Trust: The impact of the ward as an environment for newcomer development

Presenter: Rosemary Webster, RN BSc MSc DHSci, University Hospitals of Leicester, UK

Abstract

Aim: This presentation highlights the impact of the clinical workplace on the lived experience of health care assistants (HCAs) in their first six months in post. and points to ways in which adjustment to the role could be enhanced.

Background: This doctoral research is unique in that it is a UK study involving HCAs newly employed in an acute hospital setting. It resonates with the current focus on the development of the non-registered nursing workforce.

Method: The rationale for a phenomenological hermeneutic approach based on the theoretical concepts of Heidegger will be outlined. In depth semi- structured interviews were conducted at 3-4 weeks and six months into their role. The second interviews were conducted in the Spring of 2016. Interview transcripts were analysed for the two time frames and then as a whole using an approach informed by van Manen (2014).

Results: The analysis highlighted the impact of the clinical environment on the experience of the study HCAs. Being part of an induction cohort and classroom learning had limited relevance. Two key themes of 'Belonging to their role' and 'Belonging to their ward' were identified as significant.

Discussion: The findings informed the development of a theoretical framework for the lived experience of HCAs that illustrates how their experience straddles theories of Transition in nursing and theories developed through the study of apprenticeship, in particular Newcomer Adjustment and Legitimate Peripheral Participation (Lave and Wenger 1991). The findings point to the significance of the ward as a potential Community of Practice (Andrew et al 2008).

Conclusion: The presentation provides an opportunity to acknowledge a workforce with experiences akin to those seen in traditional apprenticeship roles and consideration of the relevance of established strategies for novices in nursing. The findings highlight the potential to optimise the impact of the clinical workplace.

Poster tour D

Led by Vari Drennan

Theme: Workforce

Poster no: 24 Abstract no:0379

WITHDRAWN

Poster no: 25 Abstract no: 0088

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Managers and link practitioners' views and experiences of link roles and link programmes

Presenter: Chantelle Moorbey, CRN Wessex, UK
Co-authors: Jane Prichard, UK

Abstract

Background: Link Practitioners (link nurses/AHPs/HCAs) are used worldwide, across many specialisms, to cascade good practice, upskill teams and enhance patient care. Although some evidence exists showing the potential impact these link roles and programmes can have on improved care, there is little evidence on the views and experiences of those undertaking the roles and supporting the programmes.

Aims: To explore the views and experiences of link practitioners and their managers regarding link roles and programmes.

Methods: A qualitative study using semi-structured interviews was conducted with a purposive sample of four managers and 10 link practitioners from an NHS Community Trust during December 2017 to March 2018. The participants either managed link practitioners or had a link role. The interviews were audio recorded, transcribed verbatim and analysed thematically.

Results: Link roles are valued for their potential to create expertise and improve care. Motivation to undertake a link role was driven by interest in the specialism, professional development, to promote shared learning and to improve care. The job of information sharing was performed in various ways, with a combination approach of different communication channels seen as good practice. Lack of time and the number of programmes teams were required to support were seen as challenges to the implementation and sustainability of link programmes. Programmes without a clear link to clinical practice were harder to support.

Discussion: This study builds on previous research, increasing understanding of the facilitators and barriers to link programme uptake and success by drawing out key motivational drivers for engagement. Furthermore, it identifies design and implementation factors that impact on effectiveness.

Conclusions: Consideration is required when establishing link programmes to ensure that roles align with motivational drivers and to limit overburden on clinical teams.

Poster no: 26 Abstract no: 0403

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

A systematic review of resilience interventions for qualified nurses

Presenter: Alice Cubbin, RGN MSc, Countess of Chester Hospital, UK

Abstract

Background: Nurses are under pressure at work and this is increasing susceptibility to emotional, physical, and mental exhaustion. Resilience is the ability to adapt to adverse conditions while maintaining a sense of purpose, balance and wellbeing. Training programs that develop and improve coping mechanisms may be able to enhance resilience.

Aim: The aim of this systematic review is to synthesize the evidence of resilience training for qualified nurses and discover if training increases resilience.

Method: A search was conducted guided by PRISMA. The review included studies that introduced interventions aimed at increasing resilience and measured the outcome pre and post intervention. The study included peer reviewed studies from 2000 to 2018 that were published in English and used a validated tool to measure resilience in nurses.
The review considered qualitative, quantitative and mixed methods, however only quantitative studies met the inclusion criteria. Two reviewers assessed methodological quality of the studies. Bias was assessed using the Cochrane risk of bias tool.

Results: Ten studies were identified after screening, including three randomised controlled trials and seven quasi-experimental studies conducted across a range of in-hospital specialties. Eight individual resilience interventions were described comprising a combination of emotional regulation training, cognitive skills training, mindfulness training and spiritual practice. Four studies demonstrated a significant increase in resilience or hardiness, however, evidence for effectiveness of interventions was limited due to low quality and high risk of bias.

Conclusion: This is the first systematic review of interventions to improve resilience in nurses. A number of strategies were identified, however supporting evidence is weak with heterogeneity in terms of defining and assessing resilience. With an increasing focus on staff retention and avoiding burnout in the NHS, the importance of resilience should be high on the national agenda with interventions supported by high quality research.

Poster no: 27 Abstract no: 0094

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Focus Groups

Research Approach: Mixed Methods Research

Exploration of the relationship between workplace stresses and Nursing staff retention, within a hospital emergency department in the UK

Presenter: Angela Harris MSC, Sheffield Teaching Hospital, UK

Abstract

The problem this management project explored was the relationship between workplace stresses and staff retention within the setting of a hospital emergency department. The aim was to explore factors that can influence and reduce the stress on individual nurses in the emergency department and offer solutions. The type and cause of stress were considered alongside understanding solutions and recommendations to reduce stress.

The methods included secondary data to establish staffing profile over the last three years (2015-2018) and the results from a patient safety questionnaire which explored links to team safety and stress. Primary data was collected using seven focus groups with nurses based in the emergency department.

The finding from the data identified that key themes for nurses leaving the emergency department and cause of stress included; staffing shortages, lack of education and development opportunities including career progression, leadership support and peer support. To address these issues some immediate initiatives have been introduced including appointment of an education team. Weekly HR meetings have been implemented to manage and support sickness and absence, the appointment of senior nurses including a nurse consultant and matron within the emergency department this will enable a visible leadership presence to provide support across the ED.

Recommendations have been implemented to reduce any further workforce shortages with a clear focus on retention. Wellbeing and emotional support and the management of stress have also been considered and the implementation of regular debriefs and psychological support and development of Schwartz rounds as a result of this project.

Poster no: 68 Abstract no: 0318

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Valuable partner or useful helper? Exploring the role status perceptions of general practice nurses (GPNs)

Presenter: Jan Glaze, Ringmead Medical Practice Heath Hill

Abstract

Background: GPNs are taking on medical roles in order to meet the growing needs of General Practice in the UK (and elsewhere). GPNs think their role is poorly understood and possibly undervalued (Ipsos Mori, 2017). Role status is an important marker of workforce satisfaction (DeClercq and Belaustegiuigoitia, 2017) and warrants further investigation given the cost benefits of nurses working in this way (NHS, 2016)

Aim: To produce subjective evidence of how status perceptions impact GPN job satisfaction, and use the evidence to influence workforce policy decision making.

Methods: Data of GPN lived experiences gathered from semi structured interveiws (20) and focus groups (3) transcribed verbatim and analysed thematically.

Findings: Role status is important to GPNs and universally defined by comparison to GPs. It is increased by undertaking roles like prescribing medication which are seen as equalling a doctor and decreased by continuing in traditional nurse roles like smear taking which are seen as assisting the doctor. Some younger GPNs are leaving because they lack status or a regulated career pathway and pay scale. Many are frustrated by barriers to gaining a generalist skill set which is highly valued and seen as essential to patient satisfaction and holistic care.

Discussion and conclusion: GPNs intentionally chose nursing and yet can only increase their status by gaining medical skills. This is creating a multi-tiered nursing system which does not foster team working and can impact job satisfaction and possibly retention. There is an urgent need to consider how the GPN role is given the status it needs to attract and retain high quality nurses and assure a future for primary care facing ever increasing demands from governments and the public.

Poster tour E

Led by Lynne Ghasemi

Theme: End of life

Poster no: 28 Abstract no: 0081

Research Topic: End of Life Care, Methodology

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

Dual realist review as a research method to support clincial decisions in hard to study areas: Discussion of a successful study concerning the use of compression therapy for symptom control in lower limb swelling in end-of-life care

Presenter: Joanna O'Brien, MSc, St Joseph's Hospice, UK

Abstract

Background: Realist review has its roots in philosophy, social science and evaluation (Pawson et al, 2004) and has recently been adopted in health care (Rycroft-Malone et al, 2012). Realist review examines the context, mechanism and outcome of an intervention (RAMESES project, 2014). This provides a complex understanding of how, why and when an intervention works. This paper discusses a new approach, using two parallel realist reviews, to generate evidence to support treatment decisions in areas where primary research is difficult to carry out.

Aims: The study aims to demonstrate the successful use of dual realist review. It uses evidence from the general population to inform treatment decisions in end of life care patients with lower limb swelling.

Method: Two realist reviews of the literature were conducted in September 2017. Five electronic databases were searched; CINAHL, MEDLINE, Embase, AMED and Cochrane. Findings were screened using inclusion and exclusion criteria, quality assessed and qualitative and quantitative data was extracted. The results allowed a programme theory to be drawn for the use of compression to treat oedema in the general population and for the development of oedema in end of life care. The two programme theories had sufficient similarities to allow evidence from the general population to be used to make recommendations for treatment decisions in end of life care.

Conclusion: In the study discussed, dual realist review generates useful outcomes for a difficult to study population. If supported by further testing, dual realist review may be a useful way to inform treatment decisions and direct primary research in other hard to study areas.

Poster no: 29 Abstract no: 0300

Research Topic: End of Life Care, Nursing, Midwifery or Support Worker Education, Service Innovation and Improvement

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Experiences of general nurses while caring for end of life patients in an acute care setting: A qualitative interview study

Presenter: Teju Limbu, MSc Clinical Research, City Hospital, Nottingham University Hospital, UK
Co-author: Paul Taylor, UK

Abstract

Background: The number of deaths occurring in hospitals continues to rise, many in settings other than specialist palliative care, oncology or critical care. Nurses working outside these specialist environments report end of life care (EoLC) as a source of stress; we, therefore, aimed to understand these experiences further.

Aims and Methods: This semi-structured interview study aimed to investigate the experiences of general nurses while caring for end of life (EoL) patients. Band 5 nurses were recruited from two orthopaedic wards in an acute trust. Open questions were used to explore general experiences, and further prompts discussed factors which enable or hinder delivery of care. The interviews were audio-recorded, transcribed and analysed with Nvivo software. Thematic analysis was used to analyse the data.

Results: Eight participants were recruited; interviews lasted between 22 and 33 minutes. On analysis five themes emerged:

1. Understanding and preference for EoLC
2. Perceived barriers while providing EoLC
3. Robust support from the team as a facilitator while providing EoLC
4. Symptom management
5. Future training and support.

Further, eight sub-themes emerged within these themes.

Conclusion: Overall, participants considered providing EoLC as part of their profession and established they were able to provide appropriate physical care. However, participants identified challenges in providing emotional and psychological support to dying patients and their families. Further training on communication and usage of equipment may improve the standard of EoLC. Research on perceived barriers while providing EoLC is recommended.

Poster no: 30 Abstract no: 0355

Research Topic: End of Life Care

Methodology: Interviewing

Research Approach: Evaluation (process, impact)

Improving palliative care for the homeless

Presenter: Helen Smith, RGN RN (Children) ANP, St Luke's Hospice, UK

Co-presenters: Jo Lenton, UK

Abstract

Background: Homeless individuals have a high prevalence of serious health issues and reduced life expectancy; with the average age of death being only 47 years for men and 43 years for women (Crisis 2012). Despite this they experience significant barriers to health care including palliative care (Elwood-Sutton et al 2016).

Aim: To look at how access to palliative care services in the local area could be improved for homeless individuals with life limiting conditions.

Methods: Semi-structured interviews were undertaken with individuals who work with homeless people daily and who have had experience of caring for individuals who had required palliative care. (Nine individuals took part from three different homeless organisations)

Results: A thematic analysis of the interviews was carried out; four key themes were identified; the lack of suitable accommodation for homeless individuals with palliative care needs, lack of knowledge regarding current palliative care provision amongst professionals working with the homeless, the need for enhanced training and support around palliative care and advanced care planning and the lack of flexibility and understanding of health care professionals.

Conclusions: The study highlights the need for several changes and a different approach to supporting individuals who are homeless but also have palliative care needs. Several proposed changes have been identified including the development of palliative care beds within a local hostel, training for staff around advanced care planning and early identification of individuals who may benefit from referral to palliative care services and improvements in education and training to reduce the stigma and discrimination often faced by homeless individuals.

Poster no: 31 Abstract no: 0484

Research Topic: End of Life Care, Respiratory, Chronic Illness

Methodology: Documentary Research

Research Approach: Systematic Review and other Secondary Research

A qualitative systematic review of the use of self-managemnt as a coping strategy for patients with chronic obstructive pulmonary disease at the end of life

Presenter: Louise Bolton, RN/PhD Student - RCN Strategic Research Alliance - University of Sheffield, Coventry University, UK

Co-authors: Elizabeth Horton, UK; Charlotte Bolton, UK

Abstract

Background: Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of death worldwide (World Health Organisation, 2018). Advanced COPD symptoms include severe breathlessness, fatigue, reduced mobility, anxiety and depression, resulting in social isolation and increased dependence. (Lozarno et al 2012) A holistic and consistent approach to palliative care within COPD remains absent internationally, alongside limited access to palliative care resources (Elkington, 2005). Self-management interventions have been successful within earlier stages of COPD and have potential to impact upon the enhanced symptoms present for patients at the end of life. The findings are relevant to other end-stage chronic diseases.

Aims: To determine if the use of self-management interventions assists coping for patients with COPD at the end of life.

Methods: 25 qualitative studies were identified for inclusion throughout January to May 2018, following the application of pre-determined inclusion and exclusion criteria. Findings were developed using a novel meta-ethnographical approach, creating new concepts from the perceptions of patients and health care professionals.

Results:

- Self-management is acceptable to patients with COPD at the end of life.
- Disease acceptance remains unaddressed for many patients at the end of life.
- Patients perceive the health care professional contact within a self-management intervention of more benefit than the intervention itself.
- Health care professionals find patients with COPD at the end of life complex to manage and have a differing opinion of the preferences for end of life care to the patients themselves.
- The existential needs of patients at the end of life remain unaddressed for those with COPD.

Conclusions: Self-management interventions for patients with COPD at the end of life have some potential to impact upon their ability to cope, however the intervention content requires exploration. Further work is required to identify the educational needs of health care professionals to deliver a supported model of self-management to patients.

Poster no: 32 Abstract no: 0277

Research Topic: Criminal justice/prison nursing, End of Life Care, Inequalities in Health

Methodology: Mixed

Research Approach: Systematic Review and other Secondary Research

A rapid review of the literature on palliative and end of life care in prisons: 2014-2018

Presenter: Chris McParland MSc, The University of Glasgow, UK
Co-author: Bridget Johnston, UK

Abstract

Background: Older prisoners represent the fastest growing age group in UK prisons (Sturge, 2018), and are twice as likely to develop palliative and end-of-life care (PEOLC) needs than someone of the same age and gender outside prison (Pazart et al, 2018).

Aims: To explore current practice in relation to PEOLC in prisons, and to make recommendations for its future provision

Methods: Rapid review methodology was employed. ASSIA, CINAHL, Embase, MEDLINE, NCJRS and Scopus were searched for primary research articles published from 2014-2018 (Wion & Loeb's (2016) systematic review collected data to mid-2014). Screening was undertaken by a single author with a verifier. Quality appraisal was undertaken by two researchers independently. Extracted data was subject to a thematic analysis, and presented as a narrative synthesis. PRISMA Guidelines were followed. PROSPERO ID: CRD42019118737.

Results: 411 studies were reduced to 27 by deduplication and screening. Most of the 27 studies employed qualitative methods (16), and many were from the United States (13). The most prevalent findings were: fostering relationships with people both inside and outside of prison is important to prisoners with PEOLC needs (11 studies); inmate hospice volunteers build and maintain close relationships with the prisoners in their care (seven studies); and the conflict between care and custody can have a negative impact on the delivery of PEOLC in prison (seven studies).

Discussion: PEOLC in prison presents a number of unique challenges. These challenges should be met not only with novel solutions (such as the inmate hospice volunteer model), but also through well-established palliative care practices, such as encouraging visitation and ensuring important relationships are maintained. Given the number of recently published studies about PEOLC in prisons, and the growing number of countries conducting research in this area, it may be time for a further systematic review.

Poster no: 33 Abstract no: 0437

Research Topic: End of Life Care, Nursing, Midwifery or Support Worker Education, Methodology

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Enhancing Community Health Outcomes (Project ECHO): Developing a community of practice for nursing homes in End of Life Care (EOLC)

Presenter: Lynne Ghasemi, St Luke's Hospice, UK

Co-presenters: Lynne Ghasemi, UK; Connor Browne, UK; Emma Westerdale, UK

Co-authors: Jane Manson, UK; Laura McTague, UK; Sam Kyeremateng, UK; Clare Gardiner, UK

Abstract

Background: Nursing home clinicians report low confidence in providing end of life care (EOLC) for residents

1. Limited access to training and education due to staffing constraints, travel to education providers and cost compound this. Deficits in quality end-of-life care for nursing home (NH) residents are well known and low end-of-life knowledge scores represent an important target for quality improvement.
2. Project ECHO via tele-mentoring shares best practice, enabling case-based learning to manage complexity by developing communities of practice in health care settings that may be hard to reach
3. We piloted and subsequently ran three programmes of the ECHO model facilitating EOLC education to nursing home clinicians.

Method: In September 2016, we delivered a launch event to a pilot cohort of 10 nursing homes; expanding in the current programme to 31. Nursing homes agreed to attend 20 sessions of a curriculum decided by the participants, based on EOLC priorities, delivered fortnightly via an online platform. Initially IT support was required.

Each session comprised a brief lecture and two anonymised case presentations from participants with facilitated discussions. Knowledge and self-efficacy surveys were completed pre-programme, midway, and on completion. Individual session evaluations were also completed.

Results: Total attendances since commencement reached 851 individuals over 50 ECHO sessions, ranging from 7-43 individual participants per session. In further programmes homes became more self-sufficient with their IT needs.

19 self-efficacies were analysed from programme 2. Self-reported confidence pre to post ECHO programme increased across all areas. The largest increase was symptom management, the smallest was pressure area care.

Session evaluations identified participants felt less isolated and although daunting at first via a tele-conferencing platform, they found the sessions enjoyable and confidence improved.

Conclusions: Attendance, recruitment and retention rates indicate ECHO is popular, accessible and supports nursing home staff delivering EOLC, resulting in improved self-reported knowledge and confidence.

Poster no: 34 Abstract no: 0180

Research Topic: End of Life Care, Primary and Community Care, Methodology

Methodology: Mixed

Research Approach: Mixed Methods Research

Evaluation of training program on end-of-life care through community-based services (CBS) in Japan

Presenter: Chizuru Nagata, RN, Yamaguchi University, Japan
Co-authors: Masae Tsutsumi, Japan; Asako Kiyonaga, Japan

Abstract

Background: More than half of Japanese older people wish to spend the terminal phase of their illness at home but the actual rate of home death was 13%, and in hospital was 73% (Ministry of Health, 2018). According to data in England (2016), death at home was 23% and in hospital was 47%. There are small-scale community-based services (CBS) in Japan, which are available close to home in Japan. CBS can provide end-of-life care (EOLC) within their facilities or at home

Aim: This study aimed to evaluate the training program for CBS staff on EOLC in Japan.

Method: A total of 32 staff from CBS participated in the training program based on the focus group discussion on EOL topics in Sep.2017 and Sep.2018. A survey was conducted before, after, and three months after training to evaluate this program using Kirkpatrick & Kirkpatrick (2005) Four Levels Evaluation Model. Data from focus group discussion were categorized according to the effect of the training.

Results: The participants obtained knowledge on EOLC significantly ($p<0.001$), and they gained confidence after the training ($p=0.096$) [Level 2: Learning]. After three months, 62.5% of participants answered that they became conscious and think of EOLC [Level 3: Behavior]and the training was useful [Level 1: Reaction]. Qualitative data indicated facilitated intentional participation in training [Behavior]; sharing satisfaction and fulfilment [Reaction]; acquisition of knowledge and establishing readiness for EOLC [Learning].

Discussion: This program improved Reaction, Learning and Behavior of CBS staff, but could not reach Level 4: Results of model. It is required to tailor the program to individual needs and continue providing the program for a longer period.

Conclusion: These results suggest that the training program with focus group discussion has effects to promote EOLC through CBS in Japan and other similar services in the world.

Poster no: 35 **Abstract no: 0340**

Research Topic: End of Life Care

Methodology: Focus Groups

Research Approach: Action Research / Participatory Inquiry / Practice Development

Service evaluation of end-of-life care arrangements of a hospice to care home initiative

Presenter: James Turner, HND, RMN, BA (Hons), MA, Dip CAT, PG Dip Ed., RNT, SFHEA, PhD, Sheffield Hallam University, UK
Co-presenters: Joan Healey, UK; Jon Painter, UK; Russell Ashmore, UK

Abstract

This project was a partnership based approach to evaluate the introduction, performance and outcomes of a Hospice end of life (EOL) care home pilot. The care home pilot aimed to work with all care homes in a local catchment area and provide a multi-stepped service to them. The principles were:

- Care home staff will have direct access to Hospice services 24 hours a day, seven days a week.
- The Hospice at Home team will support people to stay in their care home, bringing appropriate hospice support to them.
- The Hospice will work with care home staff to provide education and support staff with decision making which may prevent unnecessary hospital admissions.
- The hospice will continue to visit responsively day and night to support staff and residents with palliative care needs during their illness.

A two-step analysis of Hospice supplied data and focus group data collected by Sheffield Hallam University (SHU) researchers was commissioned. Hospice data included patient and care home activity data, planned and bespoke education evaluation data, and calls to the advice line. Focus groups from staff who had accessed the service were undertaken by SHU researchers after the service had been implemented and data analysed for themes.

The evaluation found care home staff received a level of responsiveness that met their needs and were highly supportive of the service continuing. Activity data analysis found significant cost savings in inappropriate admissions, an uptake and impact on the quality of care based on access to the Hospice services 24 hours a day, seven days a week. Focus group participants identified how, since they had had this service, their confidence in EOL care had improved, inappropriate admissions were prevented and their skill in EOL care had increased (Turner J et al 2019).

Poster tour F

Led by Nita Muir

Theme: Cancer and research strategy

Poster no: 36 **Abstract no: 0227**

Research Topic: Nursing, Midwifery or Support Worker Education, Methodology, Cancer

Methodology: Mixed

Research Approach: Mixed Methods Research

Nurses’ assessment of spiritual pain for patients with terminal cancer in Japan: Questionnaire development

Presenter: Aiko Tanaka, RN, PHD, Yamaguchi University, Japan
Co-presenters: Chizuru Nagata, Japan
Co-authors: Miyuki Goto, Japan; Keiichiro Adachi, Japan; Rose McMaster, Japan;

Abstract

Background: The leading cause of death in Japan is cancer, which account for 27.9% of the total death in 2017 (Ministry of Health, Labor and Welfare, 2018). People facing death with terminal cancer are said to have total pain including spiritual pain.

Aims: This study aimed to develop a questionnaire to assess nurses’ clinical reasoning for spiritual pain of patients with terminal cancer in Japan and to make an effective intervention.

Methods: Phase1: Semi-structured interviews were conducted from July 2016 to March 2017 with 24 nurses with experience of end-of-life care for more than 3 years. Questions included the methods on how they assess and intervene in spiritual pain. The data were analyzed qualitatively by using a modified grounded theory approach (Kinoshita, 2007).

Phase2: Pilot testing questionnaire was conducted from January to March 2019 with 12 cancer nursing specialists to evaluate the questions in four ranks: very appropriate (4) to inappropriate (1). The obtained responses were analyzed using content validity index (CVI) (Lynn, 1986).

Results:

1. A total of 28 question items were extracted after analysis from interviews and include “making effort to relieve pain and other physical symptoms of the patient”, “having information on who the

patient's real key person is", and " knowing what patients value in their life".

2. Six nursing specialists answered the pilot questionnaire. Based on the recommended level for the CVI, three items were excluded.

Discussion: The excluded three items were considered to depend on the individual patient's situation and nurse's sense of value and not essential for nurses' clinical reasoning. The CVI of the remaining 25 items were appropriate.

Conclusions: The study determined 25 question items for a questionnaire to assess nurses' clinical reasoning of spiritual pain for patients with terminal cancer. These question items will be useful to conduct future national survey.

Poster no: 37 Abstract no: 0382

Research Topic: Service Innovation and Improvement, Cancer, Rehabilitation

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Barriers and facilitators to cancer rehabilitation services in South Wales, UK: perspectives of oncology health care professionals.

Presenter: Tessa Watts, PhD MSc BA (Hons) RN (Adult), School of Health care Sciences, Cardiff University, UK
Co-presenters: Judit Csontos, UK
Co-authors: Deborah Fitzsimmons, UK; Dominic Roche, UK

Abstract

Background: Cancer and its treatments can bring about a range of physical and psychosocial sequelae that may affect individuals' physical and psychosocial functioning, work and family life and financial situations. Categorised as a complex intervention by the National Institute for Health and Care Excellence, cancer rehabilitation seeks to optimise individuals' health, wellbeing and functioning in the aftermath of cancer and its treatments. Cancer rehabilitation can have a positive impact on quality of life (Scott et al 2013). However, for reasons which are not yet fully understood, 30% of the UK cancer population has unmet rehabilitation needs (National Cancer Action Team 2013).

Aims: This study sought to identify and explore perceived barriers and facilitators to cancer rehabilitation services in South Wales, UK from the perspective of health care professionals working within these services.

Methodology: Digitally recorded, semi-structured face-to-face one-on-one interviews were conducted with a purposive sample of health care professionals (n=20) working in two specialist cancer rehabilitation services in South Wales between March and November 2018. Transcribed, anonymised data were analysed using Braun and Clarke's (2006) thematic framework.

Results: While the two cancer rehabilitation services operated differently, common system, personal and patient related barriers and facilitators existed. Professional boundaries among certain health care professional groups were highlighted. Managerial attitudes were considered vital to enhancing effective cross boundary working.

Discussion: Findings from this study contribute to a better understanding of health care professionals' perceived barriers and facilitators to cancer rehabilitation services. Notably, findings highlight an absence of health care professional consensus on the precise meaning of cancer rehabilitation.

Conclusion: Being informed of the barriers and facilitators to cancer rehabilitation services enables health care providers to know how to improve these services to ensure that they can be used to their full potential. Information on common problems in cancer rehabilitations services can be shared with other health care services internationally.

Poster no: 38 Abstract no: 0368

Research Topic: Cancer

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Action Research / Participatory Inquiry / Practice Development

Personalised care and support for people affected by cancer: the impact of learning and development interventions on professional confidence

Presenter: Richard Metcalfe, Macmillan/South Yorkshire Bassetlaw & North Derbyshire Cancer Alliance, UK
Co-authors: Sonja Kummer, UK; Steve Edwards, UK; Julie Hoole, UK; Diana Greenfield, UK

Abstract

Background: The recent NHS Long Term Plan advocates 'personalised care and support' for people affected by cancer (NHS England 2019). However, there is limited evidence on the impact of support interventions. Implementation requires up-skilling the workforce, including increasing the confidence of professionals to discuss patient's holistic needs, referral to support services, offering more holistic support.

Aim: We aimed to measure nursing workforce confidence in the provision of personalised holistic care to people affected by cancer through the delivery of a learning and development programme.

Methods: 18 learning and development courses were delivered on five topics, specifically selected to support greater 'personalised care and support' for people affected by cancer. 263 delegates, mainly clinical nurse specialists in cancer care, participated between July 2018 and March 2019. Knowledge, skills and confidence were self-reported by delegates pre and post course, using a rating scale from 1 "I don't feel confident "to 5 "I feel very confident".

Results: Self-rated confidence was statistically significantly higher post-course for all five courses when compared with a pre-course (mean 2.6 vs 4.1, $p<0.05$): recovery package (2.7 vs 4.22); holistic needs assessment (2.82 and 4.32); cancer and learning difficulties (2.88 vs 4.17); cancer and mental health (2.8 vs 4.18); motivational interviewing (1.81 to 3.74): all $p<0.05$).

Discussion and conclusion: Provision and participation in learning and development courses, specifically designed to support greater 'personalised care and support' for people affected by cancer, are shown to increase professionals' confidence in supporting patients. More work is required to establish whether this led to sustainable change in practice with resulting improved patient experience.

NHS England 2019 Supporting people to live better with and beyond cancer https://www.england.nhs.uk/cancer/living/ accessed 05/04/2019

Poster no: 39 Abstract no: 0473

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Mixed

Research Approach: Action Research / Participatory Inquiry / Practice Development

A participatory approach to developing an HIV nursing research strategy

Presenter: Hilary Piercy PhD MA BSc, PGDip RGN RM, Sheffield Hallam University, UK

Co-authors: John McLuskey, UK; Michelle Croston, UK; Matthew Grundy-Bowers, UK

Abstract

Background: The HIV nursing workforce has a key role in enabling HIV services to deliver high quality care in the context of substantial financial pressures [1]. A core aim of the National HIV Nursing Association (NHIVNA) is to support evidence-based practice through promotion of high quality research. NHIVNA have adopted a strategic approach to increasing research activity and supporting research capacity and capability development.

Aim: To develop a National Research and Development strategy for HIV Nursing.

Methods:

Two stage project involving:

- A consensus workshop involving a purposive sample of 14 to outline scope of the strategy and identify research priority areas. Nominal Group Technique (NGT) using three rounds of structured activities to generate qualitative information and aggregate judgements to achieve consensus [2].
- An online survey of NHIVNA membership to: 1) canvass opinions on the outcomes of the workshop, 2) establish individual levels of research experience and engagement.

Results: Workshop outcomes: The nominal question ‘what direction does HIV nursing research needs to be moving in?’ generated 60 responses which were organised into 12 broad categories. Subsequent rounds achieved consensus agreement of three research themes:

- Health care delivery.
- Patient experience.
- Developing a workforce.

Survey results: 29 nurses completed the survey (8.7% of NHIVNA membership). The majority had clinical roles (79%, n=23).

All respondents supported developing a research strategy. The majority agreed the proposed themes captured research priorities. 54% (n=15) were already involved in research that would sit under these themes. 50% (n=13) expressed a preference for being involved in a specific theme.

Discussion: Developing the research strategy with full stakeholder involvement enabled NHIVNA to establish a shared focus around agreed research priorities. The strategy document provides a five year vision for HIV nursing research including an operational plan [3].

Conclusion: This initiative represents an important milestone for HIV nursing in the UK.

Poster no: 40 Abstract no: 0508

Research Topic: Public and Patient Involvement

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Investigators of studies recruiting children or young people (CYP): Perceptions of CYP’s involvement in research as advisors. The VOLUNTEER study

Presenter: Heather Rostron, RN (Child), BSc (Hons) Nursing Studies (Child), MSc Clinical Research Methods, Leeds Teaching Hospitals NHS Trust, UK

Abstract

Background: Patient and Public Involvement (PPI) with children and young people (CYP) is an increasingly recognised practice in health care research, however evidence of the attitudes of investigators whose studies recruit children and young people (CYP) towards PPI does not exist.

Aim: The aim of the study was to determine the views and attitudes of investigators whose studies recruit CYP, to the emerging practice of involving CYP as advisors in their studies.

Methods: A qualitative, exploratory methodology using semi structured face to face interviews at two children’s tertiary care NHS Trusts was used. Investigators whose studies recruit CYP were accessed via the LCRN, R&I departments and internal Trust research forums. Recorded interviews were transcribed verbatim and the Framework Approach used for analysis to develop themes and categories.

Results: Eight participants took part from a range of health care backgrounds. Investigators recognised the value that CYP bring when advising on their research projects, and respectful attitudes towards partnership working were evident. However, CYP’s involvement needs to carefully planned from the initial research concept, and support for investigators to fully embed PPI into their practice needs to be in place.

Recommendations: PPI activities with CYP should be promoted to NHS strategic managers and specific CYP PPI training resources developed to help ensure investigators feel supported. Careful planning for the recruitment of a diverse range of CYP with a flexible approach to inclusion is essential.

Dissemination Strategy: Plans include presentation of findings at the INVOLVE conference and publication in ‘Patient Education and counselling’ as well as via other LCRN, Trust, University PPI and research events. Social media will also facilitate wider dissemination.

Conclusions: Participants had a positive attitude towards CYP informing their research projects. Strategies do need to be in place, however, to ensure that the impact of CYP’s involvement is maximised.

Poster no: 41 Abstract no: 0415

Research Topic: Public and Patient Involvement, Acute and critical care

Methodology: Other collection method

Research Approach: Case Study

Establishing a Patient and Public Involvement Group for Critical Care Research

Presenter: Nicola Rea, MSc, Clinical Research and BSc (Hons) Nursing, NHS Lothian, UK

Co-author: Corrienne McCulloch, UK

Abstract

Background: Global attention has been given to Patient and Public Involvement (PPI) in research with PPI recognised as a pre-requisite for obtaining funding and gaining favourable ethical approval (NIHR, 2018). PPI provides a unique perspective on research, using personal insights and experiential knowledge (NIHR, 2018). The expertise of PPI representatives improves the quality of research, through strengthening the research design and enhancing its relevance (Bench et al, 2017).

Methods: A launch event was held in 2018 were patients and researchers experienced in PPI presented to an audience of former intensive care patients, family members and researchers followed by round table discussions on PPI. Audience members were invited from previous PPI activities within the Edinburgh Critical Care Research Group (ECCRG) and the ICUsteps Edinburgh (2018), a patient and family support group. In accordance with the NIHR national PPI standards (2018) feedback was sought with the aim to measure the impact of the event. Feedback revealed increased awareness and understanding of PPI from patients and researchers, generating a keen interest to establish a formal PPI group.

Discussion: As a result of this event, there were organised discussions between individual researchers and PPI group members, which led to lay summaries being reviewed and influencing the design of future studies. PPI group members also became co-applicants on grants and attended Research Ethics Committee review. Furthermore, this event facilitated collaboration with other speciality specific PPI leads, through sharing expertise and resource. However, in addition to funding; adaptability and investment of time is essential to build relationships with group members to make PPI more meaningful (Bench et al, 2017).

Implications for practice: 'Reliving' ICU experiences, managing expectations to avoid overburdening patients and recognising individual motivations presented as challenges during this initial event, requiring research nurses to take on the role of 'gatekeeper' (Bench et al, 2017).

Poster no: 42	Abstract no: 0416

Research Topic: Acute and critical care, Service Innovation and Improvement, Research Process Issues

Methodology: Other collection method

Research Approach: Action Research / Participatory Inquiry / Practice Development

A unique approach to supporting evidence-based practice

Presenter: Alan Carroll
Co-authors: Irene Mabbott, Alison Walker, Kay Housely, Joann Barker, Rachel Mead, Lizzie Lumley, Helen Baston, Sheffield Teaching Hospitals - Evidence Based Practice Forum, UK

Abstract

Background: Supporting Evidence Based Practice (EBP) and engaging frontline clinical staff can be difficult – specifically in view of competing time constraints. Harnessing, nurturing and sustaining an approach for interested staff to come together in EBP activities has been in progress since 1998 at a large acute NHS hospital Trust.

Aims: The Evidence Based Council – now the Evidence Based Practice Forum brings together interested staff from the Trust and associated academic institutions to share ongoing work in their areas, garner advice/support and maintain project momentum. It is our understanding that this Council/Forum approach is unique in its setup and maintenance over the years.

Method: The Council/Forum was set up to allow staff to become involved in a wide range of EBP activities. Initially, this was with a nursing focus but has developed to be a multidisciplinary approach sharing good work but also initiating service evaluation, clinical audit and research projects. The group meets bi-monthly with various subgroup projects running alongside.

Results/Conclusions: The Evidence Based Practice Forum:

- Celebrates its 20th year in 2018/2019
- Uses a bottom up approach across the organisation
- Has built a reputation for involving clinical and academic staff and getting things done
- Has a burgeoning membership including clinically based staff
- Has been used as a pioneering consultation mechanism both within the Trust and for external organisations such as the RCN/ NMC
- Is involved in numerous trust wide dissemination of projects and clinical updates
- Members have provided support across the Trust to new researchers

This presentation will explain how the Council/Forum was set up and has been nurtured over the years to provide a unique approach to engaging staff in EBP activities with benefits to the organisation, the membership and the ultimately, the care received by patients.

Poster tour G

Led by Sue Gasquoine

Theme: Service Delivery

Session no:

Poster no: 43 Abstract no: 0225

Research Topic: Nursing, Midwifery or Support Worker Education, Older People

Methodology: Observation

Research Approach: Quantitative (not included in another category)

Home care communication: Moving beyond the surface

Presenter: Jessica Höglander, MSc, RN, Mälardalen University, Sweden

Abstract

Background: The ageing population is increasing internationally, and the importance to respond to older persons' needs has been stressed in order to maintain their health. Many older persons wish to stay in their homes, even when health declines and they need home care. For some, home care represent more than being cared for: the nurses become someone they can talk to.

Aim: To explore the naturally occurring communication between nursing staff and older persons during home care visits, with a focus on emotional distress and from a person-centred perspective.

Methods: This thesis explored the communication between nursing staff (n = 31) and older persons (n = 81) in 188 audio-recorded home care visits. The data were collected from August 2014 to November 2015, and analysed using the Verona Coding Definitions of Emotional Sequences [VR-CoDES] and the Roter Interaction Analysis System [RIAS].

Results: The older persons often expressed emotional distress in the form of hints (cues), and explicit expressions of emotional distress were uncommon. Most emotional distress were expressed by older females and to female nurses. Nurses often responded by providing space rather than reducing it for further disclosure of older persons' emotional distress. Responses that provided space were foremost given to older females and to persons aged 65-84 years. Home care visits further revealed a high degree of person-centred communication.

Discussion: The communication was mostly person-centred, but the often implicit expressions of emotional distress may challenge nurses' attentiveness and the provision of emotional support. Sex, age and other influencers can risk making the communication less equal and less person-centred. The results can be used in education: for training in detecting and responding to emotional distress and providing emotional support.

Conclusions: Home care communication contains important person-centred aspects; however, there are challenges in the form of implicit expressions of emotional distress.

Poster no: 44 Abstract no: 0387

Research Topic: Chronic Illness

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

24 hours on call for transplant

Presenter: Melanie Phillips, BSc (hons) Biological Sciences, Dip Health(Adult Nurse), PhD student, NHS Lothian, UK

Abstract

The number of organ transplants in the UK has risen in the past ten years and deceased donors have increased by 95% (NHSBT, 2018). Last year 1574 deceased donors benefited 5090 recipients who received an organ transplant (NHSBT, 2018).

Staff resilience across transplant in the UK has been the recent concern for NHS Blood and Transplant and the British Transplant Society prompting the Transplant and Sustainability Resilience Summit to discuss measures to recruit and to keep existing staff (Armstrong L. & Forsythe J., 2018).

The aim of this ethnographical inquiry was to determine the impact of twenty four hours on call for transplant for a team of renal recipient transplant coordinators (RTC).

Methods: All of a current on- call RTC rota of five, were asked to provide a video diary just after completing a 24 hr on-call shift. This was then used to inform one to one, recorded, semi structured qualitative interviews.

Results: Emergent themes from the interviews and diaries were sleep deprivation had a lasting effect on the participants and those that they shared their life with. There was an unpredictable nature to on call that does not allow for pre-planning and on call is getting noticeably busier. Despite the challenges on call this was a highly valued portion of the transplant coordinator role providing autonomy and valued clinical decision making in a life changing operation.

Conclusion: In light of the increased number of donors and potential donors, consideration for staffing a resilient transplant coordinator on call rota is of a priority. The impact that the twenty four hour on call rota has on the staff noticeably extends to family members and relates mainly to sleep deprivation. Increased frequency of on call shifts has the potential for work related stress and a decrease in job satisfaction.

Poster no: 45 Abstract no: 0306

Research Topic: e-Health (including ifnormatics and telehealth)

Methodology: Questionnaire

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Frequent callers to telenursing services

Presenter: Sofia Skogevall, RN, MSc, PhD student , Mälardalen University, Sweden
Co-authors: Inger K Holmström, Sweden; Jakob Håkansson, Sweden; Elenor Kaminsky, Sweden

Abstract

In this abstract, the first part of a project labelled SURF- study of facilitating registered nurses' (RNs') work with frequent callers to telenursing services, is presented.

Background: An increased share of health care is supplied over telephone. Swedish health care Direct (SHD) receives about 5 million calls yearly. Telephone RNs are expected to keep calls short and efficient, be accessible and maintain patient safety. Some callers make repeated calls, and are labelled frequent callers (FCs).

Aim: The aim of the present study was to describe telephone RNs' views of encountering calls from FCs.

Method: The study has a descriptive design with qualitative approach. The data consisted of a survey with closed- and open ended questions to RNs. Data was collected from Aug 2017 to July 2017. A total of 199 RNs at 10 SHD sites participated. The open-ended questions were analyzed by content analysis.

Results: RNs found it difficult to care for FCs since they perceived that nothing they did changed the FCs' situation. RNs reported loneliness and mental ill health amongst FCs. RNs described being afraid of missing urgent aspects in the call since FCs often called about the same issues. RNs suggests a standardized care plan for FCs.

Discussion: FCs do not get the care they need or want and therefore they continue to call. Since the RNs perceives it difficult to care for FCs and were afraid of missing something urgent it is of importance to follow up on their suggestions on how to optimize the care for FCs.

Conclusion: The knowledge of RNs' work with FCs and their suggestions how to manage these tasks contribute with direction for changes amongst policy makers and health care organizations. It is evident that telephone RNs need support, guidelines and tools to optimize care for FCs.

Poster no: 46 Abstract no: 0122

Research Topic: Patient Experience, Service Innovation and Improvement, Workforce and Employment (including health and well being roles, research careers)

Methodology: Mixed

Research Approach: Evaluation (process, impact)

Transforming Integrated Care in the Community (TICC): Evaluation of the implementation of the Buurtzorg model with integrated health and social care teams

Presenter: Daniel Da Costa, DipHigEd Nursing Studies (Mental Health), MSc (Distinction) Interprofessional Health & Social Care, PhD (Pharmacy practice in stroke), Kent Community Health NHS Foundation Trust (KCHFT), UK

Co-authors: Lee Tomlinson, UK; Bethany Baldock, UK

Abstract

Background: Provision of care for an ageing population presents a significant challenge. The Buurtzorg model involves self-managing, mixed-skilled teams (including nurses) working at a neighbourhood level with responsibility for all aspects of service delivery. Previous evaluations have reported benefits for care recipients and providers (Billings, et al, 2018; Drennan, et al, 2018). Led by HZ University of Applied Sciences in the Netherlands, Transforming Integrated Care in the Community (TICC) is an Interreg2seas funded project focusing on the wider implementation and evaluation of this model across Europe. Kent Community Health NHS Foundation Trust (KCHFT) is sponsoring the UK evaluation, involving collaboration with Medway Community Health care and Kent County Council.

Aims: To compare Buurtzorg (intervention) against standard care (comparison) from the experience of patients, carers and staff.

Method: Intervention and comparison sites have been selected across the county of Kent. Care providers are gatekeepers to the recruitment of patients/carers. Staff are directly recruited by the research team. Data is collected from consented participants via completion of questionnaires at specific points over a two year period. Questionnaires are available online & hard copy, with support available to patients. Patient data is also collected from GP surgeries regarding changes in care. Focus groups will be conducted yearly with intervention teams. Quantitative and qualitative methods will be used to analyse the data. 100 participants will be recruited across KCHFT sites.

Results: Recruitment and data collection is continuing (n= 24), and analysis of preliminary data is being undertaken. New Buurtzorg teams are in the process of set-up and comparison sites have been identified.

Discussion & Conclusion: To address the challenges of delivering community health care the Buurtzorg model is currently being evaluated. This project involves collaboration between service providers within the county of Kent. KCHFT is sponsoring the UK evaluation, demonstrating its growth as research active Trust.

Poster no: 47 Abstract no: 0423

Research Topic: Primary and Community Care, e-Health (including ifnormatics and telehealth), Service Innovation and Improvement

Methodology: Mixed

Research Approach: Other approaches

Exploring the role of decision support systems for differential diagnosis in out of hours and primary care in Scotland

Presenter: Chris McParland, MSc, The University of Glasgow, UK

Co-authors: Mark Cooper, UK; Bridget Johnston, UK; Annabel Farnood, UK

Abstract

Background: Out of hours and primary care services in Scotland are changing. Advanced practice roles now allow nurses and allied health professionals to provide consultations that would traditionally have been undertaken by a GP. Technology can support clinicians in these times of change. Differential Diagnosis Decision Support Systems (DDDSS) provide clinicians with a differential diagnosis based on clinical findings, and are available to the public in the form of symptom checkers.

Aims: To identify the needs of out of hours and primary care clinicians and the public with regard to DDDSS, and to assess the strengths and weaknesses of available systems.

Methods: A rapid review, a market research survey, and qualitative focus groups were conducted between March and July 2018.

Results: The focus group results are published elsewhere (McParland, Cooper & Johnston, 2019). The market research activity identified several commercially available systems which provided different levels of decision support, but only four which provided support for differential diagnosis. These systems were made by DXplain, Isabel, PEPID and VisualDx. Novel features such as natural language processing (Isabel), offline access (PEPID), vast image libraries (VisualDx) and tailored questions to refine the differential (DXplain) distinguish these tools from one another. The rapid review found 15 primary research articles concerned with commercially available DDDSS. Isabel was associated with the highest rate of accurate diagnosis retrieval (Riches et al, 2016), and also appeared

most frequently in the research. Several studies looked at DXplain, one included PEPID, and one VisualDx.

Discussion: There are a small number of systems commercially available which can be classed as a DDDSS. The majority of research focuses on one system, and mostly in experimental settings. Research is required to explore how all of these DDDSS work in clinical practice and how they can help nurses.

Poster tour H
Led by Russell Ashmore

Theme: Mental Health

Poster no: 48 Abstract no: 0396

Research Topic: Children and Young
WITHDRAWN

Poster no: 49 Abstract no: 0376

Research Topic: Public Health (including health promotion), Mental health

Methodology: Interviewing

Research Approach: Evaluation (process, impact)

Supporting mental health service users to stop smoking: Findings from a process evaluation of the implementation of nicotine management policies into two mental health trusts

Presenter: Susan Jones, RGN BSc MSc, Teesside University, UK
Co-authors: Sharon Hamilton, UK; Stephanie Mulrine, UK; Heather Clements, UK

Abstract

Background: People with mental health issues are known to die disproportionately earlier than the general population due, in part, to higher smoking rates (DHSC, 2017; Williams et al, 2015). In response, guidance on smoking reduction was produced by the National Institute for Health and Care Excellence (2013). This paper reports the process evaluation undertaken in two UK mental health NHS Trusts, following the implemented of nicotine management policies developed in response to this guidance.

Aim: To explore the implementation process and identify opportunities and challenges to normalising the changes.

Methods: A qualitative process evaluation of attitudes towards nicotine management policies and experiences of implementation took place. Data were collected between November 2016-April 2017, using semi-structured interviews with a purposive sample of staff (n=51), members of partnering organisations (n=5), service users (n=5) and carers (n=2). Data from service users and carers were analysed together; as was data from staff and partnering organisations. Data were analysed thematically.

Results: Eight themes were identified across the staff data; five themes were identified from the service user experience data. Findings showed that while some staff and service users recognised the benefits of thorough preparation for such radical change, many staff reported receiving mixed messages about how they should act, especially when enforcing the new policy. Where there was a culture of consistent support from senior staff, prioritisation and clear communication, becoming smokefree on-site was more likely to be normalised.

Conclusion: The opportunity exists to advocate for change to smoking behaviour in mental health trusts. However, even when change is initiated by national guidance, challenges remain when embedding new ways of behaving.

Poster no: 50 Abstract no: 0169

Research Topic: Cardiovascular Disease and Stroke, Patient Experience

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Differing approaches to future health status in response to chest pain

Presenter: Amy Ferry, BSc (Hons), The University of Edinburgh, UK
Co-authors: Fiona Strachan, UK; Sarah Cunningham-Burley, UK; Nicholas Mills, UK

Abstract

Background: An interview study exploring how implementation of an early rule-out pathway for myocardial infarction may shape patient experience of chest pain revealed how an acute chest pain presentation may provide an opportunity for patients to consider their future health and risk of heart disease.

Methods: Participants were recruited before (n=23) and after (n=26) implementation of an early rule-out pathway. Purposive sampling ensured representation across age and sex categories. Face to face, semi-structured interviews provided the basis for an interpretive thematic analysis of data.

Findings: Analysis revealed three possible perspectives by which participants may relate to their future health status:

1. continuing good health was taken for granted,therefore did not have particular salience in their everyday lives
2. the way in which participants reacted to the chest pain episode varied in accordance with their position in the adult life course and their current health status. Some of these participants used the chest pain presentation, and therefore the recognition of a physical manifestation of ill health, as a trigger to appraise health behaviours
3. current health status appeared to have dominance over the acute chest pain episode, leading to discourses of fatalism and certainty of future ill health. Participants assessed using the early rule-out pathway appeared to have a lesser orientation to use the episode of chest pain as a cue to action to appraise their future health status. This suggests orientation towards health goals may be modified by the clinical assessment process.

Conclusions: Consideration of future health goals appears to be a reactive rather than a proactive process. A clinical consultation may be oriented to provide a teachable moment to increase perception of personal risk to future ill health. This may have implications for how the public may act to information given in screening programs for cardiovascular disease.

Poster no: 51 Abstract no: 0276

Research Topic: Older People, Service Innovation and Improvement, Cancer

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The influence of perceptions of frailty on treatment decision making in older people with lung cancer: A qualitative study

Presenter: Julie Skilbeck, RN; PhD, Sheffield Hallam University, UK
Co-authors: Clare Warnock, UK; Janet Ulman, UK; Nancy Ali, UK; Angela M Tod, UK

Abstract

Background: Currently there is little research exploring the influence of perceptions of frailty on patients' or clinicians' decisions regarding treatment for older people with lung cancer. Existing research has identified that age is associated with variation in treatment and access to clinical trials. Multiple factors have also been found to influence treatment decision making among older people, including the oncologist's recommendations (Puts et al2015). Frailty assessment tools have been developed that have the potential to support treatment decision making (Clegg et al 2016) but their applicability to older people with lung cancer has not been explored.

Aims: To explore the perspectives of older people and health care staff on the influence of frailty on treatment decision making in lung cancer.

Methods: A prospective qualitative exploratory study was undertaken. Between September 2018 and April 2019 semi-structured interviews were conducted with older patients with lung cancer (n=10); and a range of health care professionals (n=12) including respiratory physicians, clinical nurse specialists and oncologists. The data were audio-recorded, transcribed verbatim and analysed using Framework Analysis.

Results: Three themes were identified. Perceptions of frailty: illustrates how participants viewed frailty and its relevance to their treatment. Decision making conversations: details the diverse factors that influence treatments offered and their uptake. Aspects of service delivery: considers the wider context in which treatment decisions are made and its influence upon decision making among clinicians and older service users.

Discussion: Our study revealed that perceptions of frailty often influenced treatment decisions made by and for older people with lung cancer. However, diverse factors were also important, including how patients perceive themselves in relation to dimensions of frailty and the perspectives of health care staff on the clinical utility of assessment tools.

Conclusion: This study identified diverse factors which may influence the acceptability and adoption of frailty assessment in practice.

Poster no: 52 Abstract no: 0229

Research Topic: Public Health (including health promotion)

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

Factors influencing patient delay among pulmonary tuberculosis patients: A systematic literature review

Presenter: Kampanart Chaychoowong, BPH MPH PGDip in research training, PhD student, Faculty of Health Sciences, University of Hull, UK
Co-authors: Roger Watson, UK; David I Barrett, UK

Abstract

Aim: To explore factors which may influence pulmonary TB patients delaying initial TB presentation and treatment.

Search strategy: An integrative review. The following key words were used, tuberculosis, delay, factor, and interval. Databases searched were CINAHL, Academic Search Premier, and Medline in between 2000 – 2018. PRISMA Flow Diagram was then used to help improving the reporting of systematic review.

Methods: Papers were critically appraised using the CASP critical appraisal tools for cohort, case-control, systematic reviews, and qualitative studies while the questionnaire recommended by Greenhalgh (2014) was used for cross-sectional studies, and the Mixed Method Appraisal Tool was used for mixed methods studies.

Results: A total 213 studies (11 qualitative studies, 194 quantitative studies, and 2 mixed methods studies) was reviewed. Twenty-five influential factors emerged. These were; gender, age, education, occupation, income, history of being prisoner, alcohol use, cigarette use, drug use, TB knowledge, TB recognition , TB stigmatisation, number of family members, social support, chronic disease, symptom type, self-treatment, type of the first health care facility, reason for consultation, number of visits, travelling distance, travelling time, mode of transportation, health insurance, and expenses for treatment.

Conclusions: The literature review pointed out the essentials for further study of how these factors may influence patients in delaying in treatment. Health policymakers and health providers should consider these findings when developing policies to improve health service system especially TB screening system.

Poster no: 53 Abstract no: 0404

Research Topic: Respiratory

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

Support needs of informal carers of patients with COPD and implications for improving carer support

Presenter: Morag Farquhar, PhD MSc BSc (Hons) RGN PGCert, University of East Anglia (UEA), UK
Co-presenter: Kerry Micklewright, UK

Abstract

Background: Informal carers play a key supportive role for patients with Chronic Obstructive Pulmonary Disease (COPD). The care they provide also plays a vital role in relieving pressure on health and social services. However, caring can have a considerable impact on health and wellbeing and carers may have unidentified support needs of their own. The Carer Support Needs Assessment Tool (CSNAT) may be a means to identify these but it was developed predominantly with carers supporting cancer patients at the end of life.

Aims: To systematically identify and synthesize literature on the support needs of COPD carers and map them to the CSNAT items to explore its comprehensiveness for COPD carers.

Methods: English language studies published between 1997-2017 were identified against predetermined inclusion/exclusion criteria through searches of MEDLINE, CINAHL, EMBASE, CDSR, ASSIA, PsycINFO and Scopus. Further studies were identified through searching reference lists and citations of included papers. Papers were critically appraised, and data extracted and synthesised by two reviewers. Identified needs were mapped to CSNAT items.

Results: 24 studies were included. Results suggest that carers have support needs in a range of domains including physical, social, psychological and spiritual. Many of these needs are unmet. Particular areas of concern relate to: prolonged social isolation, accessing services, emotional support and information needs. Findings also suggest additional CSNAT items may be required in order to encompass the full range of needs of this group, particularly relating to difficulties within patient-carer relationships and carer-clinician relationships.

Discussion: The literature indicates that COPD carers would benefit from identification and response to their support needs by clinicians. The CSNAT may be a means to achieve this but it requires additional items in order to be comprehensive for COPD carers.

Conclusion: The CSNAT requires additional items. Future planned work will develop these items with COPD carers.

Poster Tour I

Led by: Rachel McIlory

Theme: Workforce diversity

Poster no: 55 Abstract no: 0119

Research Topic: Workforce and Employment (including health and well being roles, research careers)

Methodology: Statistical Analysis (descriptive and correlational)

Research Approach: Survey

Job satisfaction of Filipino nurses working in the UK

Presenter: Anna Reyes, MSc BSc RN, University College London Hospitals NHS Foundation Trust, UK
Co-author: Alison Coutts, UK

Abstract

Background: The UK has been relying on the international recruitment of overseas nurses to alleviate its shortages (RCN, 2015). Filipino nurses constitute a significant proportion of migrant nurses in the UK, and yet little is known about their perception of job satisfaction.

Aim: The aim of this study was to explore the factors associated with the job satisfaction of Filipino nurses working in the UK.

Methods: A cross-sectional online and paper-based survey using the employee satisfaction questionnaire extracted from the Qualtrics library was conducted across the UK. A convenience sample of Filipino nurses (N= 69) completed the survey. Data were analyzed using Spearman's rho correlation and regression analysis.

Results: The results showed that the majority of Filipino nurses were satisfied with their job (71 %). Demographic variables such as age, years of working, band level and work department did not have any significant effect on their level of job satisfaction. However, team relationship and practice environment were the job components that significantly influenced their job satisfaction.

Discussion and Conclusion: Achieving positive job satisfaction for its nurses is a challenge for any health care institution due to the ongoing economic and social problem of our time. It is vital for organizational policies to be considerate of each ethnic group as their needs will be different from others and have their ways of effectively adapting to their host country. Identifying the factors that affect the job satisfaction of migrant nurses can help employers, recruiters and policymakers to further develop health services to be more culturally competent; this can assist in retention of internationally recruited nurses working in the UK.

Poster no: 56 Abstract no: 0224

Research Topic: Translational Research (including black and minority ethnic)

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

An exploration of the experience of BME health educators in UK higher education institutions (HEIs)

Presenter: Donna Scholefield, MSc, BSc (Hons), RN, PGDip HE, Middlesex University, UK

Abstract

Background: Studies have demonstrated unequivocally that many Black Minority Ethnic (BME) academics experience discrimination within HEIs resulting in marginalisation, damaged self-esteem and stunted career progression (Bhopal 2014). These experiences are widespread as parallels can also be found in other international HEIs. There are few studies focussing on the BME nurse academic experiences, but the existence of discrimination within this group has implications for BME student nurses' learning, aspirations and career progression.

Aims: This study aims to gain an insight into BME nurse academic's experiences of discrimination, to determine the impact on progression and development and also the coping strategies used to overcome racialised experiences.

Methods: Narrative research methodology was used to capture the experiences and the meaning that participants attributed to them. A snowball sampling technique was used to identify and recruit participants from England and Scotland. Ten BME academics from a range of background, ages and positions were interviewed between 2017 and 2018 using semi-structured in-depth interviews. To date two 'Stories' have been analysed using dialogic/performance narrative analysis (Riessman 2008) and NVivo software.

Results: Each participant produced their own individual narrative of experience as a BME academic, but there are also commonalities across the stories. Although each story told of 'multiple oppressions' that shaped their journey, the most significant appears to be their struggle to overcome racial discrimination and how this has shaped their career trajectory, personal and professional lives and the significant impact it has had on their experience within higher education.

Conclusions: By providing an insight into the experiences of BME nurse educators it is hoped that BME academics will be empowered to challenge and change current HEI institutional policies and act as successful role models for BME nursing students.

Poster no: 57 Abstract no: 0395

Research Topic: Translational Research (including black and minority ethnic)

Methodology: Interviewing

Research Approach: Qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

The lived experience of Nigerian nurses on integrating into British nursing: Implications for the health care workforce

Presenter: Iyore Monday Ugiagbe, MSc, MEd, PGDip, RN, FHEA, Middlesex University, UK

Abstract

Background: In 2018, there were 88,631 (43.9%) BME staff in London NHS trusts and overseas trained nurses form 21.3% of BME nurses in the NHS (WRES,2019). However, there is institutional racism (Archibong & Darr,2010) which has an impact on the integration as well as retention of BME and overseas nurses and therefore patient care in the NHS/ Some Nigerian nurses have successfully progressed and appear integrated into the NHS despite institutional racism. This study uses the Agar and Strang (2008) framework to interpret the lived experiences of nurses perceived to have navigated the challenges and integrated into the UK; to understand 'the 'how' of workforce race equality' (WRES, 2019:5).

Aim: To elicit the lived experiences of Nigerian nurses who are perceived to have successfully integrated into the NHS.

Methods: 10 UK registered nurses of Nigerian heritage were recruited by a mixture of purposive and snowballing sampling. Recorded open-ended semi-structured interviews were conducted between July 2018 and March 2019, transcribed and analysed using Nvivo 12. Nurses recruited for the study included nurses who had attained the NHS agenda for change band 7 or higher.

Results: There are facilitators and barriers to integration in the NHS which are shaped by immigration processes, employers' practices, social capital and personal characteristics such as education, resilience, motivation and personal values.

Discussion: There are essential markers, means and themes central to feeling integrated into the UK and participants' interpretation of integration into the UK health care are discussed.

Conclusion: Effective integration of overseas trained nurses could be used to resolve the shortage of nurses in the NHS and could improve staffing and patient care. Findings are discussed in relation to global nursing shortages and racism towards migrant nurses worldwide.

Poster tour J

Led by Susan Jones

Theme: Pregnancy

Poster no: 59 Abstract no: 0157

Research Topic: Sexual Health

Methodology: Interviewing

Research Approach: Evaluation (process, impact)

'Other girls': A qualitative exploration of teenage mothers' views on teen pregnancy in contemporaries

Presenter: Catriona Jones, MSc, University of Hull, UK

Co-authors: Clare Whitfield, UK; Mark Hayter, UK; Julie Seymour, UK

Abstract

Background: Perspectives that consider teenage mothers as a 'social problem' are well described in the literature. However, the attitudes towards teenage mothers held by other teenage mothers are not well understood. Given the growing use of peer support in the reproductive health of teenagers, the attitudes of teenage mothers towards their contemporaries is worthy of exploration.

Aims: We aimed to examine the discourse around teenage pregnancy in teenage mothers who have recently experienced teenage pregnancy and motherhood for themselves.

Methods: 40 mothers aged 16 -19, who had recently given birth and used a homebased sexual health service took part in semi structured interviews to explore their views on pregnancy in other teenagers. The fieldwork took place between April 2013 and July 2014. Interviews were transcribed and their content coded and analyzed manually to identify core themes (Braun and Clarke 2006). The analytical framework of 'othering' (Brons 2015), and resistance are used to examine their discourse around teenage pregnancy in teenage mothers.

Results: Findings indicate that teenage pregnancy and parenting in teenage mother contemporaries is not always viewed positively. Some teenage mothers in this study used strategies to distance themselves from perceived negativity. Two overarching themes emerged from the data:

1. Constructions of moral judgement
2. Maintaining positive self-representations.

Conclusions: The negative portrayal of teenage pregnancy within wider society, impacts the ongoing stigma attached to teenage pregnancy within the teenage population. Approaches such as peer education and peer support used in reproductive health should not be considered neutral, taken for granted processes, but may be complex and more nuanced. Health and social care professionals supporting young parents should be aware of the potential for stigma, discrimination, isolation and exclusion within teenage peer groups.

Poster no: 60 Abstract no: 0242

Research Topic: Midwifery, Service Innovation and Improvement, Women's health

Methodology: Mixed

Research Approach: Mixed Methods Research

An mHealth physical activity intervention for pregnant women with obesity

Presenter: Michaela Senek, Sheffield Hallam University, UK
Co-authors: Michaela Senek; Hora Soltani; Madelynne Arden

Abstract

Introduction: Adverse maternal and infant health outcomes are associated with a rise in obesity and excessive gestational weight gain (GWG), which may be modified with physical activity (PA) in pregnancy (1). Using mHealth technology and social media (SM) has the potential to reach widely at a low cost to deliver PA interventions to support women with GWG management (2).

Aim: To develop and test the feasibility, of a walking intervention for women who are pregnant and obese using mHealth technology; and qualitatively evaluate views and experiences of the intervention design

Methods: A feasibility randomised controlled trial (RCT) of a PA intervention was developed using the Capability, Opportunity, Motivation-Behaviour model as per NICE guidelines, to deliver self-monitoring, goal setting and 'information about health consequences' behaviour change techniques. Primary outcome measures were feasibility of recruitment, attrition, and trial procedures. Secondary outcomes were engagement in a SM group, PA levels (steps), GWG and maternal and infant outcomes.

Results: Forty participants were recruited to the trial. Uptake rate was 55%. Retention rate was 85% in the intervention and 75% in the control group. Compliance was relatively high with all participants achieving within 90% of their personal PA target. The level of engagement in the SM group varied, with some 'active' and some 'lurking' participants. The interviews revealed that participants found it practical and convenient to access health information via a closed Facebook group. HPs reported barriers to providing lifestyle support due to limited resources, knowledge and time.

Conclusion: Recruitment and adherence rates and Facebook participation, suggest that the study may be feasible and acceptable. It is recommended that a pilot is conducted to test the feasibility throughout the pregnancy, prior to a large RCT.

Poster no: 61 Abstract no: 0381

Research Topic: Children and Young People, Nursing, Midwifery or Support Worker Education, Methodology

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

Second pregnancy among adolescents and how do they experience: A systematic literature review

Presenter: Parichat Arayajaru, PhD Nursing student, Faculty of Health Sciences, University of Hull, UK
Co-authors: Clare Whitfield, UK; Barbara Elliott, UK

Abstract

Background: Early motherhood among adolescents is related to a range of socio-economic issues, health issues, and also impacts on social population development which includes low maternal educational attainment, low family income and high levels of unemployment (UNFPA, 2013). There are a limited number of studies which focus on the lived experiences of women who experience repeat adolescent pregnancy.

Aims: This review aims to explore the lived experiences of repeat pregnancy among adolescent mothers, to identify the gap in research knowledge about their experiences of a repeat adolescent pregnancy.

Methods: A systematic review approach was used to identify relevant research. The search terms were applied to the electronic database via EBSCOhost including CINAHL, MEDLINE, PsycINFO and Academic Search Premier in between 2000-2017. The quality of individual included papers was critically appraised using the CASP (2017) and NIH (2014).

Results: From the 413 studies retrieved, 52 were eligible, meeting both the inclusion and the quality criteria. The eligible studies were synthesised using a thematic approach (Bettany-Saltikov, 2012). Ten main themes associated with the lived experiences of repeat pregnancies amongst adolescent women emerged, namely: understanding pregnancies and outcome; self-perceptions of being a repeat adolescent mother; experiences of contraceptive failure; childbearing intention and decision making; fathers; educational attainment and peers; family support; financial and employment difficulties; attachment to conventional institutions; and supportive intervention from health care providers.

Conclusions: The literature review highlighted adolescent mothers' experiences as mixed; whether experiences of being a repeat adolescent mother were negative or positive depends on the adolescents' social context and the support they receive. Nurses and policy makers should consider these findings when developing and delivering services to this group.

Poster no: 62 Abstract no: 0519

Research Topic: Patient Experience

Methodology: Questionnaire

Research Approach: Quantitative (not included in another category)

The use of novel non-invasive interventions to improve the patient experience of intravitreal injections (IVT): Gaze fixation

Presenter: Anar Shaikh, MSc, Moorfields Eye Hospital NHS Foundation Trust, UK

Co-presenter: Roxanne Crosby-Nwaobi, UK

Abstract

Background: Patients often have negative associations with the mere thought of a needle entering the eye, resulting in increased anxiety, pain perception and an adverse colouring of the patient experience. Another area of dissatisfaction was the inability/hesitation to follow instructions to correctly position the eye in preparation for the needle insertion (gaze fixation).

Aim: To evaluate the effect of the use of gaze fixation points to aid globe positioning on the patient and injector experience.

Methods: With reference to the literature on cardinal positions of gaze, we were able to construct and secure to the walls of the injection room, A3 sized coloured shapes as points of gaze fixation for the patients during the IVT procedure. All patients were required to have had at least one injection previously using standard injection procedure. Gaze fixation points were used by the injector to instruct for globe positioning for injection site access. Questionnaires about the experience of using this novel approach was administered to both the patient and the injector after the procedure. Bivariate analyses were conducted using SPSS v24.

Results: 65 patients participated. 56.9% were female. Mean age of population=74±11.7 years. More nurse injectors participated in the study (78.5%). 76.9% of patients and 86.2% of injectors preferred the use of the gaze fixation points to during the procedure. 71.9% of patients and 84.6% of injectors reported less anxiety about unsanctioned eye movement during the procedure due to the fixation points.

Discussion: The use of gaze fixation points to enhance to instructions given to patients for globe positioning has been shown to be acceptable to the vast majority of patients and injectors. Both patients and staff reported less anxiety associated with this aspect of IVT administration.

Conclusion: More research is required into this non-invasive method of improving the patient experience.

Poster tour Q
Led by Elaina Reid

Theme: Patient Experience

Poster no: 63 Abstract no: 0513

Research Topic: Patient Experience

Methodology: Questionnaire

Research Approach: Survey

Patient reported intravitreal injection (IVT) -related anxiety in the IVT service

Presenter: Roxanne Crosby-Nwaobi, PhD, Moorfields Eye Hospital NHS Foundation Trust, UK

Abstract

Background: Intravitreal injections of therapeutics have become the mainstay of several ophthalmological conditions. Patients undergoing this procedure often express anxiety and discomfort related in part due to the actual procedure and in part due to the psychological wariness of having a needle inserted into the eye1-3.

Aim: To determine the level of patient reported IVT -related anxiety in a UK NHS Trust

Methods: A convenience sample of patients attending the IVT service were invited to complete a survey questionnaire over a one-month period. All patients had had at least one previous IVT injection and were able to understand the English language. The questions related to causes of IVT-related anxiety, impact of injections on daily life and impact of IVT-related anxiety on activities of daily living. Data was collected between August 2017 – October 2017.

Results: 592 patients completed the questionnaire. The mean age was 74±13 years. 54 % of patients were female. 77% of patients were retired and 12% were employed full-time. 79% patients reported IVT-related anxiety; 64% moderate to severe anxiety. Level of IVT-anxiety experienced showed a weak inverse correlation to number of injections (r=-0.09). The main reported causes of anxiety were pain (28%), potential to move inappropriately during treatment (30%). Anxiety causing the patient severe discomfort was associated with waiting for the injection (50%), speculum insertion (51%), needle entry (60%), surgical drape (38%).27.7% reported anxiety up to 3 days prior. More than 1/3 of patients reported that their sleep was affected due to anxiety.

Discussion: High levels of IVT-related anxiety were reported in this patient population. Having a good experience at every injection may be important in reducing overall anxiety levels. Most of the reported reasons for anxiety are amenable.

Conclusions: More patient-focussed research should be conducted to determine what measures may help the majority of patients.

Poster no: 64 Abstract no: 0364

Research Topic: Research Ethics and Governance, Service Innovation and Improvement, Women's health

Methodology: Questionnaire

Research Approach: Other approaches

Clinical outcome measures and patient satisfaction within a continence service for the management of urinary incontinence in women

Presenter: Sarah Titman, Physiotherapist BSc (Hons) PGcert, Sheffield Teaching Hospitals NHS Trust, UK
Co-presenters: Sarah Titman, UK; Angela Stroughair, UK

Abstract

Background: Urinary incontinence (UI) is common within the female population with an average of 1 in 3 women experiencing symptoms. Outcomes for first line conservative treatment of UI are very good with research suggesting that women are eight times more likely to significantly improve than without treatment (Dumoulin and Hay-Smith 2018). Our service consists of specialist continence nurses and women's health physiotherapists who have unique skills in managing these problems.

Rationale: It is widely recognised that UI can significantly affect quality of life. Measuring this on an individual basis through validated outcome measures can provide effective and reliable markers to assess clinical change following conservative treatment. It is also important to record changes in treatment and outcomes of intervention to support ongoing service provision.

Method: The team collected condition specific outcome measures for urinary incontinence (IIQ-7 and UDI-6) over a twelve month period and collated the results to show an overall change in symptoms and patient progress. This was supported by individual patient feedback on experiences of attending appointments, clinical care and subjective outcomes after treatment.

Results: Improvements in symptom scores were identified in both outcome measures, with very high numbers of patients recording an improvement in scores after treatment (96.5% UDI-6 and 100% IIQ-7). Average score changes for were UDI-6 = 30 and IIQ-7 = 28.3 out of 100.

Patient satisfaction was high, all patients recorded extremely likely or very likely to recommend the service to others.

Conclusion: The completion of condition specific outcome measures and patient feedback is imperative in data collection to support ongoing service provision and demonstrate clinical effectiveness. Patient perceived outcomes were very good and improvements noted in condition specific outcomes measures.

Poster no: 65 Abstract no: 0303

Research Topic: Nursing, Midwifery or Support Worker Education, Workforce and Employment (including health and well being roles, research careers)

Methodology: Documentary Research

Research approach: qualitative approaches (eg: discourse analysis, ethnography, critical theory, grounded theory, phenomenology)

Using poetry to develop writing confidence and reflective skills in nursing education

Presenter: Camille Cronin, RN, BSc(Hons), MSc, MEd, PhD, School of Health and Human Sciences, University of Essex, UK
Co-authors: Caroline Hawthorne, UK

Abstract

Background: Non-traditional students entering nursing programmes at university often experience difficulties with the academic literacy requirements of their courses, in particular academic and reflective writing. Levels of student anxiety may also be affected by other issues including the pressures of managing work, family and study commitments.

Objectives: To explore how classroom-based poetry writing activities might support students in developing their skills as student-writers and reflective practitioners.

Design: A qualitative approach was employed to explore emergent themes in students' poems and student reactions to creative writing teaching strategies.

Setting: A university based in the South East of England.

Participants: A cohort of 25 students undertaking a Health Science Foundation Degree.

Methods: Data collected from student poems was analysed thematically using the framework of Braun and Clarke (2006).

Results: Students found the experience of writing poetry challenging at first, but ultimately rewarding. Compared with writing more formal academic reflections, many students valued the opportunity to express their emotions and experiences more freely. Analysis of the student poems also revealed a rich bank of data relating to key professional themes and students' lived experiences.

Conclusions: Poetry writing helps students to develop writing craft and reflective skills. It encourages students to articulate often complex emotions associated with their professional lives, thereby providing invaluable insights into the everyday lives of health care workers. This paper should provide others working in nursing education with a deeper understanding of possible benefits of incorporating poetry writing into the curriculum.

Poster no: 66 Abstract no: 0165

Research Topic: Acute and critical care, Patient Experience, Quality Standards

Methodology: Other collection method

Research Approach: Systematic Review and other Secondary Research

Is music medicine an effective non-pharmacological intervention in the endoscopy setting? A literature review

Presenter: Dale Ware, RGN, MSc, Manchester Foundation NHS Trust, UK

Abstract

Background: Endoscopic procedures can be anxiety provoking and uncomfortable for the patient. The use of sedation can help but carries with it risks, delay and complicate discharge (Parr Vijinski et al 2018). Music medicine is a patient centred intervention which is safely and easily administered (Yinger and Gooding 2015).

Aim: The aim of this study is to review the literature to identify the efficacy of music medicine in the endoscopy setting, thus far, and to guide further research in this area.

Methods: An iterative approach was adopted to the literature search, as advocated by Grant and Brettle (2004). Databases searched included , CINAHL (Cumulative Index of Nursing and Allied Health Literature) with full text, Pubmed, Medline, EBSCOhost E-journals Database and The Cochrane Library. Grey literature and hand searching was also employed. Thematic analysis was then used to determine the key themes and issues, enabling conclusions to be drawn on the efficacy of music medicine and identifications of areas for further research.

Findings: Results overall from thirteen studies indicated that music as an intervention in the endoscopy setting is beneficial and was found to reduce anxiety, sedation dosage, pain, procedure length and stress on the patient.

However, 3 studies found no significant reduction in anxiety, pain, sedation dosages, procedure time and willingness to repeat the procedure.

Conclusion: The findings of this literature review on music medicine as a non-pharmacological intervention cannot be generalised to the wider population at this moment in time.

Methodology among studies is variable. However, there is evidence that music medicine is beneficial and that further research into this area is warranted.

Hence, a qualitative study with patient, self-selected music is planned which it is hoped will inform future practice more conclusively.

Poster no: 67 Abstract no: 0338

Research Topic: Mental health

Methodology: Delphi

Research Approach: Action Research / Participatory Inquiry / Practice Development

Development and evaluation of a pictorial metaphor technique in the therapeutic encounter

Presenter: James Turner, HND, RMN, BA (Hons), MA, Dip CAT, PG DipEd, RNT, SFHEA, PhD, Sheffield hallam University, UK

Abstract

A four-part action research study, was designed and administered to explored and evaluate the use of metaphor and pictorial metaphor (PM) in the therapeutic encounter. Metaphors are present in the therapeutic encounter yet there have been few systematic studies of the development and effects of working with metaphor and especially pictorial metaphor (Turner, 2014).

Study1, evaluated the technique at workshops across three groups of staff: Cognitive Analytic Therapy (CAT), CRUSE Counsellors and Nurses. Study1 achieved support for the direction of the research with some preliminary cautions and process considerations to take forward (Turner 2011, 2012).

Study2, a Delphi study of expert practice, using the CAT international community. Seventy Six unique statements for consensus rating were extrapolated from an initial questionnaire in a three round Delphi Study. A number of insights as to the process and function of metaphor were achieved.

Study3 developed, evaluated and refined a workshop and associated training materials to support therapist's practice in metaphor and PM. Analysis found development of practitioner's skill in this area. Evaluation questionnaires and follow up reflective questionnaires were used to capture reflections on utilising the technique post workshop. Study3 further extended the metaphor practice to include nurses and counsellors supporting the technique in wider therapeutic applications.

Study4, a pilot of Metaphor and Pictures-Self Assessment Learning Framework (MaP-SELF) measured participant's perceived competence. Study4 provided useful insights into the effectiveness of a self-assessment alongside further workshop evaluation. Analysis supported developing the self-assessment as a self-rating scale.

Findings supported the PM technique as accessible to participants, focussing their thinking as part of the therapeutic encounter. Responders valued the technique in developing the relationship, generating insights and stimulating recall of problem procedures. Workshops validated their current practice and increased confidence.

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